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# Syphilis in Victorian Literature and Culture

Medicine, Knowledge and the  
Spectacle of Victorian Invisibility

**MONIKA PIETRZAK-FRANGER**



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Monika Pietrzak-Franger

# Syphilis in Victorian Literature and Culture

Medicine, Knowledge and the Spectacle  
of Victorian Invisibility

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# ABOUT THIS BOOK

## Short Description of the Book

Taking as a point of departure the culture of the European *fin-de-siècle*, *Syphilis in Victorian Literature and Culture* addresses the evident but unexplored intertwining of visibility and invisibility in the discourses around syphilis. A rethinking of the disease with reference to its ambiguous status and the ways of seeing that it generated helps reconsider the network of socio-cultural and political interrelations which were negotiated through syphilis, thereby also raising larger questions about its function in the construction of individual, national and imperial identities. *Syphilis in Victorian Literature and Culture* is the first large-scale interdisciplinary study of syphilis in late Victorian Britain whose significance lies in its unprecedented attention to the multimedia and multi-discursive evocations of syphilis. An examination of the heterogeneous sources that it offers, many of which have up to this point escaped critical attention, makes it possible to reveal the complex and poly-ideological reasons for the activation of syphilis imagery and its symbolic function in late Victorian culture.

## Even shorter description of the Book

The book offers a synchronic and systematic view of the multi-media evocations of syphilis in the late nineteenth century and of its cultural significance against the background of larger European trends.

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## Introduction: Ways of Seeing

The crucial reason behind the socio-political and cultural potency of syphilis in the late nineteenth century lay in the tensions between visibility and invisibility that it produced. Meegan Kennedy argues that its cultural significance was not necessarily due to its high contagiousness but rather to its “paradoxical status as an open secret,” which turned the disease into an “appropriate icon for cultural criticism” (2004: 262) and a feasible political tool. In the “frenzy of the visible” that characterized the second half of the nineteenth century (Comolli 1980: 122), the equivocal symptomatology of the disease and the concomitant “conspiracy of silence” that surrounded it in public endowed syphilis with a particular discursive power, which had tangible effects on the lives of the Victorians and on their practices of self-definition. It is therefore not surprising that Elaine Showalter regards syphilis as “the symbolic disease of the fin de siècle” and stresses its centrality to the then all-encompassing sense of crisis (1986: 88). Yet, although often acknowledged, the profound impact of the disease and its intertwining with the Victorian visual imagination remains largely unexplored.

Agnolo Bronzino’s *An Allegory with Venus and Cupid* (ca. 1545), or more precisely, the history of its interpretations, exemplifies some of the crucial problems characteristic of the critical study of syphilis in general and of the inquiry into its cultural significance in late Victorian Britain in particular. It highlights the hermeneutic difficulties that have been an integral part of research into the visualization and cultural resonance of

syphilis. Executed in the mid-sixteenth century, the painting was described by the ‘father of art history’ Giorgio Vasari a couple of decades later. While his interpretation has left the painting open to different readings, many took it as their point of departure. In view of the general agreement concerning the identity of the three central figures (Venus, Cupid and Time), the rival readings of the painting depend on the interpretation of the subsidiary characters (Healy 1997: 3). Vasari’s identification of one of these – to the far left of the canvas, behind Cupid’s back – with Jealousy had remained unchallenged for centuries until art historian J. F. Conway offered its path-breaking reinterpretation in 1986:

to the innocent eye, unconditioned by Vasari, this [identification of the figure as female] represents a fundamental misinterpretation: the relative absence of the subcutaneous fat which imparts a soft roundness to the adjacent female and pre-pubertal male figures, together with the brawny forearm, the bulging biceps and the deep muscular chest combine to indicate mature and unequivocal masculinity. (251)

Apart from reinterpreting the gender of the figure, Conway questions its identification with Jealousy. Taking into consideration sixteenth-century medical treatises, he argues that, rather than referencing *La Gelosia*, the figure bears signs of syphilis and embodies the dangers of love (Conway 1986: 254). This interpretation has been supported by subsequent studies (Healy 1997) and has been integrated into the official critical discourse around the painting.<sup>1</sup>

This instance of centuries-long critical blindness highlights the intrinsic entwining of syphilis with the issues of (in)visibility and stresses the difficulty in deciphering and/or interpreting the disease. It also points out that a study that integrates the instruments and findings of more than one discipline, art history and the history of medicine in this case, is best suited for interpreting syphilis and its visualizations. Last but not least, it makes clear that the study of syphilis has been hindered by canonical interpretations that often remain unchallenged and that are indicative of some of the critical blind spots that have been part and parcel of the research into the cultural significance of the disease.<sup>2</sup>

*Syphilis in Victorian Literature and Culture* addresses these critical shortcomings in order to recover the complexity of syphilis and the scope of its influence and thus to review its implications for late Victorian culture. Taking as a point of departure the culture of the European *fin de siècle*,

understood in a broader sense as the period between 1880 and 1910, this project addresses the evident but unexplored intertwining of visibility and invisibility in the discourses around syphilis. This approach makes it possible to see syphilis not only as an ambiguous object of Victorian concern but also as a means via which broader domains of (in)visibility were constructed. I argue that a rethinking of the disease with reference to its ambiguous status and the ways of seeing that it generated will help to reconsider the network of socio-cultural and political interrelations which were negotiated through syphilis, thereby also raising larger questions about its function in the (de)construction of national and imperial identities.

*Syphilis in Victorian Literature and Culture* is the first large-scale interdisciplinary study of syphilis in late Victorian Britain whose significance lies in its unprecedented attention to the multimedia and multi-discursive evocations of the disease. It is the underlying contention of this book that a continuing insistence on discursive and media boundaries in the study of syphilis has contributed to a partial misreading of the disease. Hence, the book counteracts existing critical logophilia and iconophobia as well as moving beyond well-established epistemological binaries. An examination of the heterogeneous sources that it offers, many of which have up to this point escaped critical attention, makes it possible to reveal the complex and poly-ideological reasons for the activation of syphilis imagery and its symbolic function in late Victorian culture. In this context then, I attempt what Kate Flint calls for in her book *The Victorians and the Visual Imagination* (2000), namely to unravel the vistas of invisibility that, in this case, accompanied the depiction of syphilis in the multimedia fabric of the late Victorian era.

Like in the nineteenth century, today, the tensions between the visibility and invisibility of the disease remain largely unresolved. Despite its demystification and media invisibility, syphilis remains a continual, if often unacknowledged, threat. In his historical overview of the socio-cultural function of syphilis, Claude Quétel asserts that syphilis “has lulled us into a state in which we no longer fear it, a state in which we even overlook it” (1990: 8). In a recent re-evaluation of this statement, R. M. Kaplan stresses that although the disease is “[w]ritten-off endlessly by its obituarists, syphilis abides” (2010: 22). The 2010 revelations about Guatemala syphilis experiments, like the debates surrounding the ethical implications of the Tuskegee and Oslo studies and more frequent reports about its persistence in the western world, show that, although its cultural significance has been

diminishing, syphilis, absent as it usually is from news reports, continues to take its toll at the margins of public visibility.<sup>3</sup> Since the beginning of the new millennium, medical authorities have continued to assert an increase in its incidence around the world.<sup>4</sup> Although these concerns have resurfaced in awareness campaigns and sporadic media reports, popular culture today treats syphilis chiefly as a subject of sexual jokes.<sup>5</sup> In view of this paradoxical status of syphilis today – a cultural disregard on the one hand and a continuing medical concern on the other – it is tempting to draw parallels with Victorian culture, in which the tension between the visibility and invisibility of syphilis was very prominent and highly complicated. Although syphilis has bequeathed its phantasmatic significance to AIDS, which is not only characterized in terms earlier reserved for syphilis, but which also partakes of its iconographic heritage,<sup>6</sup> syphilis continues to haunt our present. Ultimately, a discussion of its socio-cultural significance in the nineteenth century therefore also sheds light on the mechanisms in the production and dissemination of knowledge about communicable diseases, spotlights changing attitudes towards them and outlines the continuity of their iconography.

### SYPHILIS AND ITS (IN)VISIBILITY

The closing decades of the nineteenth century brought an intensification of popular and medical debates about syphilis, which were accompanied by a number of aesthetic and political problems concerned with its cross-media evocation. Changes in the structure of medicine allowed for a formation of syphilology as a separate branch of inquiry in France and contributed to a more systematic work on the disease's pathology, aetiology and history across Europe. In Britain, popular debates about the Contagious Diseases Acts (1864, 1866, 1869), the repeal campaigns (1870–85), along with growing concerns about the future of the nation, as well as the rise of feminist, purity and eugenic movements drew attention to the socio-cultural, economic and political impact of the disease. As a result of these developments, syphilis celebrated an unprecedented appearance in a variety of media, from medical treatises, atlases and museums to decadent and New Woman writing. Patrick Wald Lasowski highlights the phantasmatic ubiquity of syphilis in the French literature of the *fin de siècle* and links it to the issues of visibility and visualization that lie at the core of modernity: “[a]veuglante *Syphilis* dans le faux jour de l’anxiété, du phantasme, du désir:

c'est bien elle le monstre au cœur du labyrinthe des idolâtries où *la modernité* se cherche" (1982: 10). Although the cultural resonance of the disease has been more readily discussed in the French context, I argue that the oxymoronic potency of syphilis was critical in addressing the exigencies of British modernity.

The ambiguous character of syphilis and the efflorescence with which its metaphors spread at the time were partly due to the tentative character of knowledge about the disease. With Philippe Ricord and Jean Alfred Fournier in France, Rudolf Virchow and Robert Koch in Germany and Jonathan Hutchinson in Britain, the nineteenth century saw an intensification of medical debates on the provenance, prevention and treatment of venereal diseases. This development was partly due to the shift in the structure of medicine, which brought with itself a transformation in the conceptualization of diseases. Besides advancements in the domains of surgery and pathology, the implementation of anaesthesia and antiseptics, along with sanitary developments, were a great improvement in the second half of the nineteenth century (Morris 1897: 740, 753). A more precise diagnosis became possible with the help of new technologies: from an improved stethoscope, ophthalmoscope, photography and X-rays, to instruments that allowed one to see inside the body, such as the otoscope and laryngoscope, to new procedures of measuring and graphically representing bodily functions with the help of haemocytometers and sphygmographs (Bynum 2006: 167–75). These developments fostered professional specialization and cooperation between medical practitioners and technical experts, so that "[t]he doctor's simple use of his five senses at the bedside was being replaced by a much more collective enterprise" (174–5). Scientific advancements in microbiology and pharmacology, together with a growing emphasis on the "physiology of disease" (165), and an increasing popularity of germ theory (Rosenberg 1997: 242) obviously also transformed diagnostic procedures and technologies. In this climate "[d]octors (and politicians) were being asked to change their models of thought and to reconceptualize decades of cultural, clinical, and epidemiological experience" (Bynum 2006: 130), thus reshaping the face of modern medicine and its socio-cultural impact.

These scientific and technological innovations were being implemented, if to varying degrees, in the three institutional orders of medicine: schools, hospitals and research institutes (Bynum 2006: 135). The institutionalization that medicine was undergoing at the time went hand in

hand with the increasing influence of regulatory bodies (The General Medical Council) and acts (Anatomy Act 1832, Medical Act 1858, Public Health Act 1872) on the shape of the field.<sup>7</sup> Such professionalization of medicine, a growing specialization of hospitals and an increasing importance of the laboratory in the practice of diagnosis also ameliorated the popular image and social function of doctors and allowed them to exert influence on new social policies (Hardy 2001: 14), whereby medicine became more closely entwined with the nation state (Bynum 2006: 229). At the same time, with public health legislation (1860) and national public health reform (1872), the British state started moving towards a centralized organization of public health (Hardy 2001: 29).

With these changes underway, the branch of medicine preoccupied with skin diseases also went through a period of rapid development. For historian Claude Quézel, the year 1879 marks the turning point in the study of venereal diseases. As the first chair of syphilology was set up in France (Quézel 1990: 136), vigorous debates were taking place in clinical and microbiological circles in Britain, Germany and Austria. In the same year, Jonathan Hutchinson delivered his famous lecture on “Syphilis as an Imitator” before the British Medical Association, in which he highlighted the propensity of the disease to mimic the symptomatology of other ailments, a characteristic that made its diagnosis a particularly difficult feat. Also in the 1870s, microscopists continued the search for the causative organism of syphilis, thus furthering the microbiological studies that Friedrich Wilhelm Felix von Bärensprung and Rudolf Virchow had initiated in the 1850s. Élie Metchnikoff and Émile Roux began experiments on primates, Francis Henry Welch described a relation between syphilis and aortic aneurysms and Fournier intensified his work on the relationship between general paralysis of the insane (GPI) and syphilis. It is the latter area of study which underwent the most prominent development (G. Davis 2008: 83).<sup>8</sup> Gayle Davis regards the period from the 1880s to the 1930s as “the critical period not only in the medical understanding of both syphilis and GPI, but also in the shaping of neurosyphilis as a disease group” (2008: 16). The breakthrough in the work on syphilis came with Fritz Schaudinn and Erich Hoffmann’s discovery of the causative agent *Spirochaeta pallida* (*Treponema pallidum*) in 1905 and with August von Wassermann’s serodiagnostic work, which led to the development of an antibody test for syphilis.

These fast developments and the changing makeup of medicine fostered a proliferation of rivalling discourses around syphilis. Interestingly,



both the more progressive views of the experts and the rather ossified beliefs of many practitioners of the medical “fringe” highlighted the link between syphilis and its precarious (in)visibility, emphasizing the importance of seeing and optical apparatuses to the study of the disease and stressing the difficulty involved in its recognition and diagnosis.<sup>9</sup> A specimen of the fossilized attitude, Dr Rumler’s fifteenth edition of *The Venereal Diseases Arising from Contagion and the Principles of their Treatment Popularly Described* (1902) illustrates to what extent the disease was embedded in a discourse of (in)visibility:

Fostered in the disaster-breeding bosom of worthless love, and received in the moment of highest delight, the syphilitic virus incubates that poisonous seed, whose destruction-bearing fruits, disregarded at their origin, *secretly* develop their many-armed germs in the organism, and *break out afresh in the most manifold forms, while the bearer of the poison already believed that he could count himself among the fortunately cured*. Constantly the poisonous seed, driven from its *external seat* by ignorant empirics, *breaks forth again afresh in other places*, and finally permeates the whole organic tissues of the patient, who often, *knowing nothing* of the enemy [*sic*] that is gnawing at his vitals, *sees* one organ after another attacked, and destroyed, and himself given over to the most frightful sufferings and tortures. Whatever the hospitals of great cities, the abodes of misery and the *lurking-places* of vice have to *show* of repulsive and horrifying patients, the unfortunate ones, who, *covered* with the *most frightful eruptions, ugly scars, and enormous ulcers*, the *face full of pustules, suppurating nodules and loathsome scabs*, not unfrequently *deprived of the light of their eyes*, emaciated to a skeleton, with their flabby [*sic*], *earthy-gray skin* hanging loosely around their fleshless bones, who *far from human society* waste away on the rack of despair [...]. But not alone into the hospitals, haunts of vice and the huts of misery does this disease enter, it also *sneaks, like a thief in the night*, into the palaces of the rich, nor revealing its existence until it has conjured up misery and shame for noble families. (59; my emphasis)

Premised on the association between syphilis and sinfulness, Rumler’s narrative follows a clear trajectory: from the invisibility of the “virus” to the horrifying appearance of the symptoms; from a reckless moment of delight to armies of suffering, infected patients. Coupled with the invocation of the democratic character of the disease, this visually highly evocative passage bears an obvious moralist message as it issues a warning to all ranks of society. Rumler’s description blends the social, geographical

and corporeal levels of the (in)visibility of the disease: these are the battlefields on which syphilis communicates its presence. At the same time, the passage raises questions concerning the state of Rumler's knowledge, especially his association of the orgasmic moment of sexual fulfilment with the onset of the disease, and the mode of its communication: his ekphrastic attempts at visualizing the progress of syphilis. It exemplifies the difficulties and complexities characteristic of the acts of syphilis evocation and shows their political potency.

The difficulties in the recognition and classification of syphilis and the intrinsically imitative character of the disease, highlighted by nineteenth-century practitioners, were accompanied by an intensification of debates over syphilis in non-medical circles. This was partly due to the repercussions of the implementation of the Contagious Diseases Acts and partly to the growing significance of discourses around individual and national degeneration. In the atmosphere of post-Darwinian thought, eugenic and social purity movements were born which had the regeneration of the British race on their agenda and which fought to eliminate the atavistic element in society, be it venereal disease, alcoholism or prostitution. In this climate, syphilis became a useful rhetorical tool in social purity campaigns. The elimination of the moral double standard and men's abuse of women through prostitution, alongside rescue work, was crucial for such bodies as The Social Purity Alliance (1873), the Ladies National Association, the White Cross League (1891) and the Church of England Purity Society (Jeffreys 1997: 7–13). Harriet Martineau, Elizabeth Blackwell and Josephine Butler continued to chastise governmental social policies and fought to reform health and welfare provision. Reports on the CD Acts made the discussion about venereal diseases a legitimate subject of public debate and parliamentary concern by influencing its “official epistemology,” an effect unintended by the parliament (Townsend 1999: 44). As these public and parliamentary debates brought to light the disease that had hitherto been a matter of secrecy and privacy, and thus made it visible, they also produced contradictory, imaginary and lived, spaces of syphilis.

The topicality of syphilis was also due to fundamental social, technological and political changes. British modernity fostered a readjustment of sensitivities as a result of a number of socio-political and economic developments. The Great Depression (1873–96) was accompanied by the acceleration of growth, intensification of consumerism and the onset of a large-scale leisure culture. The birth of socialism and unionism, partially in

response to the strikes, riots and anxieties brought about by the Great Depression, was instrumental in the critique of capitalism and its insistence on the ethics of self-development. An apparent loosening of mores and reforms in daily routine also encouraged changes in the standing of minority groups. These changes must be seen in the context of the pan-European fear of degeneration, concomitant with growing xenophobia and a continued urge to assert Britain's international supremacy, despite the (financial) fiasco of the Boer War (1899–1902) and the problems with the African colonies. Rural depopulation, fiscal surplus and the growing importance of the working classes further contributed to these transformations. In this climate, syphilis was increasingly perceived as one of the factors of (national) degeneration, as such publications as Fournier's *Syphilis Héritaire Tardive* (1886) and *L'Hérédité Syphilitique* (1891) solidified the link between the disease and the physical and moral makeup of future generations. The belief in the hereditary character of the disease generated fears about the future of the family and the whole nation. These anxieties were intertwined with stigmatization practices and with the issues of civic responsibility as they drew attention to the inadequacies of the systems of health provision.

All in all, the development in clinical and laboratory medicine, the rise in syphilography as a medical specialization, the growing knowledge about the aetiology of the disease, along with the popular and legal debates on the future of the nation, made syphilis a highly discussed, albeit extremely sensitive and cautiously approached, topic. These changes underway, the disease gained in visibility across a variety of media. While historians of medicine regard the inter-war period as the most medially productive phase in the visualization of syphilis (Quétel 1990: 159), the *fin de siècle* offered a similarly potent arena for the media depiction and exploration of the disease, especially as the intertwining of visual culture, medicine and public health became tighter. Indeed, in his introduction to *Imagining Illness: Public Health and Visual Culture*, David Serlin maintains that “[t]he relationship between public health and visual culture found its most potent manifestation in the late nineteenth century, the period in which the management of epidemics and the implementation of hygiene paradigms became central fixtures of the modern nation-state” (2010: xxi). This interweaving was partly responsible for the heightened media visibility of syphilis.

Medical experts in Britain popularized French, American, German and East European publications on the disease. The proponents of modern

syphilology in Britain and America themselves produced a sizeable body of literature on the subject, be it monographs (A. Cooper 1895, Hutchinson 1887, Bulkley 1894, Lambkin 1905, Morton 1902), medical atlases (Hutchinson 1878–88, 1894, Fox 1881), or articles in medical journals. Series of lectures, presentations and symposia in Britain and continental Europe contributed to the dissemination of knowledge about the disease and fostered professional exchange on the international level. In 1899 and 1902, the first and second international conference on the treatment and prevention of venereal diseases in Europe took place (Goens 1995: 163). Photographs, prints, coloured plates, sketches and museum narratives, next to patients' bodies, spirit specimen and wax models, gave syphilis a tangible appearance in medical circles.

These artefacts infiltrated into public consciousness with the help of anatomy museums and exhibitions, which brilliantly integrated syphilis-ridden bodies into their collective narratives of vice and virtue (for example, the Liverpool Museum of Anatomy). Such visual narratives, along with existing oral traditions (for instance, the sea shanties), were an integral part of the folk mythology that had arisen around the disease. Also, the atmosphere of unrest accompanying the publication of naturalist, social-hygienic and decadent literature across Europe was echoed on the British Isles. French influences included Joris-Karl Huysmans's decadent novel *À Rebours* (1884), naturalist fiction of Guy de Maupassant, such as "Lit No. 29" (1884) and "Le Horla" (1885) and social-hygienic literature such as Eugène Brieux's drama *Les Avariés* (1901). Stimuli also came from German literature: Oskar Panizza's *Das Liebeskonzil* (1894) and Thomas Mann's *Buddenbrooks* (1901). Most visibly, these influences materialized in the British response to Henrik Ibsen's *Ghosts* (1881).<sup>10</sup> It is not a coincidence that, with its potent but ambiguous imagery and its insistence on the unspeakable, Ibsen's *Ghosts* is reputed as the "locus classicus" of syphilitic insanity (Showalter 1986: 105) and a prime site of the tensions that the disease had inspired.

Syphilis was also evoked in visual arts across Europe. It was referenced in the art of Edvard Munch, Christian Krohg, Henri de Toulouse-Lautrec, Stanisław Wyspiański, Joaquín Sorolla y Bastida and in the posters of Ramon Casas. In Britain, the literary medium most readily explored the quizzical intertwining of visibility and invisibility in the cultural production of syphilis. The symbolic power of syphilis was explored both in the

eugenic novels of Sarah Grand or Emma Frances Brooke as well as in Oscar Wilde's, Bram Stoker's, Robert Louis Stevenson's or H. G. Wells's fiction. The proliferation of various discourses and media negotiations of syphilis shows the "extent to which the disease was culturally debated at the time" (Smith 2004: 95).

Medical, parliamentary, feminist and social purity debates made syphilis appear with particular force, but also not free of contradictions, across a number of media, thus making it a particularly suitable trope for the discussions of personal, national and imperial identities. Contemporary criticism recognizes the ambiguities in the cultural production of syphilis but, apart from spotlighting this complex discursivity, it has not taken any steps to explore its implications. This book sets out to address this desideratum as it explores, in a non-essentialist way and with a broader thematic spectrum, the multimedia landscape of syphilis at the *fin de siècle*. A rethinking of the relationship between syphilis and its (in)visibility can be helpful not only in revising many of the socio-political, economic and cultural debates of the late nineteenth century. It can also help shed light on our positioning vis-à-vis the Victorians and on our continuing over-willingness to bar from view the topic of (venereal) disease. In this sense, then, the book belongs to the purview of medical humanities, which helps historicize and shed light on various ways of knowledge production and structures of discrimination as well as on the ethics of 'reading' (Cole et al. 2015a).

### CRITICAL BLIND SPOTS

Although there have been a number of relevant and valuable works on syphilis, they have generally been limited by their adherence to specific disciplinary objectives and epistemological constraints, which has been responsible for the thematic limitations and fragmentariness of syphilis studies and which has often been accompanied by a concomitant neglect of the multimedia contextualization of syphilis. These disciplinary restrictions have prevented a more integral look at the socio-cultural, economic and political significance of the disease at the *fin de siècle*. Despite a number of articles on syphilis, full-length studies on the cultural and medical production of knowledge about it in the Victorian era belong to three disciplinary areas: (social) history of medicine, literary and cultural studies, all of which are characterized by specific thematic concerns.

Works pertaining to the (social) history of medicine (Crissey and Parish 1981, Oriel 1994) record the milestones in the expansion of the discipline. Yet they seldom pay due attention to the processes of knowledge construction, which are the focus of this study. These mechanisms are also rarely addressed by social historians of medicine (Brown 2006, Quétel 1990). Their attempts to present medical advancements and pivotal professional debates in a broader socio-cultural context are understandably thematically limited and often disregard the implications of the various media evocations of syphilis by treating them as ancillary evidence. Both Kevin Brown's *The Pox: the Life and Near Death of a Very Social Disease* (2006) and Claude Quétel's acclaimed *History of Syphilis* (1990) trace the social history of the disease, thus expanding the frame of inquiry.<sup>11</sup> Despite its only cursory interest in the Victorian era in Britain, Quétel's work is significant for the links it makes between medicine and "the history of civilization" (Quétel 1990: 1). As Adrian Wilson rightly points out, however, he adheres to a popular-scientific synthesis of syphilis, which does not differentiate between the varieties of its historically specific concepts (2000: 275). Such historiographic differentiation lies at the core of Ludwik Fleck's work *Genesis and Development of a Scientific Fact* (1935), in which he inspects the nature of scientific knowledge and the processes that participate in its production. Fleck does not only survey the historical development of the modern understanding of syphilis but also lays out the mechanisms that underlie the exchange of knowledge between experts and the lay public.

Besides the processes of knowledge production and circulation, the works by Walkowitz (1980, 1992), Levine (1994, 2003), Spongberg (1997) and Howell (2009) address tensions between individual and collective identities. Walkowitz's *Prostitution and Victorian Society: Women, Class and the State* (1980) sketches the broad social context of the CD Acts and the repeal campaigns. These constitute a background for her discussion of the interrelations between "ideology, public policy, and social change" (1). Her attention to individual positions in the debates about the CD Acts uncovers the complexities in the understanding and management of venereal diseases and helps her explore "how prejudice and the double standard of sexuality influenced medical treatment, and how these ideological influences shaped institutional facilities for the care of venereal-disease sufferers" (48). Politics is also one of the major concerns of Levine's *Prostitution, Race, and Politics: Policing Venereal Disease in the British Empire* (2003), in which she uses the

regulation of prostitution in British colonies as a “lens” in her analysis of Britain’s imperial expansion (3). Philip Howell’s *Geographies of Regulation: Policing Prostitution in Nineteenth-Century Britain and the Empire* (2009) shifts the focus of these earlier studies to address the spatial regulation of prostitution. Preoccupied with the “geographies” of power, his work investigates “one of the distinctive ‘rhythms of rule and sexual management’” of imperial Britain (2). Another work attentive to the rhetorical construction of venereal disease in the biomedical discourse of the nineteenth century is Mary Spongberg’s *Feminizing Venereal Disease: The Body of the Prostitute in Nineteenth-Century Medical Discourse* (1997). It inspects various reciprocal influences of scientific parlance and cultural discourses in discussions about the provenance and transmission of the disease, pathologization of the female body and social regulation of vice.<sup>12</sup> All in all, studies in the (social) history of medicine supply a valuable background for the discussion of the cultural impact of syphilis in late Victorian culture.

Literary studies is the second discipline with more than a cursory interest in syphilis (see especially Heilmann 2004, Richardson 2003, Ardis 1990, Ledger 1997, Mangum 2001). The major thematic area within which syphilis is discussed here is degeneration. In this context, most inquiries have been devoted to New Woman writing and its treatment of the subject. Like the full-length works, most of the articles on New Woman writing (Kennedy 2004, Liggins 2000, Driscoll 2009) often focus exclusively on its function within a specific literary work.<sup>13</sup> At the same time, criticism attentive to literary evocations of syphilis (Showalter 1986, 1990, Schonlau 2005, Gilbert 1997, Wilson Carpenter 2010) insists on the categorization of the disease according to gender dichotomies, which at times may have essentializing effects. While this gender perspective has undoubtedly drawn attention to various kinds of prejudice, these categorizations are limiting in that they too readily dismiss ambiguities in both male and female writers’ treatment of the disease. Elaine Showalter’s and Anja Schonlau’s publications are exemplary in this respect.<sup>14</sup> In “Syphilis, Sexuality, and the Fiction of the Fin de Siècle,” Showalter builds her argument on the assumption that male and female writers responded differently to the disease and that, while “male writers explored the multiplicity of the self, the myriad fluid lives of men, women were limited by the revived biological essentialism of post-Darwinian thought” (1986: 110). Anja Schonlau’s *Syphilis in der Literatur: Über Ästhetik, Moral, Genie und Medizin (1880–2000)* takes a cue from Showalter’s assertion as it traces

gender-based differences in the aesthetic preoccupation with syphilis. According to her, whereas late nineteenth-century women authors used realist techniques in the evocation of the disease, men employed Gothic conventions in its portrayal (2005: 273). In this regard, Andrew Smith's chapter "Reading Syphilis: The Politics of Disease" offers a study of the complex interrelationships between scientific and literary treatment of syphilis, in which he combines literary and medical texts to discuss the semantics of the disease. Important as Smith's study is, it characteristically ignores the iconotextual character of the selected medical texts, hence disregarding a crucial aspect of syphilis enunciation.

Although the tradition of syphilis visualization has been addressed (Gilman 1987, R. S. Morton 1990a, 1990b) and in spite of the fact that there are numerous analyses of individual artworks and/or artists and their depiction of the disease (for example, Conway 1986 and Healy 1997 on Bronzino, Eisler 2009 on Dürer or Lowe 1992 on Hogarth), the transmedial character of syphilis has yet to be given due attention. Gilman must be credited with addressing the pictorial evocation of syphilis as his work in this area oscillates around the disease and its visualization, be it in articles where it is his major preoccupation (1987), be it in more exhaustive studies on sexuality (1989, 1993a), degeneration (Chamberlin and Gilman 1985) or on the depiction of mental illness in art (1995, 1989, 1986, 1985). Yet, despite their innovative character, Gilman's works however also partly erase the tensions intrinsic to the representation of the disease.

The above disciplinary constraints, restricted thematic scope and a general negligence of the multimedia exposition of the disease have precluded a more complex view of syphilis. Positioning itself in the field of visual culture studies, and referencing the developments within medical humanities, this work attempts to offer a more integral look at the disease and its socio-cultural significance. In order to do so, it takes the tensions between visibility and invisibility as a point of ingress. Attentive to the triangular dynamic relationship between theory, object and subject of study, this work hopes to offer a comprehensive, albeit not exhaustive, survey of syphilis visualization in the late Victorian era.

### PERIPATETIC VIEWING

The nature of the preoccupations that underlie this study position it within the "transdisciplinary and cross-methodological" field of visual culture (Rogoff 2002: 26), which offers insights into the creation, distribution



and consumption of media images of syphilis and into our ways of recognizing the disease as it also foregrounds the apparatuses that enable this recognition.<sup>15</sup> Although visual culture (studies) has been variously defined by its main proponents, there are certain common assumptions concerning the nature of inquiry it fosters. Most importantly, critics spotlight the non-predetermined object of its study. Joanne Morra and Marquard Smith elucidate this “makeshift” character of the discipline, which allows for a dynamism and flexibility of the researcher’s position that traditional disciplines preclude:

Visual Culture Studies is not simply “theory” or even “visual theory” in any conventional sense [ . . . ]. Rather, it is the case that between: 1 *finding ways of attending to the historical, conceptual and material specificity of things*; 2 taking account of “*viewing apparatuses*”; and 3 our *critical encounters with them*, the “object” of Visual Culture Studies is born. (2006: 16; my emphasis)

Similarly, Mieke Bal claims that delineating the specificity of the objects visual culture examines brings with itself the danger of essentialism (2003: 8). Rather, she proposes a redefinition of “visual culture,” in which “culture” is regarded as positioned “polemically, between global and local, retaining the specificity of each [ . . . ] but using that specificity in order to examine the ‘patterns determining the *actiology of cultural misunderstanding*’ [ . . . ]” (Bal 2003: 17; original emphasis). Such an approach remains committed, as I do, to an understanding – if hazy from the point of view of traditional disciplines – of culture as dynamic and as “envisioned in a plural, changing, and mobile existence” (Bal 2002: 9). Visual culture studies concentrates on the functioning of chosen objects in their cultural embedding, their “articulation of meaning” and involvement in “cultural debates” (9).

Furthermore, this approach draws attention to the processes and mechanisms of visual production. It concentrates on what the objects “do” (Bal 2003: 13), that is, on “the practices of looking invested in any object” (11). In this sense, the “object domain” (11) of the visual culture can be defined with the help of a set of questions that map the trajectory of its concerns. Apart from an inquiry into the creation, dissemination and consumption of images, the purview of visual culture encompasses the “viewing apparatuses” which include our ways of seeing and practices of looking, knowing and doing” (Morra and Smith 2006: 9–10). It assumes an ideological

conditioning of vision and asks “how bodies of thought produced a notion of vision in the service of a particular politics or ideology and populated it with a select set of images, viewed through specific apparatuses and serving the needs of distant subjectivities” (Rogoff 2002: 31). It also inquires about the political conditioning of viewing positions and their capacity of resistance (26). In other words, the object of visual culture is a “visual event” (Bal 2003: 9), which necessitates special attention to the interaction between the seer, the object seen and the conditions of this exchange (14).

In this context, Bal, like Shohat and Stam, cautions against a conceptualization of the visual event in purely visual terms and veers away from criticism which would assume a fundamental difference between visuality and language (Bal 2003: 10; Shohat and Stam 2002: 45). Such attempts at differentiation and juxtaposition of the visual and the verbal introduce hierarchical division of senses, which has been regarded as one of the shortcomings of the humanities (Bal 2003: 10). Rather, it is helpful in this context to take into consideration an innate impurity of vision and its inherently “synaesthetic” character, which, like other “sense-based activities,” is “mutually permeable” (9). Looking, like reading, is intrinsically an act of interpretation; vision, like speech, is a complex, “semiotic activity of an inherently rhetorical kind” (Bal 1996: 81). In this context, an act of syphilitic visualization produces intelligibility across media and discourses. Visualization encompasses a complex dynamics of display and elucidation and their twin sisters: concealment and ignorance.

Visual culture’s preoccupation with visual codes, practices of looking and the ideological production of vision is accompanied by a democratization of the materials that it studies (Dikovitskaya 2005: 53). The inclusive character of visual culture, which encompasses materials ranging from photography and painting to fashion and advertising, is accompanied by its deconstructive impulse as it tends to reveal and to question the “grand narratives” underlying the epistemological foundations of other disciplines (Shohat and Stam 2002: 36).<sup>16</sup> This critical function makes it possible for non-traditional narratives to become discernible (Bal 2003: 22). Apart from the inquiry into normative cultural practices and narratives, the task of visual culture is to grasp the driving factors behind the supremacy of realism and to comprehend the rationale for essentialist thinking, “which promotes the look of the knower (Foucault) while keeping it invisible” (Bal 2003: 22). This inter-rogation of (other) disciplines’ doxa is possible due to the polycentric approach visual culture encourages. What are the implications of such a

framing for this study? To what extent is its positioning within visual culture productive and to what extent does it follow the programmatic guidelines purported by the proponents of the discipline?

First of all, it offers a possibility of regarding late nineteenth-century evocations of syphilis within a number of media in terms of visual events, with particular attention to the relationship between the agent of evocation and the entity evoked as well as the performative situation in which they are engaged. This act of exposition, of making syphilis visible, should be understood in terms proposed by Bal, who identifies three components of the verb “to expose,” as “exposition, exposé, and exposure” (1999: 4), and conceives of exposing as making something public, arguing and self-exposition. In this context, the display of syphilis must be regarded as “working in the realm between visual and verbal, and between information and persuasion” (Bal 1996: 18), where the latter are considered as two “channels of information” (31) that contribute to knowledge production. The act of exposing syphilis thus refers to the ways in which the disease was evoked by a variety of discourses, to the modes of its rhetorical use and to the self-identification of the agent of exposure through the trope of syphilis, which also involves processes integral to the construction of individual and collective identities. This focus on the expository situation offers a common ground for the analysis of the multiplicity of discursive and media formations which are central to late nineteenth-century preoccupations with syphilis.

Since the study of the cultural production of knowledge about syphilis encompasses a number of themes and problems that pertain to numerous disciplines, it would be reductive to use one specific theoretical toolbox. Rather, this study offers an expanded analysis which draws on a number of theoretical approaches that help spotlight its individual concerns. On the one hand, I draw on recent gender and postcolonial theories in order to inspect the intricacies of the relationships between class, gender, ethnicity and location together with their effects on the cultural construction of syphilis. These will be helpful in the discussion of the mechanisms of power/knowledge creation and their ideological conditioning. On the other hand, the history of ideas and the history of medicine will offer a background for the understanding of interpretation apparatuses and mechanisms underlying the creation of (medical) concepts. I will also choose from the conceptual repertoire of film, museum, art history and literary studies in my consideration of the processes and products of seeing.

The conceptual flexibility that this approach allows must be accompanied by due attention to the specific media in which the acts of syphilis exposition materialize. Bal considers every gesture of showing as a discursive act, similar to speech acts, which has a truth value and works to constitute the subject/object dichotomy (1996: 3–4). She also insists on the medial embedding of every discourse: “Discourse implies a set of semiotic and epistemological habits that enables and prescribes ways of communicating and thinking that others who participate in the discourse can also use. [...] Language can be a part of the media used in a discourse, not the other way round” (3). This emphasis on the acts of exposure enables an integration of a variety of media products which constitute the fabrics of discourses around syphilis. In order to ‘read’ the variety of media, I will combine semiotics, narratology and rhetoric. Semiotics will offer analytical precision in the study of media traces/signs of syphilis and in drawing relations between them and the broader structures of meaning. As the exposition/concealment of syphilis is an integral part of personal, professional and national narratives, narratology will offer analytical tools for inspecting the media-specific and overarching structures and modalities of such storytelling. Finally, rhetoric will help to expose strategies of persuasion and argumentation integral to the discourses around syphilis.

Apart from offering a framework within which the media and discursive complexity of syphilis can be taken into consideration, this methodological grounding allows for a more ethically engaged work, which arises from a responsiveness and responsibility vis-à-vis the object of study. It offers a study of syphilis that combines, but does not exhaust, a number of expositions of syphilis both in nineteenth-century culture and in contemporary critical discourses around its socio-cultural and political significance. This attention to critical blind spots does not offer an integrative master-narrative on syphilis but provides a number of readings which aim at displaying its complex semiotics.

These acts of interpretation are activated by the multiple perspectives that the study integrates and the critical potential of “seriating” (Bal 2003: 21) on which it is based. Seriating is an active intervention based on a new configuration of objects, which brings to the fore the meanings that have hitherto remained hidden: “As objects are brought together new series are made, and statements are iterated and reiterated” (Bhabha qtd. in Verhoeff 2006: 350).<sup>17</sup> This new arrangement has been configured in such a way that traditional, dominant readings of syphilis are juxtaposed with “multiplying perspectives, [and] proliferating points of view” (Bal 1996: 9).<sup>18</sup> This study,

then, aligns with Nicholas Mirzoeff's conviction that "[i]t is time [...] to look with 'double vision' [...], 'parallax vision' [... ] or 'multiple view-points' [...] with the transverse look or glance – not a gaze, there have been too many gazes already" (2002: 18).

To highlight the plurality of views generated by a juxtaposition of the late nineteenth-century acts of syphilis exposition with their contemporary readings, I have therefore arranged the book so that its every chapter centres on one chosen issue that has either been critically overseen or greatly simplified in the study of syphilis. Such focus on well-defined critical blind spots makes it possible for the specific media and discourses around the disease to bear on one another. It also allows a rethinking of an entire system of cultural representation and is thus, like other projects within medical humanities, also a "political [...] enterprise" (Cole et al. 2015b: 12).

Chapter 2 lays out the historical and methodological background of this study. First, it postulates the need of inspecting disease concepts with reference to the particular styles of thinking that produced them and with attention to the various groups that participated in their production. In this context, it also sketches the basic tenets of the expert knowledge about syphilis at the *fin de siècle* as a way of introducing the late nineteenth-century medical creed built around the disease. Second, on the background of recent interdisciplinary discussions about illness and with the help of a posthumanist-materialist framework, it also argues for the necessity of discussing syphilis concepts with reference to the materiality of the disease. Referencing Jonathan Hutchinson's abundant collection of didactic materials on syphilis, this chapter exemplifies the richness of media depictions of the disease and advocates expanding the study of syphilis beyond the already well-trodden textual landscape. It makes evident the various media mechanisms that participated in the production and dissemination of knowledge about the disease. Overall, then, the chapter argues that attending to these processes reveals complex mechanisms of knowledge diffusion and the invisibility/visibility dialectics that lies at their core. It also delineates the degree to which the consideration of the rhetorical use of syphilis can be helpful in assessing the role the disease played in individual and collective practices of self-fashioning among medical practitioners and the function it had in broader socio-political and cultural frameworks. In this way, the chapter exemplarily offers a novel approach towards a historical study of disease and its visual instantiations.

Chapter 3 is concerned with the expository situations and rhetorical contexts of medical and cultural production of syphilis. It asks: when and under what circumstances could one view the disease? Who was allowed to see it and how were such acts justified? How was the spectacle of syphilis framed and what political considerations accompanied the display of the disease? The closing decades of the nineteenth century were characterized by an uneasy tension between showing and talking about the disease, recognizable across media and genres. While existing critical literature puts emphasis on the (gender) dichotomization of literary preoccupations with syphilis, it is worthwhile to juxtapose the various acts of its literary exposition with other popular and medical spaces of its evocation in order to inspect the concomitant politics of explanation. A discussion of medical publications, clinical demonstrations (*The Polyclinic*), specialist as well as public museums (Hutchinson's *Clinical Museum*, *Liverpool Museum of Anatomy*), feminist writings and New Woman novels brings to light the complexities of syphilis exposition. Flanked by didactic narratives that professed the greater good of the individual and the nation and fostered civic responsibility, syphilis recognition became a valid political means that facilitated voicing an array of demands concerning the distribution of knowledge. It was instrumental in tailoring the ebb and flow of information as well as in broader power struggles. Syphilis recognition was also a potent tool of self-stylization, which enhanced the authority of medical practitioners, writers and museum proprietors and justified their political and economic actions. At the same time, knowledge about syphilis was invariably connoted as pornographic and thus necessitated careful delivery. This chapter inspects these various narratives of syphilis recognition and sketches similar patterns across media and genres in order to expound the pornographic character of knowledge about syphilis and the repercussions this had for all who joined the debates.

Chapter 4 addresses the poetics and politics of syphilis depiction. How was syphilis portrayed and what were the political effects of such visualizations? While it has been established that syphilis iconography was from the outset gender-, race- and class-bound, this chapter argues that a multimedia and multidiscursive overview of syphilis depictions exposes a number of sweeping overgeneralizations concerning their socio-cultural and political semantics prevalent in critical literature. Taking into consideration the processes of classification and ordering/othering of syphilis (types) in (criminal-) anthropological and medical discourses, it argues that in the late nineteenth century a new alliance between syphilis and

consumption was forged in popular imagination and in scientific parlance. The first subchapter argues that, as a result of this fusion, a shift took place in the medical writing from the semantics of a syphilitic body to the syntax of contagious touch. At a time when all bodies could be infected with syphilis, what had to be policed were not only their sexual practices but their entire contours, their interactions: the potentially corruptive exchange economy. This chapter then also addresses a probing question of the centrality of syphilis to the (dis)orders of modernity. Taking into consideration Christian Krohg's *Albertine at the Police Doctor's Waiting Room* (1887), Henri de Toulouse-Lautrec's *Medical Examination, Rue des Moulins* (1894) and Ramon Casas's *Sífilis* (1900), the second subchapter inspects pan-European visualizations of the disease with reference to its stern gendering/othering. It outlines the ways in which the European visual idiom and British literature (for example, Emma Brooke's *A Superfluous Woman*, 1894, and Oscar Wilde's *The Picture of Dorian Gray*, 1890) sublimated the syphilitic body and, in fact, displaced it in popular consciousness. The anesthetization of the syphilitic body and the incessant attempts at its delineation, I argue, actually indicate the failure of representation as concomitant with an epidemic of meaning, which made it impossible to control and expulse the disease from the public register.

Chapter 5 offers a synchronic look at the practices of syphilis mapping and at the spaces of its particular condensation to offer a cohesive panorama of Victorian geographies and cartographies of the disease. With special regard given to maps, architecture and urban plans but also literature (Kipling 1893), it addresses the role of geographic imagination, space and mobility in the late nineteenth-century prophylaxis of syphilis and links them to problems of national security and matters of civic responsibility. It connects these various technologies of geographical and spatial ordering to larger concepts of nationhood and citizenship. First, it briefly focuses on the tentative, if increasingly popular, medical mappings of syphilis incidence. As the second part of the nineteenth century saw a skyrocketing of publications on non-venereal types of syphilis, medical topographic and demographic endeavours testified to the sheer impossibility of demarcating the sites of the disease as programmatic in its elimination. This shift in medical discourse was instrumental in transforming preventive policies, which turned away from isolation towards education and individual responsibility as viable prophylactic means. Second, this chapter inspects the ways in which medical

and other official discourses used syphilis to outline but also to police the (imaginary) British borders. It examines the extent to which the soldier, in his mobility, was regarded as dangerous to the stability of the country and the British Empire and surveys the ways in which his movements were restricted. Traversing through a number of liminal spaces, soldiers were the living incarnations of a failing isolationist political economy as they embodied the growing fears of Britain's own demise. They had to be contained if the (imaginary) borders were to stay intact. Against the background of these practices of ordering, the final section examines the isolationist policies that targeted the civilian population of the late nineteenth century. Taking into consideration gender, racial and class hierarchies, it traces the spaces of syphilis inspection and treatment and attends to the dominant strategies of making them (in)visible.

Chapter 6 addresses the issue of civic duties with reference to the modes in which the figures of a syphilitic child and a syphilitic insane were used in discussions concerning the future of the British nation and the British Empire. What was the care provision for patients of congenital and third-stadium constitutional syphilis? What was their role in society and how was their existence significant to the identity of the nation? Because of their metaphorical currency, the figures of the syphilitic child and the syphilitic insane metamorphosed into figures of fear: into corporeal sites of anxiety about the future. Paradoxically, they also deflected popular attention away from the actual suffering of syphilis victims. At a time when such works as Edvard Munch's *Inheritance* (1903–05), Joaquín Sorolla y Bastida *Sad Inheritance* (1899) and Henrik Ibsen's *Ghosts* (1881) animated popular imagination across Europe, little could be done to alleviate the pain of those who suffered from the disease. By foregrounding the civic accountability of care-givers and of sufferers, such works as Arthur Conan Doyle's "Third Generation" (1894) and New Woman writing remained curiously silent about the physical pain of syphilis sufferers. The emphasis on the metaphorical utility of the syphilitic child and the syphilitic insane was also concomitant with problems concerning the ineffability of the disease and with cultural codes surrounding the expression of pain. Whereas the civic responsibility supplied a ready scenario in eugenic narratives, the documents produced by the Victorian asylum, such as medical casebooks, variously complicated the expression of the pain and suffering of syphilis victims. They offer, like Alfonse Daudet's *In the Land of Pain* (1930), some of the very few records that openly address the suffering and care provision for syphilis patients.



The Conclusion ([Chapter 7](#)) briefly reconsiders the significance of syphilis in the Victorian era. It also inquires to what extent contemporary creative and critical revisions can be regarded as adequate tools in the rethinking of this issue. By contending that both critical and creative reconsiderations of syphilis's semantics have themselves been prone to binary thinking, it calls for a more ethical engagement with Victorian culture in general and with syphilis in particular.

## NOTES

1. The website of the National Gallery in London references this plurality of readings: "The howling figure on the left has been variously interpreted as Jealousy, Despair and the effects of syphilis" ("An Allegory with Venus and Cupid").
2. Critical literature on the role of syphilis in the European context is not free of such shortcomings. Tomasz Śpiewak (2006), for instance, describes an instance of critical blindness to syphilis with reference to one of the most acclaimed representatives of the *fin de siècle* "Young Poland" movement. A reverse tendency of a careless identification of syphilis in works in which other diseases are clearly referenced has been pointed out by Mieke Bal in relation to two interpretations of Zola's *Nana* (1996: 208).
3. In September 2010, the US Department of Health and Human Services made public the "Findings from a CDC Report on the 1946–1948 US Public Health Service Sexually Transmitted Disease (STD) Inoculation Study," revealing the extent of the US/Guatemala experiments. On the Guatemala, Oslo and Tuskegee experiments, see McNeil 2010, J. Jones 1981, Reverby 2000, 2009 and Uschan 2006.
4. On the outbreak of syphilis in the early twenty-first century, see for instance Hourihan et al. 2004, Ashton et al. 2003, Simms et al. 2005. A warning about the spread of syphilis was communicated by Patrick French in the BBC radio programme "The Return of Syphilis" (25 January 2008), in which he indicated the alarming increase of births of children with congenital syphilis despite syphilis screenings for pregnant women. In July 2001, NAM, an organization aiming to raise awareness about AIDS and HIV, published a special issue of its monthly journal on the UK syphilis outbreak ("Aids Treatment Update" 2001). Even British tabloids reported the spread of the disease ("Syphilis in Unwelcome Return" 2007).
5. Popular culture often limits syphilis to a humorous trope: for example, in MAD TV's parody of Nelly Furtado's "Promiscuous Girl," "Syphilis Girl," as well as in the American (medical, crime) series (*Grey's Anatomy*, *House M.D.*, *Bones*). Sporadic film representations which regard the disease with

more seriousness are *Miss Evers' Boys* (Dir. Sargent 1997) and *The Libertine* (Dir. Dunmore 2004).

6. Sander Gilman (1987), Susan Sontag (1989: 24–6) and Anja Schonlau (2005: 2) regard AIDS as a cultural successor of syphilis. It should not be forgotten, however, that contemporary criticism produces the link between syphilis and AIDS as much as it describes this connection. In his analysis of the intersection of discourses on contagion, moral panic and homosexuality in various reports on AIDS, for instance, Simon Watney claims that AIDS patients are “usually hospitalized and physically debilitated, ‘withered, wrinkled, and loathsome of visage’ – the authentic cadaver of Dorian Gray” (1993: 206), thus clothing contemporary fears in the iconographic legacy of the Victorian era.
7. On these developments, see Hardy 2001 and Bynum 2006.
8. For an overview of these developments, see Crissey and Parish 1981: 219, 352–5, Oriel 1994: 49, Quétel 1990: 162–4.
9. Chapter 3 discusses the question of professionalization in the context of syphilis debates. For the discussions of “quackery” in terms of medical “fringe,” see Bynum and Porter 1987.
10. On the influence of continental literature in Britain, see Schonlau (2005) and Goens (1995). By far the most detailed and analytically compelling study of French literature and its treatment of the disease is offered by Lasowski (1982).
11. Allan M. Brandt’s remarkable study *No Magic Bullet* (1985) offers a similar survey in the American context.
12. A number of dissertations in the history of medicine have lent specific attention to issues that have either been overlooked or oversimplified. As they remain unpublished and not easily accessible, they have generated little impact on contemporary discussions. Of particular interest here are Townsend 1999, K. Taylor 1997 and McMahon 2000.
13. Other sub-interests within the thematic study of degeneration have been the symbolic function of syphilis in Oscar Wilde’s *The Picture of Dorian Gray* (1890), Bram Stoker’s *Dracula* (1897), R. L. Stevenson’s “The Strange Case of Dr Jekyll and Mr Hyde” (1886), and H. G. Wells’s “The Time Machine” (1895). Wilde scholars have frequently addressed the health of the author himself (Atkinson 2004, Nater 1993, Holland 1988). Some studies on Arthur Conan Doyle and his literary treatment of the disease have been primarily interested in the accuracy of syphilis’ depiction (Somasundaram 2009, Silverstein and Ruggere 2006).
14. While concerned with French literature, Patrick Wald Lasowski’s 1982 study is worth mentioning due to its analytical sensitivity and its detailed survey of the role the disease played in the French literature of the *fin de siècle*. Lasowski’s major contribution to the study of syphilis lies in the links he draws between the illness and French textual modernity (1982: 164–5).

15. In her discussion of visual culture, Mieke Bal proposes to leave open the question of disciplinarity (2003: 6) and instead refer to this area of study as a “movement” (2003: 6). Rather than “transdisciplinary” or “multidisciplinary,” she regards it, after Barthes, to be “interdisciplinary” in the sense that it creates its own object of study (2003: 7). For further discussions concerning the definition, scope and the relationship between visual culture and other disciplines, such as cultural and media studies, art history, feminism or aesthetics, see Morra and Smith 2006 vol. I, A. Jones 2006: 34–6, Evans and Hall 2006: 43–5, W. J. Mitchell 2002: 87.
16. Visual culture scholars stress this programmatic element with particular vehemence. Morra and Smith affirm the propensity of visual culture to question the status quo of disciplines, including its own (2006: 14–15).
17. Both Bal and Verhoeff attribute “seriating” to Bhabha (1994: 22), to my knowledge, however, *The Location of Culture*, referenced here, does not contain this quotation.
18. In this context, Bal is talking about “glancing” as opposed to “gazing,” where the former is regarded as “the involved look where views are aware of and bodily participating in the process of looking” (1996: 264).

## Aetiology and Etymology: Concepts, Bodies, Media

While aetiology and etymology refer to two generative principles – that of disease and that of language – this chapter goes beyond such narrow understandings of these terms and spans broader practices at work in the cultural and medical coding and conceptualization of syphilis. In describing the four fundamental levels that are combined in my reading of syphilis, this chapter takes its cue from Jean-Martin Charcot and Paul Richer's interpretation of the detail from Matthias Grünewald's *Isenheim Altar* "piece" entitled "Les Syphilitiques dans l'Art." Published as part of the acclaimed *Nouvelle iconographie de la Salpêtrière, clinique des maladies du système nerveux* (1888), the essay is an argumentative exposition aiming to convince its readers that the grotesque figure on the bottom left of the right inner wing panel, which shows St Anthony's temptation, bears the signs of syphilis. While it can be regarded as another case of misreading – another case of the intertwining of visibility and invisibility – the essay is interesting with regard to the various levels of interpretation it offers.

Rather than describing the painting themselves, Charcot and Richer quote a notice of one Dr Keller, whose interpretation of the painting conjoins three planes of reference: 1) corporeal symptoms, 2) the media of painting and language and 3) the concept of the disease. Keller's iconic reading of the diseased body collapses his historical knowledge of the disease and its currently acknowledged symptoms.<sup>1</sup> He sees syphilis symptoms in the ulceration of the figure's face that has destroyed

a part of the nose and ear, in the deformed bones and in the reduction of the left hand to a stump. He also recognizes a characteristic skin eruption (Charcot and Richer 1888: 259). The provenance of this last symptom seems to be unquestionable for the narrator, who inquires with an air of smugness: “Qui pourrait se tromper à l’aspect de ces lésions et quelle autre maladie pourrait le produire si ce n’est la syphilis?” (259). Keller examines the reliability of Grünewald’s depiction, arguing both that the artist must have copied the lesions from life “car les lésions paraissent figurées avec une grande vérité” and that the cutaneous manifestations seem “peintes avec plus de fidélité encore: elles ne diffèrent pas de celles que l’on peut voir de nos jours dans les formes un peu sévères de la maladie” (259). Through this combination of the *ad vivum* argument and the historical knowledge about the disease symptomatology, the body of the figure is established as syphilitic.

This iconic interpretation of art, which strives to attest the mimetic qualities of the painting, is accompanied by a reflection on the historical conceptualization of the disease and its media depiction. The red cape and bird-like feet of the creature remind Keller of the medieval conventions of depicting the devil and the damned (Charcot and Richer 1888: 259–60). He also links the pictorial and the verbal when he implies that while looking at the painting one can understand the name that has been given to the disease, that of the “grosse vérole,” the great pox (260). This blending of the painterly rendering of the disease with its naming shows the readiness to intertwine these two sign systems and their traditions, and indicates the significance of the concept of the disease that underlies these depictions. In the last of his rhetorical questions, Keller wonders what lies behind Grünewald’s decision to turn the sufferer into a demon-like, diabolical figure: “Est-ce pour marquer l’opprobre dont étaient couverts les malheureux syphilitiques à son époque, que Grünewald a fait de son personnage une sorte de démon, probablement un damné?” (260). In this indication of shame as central to the conception of the disease in the Middle Ages, Keller certifies the importance of the ingrained patterns of thinking that accompany the evocation of the disease and signals some of the socio-cultural and political effects they have. By that, he emphasizes the social character of syphilis, recognizes complex processes that take part in its cultural production and links them to a variety of sign systems and media, which provide a rich landscape for this production.

Although this interpretation may in many ways be regarded as fallible, the three categories the authors use in the analysis – concepts, bodies

and media – are crucial to the complex semantics of the disease at the *fin de siècle* and to its subsequent readings. They are also cues to my multilevel preoccupation with the disease, delineated in this chapter. The section “Syphilis Concepts” surveys the historical development of the concept of syphilis while attending to the etymology of the term and its historicity. It corroborates the necessity of inspecting disease concepts with reference to the particular styles of thinking that produced them. It also sketches the basic tenets of the expert knowledge on syphilis at the *fin de siècle* as a way of introduction to the medical creed built around the disease. In the section “Discursive-Material Syphilis,” I argue for the necessity of discussing syphilis concepts with reference to the materiality of the disease. Against the background of recent interdisciplinary discussions of illness<sup>2</sup> and with the help of a posthumanist-materialist framework, this section lays out the need for an integrative discursive-material interpretation of syphilis. With reference to Jonathan Hutchinson’s abundant collection of didactic materials on syphilis, the subsequent section “Syphilis-in-Media” exemplifies the richness of media depictions of the disease and advocates an expansion of the study of syphilis beyond the textual landscape. Following contemporary discussions of intermediality, it makes evident the various media mechanisms that participate in the production and dissemination of knowledge about the disease. Attending to these processes reveals complex mechanisms of knowledge diffusion and underscores the concomitant invisibility/visibility dialectics. Finally, the last section delineates the degree to which a consideration of the rhetorical use of syphilis can be helpful in assessing the role of the disease in the construction of individual and collective identities and its functions in broader socio-political and cultural frameworks.

## SYPHILIS CONCEPTS

Concepts of syphilis are varied, dynamic, historical and culture-specific. This study attends to this variety rather than assuming the existence of a universal and a-historic entity ‘syphilis’ which answers to some imaginary ideal of pure science.<sup>3</sup> Medical lexica, manuals and encyclopaedia published in the late nineteenth century contain a number of terms used with reference to syphilis, which have a distinguished denotative and connotative meaning. Next to such terms as primary, secondary, tertiary, congenital and hereditary syphilis, George M. Gould’s *The Student’s Medical Dictionary* (1900: n. pag.) mentions: “Syphilis insontium,” that is, the

disease “acquired in an innocent manner,” “Syphilis Marital,” which can be “acquired in lawful wedlock,” or “Syphilis oeconomica,” describing transmission through eating, drinking or using contaminated articles. “Syphilis technical” is used when the disease has been “acquired in following one’s profession,” “Syphilis venereal,” on the other hand, refers explicitly to the disease “acquired in illegitimate sexual intercourse” (Gould 1900: n. pag.). This systematic terminology is imbued with moralist views, which have the distribution of blame at their core and reek of judgmentalism. Even when freed from above adjectival determinants, the term syphilis unites a number of interrelated cultural and medical beliefs.

Surveying the early terminology used to name what we in retrospect call syphilis, contemporary researchers stress the creative designation of the disease. In his detailed study of the origins of syphilis, *Der Ursprung der Syphilis: Eine medizinische und kulturgeschichtliche Untersuchung* (1901: 297–305), renowned German dermatologist and sexologist Iwan Bloch also offers a classification of the ancient and modern terminology used in relation to the disease. Named after its alleged country of origin (“Morbus Gallicus,” “The French Disease”), it was also often termed after its symptoms that were combined with the land of its origin (“Variola Gallica,” “Poxae Hispanienses,” “Dolor frangitiosus”). It was described in terms of the body parts it affected and the ways in which it was transmitted (“Lues venereal,” “Malum aphrodisiacum,” “Luxus”) as well as after certain saints (“Morbus St. Rochi,” “Morbus St. Moni”). Finally, individual nations developed an extensive, idiosyncratic terminology, of which “Morbus burdigalensis,” “French Pest,” “Spanish Sickness” and the “secret disease” are but a few examples used in Great Britain. Bloch contrasts these older designations with the term “syphilis” – most commonly used among the learned in the nineteenth century (Bloch 1901: 297–305).<sup>4</sup>

Today, like in Victorian medical dictionaries, the etymology of the term “syphilis” is marked as unknown. The name is reported to have been used for the first time by the Italian physician Girolamo Fracastoro in his 1530s publication *Syphilis sive morbus Galicus* (Bloch 1914a: 28, Spitzer 1955: 269). The three-volume poem offers a captivating “aetiological myth” of the disease, which promises to explain its provenance (G. L. Hendrickson 1934: 527–8). The account of the origins of syphilis is woven into an exploration narrative describing the adventures of a Columbus-like expedition among the natives of the “Western Islands” (526). In the third book of his poem, Fracastoro relates the travellers’ encounter with

local inhabitants who perform a curious sacrificial ritual to avert the danger of a specific disease. What ensues is the story of Syphilus, a shepherd, who, enraged by the long draught, turns against the God of the Sun and convinces his comrades to hail the king of the country instead. His disobedience incurs the gods' wrath and causes them to send an unknown ailment on Syphilus (Fracastoro 1911: 55). This early account thus frames syphilis as the gods' punishment for sins as it produces rather than elucidates the etymology of the term.

In his 1934 article, "The 'Syphilis' of Fracastoro: With Some Observations on the Origin and History of the Word 'Syphilis'," G. L. Hendrickson suggests that studies of syphilis etymology often fall prey to the assumption that the name of the disease has been derived from that of the character in Fracastoro's poem. On the basis of the aetiological myth of the disease and with reference to other early sources, he forwards two speculations: either Fracastoro used a term that was in local circulation but unrecorded or he introduced the word himself (G. L. Hendrickson 1934: 530). In his 1955 article "The Etymology of the Term 'Syphilis,'" Leo Spitzer offers another explanation according to which syphilis could be an abbreviation of the Greek terminus "*έρυσίπελας* 'St. Anthony's fire, the rose'" (271). While he is aware of the hypothetical character of this argument, he contends that his theory would explain "the paradox [...] : syphilis would be at the same time a coinage of Fracastoro's and an alteration of a term existing before him" (272). Although offering varying explanations, both scholars agree as to the derivative character of Fracastoro's term.<sup>5</sup> Fracastoro's introduction of the name did not rule out the nomenclature that had hitherto been used to describe the ailment; rather, it added to the repertoire of the terms used. According to Hendrickson, it was only in the mid-nineteenth century that the name "syphilis" gained momentum and began to be more commonly used in professional circles and by the lay public (1934: 542). A comparison of the successive editions of dictionaries and medical lexica supports this claim and indicates that it was growing in importance already in the early decades of the nineteenth century. John Quincy's *Lexicon Physico-Medicum: Or, A New Medical Dictionary* defines "syphilis" as a subsidiary "[t]erm used for the *Lues Venerea*" (1794: 772), which is the main designation of venereal disease. In contrast, in Robert Hooper's 1817 edition of *Quincy's Lexicon-Medicum: A New Medical Dictionary* "syphilis" is the main entry (789–94), with a number of



other terms like “Morbus Gallicus,” “Morbus Indicus” (511) and “Neapolitanus Morbus” (527) scattered across the dictionary. Readers looking for “Venereal Disease” or “Lues Venerea” are referred to the entries “Syphilis” and “Gonorrhea” (849, 457).

This varying taxonomy and its changing application make clear that the concept of syphilis merges a number of historically specific ideas. In *Genesis and Development of a Scientific Fact* (1935), in which he inspects the nature of scientific knowledge and the processes that participate in its production, Polish-Jewish philosopher Ludwik Fleck surveys the historical development and shifting significance of the concept of syphilis, only to ascertain that “‘syphilis as such’ does not exist” (1981: 39). The denial of syphilis’s existence is by no means a denial of the disease. Rather, Fleck uses the statement to emphasize the historicity of the construct and its dynamic and changeable nature. The provocation “syphilis as such does not exist” highlights what is characteristic of general knowledge and what Adrian Wilson terms as the “erasure-of-history”: a deliberate obliteration of the dynamics and historical specificity of concepts for the general public (2000: 275).

Using syphilis as his prime example, Fleck also shows the significance of the “thought collective” and the “thought style” to the state of knowledge. A thought collective is for him a group of people engaged in intellectual interaction, while a thought style is the current system of knowledge, the “stock of knowledge and level of culture,” which places constraints on the subjects and practices of (scientific) inquiry (Fleck 1981: 39). Although the thought collective can contribute to the development of knowledge, its success is only possible to the extent that it moves within the limits prescribed by existing thought styles. Cognition is dependent on their interaction:

The self-contained nature of the system as well as the interaction between what is already known, what remains to be learned, and those who are to apprehend it, go to ensure harmony within the system. But at the same time they also preserve the harmony of illusions, which is quite secure within the confines of a given thought style. (38)

Fleck expands the dualistic model of the interaction between the subject and object of science with the state of general knowledge in which the processes of cognition take place. This conceptualization of cognition accounts for the persistence of a certain notion of syphilis and its variations in a specific cultural context (38–9).<sup>6</sup>

Fleck isolates four historically distinct traditions of thought whose interaction had produced twentieth-century understandings of syphilis. The concept had evolved “from the mystical, through the empirical and generally pathological, to the mainly etiological” (1981: 19). Referencing the earliest documented occurrence of syphilis in the fifteenth century, Fleck ascertains that the then dominant systems of astrology and religion determined the understanding of the disease and branded it with “[t]he stigma of fatefulness and sinfulness” (3). The woodcut attributed to Albrecht Dürer and printed together with Sebastian Brant’s 1496 text combines these attitudes. It references both the astrological constellation that was held responsible for the outbreak of the epidemic and the moral implications of the disease in the depiction of the sufferer who has been variously interpreted as both a “Frenchman” and a “victim of the signs of the zodiac” (Gilman 1987: 92). This “ethical-mystical” approach to syphilis was accompanied by an “empirical-therapeutic” attitude, which linked the concept of the disease to the possibilities of its treatment (Fleck 1981: 5). According to Fleck, as mercury was considered a remedy for a number of skin diseases at the time, it can only be regarded as secondary to the definition of syphilis. These two approaches, although highly incompatible, merged together with time (5).

A further development in the conceptualization of the disease came with an early recognition of its pathogenetic character. While in the early treatises, which adhere to the then prevalent theory of humours, syphilis was considered as producing a “change in blood” (Fleck 1981: 11), the notion of “syphilitic blood” became highly popular only in the late nineteenth century (13). It was also the time when aetiological studies concerning the causation and origination of the disease were intensified, with Schaudinn’s isolation of the causative agent as a historic breakthrough. This aetiological approach to the disease constitutes the fourth strand of thought which participated in the process of defining syphilis (14). These conceptual tendencies have to be regarded as existing in parallel but in varying accentuations so that while one of them gains in prominence, it does not negate the existence of all the others.

With a number of developments in ocular technologies and with the recognition of syphilology as a discipline proper, professional knowledge about syphilis was in a state of flux in the last decades of the nineteenth century. Although continuous attempts were directed at finding the causative organism, Schaudinn’s discovery only came in 1905 and the rethinking of syphilis as a result of Wasserman serological test was under way only

after 1906. Medical dictionaries, manuals and lexica published between 1880s and 1906 map out the certainties of medical knowledge but also register the qualms that plagued the medical profession.<sup>7</sup> Such publications accept new ideas less readily than medical journals and can be seen as sources of the general expert knowledge pertaining to the aetiology, pathology, treatment and classification of syphilis.

Although George Gould's popular *The Student's Medical Dictionary* (1900) records attempts at finding a syphilis "bacillus," it does not offer any definite cause of the disease (n. pag). It indicates sexual contact as the major mode of transmission but accepts the possibility of infection through "incidental" contact with the carrier of the disease or through the consumption of food and drink in an infected household. The 1874 edition of Robley Dunglison's *Medical Lexicon: A Dictionary of Medical Science* mentions "contact of parts that are only lined with a thin epidermis" as a possible way of transmission (1012). Gould's dictionary also offers a detailed description of the primary sore, attending to the time of its appearance and microscopic characteristics, and gives an account of the clinical development of the disease by drawing attention to its three stages: primary, which refers to the occurrence of the primary chancre; secondary, characterized by the appearance of mucous patches, skin eruptions, sore throat, etc.; and tertiary, in which "gumma and severe skin-lesions" appear (1900: n. pag.). Whereas the period between the appearance of the primary chancre and the cutaneous eruptions of secondary syphilis is six weeks in average, the latent phase between the secondary and tertiary symptoms is described as variable. Dunglison's *Medical Lexicon* lists mercury and iodine of potassium as the two most often used medications, with the specification that the former is by far "esteemed to be best remedy" (1874: 1012). Gould's dictionary also brings up an "obscure" relation of syphilis to specific disorders of the nervous system, for instance, locomotor ataxia and parietic dementia (1900: n. pag.). Focusing on the commonly accepted characteristics of the disease, these dictionary entries necessarily veil the developments in specialized studies of the disease, be they related to its transmission or its connection to other disorders. As instances of vademecum knowledge, they offer a selective and ordered "critical synopsis" for general specialists of the esoteric circle of syphilologists, while erasing the debates that came into full view in medical journals (Fleck 1981: 118).

In spite of these general assertions, one has to keep in mind that the ideas concerning syphilis transmission, its causative organism, its pathological

development in patients and its relation to other ailments were highly unstable and continuously contested at the time. While Jonathan Hutchinson published a study of the disease based on his observations in London hospitals and in his private practice in 1887, Dr Joseph Hermann, surgeon to the Viennese Royal Hospital, was certain that “constitutional syphilis does not exist,” which he illuminated in his 1890 publication bearing precisely this title (Fleck 1981: 5). Even those who regarded syphilis as an individual illness did not necessarily agree about its pathology and ways of treatment:

The concept of syphilis, then, was still vague and incomplete. [...] [It] still remained too variable, and not sufficiently entwined or interwoven within the fabric of contemporary knowledge to be considered finally established with a firmly based, objective existence, and thus to appear as an undoubtedly “real fact.” (Fleck 1981: 6)

Professional debates encompassed a number of interconnected issues related to the character of the disease, some of the most important being: the gender patterning in its ‘hereditary’ transmission, conjugal relations and family planning, national and local preventive practices, institutionalization and treatment of patients, development of medical facilities and educational bodies. These debates, which fuelled heated public discussions, were themselves influenced by existing social and national concerns.

This conceptual complexity of syphilis is embodied in the multimedia landscape of the late nineteenth century. That is why it is of importance to attend to the various spaces of syphilis visualization, whatever the mode of this visualization. This also entails an inquiry into the metaphorical production of the disease. Although Susan Sontag famously called for a metaphor-free environment as a platform for “the most truthful way of regarding illness – and the healthiest way of being ill” (1978: 3), the study of metaphors has received wider recognition, for instance in the context of an individual experience of illness (Mattingly 2000, Mattingly and Garro 2000, Charon 2006, Kirmayer 2008). Whether it has been conceptual poverty or linguistic creativity that can be held accountable for the names given to syphilis over the centuries, it is undeniable that the condition was from the very outset metaphorically charged, a fact that cannot be disregarded in a study of nineteenth-century visualizations of syphilis. Deborah Lupton

lists various uses of diseases as tropes in literature, indicating their rhetorical function in the exposition of moral, psychological or emotional dilemmas (2003: 55). She also insists on recognizing and analyzing the dynamic character of the relations between metaphors and diseases: while diseases call for other semantic domains through which they become intelligible, so the disease itself can become a reference field for other entities (59). In this context, verbal metaphors are as significant as the iconography of the disease: both are indicative and generative of the cultural and political systems that breed them.

According to Sontag, what is metaphorically productive is the mystery of a disease. As soon as its aetiology has been discovered, it no longer offers such a fertile ground for metaphors (1978: 5). In this line of thought, she argues that the metaphorical productivity of syphilis was restricted: “[i]n its role as scourge, syphilis implied a moral judgment (about off-limits sex, about prostitution) but not a psychological one” (39). Its ‘vulgarity’ was the sole creative ground in its metaphorical use: “[s]yphilis was limited as a metaphor because the disease itself was not regarded as mysterious; only awful” (59). Undoubtedly valuable, Sontag’s argument is based on the false premise that the aetiology of the disease was clearly established at the time. Even though medical knowledge of the ailment improved considerably at the turn of the century and although there existed a number of “proto-ideas” which explained certain processes (Fleck 1981: 23–7), there were still numerous dark areas in its study, which encouraged the production of a motley welter of metaphors. Syphilis produced a rich visual culture of which metaphors were just one instantiation.

### DISCURSIVE-MATERIAL SYPHILIS

Many literary, cultural and social scholars who have analysed diseases in wider discursive networks have made a distinction between the ‘realness’ of a disease as a biological entity and the discursive construction of it as a medical and/or cultural phenomenon. For instance, Paula Treicher’s strongly constructivist approach sees diseases, especially AIDS, as products of linguistic signification, where the “continuum” of biomedical and popular discourses is played out (2004: 35). Although she recognizes the linguistic-material constitution of the disease, she nonetheless sees materiality as only accessible through language (69). Her approach is motivated by the correlation between the AIDS

epidemic and a heightened scholarly attention to language. This type of hermeneutic engagement with (communicable) diseases dominates the cross-disciplinary landscape of inquiry in which the materiality of the disease is generally disregarded or subservient to the linguistic models of cognition. Such approaches often insist on regarding materiality as a product of discursive practices, with discursive being habitually tantamount to linguistic.

Still, as a communicable disease, syphilis originates in an instance of intersubjectivity, in the meeting space of two bodies. It is also through its materiality/mattering that syphilis negotiates its place and role in the world. Syphilitic bodies are bodies outside the norm. Yet these are also bodies that are always thrown into sharp relief – be it by the subjects who notice their corporeality because of illness, practitioners who inspect them, society because of their contagiousness or the state because it has to ‘solve’ their problem. These are bodies on and through which visibility is produced. Sociologists Mariam Fraser and Monica Greco compare a bodily ailment to a prism/pane that changes our relation to the world: “A leg that will no longer walk, an eye that will no longer see, a heart that strains to run a familiar stretch, impose themselves on our attention as they transform our customary relation to the world” (2005: 20). It is fruitful to look at the materiality of syphilis from behind both sides of the pane: the one of the embodied subjects who have to negotiate their own positions vis-à-vis the world and from the perspective of the “world” in its specific manifestations (doctors, the government, etc.) as it navigates around a being whose transparency has become a body of potential resistance by not conforming to the pervading rules: a body of difference and defiance, liminality and diffraction. Drawing on René Leriche, Georges Canguilhem, French philosopher of thought, defines health as “life in the silence of the organs” (1989: 243) and regards illness as a symphony of voices: a body-talk. In this respect, syphilis must be understood, like any other disease, as an utterance rooted in corporeal materiality, which also always already participates in the discursive formation of the world.

This complexity of syphilis is visible in Jonathan Hutchinson’s case notes in *A Descriptive Catalogue of the New Sydenham Society’s Atlas of Portraits of Diseases of the Skin* (1869a). His account of the varieties of ulceration characteristic of both inherited and acquired syphilis and illustrated by Plate XXXVII: “Syphilitic Rupia-Psoriasis”

is accompanied by the record of the patient who served as the model for this illustration:

Anne A – is at the present date (June, 1875) aged 20, but does not look more than 14. [...] there is little or nothing in her appearance which bears out any suspicion of inherited taint, and I have to add that her family history, although peculiar, equally fails to give it any definite support. Although her mother is herself the subject of tertiary syphilis in a severe form, [...], yet it curiously happens that there appears to be no hereditary connection between the two cases. The mother, who gives a candid history, states that the child was born several years before her marriage, and before she contracted syphilis. [...]

Thus, in the patient from whom the portrait was taken there is no evidence of inherited syphilis. [...].\* (127–8)

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\*At the time the portrait was executed I was not in possession of all the facts in the history of the patient which are given above, and supposed, from the fact of the mother as well as the child being syphilitic, that in the latter the disease was probably inherited. Hence the error in the designation of the plate. (128)

Hutchinson's footnote signals the variety of negotiation processes at work in the diagnostic identification and categorization of external bodily symptoms. This event of syphilis (mis)recognition conjoins corporeality and discursivity in an interactive space of doctor–patient encounter. A patient comes for consultation. Her body produces visible marks, which become identified as inherited syphilis. It is only with hindsight and with a more detailed knowledge of the family's history that the meaning of what Hutchinson saw is renegotiated and the disease categorized as acquired.

This event of (mis)recognition highlights an uneasy coexistence of corporeality and discursive conditioning: while the practitioner inevitably activates a number of concepts of the disease, its transmission and pathology, which in themselves are produced in numerous events of corporeal-discursive interaction, he has to check these against the body of the patient and the history of her disease. The doctor has in front of him a body of a girl, which, while perceived through a prism of cultural-cognitive habits, is more than only a product of discursive practices: the way she wears the sores may be conditioned by existing behavioural scripts but discourse alone cannot be held accountable for her lesions.

The way her body is (erroneously) produced through discourse shows that there is something more to the body than its discursivity and something more to illness than its concept. While it is certain that, “[i]n an era, when [...] people’s skin blossomed with bumps, crusts, crevices, and lesions in a palette of colors that rivaled the works of Vincent Van Gogh and Jasper Johns” (Ott 2010: 87), doctors were looking for a discursive means of ordering these eruptions, it is also clear that their knowledge was contiguous and dependent on these “itching, stinking, or shedding something or other” corporealities (90).

Scholarly discourses around corporeality have multiplied in the last few decades. While binary thinking about the body fell out of favour together with strong constructivist positions, there has been a tendency against a single understanding of corporeality, whose complexity has been spotlighted by new (bio)technologies. Feminist and gender scholars have explored the cultural boundedness of the body and its dependence on various practices of power and knowledge creation (Bordo and Jaggar 1989, K. Davis 1997, Grosz 1994, 1995, Weiss and Haber 1999). A lot of attention has been given to the interrelations between gender, sexuality and corporeality, body practices, class relations and ethnic differences as well as to the impact of biotechnologies and the ethical problems surrounding new bionic corporealities. The ‘deviant’ body has also fallen under scholarly scrutiny. In 2008 Rosi Braidotti recognized the sheer impossibility of a unified body theory:

The body has [...] come back with a vengeance in social practices and discourses as well as in science and bio-technology, in contemporary evolutionary theory, under the impact of information technologies. How to combine all these insights into one coherent theory of embodiment is beyond the means of our historicity. (21)

This magnitude of possibilities is also visible in the cross-disciplinary multiplication of studies of corporeality and disease. Anthropological studies of embodiment and illness (Csordas 1994, 2002, Good 1994, Fassin 2003) have been accompanied by cross-disciplinary interest in an individual’s experience of illness and in disability (Quayson 2007, Siebers 2010, 2008, 2000, L. Davis 1997, 1995, D. Mitchell and Snyder 1997, Corker and Shakespeare 2001, Albrecht, Seelman, & Bury 2001, Stone 1984, Stoddard Holmes 2004). Further analyses have encompassed illness narratives and their relation to corporeality (Kleinman 1988, Frank 1995,



Mattingly and Garro 2000, Mattingly 2000) and a growing preoccupation with the transformative power of illness as opposed to normative medical practices across a number of disciplines ranging from philosophy to neuroscience (Carel 2008, Canguilhem 1989, Damasio 1999, 2003) as well as poststructuralist historical approaches that go beyond traditional disciplinary and ontological divides and emphasize a praxiographic approach to diseases (Mol 2002).

Despite this proliferation of works on the body in general and the ailing body in particular, many scholars bemoan the disappearance of corporeality as lived experience from mainstream academia, which, dominated by the poststructuralist and postmodernist preoccupations with discourses, has lost the sight of embodiment. Material feminists Stacy Alaimo and Susan Hekman argue:

Although postmoderns claim to reject all dichotomies, there is one dichotomy that they appear to embrace almost without question: language/reality. Perhaps due to its centrality in modernist thought, postmoderns are very uncomfortable with the concept of the real or the material. [...] In their zeal to reject the modernist grounding in the material, postmoderns have turned to the discursive pole as the exclusive source of the constitution of nature, society, and reality. (2008: 2)

Alaimo and Hekman further believe that mainstream feminist and cultural studies, even when powered by constructivist approaches that assume an existence of ‘reality’, regard it as separate from the discursive and cultural realm: a separation which accounts for an almost exclusive preoccupation with power and ideology and which leaves in its wake an exclusion of materiality (3). As Karen Barad argues:

Language has been granted too much power. The linguistic turn, the semiotic turn, the interpretative turn, the cultural turn: it seems that at every turn lately every “thing” – even materiality – is turned into a matter of language or some other form of cultural representation. [...] Language matters. Discourse matters. Culture matters. There is an important sense in which *the only thing that does not seem to matter anymore is matter*. (2007: 132; my emphasis)

According to Alaimo and Hekman this “dis-ease in contemporary feminist theory and practice that has resulted from the loss of the material” (2008: 6) can be detrimental to new, innovative cross-disciplinary

engagements as it “can [...] inhibit the development of a robust understanding of discursive production itself, since various aspects of materiality contribute to the development and transformation of discourse” (4). An ill body, a syphilis-infected body, cannot be understood solely as a representation or an effect of discursive practices. While it is a sign to be read and while it bears the traces/signs of the disease and is an effect of power technologies, it is also a lived entity whose transformation due to illness affects subjects and their material positioning in the world.

What framework can best accommodate these traditionally bifurcated realms of discourse and corporeality? And how can the interrelation between body, illness, subjectivity and culture be productively described? Researchers working across feminist and science studies have not only resurrected the issue of materiality, they have also offered various productive ways of thinking about the relations between discursive practices and corporeality.<sup>8</sup> Judith Butler’s engagement with the reiteration and citationality of culturally-bound practices of the body, which continues some of the feminist engagements with Foucault’s work on power, knowledge and agency, has made it possible to put a number of differences into (scholarly) focus (Price and Shildrick 1999: 9) and has offered a platform for a discussion about the plurality of genders. As much as her work has been politically useful, it has also met with ardent criticism. One of the hotly discussed issues has been Butler’s understanding of agency and processes of materialization (see, for instance, Weir 1996, McNay 2000, Jagger 2008). Butler famously precludes the possibility of a direct experience of the body arguing that, from the very outset, it is known only through symbolic practices. It is an effect of performative acts: an entity produced discursively. Yet, unlike what has been frequently argued, she does not devoid the discursive of its material effects but proposes “a return to the notion of matter, not as site or surface, but as *a process of materialization that stabilizes over time to produce the effect of boundary, fixity, and surface we call matter*” (Butler 1993: 9; original emphasis). If matter can be understood as “power’s most productive effect” (2), the fixity of the body, its gestures and boundaries can be recognized as material:

To speak within these classical contexts of *bodies that matter* is not an idle pun, for to be material means to materialize, where the principle of that materialization is precisely what “matters” about that body, its very intelligibility. In this sense, to know the significance of something is to know

how and why it matters, where “to matter” means at once “to materialize” and “to mean.” (32; original emphasis)

Within this framework, bodies are envisioned in their ability to undertake and sustain performative acts constitutive of gender. Their materiality and fixity are determined by but not fully reducible to signifying practices. This establishes a link between the agential (dis)appearance – (de)materialization – of certain bodies within a given culture and their political significance: their legitimacy or its lack. While this mattering of the body, its socio-cultural meaning and materialization, are particularly important to the understanding of the visibility and invisibility of syphilitic bodies and their function within the signifying practices of the Victorian culture, the framework proposed by Butler’s earlier work does not account for the dynamic character of materiality, which can be transformative of a body’s (somebody’s) socio-cultural and political value.<sup>9</sup> Her framework also makes it difficult to accommodate illness in its complexity. Although it takes into consideration the discursive power in shaping ill bodies, it disregards the possibility of an intracorporeal transformation that exceeds the effect of performative enactment of the existing illness scripts. It also fails to provide an estimation of “how discursive practices produce material bodies,” a problem found in Foucault’s work as well (Barad 2003: 808–10).

In her study “Posthumanist Performativity: Toward an Understanding of How Matter Comes to Matter” (2003), Karen Barad develops the notion of “agential realism” as a way of rethinking this rapport by taking up and modifying Butler’s concept of performativity. She attempts to eschew representationalism, with its separation of ‘reality’ into the domains of words and things (2003: 811), and replace it with a new “onto-epistem-ology” that assumes their irrevocable entailment (829). With this aim in mind, Barad anchors her thought in Niels Bohr’s physics and especially in her reading of his theorization of concepts and their materiality. Barad regards concepts as “actual physical arrangements” rather than ideological abstractions, which allows her to shift emphasis from concepts to the discursive practices that produce them (2007: 147). Reality is for her a dynamic “agential intra-activity of becoming” (2003: 818), with phenomena rather than things as its chief epistemological/ontological components (815). Phenomena are a bundle of relations, “dynamic topological reconfigurations/entanglements/relationalities/(re)articulations” (818) without any pre-given “relata,” which both indicate the inseparability of their constituent parts and signal the impossibility

of separation of the object and subject of knowledge/observation (815). As primary ontological units, phenomena are accompanied by primary semantic entities, “material-discursive practices,” which retrospectively produce the component parts of a phenomenon as separable entities (818). Within this epistemological framework, the body is always already a material and discursive becoming, a continuous reconfiguration of the world.

In this context, an ill body is a discursive-material and dynamic rearrangement of the world. It is a phenomenal entity that is inherently relational and bound with the apparatuses that produce it: medical practices, socio-economic needs, educational and technological potentialities, treatment possibilities, etc. Diseases, thus, are always unstable and always in the state of becoming and reconfiguration: they are never thinkable outside the dynamic apparatuses of their production. As a phenomenon, then, syphilis “‘includes’ the apparatuses or phenomena out of which it is constituted” (Barad 2007: 217).

Although Barad concentrates on the production of scientific reality, her work has been applied in discussions across many disciplinary fields. It has been enthusiastically received by new materialist studies that, closely related to the work of third-wave feminism, attempt to go beyond representationalism (Benavente 2010: 83). This enthusiasm notwithstanding, criticism has come from the quarters of science studies. Praising Barad’s audacious thinking “in an increasingly pedestrian era of science studies” (2011: 433), Trevor Pinch bemoans the lack of socio-historical contextualization in her work, which itself lays out the necessity of such entrenching. This incompatibility between Barad’s theory and practice, insinuates Pinch, (re)produces the unproductive distinction between science and science studies, and, while certainly prestige-bringing and politically rewarding in turning to science for the precepts of new epistemology, it fails to achieve what it preaches (440).

This critique aside, an application of Barad’s posthumanist-materialist thinking to the conceptualization of diseased bodies highlights the inherently discursive-material character of practices that constitute them as ‘objects’, allows regarding them as relational and dynamic and highlights the processes of separation through which they are made distinct. It assumes, as does Bal’s visual culture framework (see Chapter 1), that discourses are always material and always materializing, hence spotlighting the epistemological necessity of regarding discourse as always already in-a-medium. Like Bal’s model, Barad also assumes an irrevocable intertwining of the

positions of the seer and the seen, “of the fact that we are a part of that nature we seek to understand” (2003: 828), hence underscoring the necessity of a constant observation of the dynamic relations activated in the continuing processes of intra-separation. This prompts her to call for an “onto-epistemological” approach, for a practice and ethics of “the study of practices of knowing in being” (Pinch 2011: 438). Last but not least, this framework, in which materiality is “agentive and productive” (Barad 2007: 225), allows for a new conceptualization of an ill body and its agency. If, as Barad argues, agency is not an attribute but a potentiality of reconfiguration, it is “about the possibilities and accountability entailed in reconfiguring material-discursive apparatuses of bodily production, including the boundary articulations and exclusions that are marked by those practices” (218). The ‘agency of syphilitic bodies,’ then, lies in the ways in which they come to reconfigure existing material-discursive practices by subverting, destabilizing or resisting these or by making their effects visible.<sup>10</sup>

Such understanding of syphilitic bodies accounts for their political utility, a fact which Victorian doctors, eugenists, feminists and purity campaigners realized and used to their own advantage. As sites of alternative figurations, syphilitic bodies can become means of visualizing the nodes of relations obscured by dominant apparatuses. They also “have” agency to the extent that they participate in an ongoing reconfiguration of the world (Barad 2003: 827). What is important in this context is not only how these new figurations act but also how they are framed as referents of agency. If agency is an act of reconfiguration but is produced as “belonging” to a certain objective referent, then this attribution of power has political and economic consequences (Barad 2007: 216). It is therefore not only important how syphilitic bodies are reconfigured and to what extent they themselves can enact a rearrangement of existing relations but also who endows them with power and agency and why. The syphilitic body – in its discursive materiality – cannot be conceived of otherwise but as always already encompassing the apparatuses that produce it, and with them, the media of its evocation.

### SYPHILIS-IN-MEDIA

The study of the *fin de siècle* cultural industry that developed around syphilis is thus necessarily a study of syphilis-in-media and through media. In this sense, this work goes beyond the precepts of representationalism as it assumes complex relations between media evocations of syphilis and their

production of it as a ‘natural’ referent. Yet how to account for the various events of its exposition? How to account for the variety of media and their connections as well as for the relation between the syphilitic body and its media visualizations? This theoretical elaboration arises from my empirical study of Jonathan Hutchinson’s medical collection hosted at the Institute of the History of Medicine at the Johns Hopkins University in Baltimore. The collection, which initially included coloured drawings, woodcuts, engravings, photographs, jarred specimen and press cuttings (Osler 1915: 83),<sup>11</sup> shows the extent to which the medical production and dissemination of knowledge in the late nineteenth century was dominated by media interactions. Positioned in the centre of many an esoteric circle, Hutchinson had access to the newest developments in the study of diseases and participated in the most heated debates of the day.<sup>12</sup> His multimedia collection pays tribute to the scope of his knowledge and testifies to the vibrant exchange of ideas in the circle of syphilologists around the world.

Syphilis is a major part of the collection. According to William Osler, one of the founders of Johns Hopkins Hospital, “[Hutchinson’s] is probably the most remarkable iconography on syphilis ever made; portfolio after portfolio is filled with illustrations on every variety of the lesions of this protean disease” (1915: 83). He has contributed to syphilology not only by compiling an unprecedented iconography of the disease but also by describing the means of recognition of congenital syphilis.<sup>13</sup> Victor A. McKusick glorifies Hutchinson’s achievements when he argues that the latter’s “study of syphilis was so profound that the predicted discovery of *Treponema pallidum* [ . . . ] in 1905 necessitated no significant change in the subsequent edition of his book” (1952: 108). While McKusick disregards here the state of knowledge about syphilis at the time and the developments in the thought collective, these words echo the admiration of Hutchinson’s contemporaries for the width and profundity of his knowledge, which can be seen in Osler’s assertion that:

When anything turns up which is an anomaly or peculiar, anything upon which the textbooks are silent and the systems and cyclopaedias are dumb, I tell my students to turn to the volumes of Mr. Hutchinson’s *Archives of Surgery* as, if it is not mentioned in them, it surely is something very much out of the common. (1900: 73)

The diversity and range of Hutchinson’s published and collected materials testifies not only to his versatile “encyclopaedic” mind (J.W.B. 1913: 1632)

but also to the complex, overwhelmingly eclectic and journalist character of medical knowledge about syphilis at the time and offers a fruitful ground for inspecting the processes of media interaction in the visualization of the disease.

Hutchinson's collection grew out of his belief in the necessity of training practitioners' powers of recognition and in the remarkable function of 'visual' aids in the diagnosis of diseases. Postgraduate teaching was, according to him, ideally conceptualized as "objective teaching": a method that relied on "the use of specimens, models, diagnosis and other illustrative material" (Oriol 1990: 402). The London Polyclinic, which combined practical consultations, public lectures, library space as well as a clinical museum and laboratory (Hutchinson 1899a: 6–12; see also Chapter 3), could be seen as an incarnation of his pedagogical aims. It offered a space for the professional self-improvement of practitioners as they became immersed in a variety of media that supported the practice of high-quality diagnosis:

The close juxtaposition of a clinical museum and library, containing portraits of disease and illustrated books of reference, will add much to the value of these consultations, allowing [...] ready opportunities for comparing the pictorial record with the conditions displayed in the living patient. (Hutchinson 1899a: 10)

Hutchinson's placement of the patient and medical illustrations side by side highlights the importance of intermediality to the understanding of disease symptomatology. How to account for the variety of visual events of syphilis exposition as different as medical atlases, wax models, jarred specimens and clinical presentations of living patients? How to incorporate their interrelations and ongoing reciprocity into the study of syphilis?

Visual culture and science scholars have long highlighted the necessity to veer away from the conceptualization of visual representation as a mere illustration of scientific argument. J. L. Lemke advocates an understanding of scientific concepts in terms of "semiotic hybrids" while regarding scientific discourses as "multimedia genres," in which various media affordances interact (1998: 87): "no verbal text can construct the same meaning as a picture, no mathematical graph carries the same meaning as an equation [...] no verbal description makes the same sense as an action performed" (110). Luc Pauwels in turn regards media as "ideogramic activities," which not only render visible but also produce concepts and interrelations that do not have any 'natural' referent (2006b: viii). He summarizes three major

functions of scientific visualization: an instrument of scientific expression, an “enculturation device” in scientific communities and an instrument of dissemination of scientific ideas among the lay public (2006b: ix). In his historical appraisal of dominant approaches to the nature of visualization in science, Michael Lynch argues that a study of visualization is a study of “the production of scientific reality” (2006: 38). Contemporary media studies in its turn also highlights the “social and cultural agency” of media (W. J. Mitchell and Hansen 2010: vii), which as W. J. Mitchell and Mark B. N. Hansen contend, no longer simply “determine” but “*are* our situation” (2010: xxii; original emphasis). This “neo-McLuhanesque” approach maintains the belief that media is more than just the sum of individual “channels” or “vehicles” and that it is productive of social, political, technological and aesthetic realities not only by propagating certain messages but also through its formal apparatuses and their mechanisms (W. J. Mitchell and Hansen 2010: x–xxii). In this context, media must be regarded as “a perspective for understanding” (2010: xxi) the late Victorian production of knowledge about syphilis.

Cross-disciplinary studies of medicine and the (media) production of knowledge have shown the extent to which media technologies have participated in the creation of new epistemologies and ontologies. Exemplarily, the introduction of photography and microscopy to medical publications testifies to the changing perception of the world as well as to a number of modifications in the thought style. Barad’s description of the performative materialization of a foetus with the help of ultrasonic technologies exemplifies this notion of the intra-dependence of the world’s becoming in and through media:

the transducer does not allow us to peer innocently at the foetus, nor does it simply offer constraints on what we can see; rather, it helps produce and is part of the body it imagines. That is, the marks on the computer screen [...] refer to the *phenomenon* that is constituted in the intra-action of the “object” ([...] the “fetus”) and the “agencies of observation.” Significantly, the objective referent for the properties that are observed is the *phenomenon*, *not* some presumably pre-existing, determinately bounded and propertied object. (2007: 202; original emphasis)

Foetus is a dynamic becoming which is produced as a “thing-in-phenomenon” through “agential intra-actions of multiple apparatuses” (Barad 2003: 817). If visualization denotes the “practices that make things visible and



accountable” (Lynch 2006: 37), then media must be regarded as discursive-material apparatuses that diffractively produce (in)visibility. In her elaboration of Foucault’s conception of apparatuses, Barad stresses their productive role and material-discursive effects. Specific practices rather than pre-existing structures, apparatuses are, for her, dynamic reconfigurations of space and time, which produce distinctions and boundaries (2007: 146). Ultrasound as a modern technology of observation brings to light not only this “boundary-making” (Barad 2003: 146) role but also the inseparability of the apparatus and the object it produces (200). This approach denies the pre-existence of clearly distinguishable scientific objects and apparatuses and emphasizes local networks of production and practice. It also merges the notions of mediation and materialization that I call visualization.

This account dictates a shift in focus from the visible products to the spaces of visibility, processes and practices of visualization and onto the grounds of intra-activity. It thus also enables me to address diverse processes of visualization and to account for such media as medical atlases and the bodies of syphilitic patients. On this backdrop, a study of visual production of syphilis should involve attention both to the products and processes of visualization and to their broader discursive-material effects. Although Barad points to the necessity of a multilevel analysis of phenomena, she does so in a rather unsystematic way, hence the need to incorporate Pauwels’s model of the visual production of scientific reality.

In “A Theoretical Framework for Assessing Visual Representational Practices in Knowledge Building and Science Communications” (2006a), Pauwels offers a framework for studying the processes and products of visualization in science. His model is partly prescriptive and based upon the recognition of an essential difference between a scientific referent and its representation. His main concern is with scientific visual representation, which he understands in a narrow sense that excludes the verbal register and which concentrates on a specific scientific setting. Despite these drawbacks, Pauwels’s focus on processuality and the relationality between a number of interactions that participate in the production of visibility can be adapted to this study. Implementing Barad’s understanding of phenomenal intra-relations and apparatuses to Pauwels’s model of visual analysis provides a framework for studying the visual production of syphilis in the Victorian era.

For me, chosen instances of syphilis-in-media are the point of ingress for further analysis and theoretical considerations. However, they do not constitute the final object of my investigation. Rather, through them I can access

the processes and interactions characteristic of the cultural production of syphilis and its visibility. After Barad, I regard phenomena as the smallest epistemological units and consider them to be dynamic networks of intra-related entities that are produced as separate only in the course of intra-active separation. The distinction between them is produced as is the referent, which does not pre-exist the visual production of syphilis. Here lies the major difference between Pauwels's and my own models (Fig. 2.1).

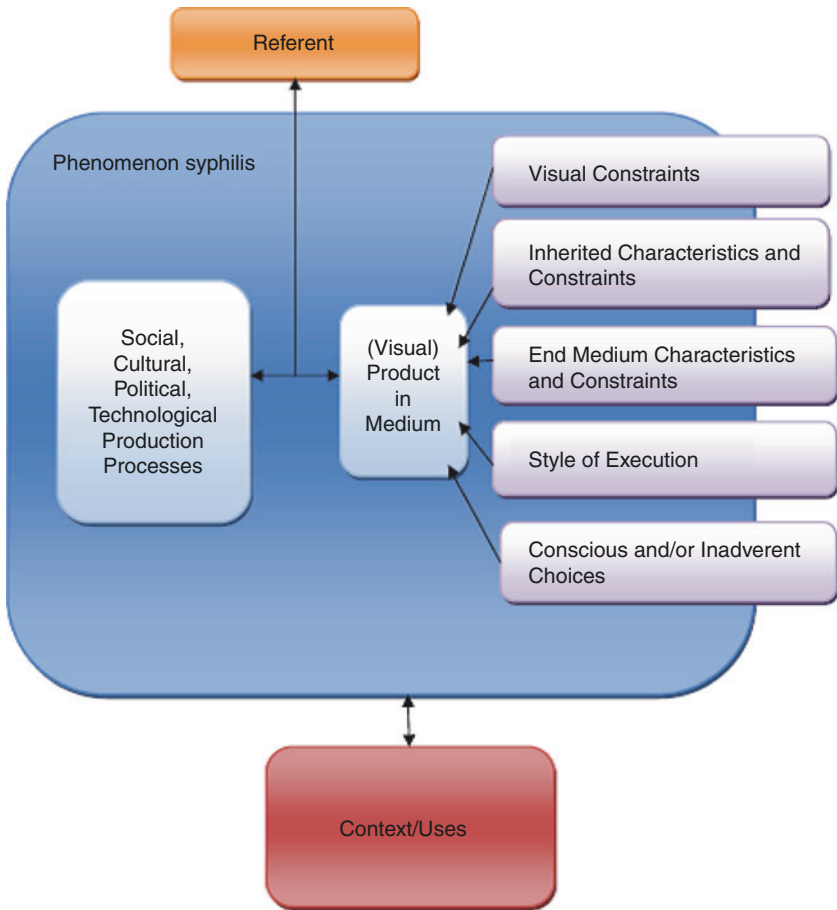


Fig. 2.1 My elaboration of Pauwels's and Barad's models

Whereas he assumes a variety of possible referents, from purely conceptual to increasingly physical (Pauwels 2006a: 2–4), for me, like for Barad, referents are produced as more or less conceptual in the course of discursive-material intra-actions that have material and political consequences. The second major difference in the models is the relation between visual products and production processes, which are here no longer positioned between the referent and its representation but are regarded as an integral part of the analyzed phenomena. Unlike Pauwels’s model, my scheme no longer hosts the “Nature of Technical-Physical Encoding /Transcription” (2006a: 11), which is due to the rethinking of the processes of visualization as producing rather than encoding a pre-existing referent. Their nature is as much of secondary order as is the referent. Here, the processes of production encompass the technical and structural constraints as well as thought styles, which I subsume under a broader title of social, cultural and political practices to include wider networks of reference than the specific circumstances of an individual visual product. Importantly, Pauwels’s distinctive categories referring to the medium and the style of execution are retained as they afford a judicial overview of elements that should be taken into consideration in the study of visual products, ranging from particular media traditions, affordances and constraints, through the characteristics of a given medium, style of execution, individual propensity of a medium to produce specific phenomena, to the skills and individual choices of the producer. This model also allows regarding specific visual products in the context of their use, thus stressing their purpose and ways of dissemination.

Pauwels’s model offers a “process approach” (2006a: 21), which shifts the analytical focus from individual visual products to the processes of production and dissemination inside and outside scientific milieus. It attends to the multifarious interdependencies between the product and the cultural, social, technological and political contexts of its production, addresses the properties of specific media and execution processes and integrates the contextual uses of the given visualization (Pauwels 2006a: 24). Yet this model, even after its rereading through Barad, has its drawbacks, these being, among others, the inadequate spotlighting of the interrelations between its component parts and the disregard of interactive processes among media apparatuses and visualizations of given scientific objects. Since this work is based on the assumption that the phenomenon syphilis is “multiple,” that it can be variously visualized and that the products of this visualization exist in a network of dynamic interrelations, these properties must also be integrated into the analytical model of this study.<sup>14</sup> The study

of intermediality offers adequate instruments with which to comprehend a variety of interactions between various media.

Despite considerable discrepancies in the definition and categorization of intermediality, media and culture scholars agree that it highlights the inter-relations of media (systems).<sup>15</sup> Addressing these ongoing debates, Jens Schröter elucidates what he terms “ontointermediality,” that is, the belief in the primacy of intermediality, which is the condition for the existence of monomedia that are a result of various processes of differentiation in the course of direct, institutionally anchored actions (1998: 149). According to this definition, the specificity of a certain medium can only be determined *vis-à-vis* another medium: there are no differentiation criteria specific enough to define one medium only (147). In this sense, media can be regarded as “a virtual network of spectro-technical relations” (Wolfreys 2002: 1) and their appearance as always already referencing something else (Schröter 1998: 147). While this understanding of intermediality accounts for its dynamics, it inadequately theorizes the variety of media relations that are crucial for this study.

Irina Rajewsky offers a categorization of intermedial practices, which, although it assumes the primacy of monomedia, can be helpful in tracing various modes of media production of knowledge about syphilis and the ideologies that characterized them. Rajewsky distinguishes three types of intermedia mechanisms: “media combination,” “medial transposition” and “intermedial reference” (2002: 15–18). Media combination refers to these media processes or their results that join two or more media (systems). The medical visual culture of syphilis provides numerous examples of media combination, such as pathological museums, which often bring together jarred specimens, photographs, prints and wax models. Clinical demonstrations also prove a potent arena for combinations of media such as charts, prints, books and photographs, performance and the human body. Only seemingly less thrilling are illustrated medical publications, ranging from medical atlases and student manuals to illustrated articles. These publications are often also testimonies to changing standards of illustration and epistemological concerns, and throw into strong relief mutual influences of new and established ‘illustrative’ media. Medial transposition, as the second type of intermediality, refers to the transformation of a prior ‘text’ existing in a specific medium into another medium and hence relates to the ‘translation’ of one semiotic system into another (Rajewsky 2002: 16). In the context of nineteenth-century media culture around syphilis, we can talk about media transfer

when we take into consideration various appropriations of medical discourses in New Woman writing or specific adaptations of pre-existing texts in medical circles, for example Charcot and Richer's reappropriation of Grünewald for medical purposes. Finally, intermedial reference, as the third type of intermediality, refers to these instances in which one medium, with the use of its affordances, attempts to evoke the mechanisms and characteristics of another medium. It is in this context that one talks about phenomena such as the musicalization of fiction (Wolf 1999) or ekphrasis (Rajewsky 2002: 16–17). Rajewsky distinguishes intermediality from transmedial and intramedial processes, where the latter refer to interrelations within one specific monomedium and the former denote such events whose existence is not medium-specific (12–13). This focus draws attention to the processes at work in the creation of syphilis iconography. It helps fathom how the images of syphilis crossed medial, disciplinary and discursive borders and what role they played in the processes of identity formation.

### *Media Production and Dissemination of Knowledge about Syphilis: A Case Study*

The extent to which visual information is integral to nineteenth-century medical industry is pertinently shown in Hutchinson's discovery of the patterns of teeth malformation in the subjects of inherited syphilis. In the second volume of *Illustrations of Clinical Surgery*, Hutchinson reports:

About the year 1857 [...] I stumbled upon the observation that many of those in whom there seemed reason to suspect syphilis had very peculiar teeth. *With the assistance* of my friend Mr. Alfred Coleman I soon collected *a large number of models, drawings, and photographs, by the comparison of which* we were able to describe definitely the peculiarities in question, and also to assert that they did not occur in other cases [...]. (1878–88: 9; my emphasis)

Two interdependent developments are striking in this account: Hutchinson's cooperation with a colleague on the identification of teeth malformations and the recognition of their patterns through media comparison. This narrative is particularly relevant in delineating the social and media-based character of knowledge construction, which results in a

creation of a referent that is here the malformation of teeth as a symptom of inherited syphilis.

It is especially the medical atlases of the late nineteenth century which illustrate the various media processes that were part and parcel of the medical production of knowledge about syphilis and which help address broader questions concerning its social construction. In their classical study of the mid-nineteenth-century birth of objectivity as an “epistemic virtue” (2010: 40), Lorainne Daston and Peter Galison regard scientific atlases as “dictionaries of the sciences of the eye” and put forth their character as compendia of genealogical knowledge of given disciplines and as registers of their evolutions (22). Images “[n]ot only [...] make the atlas” but also “make the science” as they set out to establish the epistemological principles of the time (22). Although they regard atlases as a form of “collective empiricism” and highlight the necessary repetitiveness of atlas authors (26), Daston and Galison pay little attention to the visual citationality of many such publications. Despite the insistence of many compilers on the exclusivity of their prints, intermediality appears to have been widespread. In *Skin Diseases: 5 Centuries of Scientific Illustration* (1989), Franz Ehring notes that reusing prints in pedagogical collections was increasingly common throughout the nineteenth century. Pictures being expensive, they were often reprinted or copied in and outside their country of origin and irrespective of the author’s agreement or knowledge of their reuse (Ehring 1989: 19–20).

Exchanging (visual) materials was certainly common among the specialists of the esoteric circle. *A Descriptive Catalogue of the New Sydenham Society’s Atlas of Portraits of Diseases of the Skin* (1869a), for instance, includes many prints compiled by Ferdinand Hebra for his *Atlas der Hautkrankheiten* 1856, reproduced in a lithographic process. Devoted to “Framboesial Syphilis,” the XIV Fasciculus of *An Atlas of Illustrations of Clinical Medicine, Surgery and Pathology* (1902) includes lithographs based on photographs by Dr Corney, Mr Crossley Wright of Halifax, Dr Numa Rat and one Dr Powell, along with photographs “executed in Ceylon under the direction of Sir William Kynsey,” reproductions of images already included in Hutchinson’s journal *Archives of Surgery* and other, earlier sources, such as a photograph of an illustration from Nicholls’s “Report on Yaws” (Hutchinson 1902: 3) (Fig. 2.2). *Atlas of Skin and Venereal Diseases* (1889) compiled and purveyed with the text by Prince A. Morrow, a New York dermatologist, is arguably the finest monument to

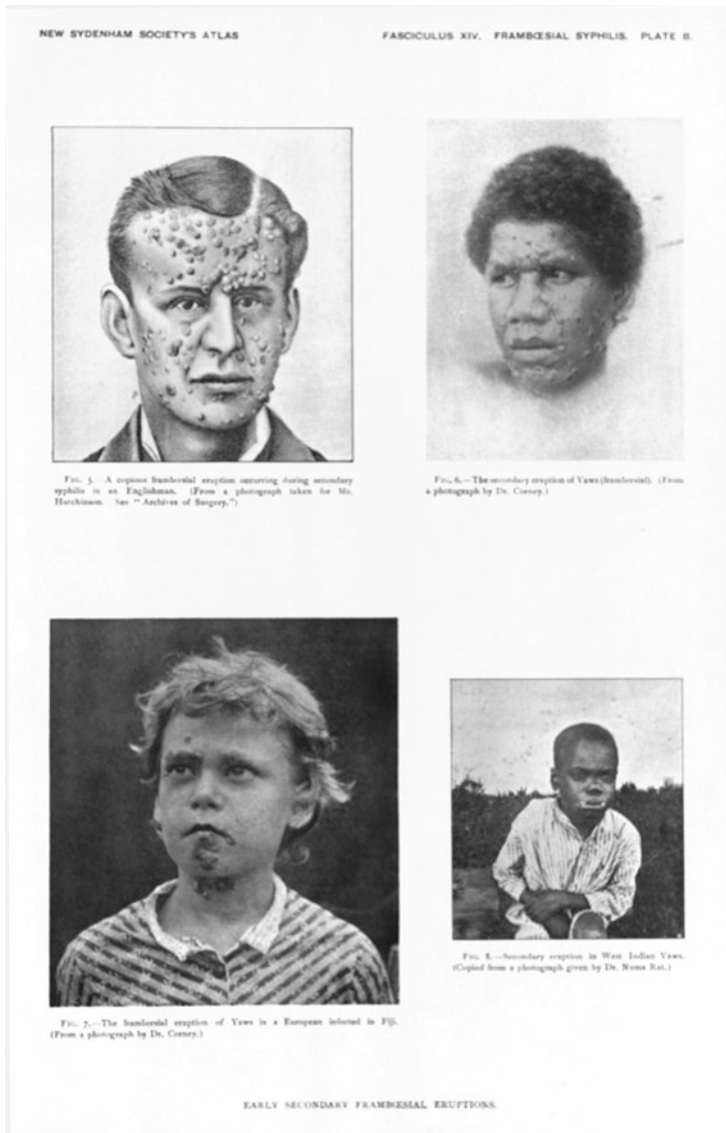


**Fig. 2.2** Examples of (visual) sources and techniques combined in *An Atlas of Illustrations of Clinical Medicine, Surgery and Pathology*. London: New Sydenham Society, 1902–04. Fasciculus 14. Bernard Becker Medical Library, Washington University School of Medicine

the referential character of such works. It is advertised as including (visual) materials from over a dozen named and many unnamed sources, and compiles illustrations previously published, among others, by Hutchinson, Kaposi, Ricord, Cullerrier and Fournier. This circulation of prints added to the dissemination of knowledge, but it was also a good vehicle for the exchange of criticism. Hutchinson annotates one of the prints commissioned by Alfred Fournier, which allegedly shows a case of hereditary syphilis, with “No proof.”<sup>16</sup> He also puts various prints from diverse atlases next to one another as a didactic tool in training future practitioners in the art of diagnosis.

The citational character of the aforementioned atlases is responsible for their overwhelming multimediality. While others extolled their publications for the beautiful execution of the plates, Hutchinson’s *Illustrations of Clinical Surgery* (1878–88) spotlights the diversity of illustration techniques already in its full-blown title: *Illustrations of Clinical Surgery Consisting of Plates, Photographs, Woodcuts, Diagrams, etc.* In the first volume, a chromolithograph of Burgess’s drawing from life of the “Nodes from Hereditary Syphilis” follows graphs in which syphilis is produced in terms of its pathological stages as in “Scheme of the course, stages, and sequel of acquired syphilis” or in “Chronological treatment of events during the first year of acquired syphilis” (n. pag.). *An Atlas of Illustrations of Clinical Medicine, Surgery and Pathology* (1902) also contains instances of radiographs and microphotographs. In many atlases, lithographically reproduced plates are accompanied by woodcuts from original drawings or photographs, which, frequently embedded in the text, serve a detailed explanatory function (for example, Pringle 1895). On close comparison, the uniformity of lithographic prints, most readily used in the production of detailed plates (Hill 1915: 10), reveals the multilayered processes of media transfer. “Syphilis Chancre of the Face” from John James Pringle’s *A Pictorial Atlas of Skin Diseases and Syphilitic Affections in Photo-Lithochromes* (1895) affords a fine example of this layering of cross-media translations (Fig. 2.3). The final photo-lithochrome print is a product of successive media conversions that start with a wax moulage of a living patient. The wax model had been executed by M. Baretta, famous for the application of colour to successive layers of wax, which created an “effect of transparency” characteristic of the human skin (Ehring 1989: 177). The moulage was then photographed; afterwards its image was transferred onto the lithographic stone and





**Fig. 2.3** “Syphilitic Chancre of the Face” and two examples of “Syphilitic Chancre of the Breast.” John James Pringle. *A Pictorial Atlas of Skin Diseases and Syphilitic Affections in Photo-Lithochromes from Models in the Museum of the Saint Louis Hospital, Paris*. London: Rebman, 1895. Plate 40. Bernard Becker Medical Library, Washington University School of Medicine

finally printed as a lithograph (Ehring 1989: 5).<sup>17</sup> Hutchinson’s collection affords numerous examples that show the various stages of such media transformations.

The multimedia character of medical atlases along with the multilayered processes of media transfer that underlie it add to the stylistic eclecticism of the works. Many of the atlases show adherence to the changing principles of scientific illustration; even these, though, occasionally resurrect the relics of older, often outdated, anatomical imagery. Plate LXV from Fasciculus XII of *An Atlas of Illustrations of Pathology* (1898a) – “Infective Disease of the Lymphatic System” – which reproduces a drawing of a dissected upper body with enlarged glands, is highly reminiscent

of the plates in popular *Surgical Anatomy* (1851) prepared by Joseph Maclise, a West-End physician. It follows the tradition of an idealized depiction of the human body, which, although anatomically correct, was, as K. B. Roberts notices, clearly independent of the dissection room's realities: "The faces of his subjects are mostly handsome; their perfection, nobility and cleanliness are characteristic of much of the art of the great expansionist phase of industrial Britain – an age of squalor, degradation and dirt for many of the people" (1981: n. pag.). These studies inhabit a quizzically liminal state between the living and the dead: while the dissected bodies lie open to inspection, their faces bear an expression of dreaming or thoughtful consideration (especially in Plate 11) and their stylized poses are full of grace and animation, not unlike the poses of Vesalius's anatomical studies published four centuries earlier. Whereas the aforementioned plate from *An Atlas of Illustrations of Pathology* (1898a) has nothing to do with harmony and grace, it depicts the body in an equally peripheral state: dissected, the male cadaver writhes in a spasm, his face as if deformed by a silent scream. As these examples make clear, the visual material of the atlases also often offers a compendium of changing illustration practices.

The transference of these various visual contents oftentimes testifies to the ways in which original images were adjusted in subsequent publications. Erasure, cropping, recoloration and rearrangement are just a few of the characteristic procedures involved in the circulation of visual material. Prince Morrow's *Atlas* offers a number of exemplary cases. Plate XII (Fig. 2.4a) reframes Kaposi's Plate XXII (Fig. 2.4b) and erases the idiosyncrasies of the previous illustration by removing both the string of pearls and the contours of the patient's facial features. On closer inspection, it becomes clear that the prints in the atlas have been redrawn rather than simply copied: not only do the scale and the colouring differ but also the facial features of the redrawn figures.<sup>18</sup> Unlike these individual images, Plate XXXII has been created through a rearrangement of Hutchinson's and Kaposi's earlier plates showing various changes to the mouth. These numerous images, now mounted side by side on one plate, serve as a means of differential diagnosis; they emphasize the nuanced differences in syphilis symptoms.

Hutchinson's collection at Welch Medical Library bears witness to the ways in which photographs were adjusted by overdrawing before they were used as blueprints for lithographic prints. Figure 2.5 shows a prominent

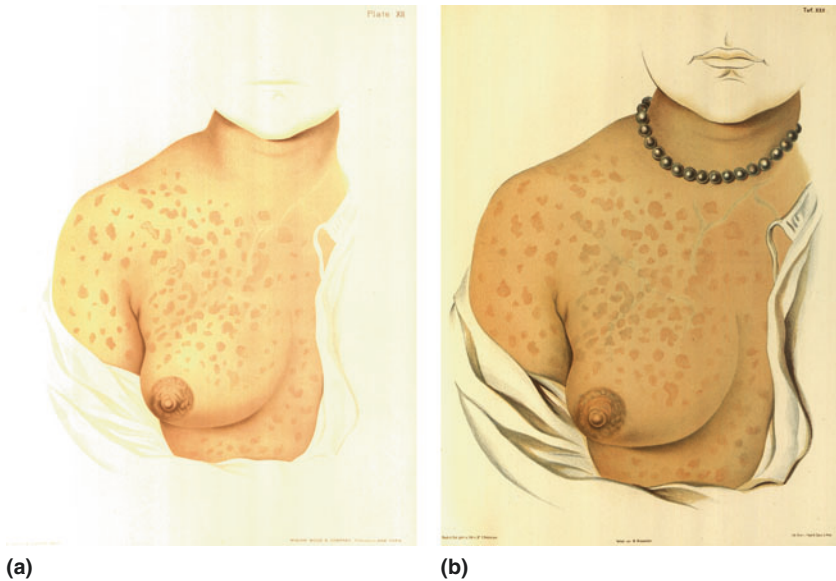


**Fig. 2.4** Examples showing various practices of appropriation. (a) Prince A. Morrow. *Atlas of Skin and Venereal Diseases*. New York: William Wood & Company, 1889. (b) Moriz Kaposi. *Die Syphilis der Haut*. Vienna: W. Braumüller, 1882. Bernard Becker Medical Library, Washington University School of Medicine

example of such an adjustment. Mounted on a cardboard plate are two albumen prints which show that symptoms have been added to and accentuated on the photograph.<sup>19</sup> The background was inked out and a layer of pink wash added. After that, various colours were used to highlight individual eruptions, especially in the lower part of the beard. Other items in the collection instantiate a series of transformations that a photograph would undergo before it was publishable. Their comparison shows the extent to which visual information was simplified and only essential details retained.

A lot has been written about the traditions of medical illustration and about the ways in which photography and other optical technologies have influenced the way medical subjects have been manufactured within broader cultural frameworks (K. Arnold 1993, 2001, Thomas 1997, Cazort, Kornell and Roberts 1996, Roberts 1981,



**Fig. 2.5** A case of symptomatology added to an albumen print. Verso: “Probably syphilis.” John Ross, J. Wood, Lambeth Infirmary, Polyclinic 1907. Sir Jonathan Hutchinson Collection, Institute of the History of Medicine, The Johns Hopkins University, Baltimore, MD

Doby and Alker 1997, Ehrling 1989). While it was the Renaissance that put “visual depictions of the body at the heart of medical inquiry and instruction” (K. Arnold 2001: n. pag.), since that time a number of new genres in medical representation have been actively pursued, developed, modernized or made obsolete due to an ever growing number of new visual technologies, itineraries of representation (hospitals, asylums, medical laboratories, etc.) and ways of dissemination. These developments, as Ken Arnold contends, “have all expanded the album of medicine’s visual surface” (2001: n. pag.). Importantly, the nineteenth century brought a shift from a holistic view of illness to an emphasis on particular pathologies and symptomatology. It also witnessed an increasing tendency to “widen” and “deepen” the scope of traditional depiction of diseases by the use of photography and X-ray (K. Arnold, 1993: 14). Developments in the medical

laboratory, sketched in [Chapter 1](#), brought with themselves the invention and modernization of laboratory equipment, such as Carl Ludwig's kymograph, which allowed a novel representation of the body, unlike the traditional naturalistic aesthetics that had hitherto dominated medical illustration (17). A parallel study of cellular biology gradually contributed to a transformation in thinking about the human body. The extension of microbiology to include the study of bacteriology, based on the work of Robert Koch, Louis Pasteur and Rudolf Virchow, was accompanied by an early appearance of invisible worlds which now could be sighted under the microscopic glass. Gilman considers Virchow's *Cellular Pathology* (1858) as a testimony to the transition in the wake of which the physician's gaze shifted from patients to symptoms (1989: 231). This movement was accompanied by another vector: from "microscopic-but-normal" to "microscopic-but-degenerate" (Gilman 1989: 235). With reference to venereal disease, Gilman detects a nineteenth-century tendency to exchange the overt signs of the disease for suggestive symbols that stress its sexual provenance (238). All this shows that pathological illustration cannot be seen as changing due to the modification in medical practices only; the significance of technological processes must be taken into consideration as well.

Media technologies, like the processes of media transference, are intertwined with scientific epistemologies, even if there is no unison concerning the character of this interweaving. For instance, Daston and Galison do not regard photography as provoking the epistemological upheaval that put objectivity on the scientific landscape previously dominated by the "truth-to-nature" approach: "Photography did not create this drive to mechanical objectivity; rather, photography joined this upheaval in the ethics and epistemology of the image" (2010: 161). Nonetheless, they acknowledge this technology to have become the primary trope for scientific objectivity, the latter denoting a progression from the virtues of interpretation to those of "noninvolvement" (187). Photography promised to expunge the interpretative factor in knowledge production. Albert Londe, practitioner and photographer of the *Salpêtrière*, is reported as saying that "the photographic plate is the scientist's true retina" (Didi-Huberman 2003: 32). Yet the new technology brought other problems. Ann Thomas notes its inadequacy to signpost depicted phenomena and thus to offer a tool for the recognition of certain physical states and stresses the necessary "manipulative" and "selective" use of the medium in medicine

(1997: 122). Not only were the results far from satisfactory, the sole process of “shadow fixation” appeared problematic, especially in case of clinical studies, which seldom provided ideal environs for photographic processes. To this must be added specific technical decisions, preparation of the specimen, and the environment in which they had been photographed (122-23).<sup>20</sup> Despite the technical inadequacy of early photography, medical publications soon made use of it through recourse to the processes of lithography, woodcutting, etc., which facilitated the reproduction of photographically-won images.

Although, as Hutchinson’s tinkering with albumen prints shows, photography proved particularly problematic in recording skin diseases, this branch of medicine very early turned to mechanical means of observation. Advertising his publication of *Photographs (Colored from Life) of Diseases of the Skin* (1865), Alexander Balmano Squire, surgeon to the West London dispensary for the diseases of the skin and lecturer at St Mary’s Hospital Medical School, offers a rationale behind the publication, which, ensuing from his own experience, has been devised for those with little direct access to the diseased:

My original object in making the experiment was to assist myself in researches into the pathology and treatment of the diseases of the skin. I was thus enabled, by securing accurate representations of remarkable cases, to compare them with other similar cases that subsequently came under my care. It soon became evident that excellent results were to be obtained by this means, and that they might be rendered more widely available by publication. (n. pag.)

Squire’s comparative study encompasses extraordinary cases rather than the usual conditions one was likely to see even with little clinical experience. His emphasis on the positive results of research conducted in this way justifies the publication and foretells its expediency to expert surgeons. Although withholding the manner of his undertaking, Squire reassures the reader of the accuracy of the prints he gathered, which have been “obtained by means of photographs of the disease coloured from life by one of the best artists” (1865: n. pag.). Whereas the valorisation of the artist’s skill undoubtedly serves to emphasize the exactness of illustration, it, at the same time, undermines Squire’s statement by establishing associations with artistic imagination. Ann Thomas brings up the issue of such cooperation by highlighting the fact that each commissioned artist, unless he is a doctor himself, is

“confronted with deeper internal structures for which he d[oes] not possess established criteria for viewing and affective schemata for portraying” (1997: 121). To ensure the compatibility of the artistic product with the vision, gaze and touch of the doctor, the latter has to “subordinate his artists’ vision to his own” (121). Despite that, illustration will always retain at least the debris of the standard thought style in which the artist is embedded. Confronted with the lithographic prints, one cannot but regard with admiration the artist who, under Squire’s aegis, produced the photographs and hand coloured the faces of the subjects suffering from cutaneous diseases, and who remains unacknowledged.

The tendency to move away from individual interpretation towards the mechanics of objectivity was accompanied by a shift in depiction: from typical to individual and from interpretative to “procedural” (Daston and Galison 2010: 185). The reader was now left to interpret what was earlier read through the prism of the cooperation between practitioners and artists; yet this shift can in no way be regarded as linear or as eradicating the earlier discourses of truthfulness to nature. This development is also visible in Hutchinson’s publications. In *A Descriptive Catalogue of the New Sydenham Society’s Atlas of Portraits of Diseases of the Skin*, Hutchinson insists on the mimetic character of the amassed images, ensured by a close supervision of the artist:

The original portraits have been done from nature with the most exact *attention to fidelity*, and have been supervised by a committee appointed by the Council. All other considerations have been sacrificed to *the accurate delineation of the morbid appearances*, and the artist has been strictly prohibited from taking any liberties with his subjects, such as altering the position of patches, or introducing or omitting details for the sake of effect. Not a few of the published illustrations of skin-diseases bear proof that they have been constructed in parts, that is, from several different cases. This practice, although temptingly convenient, is unsafe, and has in our Atlas been scrupulously avoided. Our plates are, therefore, not only illustrations of *typical* varieties of disease, but *faithful* portraits of individual patients. (Hutchinson 1869b: vi–vii; my emphasis)

Here, Hutchinson still subscribes to the ideal of cooperation which was considered the best means of producing “synthetic” types that were both characteristic and ideal (Daston and Galison 2010: 70–82). In his



1902 paper “A Résumé of Present Knowledge as to Framboesial Syphilis, &c,” which uses lithographs of drawings and photographs, on the other hand, Hutchinson no longer offers an interpretation of the presented materials but leaves this task to the public. Although he shows similarities in the lesions produced by syphilis and by the disease variously named “Yaws, Framboesia, Framboesia tropica, Framboesial Syphilis” (1902: 3), he leaves their interpretation almost entirely to the readers:

To those who are convinced that Syphilis is Yaws and Yaws is Syphilis, the present collection of illustrations will be interesting, as exhibiting certain modifications of the latter, which are common in coloured races and not unknown amongst Europeans. To those who accept Yaws as a distinct malady, the plates will be of great value as fixing the type of that disease. (3)<sup>21</sup>

Here, the imagery “becomes an archive” (Daston and Galison 2010: 178) and is regarded as able to warrant two divergent and incompatible views concerning the disease.<sup>22</sup>

This overview shows that the visual production of knowledge about syphilis cannot be regarded as a simple economy of representation but should be taken to encompass a variety of cognitive, social, cultural, technological, economic and political processes. Technological constraints, financial considerations, the status of the commissioner, his choice of materials, his networking possibilities, the governmental readiness to acknowledge and facilitate his work, the availability of skilled artists: all this should be taken into consideration in this discussion. The visual industry that syphilis produced (and which produced syphilis) encompasses more than just images: it includes the mechanisms of fact construction, knowledge dissemination and discursive maintenance of epistemic virtues.

In view of the overwhelming multiplicity of trans-, inter- and intramedial processes inextricable from the practices of knowledge production at the time, it is disquieting that the majority of works on syphilis have focussed solely on the written text. Textual narratives produced by medical practitioners cannot be read at the expense of the imagery that accompanied them. These two registers were complementary in building an argument. Adhering to an exclusive analysis of either clearly misses the complexity of the rhetoric used in the construction and dissemination of a particular understanding of the



disease. One of the factors responsible for this proclivity may be that, as I will argue later, the visibility of syphilis was clearly hampered in exoteric circles.

Travelling of the images of syphilis outside the esoteric circle can be instantiated by a passage from Upton Sinclair's novelization of Eugène Brieux's *Les Avariés* (1902), a play that dramatizes the consequences of conscious choices to ensconce the disease:

The disturbing symptom still continued, and so at last George purchased a medical book, dealing with the subject of the disease. Then, indeed, he opened up a chamber of horrors; he made his mind an abiding place of ghastly images. In the book there were pictures of things so awful that he turned white, and trembled like a leaf, and had to close the volume and hide it in the bottom of his trunk. But he could not banish the pictures from his mind. (Sinclair 1913: 40)

The travelling of knowledge outside the esoteric groups could be regarded analogously to George's disposal of the volume: it required a hiding place where such knowledge could be buried and dissipated in small doses to the ones who needed this medicine. It meant a translation from the highly complex and infinitely layered multimediality to a seemingly straightforward verbalization or painterly depiction. These two most frequently registered modes of syphilis dissemination among the members of the exoteric circle changed the character of its visibility and, while allowing for spaces of its articulation, shifted the emphasis from seeing to imagining.<sup>23</sup>

### REFRAMING GRÜNEWALD: THE RHETORICS OF (ICONO)TEXTS

Charcot and Richer's appropriation of Grünewald's print that I referenced at the beginning of this chapter exemplifies the necessity of an integrative interpretation of textual and visual registers and shows some of the ideological implications of its use. As mentioned at the outset, "Les Syphilitiques dans l'Art" was part of a larger publishing project, which made the archival documents of the *Pitié-Salpêtrière* available to specialized audiences. In the foreword, the editors assert their own role in popularizing the knowledge that would otherwise remain inaccessible to others (Charcot et al. 1888: ii), thereby fashioning themselves as benefactors to their contemporaries and to the future generations of clinicians.

The rhetoric of visibility promoted in the foreword to the publication, however, is strikingly opposed to the rhetoric of displacement, which Charcot and Richer practice in their essay on syphilis. Displacement, used both in the medical narrative and in the employment of visual illustration, is part of the politics of (in)visibility that is central to their preoccupation with the disease. As already mentioned at the beginning of this chapter, rather than describing the painting themselves, they introduce it by signalling its significance as a scientific document, only to quote its description and interpretation by their “friend,” doctor Keller, to which “nous ne trouvans rien à ajouter” (1888: 257). This turn to direct speech and the refusal to add anything to the presented interpretation is significant: it signals the authority of Keller’s reading through the incorporation of his words and through the refusal to alter or expand on this interpretation. At the same time, this gesture transfers the responsibility of interpretation away from Charcot and Richer to Keller, which indicates their mediating function. Their publication thus becomes a platform for display but not a forum for discussion, which falls into the responsibility of their future readers.

Keller’s narrative and the specific framing of the detail from the Isenheim altar further highlight his authority in recognizing and interpreting the disease. His narrative starts with an expository gesture: “Ce tableau se trouve au muse de Colmar, en Alsace. Il représente” (Charcot and Richer 1888: 257). The sentence “It represents,” which starts on page 257 is continued on page 259, leaving the whole page for the insertion of the detail from Grünewald’s *Altarpiece*. The image, which is significantly cropped and which only shows the figure to the bottom left corner of the painting, is thus exposed to the interpretation of the reader. This expository gesture then veils more than it exposes. Because of the limited access to the painting, prospective readers have to rely on the interpretations given by the expository agents, which significantly adds to their authority. Thus the image can and must be regarded as a further, this time visual, device in asserting the authority of the three clinicians.

At the same time, this appropriation allows the authors to offer another level of argumentation, which is missing from the verbal narrative. By integrating the detail from the *Isenheim Altar*, they introduce a link to religion, and to a larger cultural framing of the illness they interpret and, by that, make a larger argument about their own role in the processes of healing. In his study of the *Isenheim Altarpiece* (1977, 1989), Andrée Hayum disagrees with late nineteenth-century physicians, such as

Charcot, whose interpretations “ranged from leprosy to syphilis, indicating an impulse to precise classification that is more revealing of modern medicine than of the goals of medical practice during Grünewald’s time” (1977: 503–4). While inviting the possibility that the symptoms constitute a sort of pathological synthesis, Hayum identifies the disease as Saint Anthony’s Fire (507). The records of the Antonites’ monastery, the commissioner of the altar, show that the symptoms were supposed to present the disease named after its patron (507). Hayum therefore argues that the symptoms and the positioning of the figure on an eye level with the prospective diseased visitors to the chapel in which the Altarpiece was positioned, helped patients identify with the sufferer – a sinner who could hope for deliverance through Christ’s sacrifice (507, 509).

Whereas all three clinicians ignore the possible effect that the religious subject of the painting could have on the interpretation of the disease and its sufferer, they nonetheless use a reference to religion as a way of once again supporting their own authority and claiming the power of healing which, in Grünewald’s work, belongs to Church, its saints and the God it worships. The isolation of the diseased through the cropping of the image, which dislodges, if not erases, the religious subject of which it is part, is accompanied by a displacement of the cartello, positioned in the bottom right corner of Grünewald’s painting, which has been redrawn in the top right corner of the detail. The cartello bears the plea “‘Ubi eras ihesu boni, ubi eras? Quare non affuisti ut sanares vulnera mea?’ ‘Where were you good Jesus, where were you? Why were you not there to heal my wounds?’” (Hayum 1977: 507). Hayum interprets the original positioning of the cartello as “a compositional counterpart of the disease-demon, which becomes a visual embodiment of the verbal supplication on the cartello” (507). While the figure remains an embodiment of the plea in the illustrative detail reframed in Charcot and Richer’s essay, its overt implications change. Without the entourage of Grünewald’s positive symbolism, God is no longer the appealing instance: God has abandoned the suffering creature; it is now up to the medical men to cure it. Here, the cropped, displaced and recomposed detail of the *Temptation of Saint Anthony* functions as another argument: it exposes syphilis sufferers, abandoned by God, to the philanthropic powers of medical men. They and their science replace God and religion as authorities in the healing process.

This and other examples in this chapter have shown that, in contrast to common belief, language and literature are not the privileged semiotic systems in which syphilis has left its traces. Nineteenth-century

syphilologists frequently based their judgment and study of syphilis on its various media evocations. Their use of these media as documents points to the three planes on which they read syphilis – the levels of concepts, bodies and media – while at the same time making clear that syphilis was also a rhetorical instrument. Taking a cue from their reading, this chapter has outlined the multilayered coding of syphilis, its discursive-material density and the multimedia context of its production. The second aim here has been to offer a background for the discussion of the state of medical knowledge at the time. The taxonomic and conceptual complexity of syphilis, along with its heightened visualization, was an integral part of the medical industry that had developed around the disease. Hutchinson’s collection and his atlases are a case in point. They show to what extent various media registered, produced and disseminated knowledge about syphilis. They also make evident that the visual industry around syphilis encompassed more than just a production of images: it had ideological, economic and political effects. The next chapter takes up this larger significance of syphilis visibility in its analysis of syphilis recognition across a number of, often divergent, discourses.

## NOTES

1. I understand an “iconic” reading in terms introduced by Mieke Bal, for whom “iconicity” denotes a type of interpretation predicated upon a supposed resemblance between the sign and its referent (2006: 295).
2. Many scholars have made distinctions between “disease,” “illness” and “sickness.” Arthur Kleinman’s analytical division of sickness into an individual experience (illness) and a socio-cultural, generalized concept (disease) has proved particularly popular (1980: 72–5). Already in 1975, Christopher Boorse pointed out the biased character of such taxonomy and its problematic application in critical studies. In view of this critique, I use the aforementioned and other labels interchangeably to highlight the inseparability of disease concepts, their media production and lived experiences. For an overview of writings on disease concepts and analytical taxonomies, see also Engelhardt 1995, Rosenberg 1992a, Caplan et al. 2004 and Mol 2002.
3. In his 2004 article Jakob Vogel objects to the imprecise use of the term “scientific knowledge” (“wissenschaftliches Wissen”) while also noting various tendencies of its homogenization and its “a-historical” use and warning the necessity to inspect its changing meaning and relation to “lay” knowledge (643–4). This propensity to an a-historical synthesis of concepts is pointed out by Ludwik Fleck in his treatise on the development of scientific facts (1935) but is deployed by Vogel in a broader argument

against scientific pursuits that are exempt from recognizing the historicity and cultural-contextual development of disciplines and the notions of scientific knowledge they produce. Following his argument, I am attentive to the historically specific understanding of science and medicine. While the major developments in nineteenth-century medicine have been outlined in [Chapter 1](#), its internal mechanisms of knowledge production and dissemination will be discussed in more detail in this and [Chapter 3](#).

4. For further discussion, see Kousoulis et al. [2011](#): n. pag.
5. For further studies on the etymology of the word “syphilis,” see Peszke [1883](#), Timmermans [1898](#), Tagarelli et al. [2011](#), Baum [1901](#).
6. Although the lack of systematization in Fleck’s work has been noted, along with frequent inconsistencies in his practical application of the concepts he developed (for example, Harwood [1986](#), Lindermann [2001](#)), his significance for contemporary sociological studies of knowledge production has repeatedly been emphasized. Illana Löwy maintains that Fleck’s approach is particularly helpful in discussing “medical facts,” which are developed “through multilevel interactions and circulation in heterogeneous networks that are dynamic and historical, and that are at the same time strongly material and cultural” ([2004](#): 443–4). Indeed, Fleck’s attention to the processes of knowledge production and dissemination are of particular import and usefulness to this study, as is his historiographic work on the development of the concept of syphilis. For newer assessments of Fleck’s influence on the history and philosophy of science as well as on medicine and its history, see R. Cohen and Schnelle [1986](#), Golinski [2005](#), Brorson [2006](#), Fehr, Jas and Löwy [2009](#), Fagan [2009](#), Rheinberger [2010](#), Werner and Zittel [2011](#).
7. Fleck famously distinguishes between four levels of scientific knowledge: the “journalist” knowledge of the experts within the “esoteric” circle of a thought collective, the “vademecum” knowledge of general specialists, “textbook” science, which is a means of initiation into the esoteric circle and finally “popular” science addressed at the laymen of the “exoteric” circle ([1981](#): 110–12). Characteristically, Fleck associates the communication of knowledge with increasing degrees of simplification, lucidity, valuation and apodictic conveyance (113), where the distance from the esoteric circle is proportionate to the degree by which “thinking appears to be [...] dominated by an emotive vividness that imparts to knowledge the subjective certainty of something holy or self-evident” (117).
8. For a variety of such preoccupations, see Braidotti [1994](#), Hird [2004](#), Squier [2004](#), Birke and Hubbard [1995](#), Birke [2000](#), Bryld and Lykke [1999](#); for the ways in which materiality and discourse have been connected, see Haraway [1991](#), [1997](#), Braidotti [2002](#), [2006](#), Barad [2003](#), [2007](#) and Hayles [1999](#).

9. For the criticism of Butler's notion of matter, see Braidotti 2002, Mairs 1997 and Barad 2007.
10. On the potentialities of reconfiguration, see Barad 2007: 218–20.
11. Herbert Hutchinson reports that his father usually bought a couple of copies of the same book in order to be able to cut them up and place “the illustrations in large envelopes according to a classification of his own; so as to get the most complete set of illustrations of different diseases” (1947: 193).
12. A Yorkshire-born Quaker and a polymath educated at St Bartholomew's Hospital in London and County Hospital in York, he was affiliated with many medical institutions (for instance with the Moorfields Eye Hospital, Blackfriars Skin Hospital and the Metropolitan Free Hospital). He also founded and was an active member of many associations that aimed to improve medical practices (New Sydenham Society, Hunterian Society, Pathological Society, Royal Medical and Chirurgical Society). He was also a frequent contributor to medical journals, edited the *British Medical Journal* for a time, wrote reports on the situation of hospitals and medical training and presided over the International Dermatologic Congress in 1896. He was the first one to describe a number of disorders which came to bear his name: “Hutchinson's teeth,” “Hutchinson's triad” or “Hutchinson's facies” (James 2008: 226; Abraham 1947: ii). For a detailed account of Hutchinson's life and work, see Wales 1948, McKusick 1952, Abraham 1947.
13. Although syphilology and venerology did not figure as separate disciplines in medical practice in Britain and syphilis study was conducted by dermatologists, eye-doctors, generalists, surgeons, etc., I use the terms ‘syphilographer’ and ‘syphilologist’ to denote Hutchinson's special professional interest and his allegiance to the international avant-garde in this domain.
14. I take this characterization of syphilis as “multiple” from Annemarie Mol's (2002) theorization of the multiplicity of practices that simultaneously constitute an ill body.
15. For various conceptualizations of intermedial processes, see Rajewsky 2002, Paech and Schröter 2008, Schröter 1998; also see Schröter 2010 for a discussion of the political implications of the two dominant discourses about intermediality.
16. The print represents a young girl holding a meter (most probably for measurement). The inscription reads: “Hôpital St-Louis, Service de M. le Prof Alfred FOURNIER. Photogr de F. MEHEUX, dessin – PARIS.” Sir Jonathan Hutchinson Collection, Institute of the History of Medicine, The Johns Hopkins University, Baltimore, MD.
17. On the processes of scientific illustration and their reproduction, see Hill 1915.

18. Ehring regards them as simple reproductions and bemoans their quality (1989: 174).
19. I would like to thank Christine Ruggere, curator of Sir Jonathan Hutchinson Collection, Institute of the History of Medicine at The Johns Hopkins University, Baltimore, for this suggestion and for her help in identifying the various practices in the preparation of medical illustrations.
20. Not without reason did Joseph Gerlach, Professor of Anatomy at Erlangen, Germany, explicitly outline the shortcomings of photographic processes: “Even when one is so fortunate as to get a sharply focused picture, one really had to be grateful to chance rather than methodical procedure” (qtd. in Gernsheim 1961: 87). At the same time, British authorities on the subject fought endless battles over the usability of photography in two leading medical journals, the *Lancet* and the *British Medical Journal*. On the survey of the debates about photography and medicine, see especially: Schmidt 2001, K. Arnold 1993, 2001, A. Thomas 1997, Burns 1987, Fox and Lawrence 1988; for an analysis of the Salpêtrière iconography and photography, see Kuner and Hartschuh 2003.
21. Hutchinson was himself of the opinion that yaws was a variation of syphilis (1901–02: 23) and attributed the differences between their symptomatology to racial and climatic differences.
22. While Hutchinson’s writings often offered aids to the understanding and recognition of the plates he included in his publications, other medical atlases followed the craze of photography with little consideration for the didactic value of the images they included.
23. Chapter 4 explores the socio-political and economic implications of these processes of translation.

## Recognizing Syphilis: Pornographic Knowledge and the Politics of Explanation

The frontispiece of A. M. Barthélémy's *Syphilis: Poème en Quatre Chants* (1851) epitomizes the uneasy tensions characteristic of late nineteenth-century transmedia and transgeneric preoccupations with syphilis (Fig. 3.1). Inscribed in a romantic situation, syphilis is personified by *Madame de la Mort* hiding her gaping skull behind the mask of beauty. The rendering anticipates the late nineteenth-century tendency to depict death as a woman, both "the angel of death and the seductress" (Guthke 1999: 186), which found realization in such works as Edvard Munch's *The Kiss of Death* (1899), Felicien Rops's *La Mort qui danse* (ca. 1865), or Jacek Malczewski's *Thanatos I* (1898). At the same time, the print also references "*Frau Welt*, Madam World," an allegory of worldly sensuality which entwines temptation and evanescence (Gilman 1985: 253). It adapts the tradition to the realities of the mid-nineteenth century. The à la mode frivolousness of the woman's dress – a low cut bodice, an abundance of frills, lavish trims and a crinoline support – is indicative of her moral corruption hidden by a fashionable, if deceitful, appearance. The flowers denote transience and volatility but also decomposition and putrefaction. Death's insignia – the half-hidden scythe – emerges from underneath the curtain. Aghast by the scene, the putti fly away as, armed with caduceus, Mars awaits his turn.

Apart from offering a mid-century personification of syphilis, the print evinces the difficulty in displaying the disease, which, sanitized through





**Fig. 3.1** The frontispiece of A. M. Barthélémy's *Syphilis: Poème en Quatre Chants*, 1851. Wellcome Library

masks and death accoutrements, is relegated to the realm of symbolism. The masked woman substantiates the tendencies in syphilis visualization: its concealment behind an abundance of representational means that indicate but do not instantly reveal the scale of its unsightliness. The print also underscores the dynamics of seeing and recognition. As the frightened putti, pensive Mars and the viewer realize the danger of the situation, the kneeling lover, hesitant but eager for closeness, is ignorant about the risk. Is it an apprehensive or loving look with which he inspects the visage? Is his gesture aiming to strip off the deceitful façade? Will he recognize the treacherous disease lurking beneath?

This uncertainty in the depicted situation and its saturation with symbolic meaning accentuate two key concerns of this chapter: the tension between invisibility and visibility as characteristic of the transmedia acts of syphilis evocation and the power dynamics underlying various acts of syphilis recognition. In this sense, the print prefigures my main preoccupation with the expository situations and rhetorical contexts of medical and cultural explanations of syphilis. When, and under what circumstances, could one view the disease? Who was allowed to see it? What was the justification behind these acts of evocation? How was the spectacle of syphilis framed and what political considerations accompanied the display of the disease? While existing critical literature puts emphasis on the (gender) dichotomization of literary preoccupations with syphilis, it is worthwhile to juxtapose the various acts of its literary exposition with other popular and medical spaces of its evocation in order to inspect the concomitant politics of explanation. As much as these acts and their political agendas differ with respect to the genre, medium and prospective audience, they also have a lot in common. Taking into consideration the places of syphilis' heightened visibility – medical multimedia environments, New Woman fiction and feminist writings along with domestic medicine manuals and popular anatomy museums – I inspect the ways in which syphilis was evoked and the ideological underpinnings of these evocations.

The first part outlines the function of syphilis recognition in the multimedia context of Jonathan Hutchinson's work. It exposes a number of tensions that he, as a syphilographer and physician, had to face in his day. As in other contexts, in medical circles, acts of syphilis exposition were regarded as dangerous to individual integrity, professional reputation and the status of medicine at the time. Yet they were also associated with professional insight. His example shows that the ability to recognize

sypilis played a prominent role in the profiling of clinical medicine and constituted a key element in medical narratives of professional enlightenment. It was thus inexorably connected to more general problems of professionalization, citizenship and national identity. Yet, although the visibility of sypilis in medical circles was at its height, it was a precarious visibility that was guarded by narratives of education and professional and national assent.

The heightened visibility of sypilis in medical milieus has often been contrasted with the ‘conspiracy of silence’ that surrounded the disease in public. New Woman and feminist writings, public anatomy museums and domestic medicine manuals directly addressed this silence using the trope of sypilis recognition as an instrument for propagating their socio-economic agendas. However, like medical publications, they had to grapple with a number of limitations that were intrinsic to the acts of showing sypilis. Like in the medical context, here, evoking sypilis was morally ambiguous and potentially even more dangerous. Similarly, it necessitated an overarching educational narrative. It is only through the activation of this narrative and with the help of various degrees of sypilis mediation that the topic could be discussed. In this context, the trope of sypilis recognition was variably used as part of cautionary tales to safeguard late Victorian moralities, as a tool against the double moral standard and as an instrument for implementing ‘progressive’ agendas rooted in social-Darwinist, eugenic and purity movements. In the medical and popular contexts, educational narratives helped overcome allegations of obscenity with which various acts of sypilis evocation were associated.

### MEDICAL SIGHTINGS AND PROTECTIVE NARRATIVES

Despite major developments in the classification of sypilis, late nineteenth-century practitioners’ vision often remained insensitive to the imitative nature of the disease. The dialectics of visibility and invisibility lay at the core of syphilographers’ practice. In his famous 1879 lecture “Syphilis as an Imitator,” in which he concentrates on the deceitful symptomatology of the disease, Hutchinson compares the “wonderfully great” number of sypilis simulations to Satan’s powers of mimicry (499). Paradoxically, the mercurial character of sypilis affords him insight. Hutchinson considers his own recognition of this feature as highly significant: “I may acknowledge that this general law of imitation or simulation has been of the greatest possible service,

and that it has helped me to a clear view of much that was previously obscure" (1879: 541–2). Thus the ability of recognition and apt classification, which make visible the 'true' nature of the ailment, become fundamental to medical practice, while the clinician's gaze develops into an authoritative instrument of knowledge.

That the recognition of syphilis was regarded as a Herculean labour can be seen in medical manuals, which allotted the utmost space to the description of syphilis symptoms while devoting only a fraction of their attention to the treatment and social significance of the ailment. *A Manual of Syphilis and the Venereal Diseases* (1900), co-authored by James Nevins Hyde, professor of genito-urinary and venereal diseases at Rush Medical College, Chicago, and Frank Hugh Montgomery, associate professor at the same hospital, vividly illustrates this trend. Whereas the treatment of syphilis is discussed on no more than fifty pages, its symptoms cover over two hundred. The first edition of Hutchinson's *Syphilis* (1887) takes an altogether different approach. Although the first part, concerned with general statements, devotes equal space to the various stages of syphilis and to its general treatment, the second is comprised of "clinical commentaries and illustrative cases" (Hutchinson 1887: xi). In this section, comments on specific syphilis symptoms are interlaced with a couple of chapters discussing the possible treatment of the disease and six chapters focussing on the recognition, diagnosis and professional documentation of medical cases. Although based on no apparent principle, the organization of the book shows Hutchinson's cyclical return to the question of apt diagnosis, which, intensified in the last few chapters, appears to constitute his chief preoccupation in the book.<sup>1</sup> Accurate recognition seems to have been indicative of practitioners' experience and authority. It was, at the same time, constitutive of medical hierarchies as it also remained the crux of medical education. The act of seeing and recognizing the disease was an indelible part of a syphilographer's practice but it also carried a symbolic meaning that was often used in medical rhetoric.

In fact, in his writings, Hutchinson uses the trope of syphilis recognition to underscore the necessity of expanding the study of syphilis and to outline his programmatic creed, with differential diagnosis as its core. His 1879 lecture catalogues a number of ailments, ranging from smallpox and measles to epilepsy and mental disorders, which could be mimicked by syphilis. *Syphilis* continues this methodical comparison and shows that "[w]e have absolutely no malady which is peculiar to syphilis" (1887: 485). This differential categorization of syphilis allowed Hutchinson to

formulate general laws governing the imitative propensities of the disease. He argued that it could only involve those organs that would be affected by the diseases that syphilis imitates (1887: 488–9). This emphasis on the structural characteristics of syphilis broadened the spectrum of syphilographers’ inquiry and called for the “expansion of the clinical picture of the disease” and for an integration of other disciplines into syphilis study (Crissey and Parish 1981: 218–19). Hutchinson’s incessant endeavours to outline the imitative faculties of the disease were part of his attempts at a more systematic science of syphilology, founded on differential diagnosis.

For him, medical observation was the major source of knowledge about syphilis (Hutchinson 1887: ix). Yet it was a type of observation that arose from a holistic medical inquiry, where the determination of symptoms was accompanied by an examination of the patient’s medical history (1887: viii). While he cautions his colleagues to listen carefully to patients’ histories, Hutchinson also prompts them to be attentive to the possible distortions due to social norms:

Our patients often have reasons for not telling us the exact truth, and, still more often, they are not themselves cognisant of it. [...] Very often we are precluded, by circumstances, from asking the questions which we should like to put. (1887: vii)

Syphilis recognition is seen here a complex social act based on clinical experience and anchored in doctor–patient encounters. Such encounters are highly conventionalized and greatly dependent on socially prescribed performances of respective identity formations. Hutchinson’s assumptions as to the character of the seeing/being-seen dyad – the patients do not always reveal the whole truth and the circumstances sometimes do not permit a free exchange – show an acute consciousness of his own position in society and of the highly standardized, and therefore instable, type of knowledge obtainable in the course of medical examination.

The trope of syphilis recognition connects Hutchinson’s writings to the urgent question of medical education at a time when the traditional clinical approach to medicine was being undermined by the advancement of laboratory practice. Although laboratory science was in no way as prominent in Great Britain as it was, for instance, in Germany, it had an impact on medical education (Bonner 1995: 251–2). As the new President of the Royal Society, T. H. Huxley gave an address in 1883 in which he called for a further specialization of the medical profession,

proposing to centralize the teaching of laboratory medicine and to substitute examinations in general knowledge with physical science. In response to the lecture, the *BMJ* report “Professor Huxley” painted a grim vision of medical professionalization in which experts’ specialization lead to an excessive preoccupation with “electrical phenomena of muscles,” “the colouring matter of the urine” or “the chemistry of the brain”: matters it assessed as incongruent with the actual needs of medical students at the time (1883: 734). Huxley’s insistence on narrow expertise was counteracted by an oppositional coterie of generalists, especially amongst the Fellows of the Royal College of Physicians, who regarded medicine as an art or a lifestyle rather than a set of specialized skills. Often in possession of a broad, classical education and practicing in elite circles, they privileged individual development through experience over technical expertise. This notwithstanding, they assigned to science a certain, if altogether not very significant, role in the practice of medicine (Lawrence 1985: 503–7).

These two opposing attitudes were not without practical repercussions. Thomas Neville Bonner regards the decade of the 1870s as crucial to the educational reform, with the efforts of such bodies as the General Medical Council or the College of Surgeons to introduce the new ideal of laboratory science into the curriculum decisively influencing medical learning. It was a time when a number of schools with a prime interest in science and technology were founded in cities like Manchester, Newcastle and Liverpool while laboratory studies were introduced almost everywhere. Even hospital schools around the country conformed to new requirements (Bonner 1995: 260–3). Yet the restructuring of medical education in Great Britain was uneven. Whereas improvement was made in the medical curriculum (clinical studies were strengthened and facilities for clinical teaching improved), progress was hindered by the existing structure of licensure and by the “reverence for tradition inherent in the British national character” (Walker 1956: 774).

Although Hutchinson acknowledged the claims of experimental science, he exhibited a penchant for clinical medicine. As he appeals for a combination of clinical and experimental threads of medicine in the preface to the second edition of *Syphilis*, he nonetheless remains sceptical about the applicability of the new disciplines (such as microbiology) to medical study and concludes that the tentative character of knowledge they promise is the reason for his continuing reliance on clinical medicine in the new edition of the book (1909: ix).<sup>2</sup> At the

same time, as already mentioned in [Chapter 2](#), he underscores the importance of the clinical, all-round education that combines hospital observation with museum and library study as well as with laboratory science. In his address, “The Uses of Knowledge” (1885), Hutchinson emphasizes broad medical teaching as a prerequisite to a proper practice of medicine. He considers such diverse disciplines and topics as “the peculiarities of soil and atmosphere,” “the history of man” and “plant-life” as critical to the development of a medical man. His character is as important as his medical skill when Hutchinson calls future practitioners to “seek to become [ . . . ] compendiums of empirical knowledge, and embodiments of common sense” (1885: 634).<sup>3</sup>

The importance of seeing and diagnosis to the study of clinical medicine, as encapsulated in the trope of syphilis recognition, thus influenced the mode of teaching and the dissemination of knowledge about the disease. It was also central to Hutchinson’s postulates concerning the future of medical education, which he saw in the pursuit of objective teaching. The principles of objective teaching were realized in the Polyclinic, whose space offered innumerable exercises in (syphilis) recognition and tied them to professionalization debates.

### *Professional and Civic Narratives in the Polyclinic*

What underlay the concept of the Polyclinic, and of the clinical museum, was a complex regime of the visible.<sup>4</sup> Hutchinson’s writings in this context are padded with a master narrative of visibility that recurs in his work on syphilis.<sup>5</sup> The Polyclinic (The Medical Graduate College and Polyclinic) was one of the three postgraduate schools open in London in 1898.<sup>6</sup> Like The London Postgraduate Association and The North East London Postgraduate College, it was short-lived on account of, as Charles Newman speculates, its ossified structures (1966: 285). Before it failed, however, it promised to materialize Hutchinson’s ideal of life-long learning, with the training of the faculties of the eye as its core principle.<sup>7</sup> Envisioned as the “connecting centre” of many, if not all, metropolitan institutions, it was devised as a space of (inter)national exchange and as a link between more specialized establishments (Hutchinson 1899a: 8). In pursuing three aims – helping the poor, education in “advanced diagnosis” and scientific research – the Polyclinic aspired to “increase the efficiency of the profession as a whole” (Hutchinson 1899a: 12).<sup>8</sup> The Polyclinic was



thus envisioned as a philanthropic institution, a centre of education and research as well as an arena for civic development.

Most of all, it was a place where the observation skills of medical practitioners were to be trained. In “Clinical Museums in Hospitals” (1901a), Hutchinson bemoans the insufficient development of the clinical aspects of hospital museums, which could otherwise help train the medical gaze. In a speech given during the annual meeting of the British Medical Association, he also made a little flattering comparison, asserting that “[i]nstead of a museum of Clinical Surgery we have a Golgotha of Anthropology” (qtd. in H. Hutchinson 1947: 195). This complaint echoes the address he gave to the medical profession some years earlier in the “Bradshaw Lecture on Museums in their Relation to Medical Education and the Progress of Knowledge” (1888), in which he describes the appalling state of medical museums and in which he advocates the formation of more suitable centres of visual learning. While he acknowledges the existence of advanced clinical collections (for example, the collection at the Hospital St Louis in Paris or at Guy’s Hospital in London), he also points out their limitations, of which the major is a highly restricted access to visual materials: “Most of our hospitals have, more or less considerable stores of valuable drawings, but they are usually stowed away in portfolios, and hardly available excepting to the hospital staff” (1888: 1262). Such closeted compilations become, in Hutchinson’s writing, dark lands to which he has to bring the light of education and thus afford them sufficient visibility. The history of his collection epitomizes this quest. First exhibited on the premises of 1 Park Crescent, it grew to such proportions that Hutchinson was obliged to search for a new place where it could be adequately displayed. When offered to the College of Surgeons, the collection was declined on grounds of insufficient exhibition space. This failing assistance of medical institutions, symbolizes, in Hutchinson’s narrative, the backwardness and short-sightedness of the medical profession.<sup>9</sup>

Indeed, Hutchinson’s repetitive return to the issue of clinical museums proves a fertile ground for the exploration of the metaphors of visibility, which serve to legitimate his undertakings in this area and to profile him as a benefactor bringing light to the medical professionals who, it seems, until then, had only with difficulty arrived at a diagnosis:

What I mean by a clinical museum [...] is a department in which every effort should be made *to display* in the best possible manner all that can be



usefully portrayed by the artist or modeler in illustration of disease during the life of the patient. Its contents *should not be hidden away*, but *exhibited* in well arranged order *for the ready inspection* of all visitors. (Hutchinson 1888: 1262; my emphasis)

Expanding on the regime of the visible, this fragment establishes Hutchinson's museum as an institution that produces visibility through display and defines it as a complex optical instrument for medical professionals.

Hutchinson's vision of a clinical museum is in sync with the newly accorded central role of the museum in the propagation of (popular) knowledge. When regarded, after Daniel J. Sherman and Irit Rogoff, as an "intricate amalgam of historical structures and narratives, practices and strategies of display, and the concerns and imperatives of various governing ideologies" (2000: ix), Hutchinson's clinical museum is a monument to the professional, civic and national agendas of the time. Tony Bennett famously links the changes in the function of nineteenth-century museums to a transformation in the conceptualization of vision, which, while a matter of "the geometric optics" in the seventeenth and eighteenth centuries, became a domain of "physiological optics" a century later (2006: 275). This repositioning of vision made it both "subjectively" dependent on individual bodily structures and "objectively" reliant on their social conditioning. Within this model, the museum became a space that was to teach not only by displaying new objects but also by training "civic seeing" and thus by forming the characters of the viewing subjects (Bennett 2006: 275). This goal was closely linked to developments in the structuring of the museum and in the arrangement of the exhibited objects. The shift from the Enlightenment to the evolutionary museum involved an activation of the invisible, in-between spaces: "For while the Enlightenment museum ostensibly displayed its logic on the visible surface of things, it was the *invisible* orders of connection binding things into *relations of genealogy and descent* that mattered in the evolutionary museum" (Bennett 2004: 161; my emphasis). As the idea of progress became the underlying narrative of the museum, more specialized institutions began to flourish, which promoted knowledge that went beyond the classificatory impulse of the Enlightenment and trained the viewer's eye to see beneath the obvious structures, thus expanding his/her faculties of "*explanation* and *prediction*" (Macdonald 1998: 12; original emphasis).

In keeping with these larger developments, the aim of Hutchinson's museum was to provide guidance for the student's eye in the recognition of pathological changes in the living patient:

a clinical museum would teach, so far as the eye is concerned, the great art of diagnosis. It is true that we cannot educate the finger in a museum [. . .]. But all that the eye can do, and it comprises by far the largest half of surgical diagnosis, can be learned easily and well from models[,] photographs, and drawings. The trained eye can detect hardness in a chancre without touching it, and many other conditions usually supposed to need the finger, may yet, if the eye be duly educated, be diagnosed at a glance without it. (Hutchinson 1888: 1262)

Acknowledging "the wealth of clinical material [. . .] which is *buried* in the atlases, journals, transactions of societies, and monographs of the past century" (Hutchinson 1888: 1263; my emphasis), Hutchinson calls for their adequate exhibition. The museum would thus foster the skill of differential diagnosis by illustrating and displaying such conditions as are rarely seen in hospital wards (Hutchinson 1888: 1263) and through a specific arrangement of visual materials thanks to which a variety of forms of a given disease would become visibly distinguishable. Such juxtapositions would assist clinical recognition, accelerate the learning process, yield new insights and thus advance medical knowledge. Commenting on his temporary exhibitions in "The Clinical Museum and Syphilis" (1908), Hutchinson relates how an arrangement of about forty drawings of two skin disorders intrinsic to syphilis "enabled [him], when the drawings from various sources were placed in juxtaposition and compared, to recognize several novel and not unimportant features in this group of maladies" (1908: 1592). This combination made it possible for him to see beyond the images and to recognize further variations of the disease.

Hutchinson's archeologically-driven vocabulary served him to highlight the significance of the museum, in which the dispersed knowledge could be "disentombed," brought to light and presented to the eye of the student who would now scarcely miss its lesson (1888: 1263). A similar motivation accompanied his assemblage of (about three hundred) extract books consisting of articles and cuttings from a variety of sources, which, compiled under specific headings (for example, syphilis, eye, skin, etc.), classified and indexed, were meant to "save the reader the trouble of referring to the various books in which the original publication occurred,

and bring into close and classified juxtaposition the recorded observations of many authors” (Hutchinson 1894: 4). Initially placed on a bench under the portraits of diseases and later in the Council Room of the Polyclinic, these extract books served as sources of reference and self-learning.

Hutchinson’s clinical museum was a space that propagated students’ professional development. Self-study was promoted by a specific classification and grouping of the disorders, detailed labelling and temporal arrangements as well as by the close proximity of the museum to the reading room/library (“The London Polyclinic” 1901: 1218–19). In this sense, then, the museum materialized the ideals of “pristine clarity” and readability that made collections accessible and legible to the visitors (Bennett 1998: 28), and thus followed the educational agenda of the Victorian era. By integrating the museum in the Polyclinic and by its special arrangements, Hutchinson underscored the importance of self-study to the development and refinement of medical faculties. The journey it promoted was that from the direct visibility of the specimens to a more profound vision of the professional who could distinguish disease variations and recognize, in going beyond the readily visible, its mechanisms.

The formative role of the museum was as much related to the professionalization of individuals as to their civic development. Many museums followed John Ruskin’s aesthetic/ethical programme founded on the premise that “the greatest thing a human soul ever does in this world is to *see* something,” where seeing “engaged the moral and physical capacities of individuals, who therefore actively experienced and participated in their own education” (Koven 2000: 25). For Ruskin, “[t]he visual sense was paramount to unlocking the visible and invisible truths of God” (Koven 2000: 25). When applied to museums, these postulates transformed them into spaces of civic development:<sup>10</sup> they were to constitute the viewer both as the seer and the seen and offered him/her a number of narratives through which to accomplish the aim of this self-educational project. They were convergence spaces in which various narratives of progress and improvement were articulated and performed: narratives of human evolution and of national development (Macdonald 1998: 12). They also offered a social space where the identity of a single viewer was negotiated through interaction with others (Bennett 2009: 28).<sup>11</sup> According to Eileen Hooper-Greenhill, the educational function of the museums consisted in three common tendencies: the propensity of Victorian museums to propagate “noble actions,” “good conduct” and “mental exertion,” that is, in the museums’ tendency to highlight the

values of the growing middle classes, for whom not nobility through birth was important but nobility through exertion (2000: 40–3). These precepts turned such establishments as the National Portrait Gallery into sites where individual viewers were exposed to and took lessons in civility. The evolutionary trajectory of many such narratives was formative to the self-perception of the viewers and to their recognition of their position within the bounds of society (Bennett 1998: 34). Similarly, the Polyclinic offered specific narratives of identification, which underlay the students' formation as professionals and citizens.

In the Polyclinic, these narratives pivoted around the ideal of a progressive gentlemanly doctor, whose work benefited the nation and the empire: an ideal supported by the architectural design of the school and the adjacent museum and by the way in which disease exposition and recognition corroborated in the students' professional formation.<sup>12</sup> Artefacts in the clinical museum offered an illustration of visible medical disorders and functioned as signifiers of progress. In his classical study of museums, *Collectors and Curiosities* (1990), Polish philosopher and historian Krzysztof Pomian inspects the ontologically unstable ground between the visible and invisible as constructed by collectables. He draws a distinction between useful objects and “*semiophores, objects which [are] of absolutely no use [...] but which, being endowed with meaning, [represent] the invisible*” (30; original emphasis). “[I]ntermediaries between the onlooker and the invisible” (23), semiophores help gain access and, at least partially, control the intangible through the production of meaning. They also play a crucial role in the construction and maintenance of social hierarchies, with collectors of semiophores at the top of the social ladder (36–44). Since the illustrations gathered in the clinical museum can be regarded as semiophores, what is the nature of the invisible that they evoke?<sup>13</sup> What stories do they tell?

Numerous Victorian exhibitions transformed the collectibles into “material signifiers of progress – but of progress as a collective national achievement with capital as great co-ordinator” (Bennett 2009: 67). In the same way, the Polyclinic clinical museum can be regarded, at least with reference to the existing materials, as padded with ideals of advancement and improvement, supported by sub-narratives of human evolution. Whereas no generalizations can be made due to the lack of sufficient sources, it is nonetheless possible to distinguish, among Hutchinson's materials, small-scale narratives of human evolution, evoked by the semiophores, which run parallel to the master narrative of progress as embedded in the architecture of the museum.

Syphilis visualizations supported such narratives. The grouping of yaws, a disease Hutchinson regarded as a tropical variation of syphilis, is a vivid example of such a tendency.<sup>14</sup> Positioned in one frame, images of an English boy are contrasted with photographs of “a negro” acquired from Dr Daniels from Georgetown (then British Guiana) (Hutchinson 1901b: 180). From this juxtaposition Hutchinson concludes that:

[a]s regards climate both these patients were under the same conditions, and it is not unfair to suggest that difference in race may explain the minor severity in the European [...]. At any rate we may remark that no portrait or patient illustrating yaws in a severe and persistent form in a person of European descent has ever been brought under our notice. (180)

Through this contrast, the ‘lower’ status of the non-Europeans – evident in their inefficient immunity to the disease – is emphasized. Hutchinson’s conclusions are in keeping with professional convictions at the time, which often allied the incidence and severity of diseases with climatic conditions and racial predispositions. In this context, the bodies of the viewers – the healers – seem to be positioned even higher on the evolutionary scale.

Similar sub-narratives found in many groupings of particular diseases were supported by the overall arrangement of the exhibits. According to the existing sources, the lower entrance of the museum was ornamented by the images of foreigners suffering from skin diseases:

The large coloured portraits five in number, all representing Negroes, which are to be seen over the door in the lower museum, have been copied by Burgess from photographs. The originals were Negroes in the West Indian Islands under the observation of Dr. Alford Nicholls. [...] The close resemblance of the eruption [...] to that of syphilis must strike every one. (Hutchinson 1901b: 181)

It seems as though this arrangement, repeatedly re-envisioned in smaller groupings of diseases, tells the story of the ascent of man – from diseased “Negros” to English medical men who reside in the upper rooms of the Polyclinic. In this way, the visitor did not only see the evolutionary progress in diseases but also in their classification and ordering and hence was confronted with “a spatial realization of the relationship between progress and differentiation,” and offered “props for a performance in which a

progressive, civilizing relationship to the self might be formed and worked upon” (Bennett 2009: 182, 186). Small-scale narratives, exemplified by the grouping of yaws and the narrative beginning of the collection with the set of images of tropical diseases illustrate the extent to which the Polyclinic museum followed the then ostensible goal of reiterating the evolutionary narrative in terms of nationalistic, if not imperial, progressivism. The arrangement of the semiophores evoked the fictions of Britain’s power and superiority.

The architecture of the Polyclinic was optimized for this grand narrative of education and enlightenment. Its design, initiated by Hutchinson’s son Herbert and executed by the architects Marshall and Vickers, marked an ascendance to knowledge. The original plans (Fig. 3.2) foresaw that the Medical Graduates’ College and Polyclinic at 22, Chennies Street would have two entries, one in the basement, through the Curator’s room, and

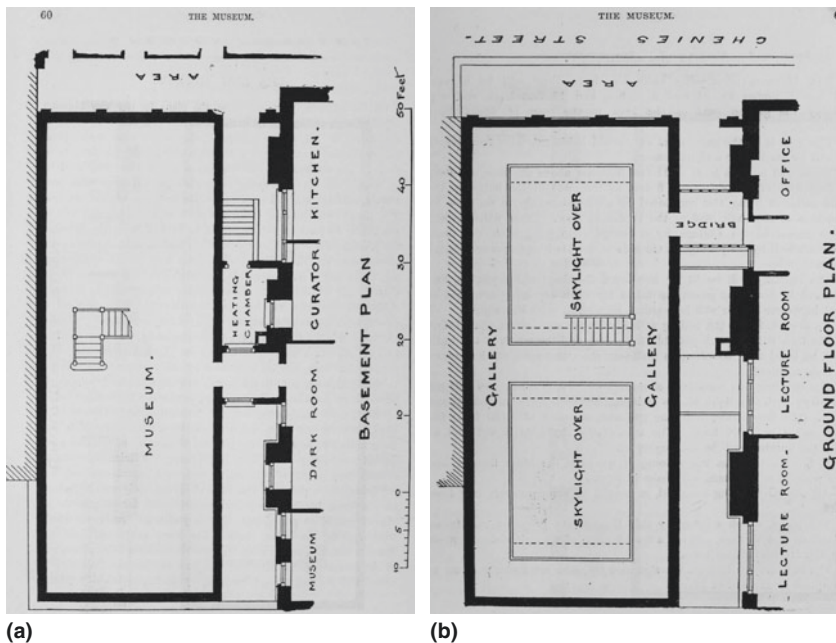


Fig. 3.2 The plans of the Polyclinic. “The New Museum.” *The Polyclinic* 2.1 (1899b): 50–61. Wellcome Library

one on the ground floor, adjacent to the clinical museum. The museum room, with “a broad gallery running around it, and a staircase and landing platform in its centre” (Hutchinson 1899b: 59), was to be thoroughly lit by two large skylight windows and to afford about 3,000 feet wall space for the display of illustrative material (Hutchinson 1899b: 62). It was to be accompanied by other functional rooms such as the dark room in the basement and lecture rooms on the ground floor. This functional arrangement can be seen in rhetorical terms. Already the 1901 article “The London Polyclinic” conceives of the visitor’s path in the Polyclinic in terms of professional ascendance and improvement. The ensuing passage can be read as a metaphorical ascent from the daily routine of observation to the elevated premises of esoteric circles, where only the learned and the experts preside (1218–19). A parallel is drawn between the progress of the British Empire and ascendance in medicine.

In this way, a professional hierarchy is established on grounds of the practitioners’ seeing abilities. The article starts with a description of two basement rooms with ophthalmoscopic, laryngoscopic and stereoscopic equipment. Functionally and metaphorically, they constitute the basis of clinical knowledge of the time and refer to the mechanisms of knowledge acquisition. From there, the author takes the reader to the three rooms on the ground floor, which represent a further step in clinical ascendancy and education: the classroom with a Roentgen ray-plant, the photographic dark room and the Council room used as a library and reference room. Whereas the mechanical means that enhance clinical vision in the basement area – the ophthalmoscope and the laryngoscope – are devices that facilitate medical looking ‘at’ chosen areas, Roentgen symbolizes a further initiation into the process of medical seeing by looking through and laying bare the internal, invisible crevices of the body. The recognition of the palpably invisible areas is also related to intensive medical study, accomplished through self-learning in the library and the reference area. The lecture and council rooms, connected to the museum, link the clinical study of disease recognition to the social character of medical knowledge. The consultation theatre, situated next to the library, is a site where knowledge can be extended and shared through demonstration, discussion and joint diagnosis. Above this area, “The London Polyclinic” notes, there is a laboratory equipped with “microscopes, microtomes, incubators, sterilisers, chemical balances, and fume chamber” (1901: 1219). Such an ascending arrangement of the Polyclinic highlights the stages of professional development: from the darkness of the

basement and first lessons in medical seeing, to the learning to see with the help of new technologies, educational procedures and further self-study, to the joint analysis of the cases and ‘live’ classes in diagnosis and on to a further specialization in the seeing of the invisible in the laboratory space.

The design of the Polyclinic offers a peripatetic ‘regime of truth’, a route of professional and, most of all, civic development. What transpires from the writings, lectures and meetings is that both goals were subordinated to the philanthropic character of the institution. “London Medical Graduates’ College and Polyclinic” cites the words of Arthur J. Balfour, the chairman of the Polyclinic:

[The Polyclinic] brought directly home to those most in need of it medical assistance, medical advice, and medical knowledge, that would not under other circumstances be at their command. For the Polyclinic did something which the great hospitals could not do, and did not attempt to do. (1901: 1293).

The educational and scientific goals of the Polyclinic were thus linked to its philanthropic mission, which is also instantiated by clinical demonstrations in the lecture area, where diagnosis was given to the deserving free of charge. The immediate effect of this instructive act – the help for those who could not afford medical consultation – was simultaneously a didactic demonstration, which offered a platform for professional discussion. Together with army doctors and other visitors, this knowledge would be spread throughout the British Empire. The doctor, envisioned as “an angel of mercy to thousands and tens of thousands” (“London Medical Graduates’ College and Polyclinic” 1900: 1432), could learn from the best in the Polyclinic and be helpful all around the globe. In his “An Address on the Uses of Knowledge,” Hutchinson compares the medical profession to a “Church of Science, sending its pastors and teachers to reside in the most various and distant parts of the world, and become bearers of the torch of knowledge wherever they may go” (1885: 634). In these accounts, the Polyclinic forms doctors into missionaries and pastors of knowledge, whose role it is to heal and to spread knowledge and, by that, to add their share to the shaping of the social order.

Professional progress and evolutionary development were central to the spatial and practical design of the Polyclinic. Practitioners were led along the path of professional enlightenment: from the early darkness



and confusion, through the initiation into specialized and technologized processes of recognition to the final and joint enlightenment in the diagnostic rooms, where they could share their knowledge. At the end of this journey was the activity of public diagnosis, which, like the underlying evolutionary sub-narratives, sustained the belief in the beneficence of the medical profession and its importance for the prosperity of the whole nation: practitioners were initiated into specialized knowledge not only to advance their profession but also to cure patients. However noble, the aspirations voiced here were also an integral part of justification narratives, which granted medical men a more esteemed position in society.

### *Self-fashioning*

The Polyclinic and the adjacent museum became instrumental in training the medical gaze while their spatial orientation supported a civic and professional narratives of progress, in turn ascribing to medical men a more prominent and respectful place in society. Likewise, Hutchinson's use of the trope of syphilis recognition also helped him justify his choice of profession and became an important part in his practice of respect-garnering self-fashioning. Most prominently, these tendencies are visible in the preface to the second edition of *Syphilis*:

I have [...] during a long series of years been *a diligent observer* of all that concerns syphilis in the living subject, and my opportunities in this department have been extensive. [...] having become Surgeon to the Metropolitan Free Hospital, I *obtained a wide range of observation amongst the poorest classes and in all races*. Not long after this date I became attached to the staff of the Royal London Ophthalmic Hospital, and also to that of the Blackfriars Hospital for Diseases of the Skin, with both of which I maintained official connection for a long series of years. It was at the former that the observations were made which resulted in my papers on the teeth and physiognomy of congenital syphilis, and the nature of interstitial keratitis and other affections of the eye not previously suspected to be syphilitic in causation. In 1859 I became surgeon to the London Hospital, without resigning my appointments at the special institutions just mentioned, and thus secured what was the object of my desire – *a very wide range of both general and special study of disease*. I *had not* at that time, nor, indeed, subsequently, *any desire to cultivate practice in venereal diseases – rather, indeed, to avoid it* – but my papers having attracted

attention, [...] private patients were sent to me, and I soon had *plentiful opportunities for observing syphilis among those whose education and intelligence* enabled them to afford information far more trustworthy than that obtainable in hospital practice. [...] Year by year my records accumulated [...]. My own years having been unusually prolonged, in association with fair powers of memory and mental vigour, I have been able to secure a kind of experience which falls to the lot of but few. I have seen many of those whom in their early adult vigour I had treated for syphilis, now in honoured grey hairs and apt to boast of their grandchildren. (1909: x–xii; my emphasis)

This narrative emphasizes Hutchinson's magisterial recognition skills as the source of his authority. Not any unwholesome curiosity but his clinical skills, unique contribution to the medical study and public interest are presented as the major stimuli in his professional pursuits. This narrative positions Hutchinson as uniquely qualified to pronounce judgement on the prospects of curing the disease. Not only has he had more opportunities than many others to observe its symptoms, he also has the advantage of seeing both hospital and private cases. Finally, his old years, "fair powers of memory and mental vigour" and his ceaseless note-taking allow him to accomplish what "falls to the lot of but few," namely to offer to his colleagues and to posterity complete histories of chronically ill patients. Indirectly, this insistence on his experience and authoritative judgement concerning the therapeutic regimen also links him to the ethos of civic virtues, as he establishes a strong correlation between his work and the health of his patients. His idyllic image of a healthy patrilineage – grandfathers who in their seniority enjoy the company of healthy grandchildren – turns him into a benefactor of the generations of patients, and by extension, of the whole nation.

And yet his personal narrative also betrays anxieties generated by a growing pathologization of middle-class masculinities. In *Victorian Demons*, Andrew Smith argues that the late Victorian era saw a particularly strong association of dominant masculinities with "disease, degeneration and perversity" (2004: 1). While many Victorian scientists had to grapple with this problem, the situation was particularly precarious for medical men, whose 'unseemly' preoccupations and interests made them especially vulnerable to the accusations of degeneration (see Walkowitz 1992: 209–10, Harris 1992, Gilman 1989: 250–1). In view of this, Smith sees the tendency of medical men to conceal the role of the middle-class client in the transmission of the disease as a political attempt to preserve traditional

notions of male identity, which, rather than severing the link between masculinity and degeneration, paradoxically highlighted it (2004: 94). Although Smith rightly recognizes the dialectics of visibility and invisibility that Hutchinson's text is beset with, the effects of this intertwining are much more complex and surpass the issues of gender performance that he addresses.

Cognizant of the public image of the profession and aware of the potentially unsavoury character of knowledge he transmitted, Hutchinson had to walk a tightrope between asserting his own position as syphilis expert, counteracting any suspicions of unhealthy interests, keeping the identity of his clients concealed, their trust unbent and money flowing, along with presenting his views on the disease. The trope of syphilis recognition helped him in this task. Before the discovery of the causative organism, recognition was the only way of asserting the type of ailment and was central to the diagnostic enterprise of clinical medicine. Hutchinson's insistence on the insidious character of the disease highlighted the importance of differential diagnosis and, with it, clinical studies to the practice of medicine, thereby participating in the current discussion concerning the future of the discipline. Syphilis recognition also helped signal Hutchinson's experience and expertise. Most prominently, however, the uncertainties due to the protean nature of syphilis were a motivation for further comparative and multi-media study and a means of communicating the necessity to expand the work on syphilis. Expertise in syphilis recognition rehabilitated practitioners who chose to pursue such unbecoming subjects: it helped them bolster the authority that their profession could not yet guarantee at the time.

Despite the recurrence of the trope of syphilis recognition and Hutchinson's continuous work on syphilis, the seemingly unobstructed view of the disease he offered was in fact only a narrow vista flanked by a number of personal, didactic and moralist narratives, which warranted the salubriousness of the subject and transformed its pursuit into a philanthropic exercise. Such cocooning hints at a number of anxieties that the subject was surrounded by, even as an apt recognition of the disease was associated with professional insight and authority. Invariably, syphilis was integrated into innumerable tales of progress and narratives of development. Interestingly, the same type of alliance – between the horrors of seeing and the power of education – was characteristic of public discourses around the disease.

## UNHEALTHY SIGHTS AND THE CONSPIRACY OF SILENCE

By the end of the century new voices began to demand the right to knowledge about the disease and its dire consequences. The strategies of these new groups – New Women, feminists and the authors of domestic medicine manuals – show intriguing parallels with medical practices aiming to establish professional authority through a continual insistence on the possession of esoteric knowledge. Professing a novel and more open access to medical knowledge, the self-pronounced popularizers of medical science put forward claims to professional authority and to the economic gains with which it had been associated.

The trope of syphilis recognition became a paramount empowering instrument in the battle waged against the medical establishment. The ‘conspiracy of silence’ became a slogan jointly used by the new groups to identify a set of practices that obstructed or entirely denied many social groupings, especially women, the right to qualified knowledge and that were legitimized by a rhetoric of moral concern and defence of innocence. Despite divergent political agendas, they used the trope of syphilis recognition as an empowering instrument. Whereas Hutchinson employed it in professionalization debates and used it to argue for a broader, life-long education for professionals based on bedside observations, these groups used it to question social standards. Paradoxically, however, they also participated in policing knowledge about the disease. While overtly linking the trope of syphilis recognition to debates about education inequalities, these new discursive arenas also evinced the instrumental role of syphilis in numerous political and economic struggles.

Referencing Cicely Hamilton’s rhetorical use of the disease in her militant *Marriage as a Trade* (1909), this section sets off to link the trope of syphilis recognition to broader questions of education as well as to the issues of sustenance and economy. First, it examines Hamilton’s claims concerning the limited access to knowledge about the disease by inspecting two potential spaces of its public visibility: domestic medicine manuals and popular anatomy museums. Sketching some of the historical developments in both areas, it demonstrates how both of them used popular education as a justification of their openness about the disease. Addressing the ways in which syphilis was visualized, this part identifies the panoply of practices which blatantly contradict the supposedly educational mission of domestic medicine manuals and public anatomy museums by carefully regulating access to esoteric knowledge. These regulatory mechanisms produced a

link between knowledge distribution and economic gain and thus were a prominent constituent in the professionalization debate of the time.

Against this backdrop, the final section inspects the ways in which the trope of syphilis recognition was used by New Woman writers as a viable instrument in the establishment of their authority, which at the same time homogenized existing spaces of, if partial, syphilis visibility and turned them into sites of concealment. Taking as example Sarah Grand's *Heavenly Twins* (1893), it shows the extent to which New Woman writers continued to produce the invisibility they strove so fervently to unveil. Like medical men, public anatomy museums and domestic medicine manuals, New Women created ambiguous spaces in which syphilis was only partially visible as they conjoined their educational agendas with existing economic concerns.

### *Feminist and New Woman Voices on Syphilis*

The function of syphilis in New Woman writing has been critically linked to debates about new forms of sexuality as well as about the status quo and the future of the Victorian family, the nation and the British Empire (see Liggins 2000, Showalter 1990, Richardson and Willis 2001, Schonlau 2005). Recognizing the New Women's allegiance to post-Darwinian thought and eugenics, critics have envisaged their rhetorical and narrative use of syphilis as an attack on the syphilitic man and as an acknowledgement of the ruinous influence of the disease on the development of the human species. Showalter connects New Woman "fantasies about syphilis" to "the fear of marital penetration and contamination and [to] anxieties about hereditary transmission of the disease to children" (1990: 198). Liggins follows this argument contending that the integration of the illness into the marriage plot evinced women's resentment of the way they were treated by the medical establishment in particular and society in general (2000: 175). Syphilis in New Woman fiction has also been interpreted as an incarnation of the sins of the Victorian patriarchal society (Schonlau 2005: 276) or a manifestation of the "wages of ignorance" (Pykett 1999: 169). It has been viewed both as a metaphor and a political tool in furthering their social-hygienic agendas (Schonlau 2005: 276).

Discourses around venereal disease also proved a potent vehicle for feminist propaganda, its shifting allocation of blame for the nation's retrogression and its claim for women's sovereignty and legal accountability. As Bland argues, the feminist generic turn from novel to

pamphlet brought a more direct enunciation of ‘facts’ about the disease and centred more readily on the dangers of the conspiracy of silence. It underscored the necessity to break the silence and address the social hypocrisy that bred ignorance. In this context, it was not so much the disease itself as the secrecy in which it was enmeshed that constituted the biggest threat to the stability of social and economic structures (Bland 2002: 243–4). Even feminist writing, however, did not always speak out the disease’s name.

In *The Great Scourge and How to End It*, also published in America under the alternative title *Plain Facts about a Great Evil* (1913), Pankhurst famously calls on women to recognize the unaddressed “appalling” dangers of sexuality (71). Boldly naming the “Hidden Scourge” in the introduction, she establishes a connection between the spread of venereal diseases, prostitution and the patriarchally sanctioned silence on the topic (5). “Votes for Women and Chastity for Men” is the famous solution (Pankhurst 1913: 7), which directly links women’s suffrage to the pervasive concerns about social health and national future (Jeffreys 1997: 46). Pankhurst’s challenging of the existing equation between women’s sexuality and degeneration helped her, as Janet Lyon argues, to establish a connection between “patriarchal economic coercion and sexual subjection,” thus yet again making visible the interdependence of morality, politics and economy (1999: 116). Designed to “shock and polarize” with its militant polemic, which borrowed from anti-slavery rhetoric, the pamphlet sketched potential hazards of marriage and declared little potential for change “so long as society shuts its eyes to the existence of this danger to the family, and from a false sense of prudery or a fastidious nicety refuses to be enlightened” (1913: 72–3).<sup>15</sup> Pankhurst’s politics of exaggeration heated the existing debates and added to the publicity of the allegedly private matter.<sup>16</sup>

Cicely Mary Hamilton’s inadvertent discovery of the, ‘truth’ about the disease, recounted in *Marriage as a Trade*, likewise made her militant against the dominant veiling of its horrors:

Those of us who have discovered that there are risks attaching to the profession of marriage other than the natural ones of childbirth, have very often made the discovery by accident – which ought not to be. I made the discovery in that way myself while I was still very young – by the idle opening of a book [ . . . ]. I was puzzled at first, and then the thing stared me in the face – a **simple matter of bald statement and statistics**. I remember the thought which flashed into my mind – we are told

we have got to be married, but we are never told *that!* It was my first conscious revolt against the compulsory nature of the trade of marriage. (1909: 50; bold, my emphasis; original italics)

While many critics have quoted Hamilton's famous passage, many have also disregarded the uneasy tension that both her work and many New Woman fictions display with regard to syphilis. Hamilton's larger argument makes a connection between women's professional choices and their position as members of the working class, suffering under the oppression of dominant structures. Following this train of thought, she compares the secrecy surrounding venereal diseases to the lack of warning about potential professional dangers (1909: 73–4). Like "lead-poisoning or combustion," runs the socialist argument, the risks that await women in marriage should be communicated to them before they enter the profession (73). And yet, Hamilton bemoans, dramatically studding her speech with meaningful pauses, "I have been astonished at the number of women I have met who seem to have hardly more than a vague inkling – and some not even that – of the tangible, physical consequences of loose living" (73). Hamilton uses the self-defined conspiracy of silence – the gap in information – and her own involuntary learning about the perils of venereal diseases for self-empowerment. Her act of recognizing the social repercussions of the disease gives her the right to lecture other women on the topic and, in this way, to communicate to them the 'truth' about their position and the suppression of their civic liberties.

Yet Hamilton's emphatic insistence on the importance of statistics, the number that "stared [her] in the face" (1909: 50), is incompatible with its erasure from her narrative. The definite italicized article "*that*" indicates the danger that she ascribes to the presumed dimensions of the disease's presence but fails to present this danger; it signals and conceals at the same time. This strategy establishes Hamilton as part of the neglected and deluded group who is "never told" but whose act of recognition, stemming from an access to esoteric knowledge – which she nonetheless keeps to herself – puts her in a more knowledgeable position and affords her insight that she then communicates to others (50). The act of recognition gives Hamilton grounds for fighting against women's ignorance and for corroborating their claim to the right to knowledge. This act of recognition helps her voice demands concerning not only women's access to power (through knowledge) but also their entitlement to economic

stability. At the same time, her text, like New Woman and feminist literature, is, to a degree, subject to the very ‘conspiracy of silence’ that it seeks to root out.

Before assessing Hamilton’s ambiguous strategy, it is important to examine her political claims. She identifies the incessant perpetuation of gender-based ignorance as a vital building-block of Victorian patriarchy. Although her allocation of blame is direct, her shift from patriarchal prohibitions (“man has steadily denied [knowledge] to women,” 1909: 72) to women’s involuntary ignorance (“we are never told,” 50) widens the circle of culprits to include anyone from medical practitioners, popularizers of medicine and teachers to parents. The next sections concentrate on the potential spaces of the public visibility of syphilis in the nineteenth century: domestic medicine manuals and public anatomy museums. They investigate the rhetoric used to justify the preoccupation with the disease; they also consider the role of these spaces in granting/restricting access to knowledge about syphilis and inquire about the technologies of making it visible.

### *Wages of Ignorance: Domestic Medicine Manuals*

Late nineteenth-century domestic medicine manuals dissented from earlier publications and attitudes that saw ignorance as a way of preserving the innocence of the young. Leeds physician, H. Arthur Allbutt, author of the eponymous *The Wife’s Handbook*, bemoans the state of knowledge among young women who “err through their ignorance of Nature and her unchanging laws” and by that endanger not only their lives but also that of their newborn children (1886: i).<sup>17</sup> “Knowledge,” for him, “is power” (ii). In the popular *What a Young Wife Ought to Know* (1908), also published in Britain for the British market, American physician and obstetrics professor Emma F. Angell Drake repeatedly laments the insufficient preparation of women for their married lives (1908: 37–8).<sup>18</sup> For her, women’s education is innately fused with the future of the nation:

When our daughters have had it burned in upon their inner consciousness that a knowledge of self, sensible dress and early hours, hygienic food and habitual outdoor exercise, will do for them and the succeeding generations what nothing else [*sic*] can do; and when our young men show their appreciation of these things, and commend them in the highest terms



possible, while they are not one whit behind them in this knowledge and practice, then will a better day dawn for the race, and a real start be made for the true betterment of mankind. (39–40)

Women's health is, at least apparently, Drake's chief concern and main factor behind publishing the book. A similar goal is articulated in Mary Wood Allen's preface to Lyman B. Sperry's *Confidential Talks with Young Women* (1901), in which she promotes knowledge as a principal means of women's self-realization. Rather than encouraging immodesty, knowledge will buttress all the qualities necessary for women's future responsibilities: it will equip them with "a permanent grace and dignity and make [them] more worthy of [their] holiest mission" (n. pag.). The same type of rhetoric is used in another context. Sylvanus Stall, a Lutheran pastor and author of *What a Young Man Ought to Know* (1897) and editor of the "Self and Sex Series," envisions a number of disasters which could have been prevented had more attention been devoted to the proper education of young men. It would save them "from the blind blunderings which bring ruin, regret and remorse to such untold numbers" (1897: 21).<sup>19</sup> Like for Hamilton, ignorance was both the target of and justification for the educational agenda professed by popular medicine manuals in the late nineteenth century.

As in Hutchinson's case, the educational mission of domestic medicine manuals was regarded as a rehabilitating factor in broaching the subject of venereal disease. For Stall, like any other of God's ordinances, the laws of human sexuality should be known and adhered to. Ignorance of the subject was not a valid excuse for bad conduct; sins that arise out of ignorance would be punished (Stall 1897: 23). Accordingly, for him, "the blush belongs to those who, in culpable ignorance or mock modesty, are silent, rather than those who speak out upon these important subjects in the fear of God" (23). With this statement, he targets a wrongly understood modesty and an embargo on certain topics that it inspires while protecting himself against possible allegations of obscenity. The divine mandate, evoked by Hutchinson as a justification for his preoccupations, serves here to address the subject of venereal disease and hail the advantages gained from the access to this type of esoteric knowledge.

Indeed, the authors of domestic medicine manuals presented themselves in opposition to their predecessors. Stall paints a bleak picture of the state of knowledge and popular consciousness in the mid-century "when universal prudishness set up scarecrows to safeguard the fields

where Satan found in the profound ignorance of his victims a fruitful soil for rich harvests of vice and immorality” (1897: 24). According to him, medical men’s disinterest in the subject led to a serious neglect of many victims of social diseases (24, 102). This juxtaposition of late nineteenth-century progress and mid-century backwardness was as much produced as it was observed. In fact, some of the early nineteenth-century domestic medicine manuals, which continued to be reprinted throughout the century, included information on venereal diseases and offered some information on their symptoms. Although Thomas John Graham’s popular *Modern Domestic Medicine* (7th edn, 1837) promised to address women’s diseases (v), it had no entry on syphilis. In contrast, in the 1824 edition of the probably most popular domestic medicine manual *The New Domestic Medicine*, William Buchan and William Nisbet state that they no longer feel inclined to omit the subject from their publication, hoping that the benefits from their teachings outweigh the dangers of an improper use of the information (441).<sup>20</sup> They do not flinch from describing the ravages of the disease as they list its possible symptoms (459). This gives them an ethical foothold and establishes moral high ground. In this context, Stall’s lack of differentiation in his assessment of earlier publications has a similar function as it also clearly allocates the blame for the current state of ignorance.

The technologies of scapegoating were valid strategies that facilitated the enterprise of self-justification and authority-building. Late nineteenth-century domestic medicine manuals also laid the blame on generations of parents, especially on their interference in matters of their children’s matrimonial choices. Stall stressed their responsibility for introducing their daughters to immoral suitors whom they knew to be “nothing less than a mass of moral and physical rottenness and contagion” (Stall 1897: 145). Parental neglect of their children’s proper education was considered detrimental to younger generations. The authors of late nineteenth-century manuals positioned themselves on the side of progress as they heralded a more public discussion of these hitherto tabooed issues, a discussion also made possible due to the “awakening of the woman” (Drake 1908: 7) and a bettering of moral standards (Stall 1897: 25).

Their goal was altogether different than that of Hutchinson and his colleagues, who wrote chiefly, if not exclusively, for specialized audiences and could therefore be held responsible for setting limits to public knowledge. In many of the domestic medicine manuals, venereal disease

was an integral part of an array of cautionary tales: habitually, tales of familial and national degeneration. The dreary images painted by these educators functioned as deterrents, and as correctors of individual morality and the social order. As the evolutionary theory influenced ideas of progeny and as heredity became the major target of many public debates, domestic medicine manuals listed inheritance along with the influence of the environment as seminal factors in child development (for example, Stall 1897: 138). Like Stall, Drake uses biblical, horticultural language to highlight hereditary interdependencies and to outline the influence of parental moral conduct on future generations (1908: 117, 139–40). In this way, purity campaigners integrated evolutionary theories with “older moral concerns” (Mort 2000: 87). In their narratives, the act of showing syphilis gained particular importance as a means of counter-acting an uncontrolled spread of degeneration:

To recognize the full character and effects of syphilis, you would have to compel the world to throw open the doors of all its hospitals, and expose to view the moral lepers, whose flesh and bones reek with rottenness and death [...]; to throw open the doors of the insane asylums, to show you the large number of their unhappy victims who have been thrust in here from among the primary and secondary sufferers of syphilis; to throw open the doors of the sepulchres and show you the slain; to throw open the gates of the lost world and show you the doomed, and let you listen to the wails of the millions who have been slain for eternity by this awful sin of lust and disease. (Stall 1897: 125–6)

Thrusting open the doors of the confined spaces marked by syphilis, bringing light to the unlit sites of degeneration, making visible the ravages of the disease was a way of elucidating the hazards it posed to the sufferers and their offspring as well as to the quality of their earthly and posthumous lives. Such accounts of (moral) degeneration functioned as cautionary tales in the grand narrative of education that these manuals evoked as a way of salvaging the readers from the grips of the “leprosy of lust” (Stall 1897: 102).

Importantly, despite the mandate for sexual purity, domestic medicine manuals remained quizzically gender specific both with regard to the exposition of the disease and the proposed conduct of the sexes. “Keep thyself pure” was a command directed at men and women alike (Stall 1897: 34). Yet, while they strove to promote the sexual and moral

purity of their readers irrespective of their gender, they unreservedly embraced the conviction about women's subordinate status. Drake stresses gender differences in her chapter on women's role in marriage, insisting that they should be "equal but not counterpart" to their husbands (1908: 66).<sup>21</sup> Women should aspire to be good housewives, keep themselves attractive, be willing mothers and seek physical and intellectual development (Drake 1908: 66–71). Activating anti-slavery arguments, Drake insists that they should, however, also be aware of their rights and refuse to succumb to male sexual prowess, lest they want their marriages to resemble "licensed prostitution" (88).<sup>22</sup> While not all manuals were as outspoken about the subject, many were founded on the assumption of distinct gender-based sexual and mental predispositions and framed their advice accordingly. At the same time, like in much of the eugenic feminist writing, they ascribed to women the role of guardians of the domestic hearth and teachers of future generations (Drake 1908: 8).<sup>23</sup> It is in this essentialized difference, rather than in the proto-modernist incongruity endorsed by New Woman writers, that these domestic medicine manuals found a way of empowerment, however infinitesimal and in keeping with the custom of the day.

Despite the didactic inclination of many domestic medicine manuals, they had their share in perpetuating existing inequalities in knowledge distribution and in the perception of the disease. They precluded from women's view the more drastic visions of syphilis either by ignoring the subject entirely or by allowing a few glimpses at venereal disease without, however, educating women in the recognition of its symptoms. Showalter's contention that the disease "had very different significance and imagery for women and men" is true in this context (1990: 196). In his book addressed to young men, Stall devotes three chapters to the consequences of men's immoral conduct. In these, he outlines the symptoms of the various stages of syphilis and offers a differential description of the chancre and chancroid for a better recognition of the disease (1897: 117–26). While drawing the reader's attention to the difficulty of their successful identification and prompting him to visit the doctor, Stall at the same time offers a number of guidelines that could be used in self-diagnosis. Colour, texture, form and positioning of various eruptions are described, as are specific mental and motoric dysfunctions (see especially Stall 1897: 115–40). These detailed descriptions trained male audiences in the recognition of syphilis symptoms and facilitated their self-diagnosis. Many publications encouraged readers to

consult practitioners in writing by appending forms that could later be sent for professional evaluation and diagnosis.<sup>24</sup>

Unlike these publications, many of the general domestic medicine manuals and handbooks specifically addressed to women actually counteracted their own mission by, deliberately or not, ignoring or downplaying the pressing dangers of venereal disease. In *Domestic Medicine and Hygiene. Being a Short Account of the More Common Diseases, Their Causes and Treatment* (1897) for instance, William J. Russell includes locomotor ataxia and general paralysis of the insane – diseases increasingly associated with the third stadium of syphilis – and mentions “sexual excess” as a possible cause of the first one (1897: 145); yet he entirely ignores venereal complaints in general, although he does mention syphilis as the cause of a number of diseases. Lyman B. Sperry does not reference venereal diseases at all although she insists on women’s health as crucial to good womanhood (1901: 106) and underscores the necessity of taking heredity into consideration when choosing a spouse (59). Drake addresses syphilis once only, yet even she emphasizes its hereditary character and its dangers to future generations without in any way hinting at the ways in which it could affect women (1908: 62). Similarly, while Allbutt pronounces the ruinous influence of sexually transmitted diseases on women’s health, he is also rather reticent on the subject. His advice, confined to one single paragraph, is limited to the advocacy of medical tests as ways of safeguarding the sanctity of marriage (1886: 47–8).

Contrary to their alleged educational mission, domestic medicine manuals for women, only sparingly, if at all, broached the subject of venereal disease and, as they did so, they failed to prepare the readers for an apt recognition of its symptoms. Venereal disease was used rhetorically to spread fears of the mental and physical degeneration of future generations. In this way, these textbooks paradoxically sustained, and participated in, the conspiracy of silence around venereal disease despite heralding and advocating women’s education. Since they abstained from illuminating the subject, domestic medicine manuals for women also tended to produce its invisibility.

In contrast, literature directed at a male readership was full of dreary visions of rotten bodies. Stall seems to find particular pleasure in morbid, Bible-inspired descriptions of putrefaction. In his manual, morose examples of men breaking their bones as they attempt to undress are followed by accounts of women with broken constitutions. He almost exults in grisly depictions of corporeal decay – “The nose is liable to be

eaten away, and, piece by piece, through great sores in the flesh, the bones slough and pass out, or they may weaken and break by sudden strain" (1897: 119) – and in listing all the diseases brought on children by their syphilitic parents. These bleak but poignantly visual accounts become a warning to those who tread "the paths of vice" and endanger the lives of the innocent (149). Stall's narrative functions as an imaginary opening of the spaces of syphilis intensification.

Wesley Manning Carpenter and Frederick Albert Castle's *Wood's Household Practice of Medicine, Hygiene and Surgery: a Practical Treatise for General Use* (1886) singlehandedly unifies the divergent tendencies in syphilis depiction. Chapter IX: "Diseases peculiar to women" (1886: 287–308), written by Mary Putnam Jacobi, New York professor of *materia medica*, entirely excludes any debate about venereal diseases. Chapter XVIII, "Male genito-urinary organs. Chancroid and syphilis" (1886: 632–58), on the other hand, devotes five pages to the topic. In it, Edward L. Keyes, visiting surgeon to Bellevue Hospital and Professor of Dermatology in Bellevue Hospital Medical College, has no reservations to discuss the subject. Signalling the incidence of the disease among the innocent, Keyes laments the lightness with which many treat the subject. "It becomes the duty of the syphilitic," he insists, "to use every means to prevent others from innocently acquiring the disease from him" (657). Like Stall, he recognizes the inappropriateness of "delicate phraseology" to account for this grave matter and promises to address the subject plainly and clearly (657). Although he favours the rule of two years without symptoms as a sufficient period to allow marriage, he also insists that any intercourse should cease under the slightest threat that the disease is active (658). His vehemence about the matter is articulated in his belief that "[t]he State prison is the proper place for a man who would thus knowingly and wilfully expose so many of his kind to the risk of infection. Every proper-minded man, therefore, will abstain absolutely from sexual intercourse as long as there is any danger of conveying the disease" (657). Keyes's continuous insistence on men's primary role in the transmission of the disease to women indicates that the popular opinion of female innocence, characteristic of the late nineteenth century, was also expressed here. While compliant with the tradition of equating women's sexuality with their reproductive function, and concentrating on gender-specific ailments, the manual nonetheless does not even hint at the danger of infection with venereal diseases through reproductive practices. That the bringing of these two

chapters together in one publication could be a source of knowledge for women, who would not be prevented from reading the chapter on male disorders, while viable, can only be a matter of contention. It is unsettling that one single publication so drastically conveys the politics of (in)visibility characteristic of the genre.

Domestic medicine manuals addressed to women did offer, if to varying degrees, veiled warnings against the disease. While they devoted more space to explaining the reproductive functions, childbearing and childrearing along with highlighting a number of domestic, health and beauty issues, however, they allocated an inconsiderable amount of space to the dangers of venereal disease. This tendency meant that in spite of their didactic mission, they often only signalled but seldom explained the dangers that women should be wary of. Nor did they use illustrative examples to illuminate these hazards or to disseminate among women the knowledge of the disease symptoms. In this way, the striking imbalance of knowledge continued to be produced, albeit in complex and erratic ways. When highlighting gender differences in sexual education, Showalter echoes Hamilton's assertion and perpetuates her hyperbolic rhetoric: "While boys and men were lectured, warned, or even terrorized about venereal disease, well-brought-up girls were not supposed to know that such dangers existed. Girls found out about syphilis accidentally in reading forbidden medical books" (1990: 196). Showalter's argumentation maps out general tendencies in the gender-specific distribution of knowledge. Because of that, however, it disguises the more nuanced and complex realities exemplified by Carpenter and Castle's publication.

*Public Anatomy Museums: (Cautionary) Tales of Moral  
Perdition and Financial Profit*

Public anatomy museums offered another likely space of syphilis exposition, yet they also produced gender-based imbalance in the dissemination of knowledge about the disease. This disequilibrium was dynamic, complex and had transformed over time. Like domestic medicine manuals, public anatomy museums purported an educational aim in displaying and literally making visible the ravages brought about by syphilis. Due to this directness, and in view of the changes in the status quo of the medical profession, medical teaching and the dynamics of the medical market, they began to attract substantial criticism in the mid-century directed at their allegedly prurient interest in morbidity and their support of quack medicine.

The heated debate about public anatomy museums, which sparked off in the second half of the nineteenth century, exemplified complex tensions between the distribution of knowledge and visualization of morbid anatomy, as it revealed an uneasy interrelation between (moral) teachings and economic gains. At the time, syphilis recognition and evocation became a contested space fought over by orthodox and quack professionals: it was a means of enhancing their professional status and financial standing.

The history of anatomy museums shows a decreasing tolerance for this type of knowledge dissemination among lay audiences, which was accompanied by increasing annexation claims on the part of professionals. Popular in the eighteenth century, they became progressively more visible in the first decades of the nineteenth century, with London as their epicentre.<sup>25</sup> The 1830s–50s witnessed a rapid expansion in collections and audiences so that, by the mid-century, public anatomy museums attained the status of popular entertainment and evolved, alongside circus, panoramas, dioramas or zoos into spaces of popular leisure, jointly merging into “the Victorian ‘exhibitionary complex’” (Alberti 2011: 19).<sup>26</sup> What followed was a phase of cooperation between museum owners and consulting firms, which offered an alternative to orthodox medicine (Burmeister 2000: 15–22). The downfall of the museums came in the 1860s and 1870s, with the growing censorship of their content and practices, accompanied by debates animated by the Obscene Publications Act (1857) and an increasing disapproval coming from medical circles.

Although anatomy museums were seen as possible aids in students’ education in the 1830s, when they constituted an alternative to dissection, they were regarded as sites of obscenity and easy financial gain from the mid-century onwards (Bates 2008: 9–10; Burmeister 2000: 8). In their beginnings, anatomy museums, like anatomy itself, evinced a degree of “epistemological authority” through which to learn, naturalize and order the biological and the social body (Sappol 2002: 306). In due course, however, and despite the hazy distinction between quacks and orthodox doctors, public anatomy museums became the target of anti-quackery campaigns. Dr Kahn, probably the most famous proprietor of such a museum, was criticized by the *Lancet* when he became partner of Perry and Co., a company that specialized in selling alleged cures to venereal diseases (Bates 2008: 12).<sup>27</sup> As the teaching of anatomy began to cover dissection, anatomy museums also partly lost their educational appeal for the medical profession (Bates 2006: 623). But the criticism



coming from medical circles also had another outcome: it evinced the dangers of anatomy while simultaneously establishing medical practitioners as the only viable proprietors of such knowledge. Anatomy became publicized as a “dangerous science,” able to excite the lowest passions among the unlearned, which should be left to professionals who were “impervious” to such hazards (Bates 2008: 21). Such arguments highlighted doctors’ emotional detachment and helped establish their reputation as “dispassionate observers” (Bates 2008: 20). At the same time, they also facilitated the annexation of anatomical knowledge and turned it into a specialized domain of medical practitioners, simultaneously barring it from the lay public. The anti-obscenity debates thus also helped medical practitioners articulate their professedly higher moral standards (Burmeister 2000: 213–20). This development was also indicative of a change in audiences. Michael Sappol has shown, for instance, how, in the American context, changes in taste after the Civil War resulted in the devolution of anatomy museums as sites of bourgeois self-knowledge and associated them with crude spectacles addressed at the broader audience of the labouring classes (2002: 295). Across the globe, this type of (popular exhibition of medical) knowledge evolved into a putative site of vulgarity and indecency. With the growing identification of anatomy with the body *per se*, the anatomy museum, Sappol argues, became associated with the excess it set out to quench (2002: 306).<sup>28</sup>

In the second part of the nineteenth century, medical press saw demoralization as the chief outcome of the unhealthy visions that these spaces afforded. Kahn’s museum was regarded as a “den of obscenity” (Burmeister 2000: 229), encouraging “a lack of sexual restraint” (Bates 2008: 14–15). The destruction of anatomical models from Louis Lloyd’s collection was motivated by the argument that the specimen endangered public morality and corrupted the viewer (Bates 2008: 14). This rhetoric used the legislative phraseology of the time, which established a correlation between seeing and moral corruption. The earliest legal definition of obscenity (1868) highlighted the effect on the spectator/reader as crucial to the assessment of a thing’s/event’s corruptive character: “the test of obscenity is this, whether the tendency of the matter charged as obscenity is to deprave and corrupt those whose minds are open to such immoral influences” (qtd. in Nead 2000: 160). As Lynda Nead notes, this phrasing emphasized not only the morally harmful character of the material but also the susceptibility of the audiences exposed to it (2000: 160).

Importantly, museum proprietors used the same moral rhetoric to endorse the didactic function of the exhibits. Kahn, for instance, entertained the belief that the inspection of his collection “save[d] many a young person” from moral degeneration (Burmeister 2000: 69). A note in *The Leader* invites the public to Kahn’s museum, promising that “[a]ll who want to gain a rudimentary knowledge of anatomy in a *clean* and pleasant way, should visit this Museum. They will see also a number of curious objects – enough to give them food for years of meditation” (“Dr Kahn’s Museum” 1854: 236; original emphasis). The objects in Kahn’s museum were thus sanitized through the emphasis on the pure ways in which the institution disseminated useful knowledge. Kahn himself saw his mission in the education of ignorant masses, whose newly-won acquaintance with anatomical structures was to prevent further spread of various diseases: “there is still much more to be done; evils of enormous magnitude, and of the growth of centuries, still affect society, whose existence is dependent entirely upon the ignorance of men as to the structure and function of their own bodies” (Kahn, qtd. in Bates 2008: 20). Like Hutchinson in the specialized medical context and the authors of domestic medical manuals, Kahn positions himself as the harbinger of knowledge and provider of a better future for each individual and for the whole nation. Burmeister argues that, besides entertainment and profit, this was a crucial goal of early popular anatomy museums. Their loyalties, however, became complicated with their mid-century merger with consulting firms (Burmeister 2000: 15). Trapped between these two conflicting interpretations, the exhibits, as semiophores, activated divergent sites of invisibility. While, in the first case, their exhibition was an event conducive to the demoralization of the viewers, in the second, it was regarded as a means to their moral cleansing.

Yet, even where the educational goals of public anatomy museums were promoted through the underlying equation between seeing and knowing – evoked in a neat narrative of discovery and acquisition of self-knowledge (Burmeister 2000: 93) –, the potentially unwholesome visions that the museums promoted still had to be accounted for. In fact, many museum proprietors used the obscenity card to stress and defend the educational goal of their collections. Rather than titillating, they considered the exhibits as highly effective instruments in the promotion of moral restraint (Bates 2008: 15). Accordingly, the evils of masturbation, venereal disease and tight lacing were “not to gratify

a prurient curiosity” but to offer “a general and correct view of the perfect and wonderful structure of the body, and to point out the dreadful consequences attending any departure from the unerring and beneficial laws ordained by the great Creator” (Kahn 1851: iii). The democratization of anatomical knowledge so willingly trumpeted by the proprietors of popular anatomy museums came, as Alberti argues, with “unsubtle moral overtones” (2011: 167).

The (un)seemly visions of venereal disease had a specific role in museum narratives: their display was designed to cause viewers’ concern by activating narratives of moral fall (Burmeister 2000: 198). The catalogue of the Liverpool Museum of Anatomy, which instructs viewers how to interpret the specimens they encounter, offers one of such narratives. The journey starts with the “ultimate elements” such as oxygen, hydrogen or carbon, which create “the house we live in”; what follows is information on the type and quantity of nutrition necessary to satisfy the needs of the organism (Woodhead 1877: 4–19). This section is followed by a description of a flayed “miniature model of a [muscle] Man” (19), which inaugurates the study of human anatomy and pathology. Embryos, wombs, women in labour, freaks of nature, all become part of the visitor’s journey, which ends with “[t]hirty models of the human face – from infancy to old age – showing secondary symptoms of syphilis and gonorrhoea, in all its frightful forms” (62). In the narrative of the Victorian anatomy museum, the exhibition of pathological specimens was designed as a transformative event conducive to moral civility.

The museum’s peripatetic narrative is cyclical, rather than linear, as it continually juxtaposes ‘normal’ specimens with various forms and instances of abnormality.<sup>29</sup> Syphilis-ridden bodies recur with persistent regularity in this narrative. Model 157, which represents a healthy child, is put side by side with a model of the same child after it has been “corrupted” by vaccination (Woodhead 1877: 29–30), and by two life-size models of “children who were born of syphilitic parents, with congenital chancres and sores over their whole bodies” (30). What accompanies this juxtaposition is the biblical mantra: “Whatsoever a man soweth that shall he also reap” (30). Similarly to domestic medicine manuals, biblical language expresses a caveat for sinners. It both indicates the goal of a direct visualization of venereal diseases and serves to avert prospective criticism from the public and from the medical establishment. The strength and usefulness of this technique is exemplified on the final pages of the catalogue which, outlining the nature of the thirty

models of syphilis, ends with another warning: “If any man defile the temple of God, him will god destroy: for the temple of God is holy, which temple ye are” (61). This concluding assertion utilizes the concept of disease as God’s punishment for sins, characterized by Fleck as the earliest of syphilis concepts (see [Chapter 2](#)), and places the responsibility for one’s life and one’s health on the shoulders of museum visitors.

Under the guise of controlling visitors’ morality, the ‘unseemly’ visions of venereal disease, accompanied by moralistic narratives, had increasingly been used to prompt audiences to seek professional advice afforded, for a small prize, by medical men affiliated with the museums. The descriptions in *Catalogue or Guide to the Liverpool Museum of Anatomy* repeatedly inculcate in the readers doubts as to the effectiveness of orthodox medical procedures, such as the use of mercury: “Here are placed 37 models in eight glass cases, portraying secondary symptoms of syphilis, &c., of skin diseases, all taken from LIFE. Some of these diseases have been greatly aggravated by the use of MERCURY, and also, wrong treatment” (Woodhead 1877: 32). Cleverly combining a visceral display of venereal disease, morality narratives and signs of possible medical misdiagnosis and mistreatment, the museum and the catalogue lead the reader directly into the hands of the practitioner, who, as advertised on the final page “may be consulted personally at his establishment daily from 11 a.m. till 9 p.m., Sundays excepted” (63). Further instructions, including the “fee of One Guinea” follow as patients unable to pay Dr J. T. Woodhead a personal visit are advised to send their inquiries by post (63). Woodhead’s generous hours of consultation and the specific structuring of the museum narrative give credence to the criticism levelled at such establishments at the time. Popular anatomy museums, like the debates about obscenity kindled in the second half of the century, were, without doubt, sites of competing narratives of moral (in)decency, professional ascent, knowledge policing, civic development and financial gain. Like other forms of obscenity, they “drew together into a dangerous proximity the centres of official power and their transgressive other” (Nead 2000: 150).

The early educational aim of the museums had gradually become subordinate to their marketing role. Burmeister argues that in the second half of the century, they began to function mainly as illustrations of various pamphlets aimed to facilitate the retail of ‘medical’ products and practices (2000: 198). Consulting firms used the museums’ principle of easy learning to control what was taught

and to promote their cures as the only viable means of recovery (Burmeister 2000: 195–8). In the consulting rooms adjacent to the museums, furnished to intimidate the visitors and establish the consultants' authority (192), images from the museum were transformed into diagnostic statements (201). Even at this stage, consultants used visual media as a means of persuasion and as a marketing policy. Courtenay includes an account of the ways in which “a numerous collection of plates, containing hideous representations of dreadful eruptions and sores covering all parts of the body” was helpful in selling curative mixtures (qtd. in Burmeister 2000: 208). In the latter part of the century then, anatomy museums, and especially their venereal collections, became a site of growing economic opportunities (Burmeister 2000: 189).

Like the domestic medicine manuals, the museums also constituted an uneasy space of (in)visibility. The media convergence that they promoted offered a way of “intermedial understanding of disease” (Alberti 2011: 131), not unlike Hutchinson's objective teaching.<sup>30</sup> Here, even more than in the collection of the Polyclinic museum, the impressive array of exhibited specimens was characterized by their rather eclectic provenance and aesthetics. Overtly alluring, languid medical Venuses were placed next to Victorian moulages, anatomical diagrams, dolls, and spirit specimens. In this context, the wax models, or moulages, afforded a particularly effective means of visualizing syphilis symptoms. First popularized in seventeenth century Florence, wax modelling soon was sought out as a means of teaching anatomy without having to recur to the, often trying, art of dissection. Wax models' malleability, resistance to atmospheric factors, paint absorption and easy combination with other materials accounted for their frequent use as teaching aids.<sup>31</sup> While the early wax models combined art and medicine in an inimitable depiction of corporeal liminality – dissected but alive – to avert audience's fears and disgust, over the centuries, and especially from the beginning of the nineteenth century onwards, they became monuments to ‘vile’ realism, irrespective of whether they were synthetic models of a disease or veritable portraits of its individual manifestations cast from live models (Schnalke 2004: 314–19, Alberti 2011: 148–9). Exhibited either under bell jars, in special cases or simply mounted on black background, moulages were often displayed in a series as a way of supplying the complete portrait of a disease (Schnalke 2004: 319). Modellers and clinical practitioners recognized and promoted the

degree of organic veracity that wax modelling offered in ‘mimicking’ human skin and its eruptions.

It can only be imagined how Victorian audiences reacted to the striking reality of detail of the models that they saw. The description of the model number 263 in the Liverpool Anatomical Museum signals the potentially graphic character of the specimen: “Syphilis case. This model of the head represents the final and most severe form of secondary symptoms, with the palate lost, the bones of the nose nearly destroyed, and the whole system a perfect mass of corruption” (Woodhead 1877: 23). Although this particular model would not be easy to find, should it exist at all, there are still a number of moulages which illustrate similar outer symptoms of the disease. Joseph Towne’s moulage showing the erosion of the nose due to syphilis is exemplary in portraying the deterioration of the human face in the course of the disease. Although Towne primarily worked for the Guy’s Hospital in London, there are grounds for assuming that wax models used in medical schools and museums found their way to popular establishments such as that of Kahn and Woodhead (Burmeister 2000: 13). The gradual dispersal and disappearance of the collections precludes a definitive assertion as to the quality of works in their possession; it is, however, safe to assume that they brought together a mixture of crude and more detailed renderings of diseases. The latter would usually come from medical museums, in which the specimen had a didactic function. Although Towne’s work would not have been integrated into any of the popular anatomical collections, his technique is emblematic of the advancements in wax-modelling and its increasing insistence on veracity. Alongside Jules Pierre François Baretta in France and Anton Elfinger in Vienna, Joseph Towne in Britain contributed to the techniques of medical moulage. He executed over 560 works of skin diseases, many of which can still be seen in contemporary museums (Parish et al. 1991: 31). Although the exact technique of execution is not known, it is supposed that Towne sculpted the anatomical models in blocks of wax, which were later tinted, while fashioning his pathological moulages on the moulds cast from individual patients (Cooke 2010: 516; Parish et al. 1991: 32).<sup>32</sup> His moulage of syphilis is an example of the latter technique. The colours and seamlessness of execution make the face a monument to the devastation brought by the disease: the rottenness of the red- and black-coloured flesh around the nasal cavity provides a stark contrast to the complexion of the face. The gaping hole in the face was certainly a striking spectacle to behold, which, while not easy to stomach, left a lasting impression on the mind of

the viewer, who could afterwards be easily persuaded into purchasing a bottle or two of a miraculous elixir. The veracity of detail and the “Gothic horror” of such examples were useful vehicles for the illustration of cautionary tales and effective marketing tools (Burmeister 2000: 61).

Yet the visions these specimens offered were not accessible to everybody. In spite of the growing realism in the illustration of syphilis symptoms, public medical museums, like domestic medicine manuals, restricted their visibility. Despite their ‘cross-class appeal’, the spectacles they offered were structured on gender, economic and class differences. Although the study of (gendered) audiences and their response to public anatomy museums in the Victorian era is a thorny issue, certain general developments in the admission patterns can be identified.<sup>33</sup> They show an increasing tendency to cater for the needs of working-class male viewers rather than elites and to restrict access to female visitors (Alberti 2011: 171–3, Burmeister 2000: 96–115).<sup>34</sup>

Scholars have argued that public museums employed disgust as a way of maintaining social and cultural norms. According to Alberti, it was an emotion that was used to elevate “the moral, the middle-class, the clean, from the squalors of poverty, filth, and diseased deformity” (2011: 189). The latently obscene character of the exhibitions was highlighted by popular discourses of the second half of the nineteenth century. Nead explores the double meaning of obscenity as both that which has the “tendency to deprave and corrupt” but also as that which is “beyond the accepted codes of public visibility” (1992: 90). While she indicates the photographic image as signifying the harmful realism of pornography on account of its proximity to “corrupt reality” (97), wax moulages of syphilis also suggested ‘pornographic’ potential through their tactile, textural and colour veracity. Disgust was used in popular discussions as a way of showing the inappropriateness of such renderings but also as a means of downplaying their latent eroticism.

This same emotion was also used for policing women’s access to knowledge. Initially, admission of female audiences was welcomed. Signor Sarti, the creator of the famous Florentine anatomical models, even insisted that women’s role required from them a better anatomical knowledge. Kahn promoted his collection as suitable to their delicate sensibilities while Woodhead invited them to study his collection (Burmeister 2000: 115–16). Taking these instances into consideration, Burmeister argues that “gender did not bar women from entering but became the primary justification for their attendance” (115). Despite these instances of open access, and although the

admission patterns to the museums were variable and not clearly understandable from a contemporary point of view, access to the models of venereal diseases was increasingly denied to female audiences. Even though the early nineteenth-century public anatomy museums admitted women, their proprietors signalled many precautions they had undertaken in tailoring the viewing experience for this type of audience. Kahn pointed out that there were female attendants to facilitate the viewing and that certain articles would be removed on the days when women visitors were allowed (Alberti 2011: 173).<sup>35</sup> When moral concerns were raised by women's access to syphilis models in Kahn's museum, he was quick to point out that only qualified members of the public were permitted to see them: "nurses, midwives, and other persons professionally interested" (qtd. in Bates 2006: 620). If credence be given to Kahn's assertions, even when admitted, most women only had restricted access to the collections. Increasingly, models of venereal diseases were exhibited in separate rooms, "ostensibly for medical men," but as Bates contends, "in practice any man or woman who paid was admitted" (2006: 620). Such practices effectively produced a tangible link between visibility, morality, gender and economy.

While public anatomy museums continued to serve as spaces of syphilis visibility for most of the nineteenth century, they also contributed to the knowledge imbalance by regulating admission policies, even if the motivation behind the latter cannot be established with definite lucidity. Like the popular and medical criticism directed at them from the mid-century onwards, museums themselves used venereal diseases and their recognition as a valuable means of furthering specific institutional, professional and financial goals. As museum proprietors used education, morality and civic improvement as the lenses through which to see their ostensible display of anatomical models and justify their financial profit, the orthodox medical establishment used the obscenity debate to claim anatomical knowledge as their own and to restrict lay access to it. Like orthodox practitioners and domestic medicine manuals, the museums also regulated the access to knowledge they so readily purported to offer.<sup>36</sup> Promoting the recognition of syphilis symptoms among male, working-class audiences, they used it both as an allegedly effective means of fostering civic development and as a useful trope in their marketing rhetoric: having been presented with vivacious, albeit horrifying and disgusting, portrayals of syphilis, male working-class audiences were taught to recognize its symptoms and to seek professional advice from the proprietors of the establishments. However, as the century progressed, and the debate over the obscenity of public



anatomy museums evinced a further divergence of lay and professional knowledge, another space of syphilis visibility disappeared.

### *Recognizing Syphilis*

Still, from the 1860s onwards a number of discourses made the disease public. The repeal campaigns, alongside the purity and feminist movements, were obvious catalysts for the debate, as was the New Woman writing of the 1880s and 1890s. In *New Woman Strategies: Sarah Grand, Olive Schreiner, Mona Caird* (2004), Ann Heilmann warns against monolithic interpretations of New Woman writing and against a homogenization of the often very divergent agendas (15). Aware of these differences, especially in their treatment of the marriage plot, I nonetheless would like to argue that the act of syphilis recognition was invariably used by New Woman writers to justify and further their social-hygienic agendas. As New Woman fiction, characterized by an “ideological shape-shifting,” appropriated dominant discourses while feeding off and simultaneously undermining existing hierarchies (Heilmann 2004: 15), it also took up and made use of the trope of syphilis recognition for its own purposes. In New Woman fiction, the act of syphilis recognition, like for Hamilton, became both a moment of insight and an act of empowerment. Yet it also indicated the problems that seeing the disease brought with itself and communicated its dangers.

Sarah Grand’s evocation of syphilis in her popular and successful three-decker novel *The Heavenly Twins* is indicative of similar tensions, also characteristic of New Woman writing. Lampooned and ridiculed in the press for her purportedly overt masculinity, the New Woman helped reconsider gender distinctions and reshuffle some of the cultural assumptions about women’s social roles.<sup>37</sup> What underlay this change was the demand for a better and more practical education for women. Women’s education is a leitmotif in Sarah Grand’s *The Heavenly Twins*. Intertwining the stories of three heroines, Edith Beale, Evadne Frayling and Angelica Hamilton-Wells, the novel is a variation of the *Bildungsroman*, in which the women’s marital choices and the following repercussions are linked both to the type of environment in which they mature and to their hereditary predispositions. While Angelica for a long time manages to rebel against the reigning system and enjoys the pleasures of performative role-playing, Evadne and Edith succumb to the matrimonial hazards exemplified by venereal disease. Evadne, having surreptitiously studied books ranging from medical manuals to French

naturalist novels, is cognizant of the perils of infection and decides, on learning about the less than immaculate behaviour of her husband, not to consummate her marriage. Her decision and her husband's ban on the public expression of her militant views lead to her gradual sinking into depression and hysteria. Edith, who, despite Evadne's warnings, marries a syphilitic man, suffers from hysteria, which is here employed as a euphemism for the third stadium of syphilis.<sup>38</sup>

Improper education is held responsible for women's questionable choices and for the problems in inter-generational communication. The evils of ignorance and the haphazard way of gaining knowledge account for the complications in the lives of the three women and become most prominent in Evadne's case. Characterized by her unending pursuit of knowledge, Evadne is judiciously selective in appropriating existing customs and opinions, boldly voiced by her conservative father and unreflectingly embodied by her mother. At the same time, however, emotional ignorance and the socially sanctioned and popular ideal of romance are recurrently indicated as decisive factors behind Evadne's perilous acceptance of Major George Colquhoun's proposal. Having recognized her mistake and taken shelter away from her husband, she overtly castigates existing customs in a discussion with her aunt, Mrs Orton Beg, and in a letter to her mother: "I would stop the imposition, approved by custom, connived at by parents, made possible by the state of ignorance in which we are carefully kept – the imposition upon a girl's innocence and inexperience of a disreputable man for a husband" (Grand 2007: 78). Ignorance is persistently linked to gender imbalance that breeds degeneration and atavism. Women's martyrdom and self-sacrifice, often unconsciously undertaken as part of their socialization, breed leniency towards men, which fosters the degeneration of the whole race: "As long as women [...] will forgive anything," argues Evadne, "men will do anything. [...] Instead of punishing them for their depravity, you encourage them in it by overlooking it [...]. The consequences become hereditary, and continue from generation to generation" (79–80). Evadne voices convictions which are expressed in Grand's journalistic writing. In "On the Choice of a Husband" (1898), Grand laments the "haphazard" und reliable knowledge conveyed to women on the subject of marriage, insisting that most of it had been "admirably calculated to mislead" them (qtd. in Heilmann 2001: 106). Novels, through which women mostly acquire their know-how, offer a "haze of illusions" that precludes any reasonable assessment of any suitor's

character and instigates in them a desire for romantic, if villainous, acquaintances (106).

It is precisely this pervasive romantic idealization that underlies marital tragedies. Despite their distinctive construction as foils, Evadne, the New Woman, and Edith, who embodies traditional ideals of sacrificial womanhood, are both initially cast as innocent romantic heroines in the narrative of wooing and engagement. Overwhelmed by her emotion, Evadne does not even dare to look at her future husband. Assured of his handsomeness by her mother as her father declares the goodness of his moral character, Evadne lives in “a golden haze” only occasionally stealing a glimpse at Colquhoun (Grand 2007: 58). It is this occluded vision, if not culturally instituted blindness, which accounts for her lack of recognition of the possible signs of degeneration and venereal contagion suggestively insinuated in the hints regarding Colquhoun’s past. Evadne’s romantic imagination precludes her from recognizing the perils of syphilis she had learned about in the course of her surreptitious study of Thomas Hawkes Tanner’s *The Practice of Medicine* (1854).<sup>39</sup> Since she is already bereft of romantic illusions when making the acquaintance with another “moral leper” (Grand 2007: 79), Sir Mosley Menteith, Edith’s future husband, this time she has no problems in recognizing the symptoms of the disease he exhibits. Women’s romantic, impractical education offers a regretful start in their new life. In a way, then, Grand’s novel appears to offer a literary mirror image of Barthélémy’s print at the beginning of this chapter. In her depiction, the mask of beauty – the custom, together with the fortune and the social standing of male suitors – conceals his degraded nature while women’s romantic predisposition prevents them from recognizing potential dangers.

In her comparative analysis of Edith and Evadne, Ann Heilmann argues that their respective conjugal tragedies are transformative of their characters so that the meek, conservative Edith “metamorphos[es] into a mad Bertha Rochester” but also into a suffragette-like figure who spells out the institutional and statutory subjugation of women, while the New Woman “fades into a simulacrum of ladyhood” through her “mimicry of hyperfemininity” (2001: 129). I would like to suggest that it is not necessarily these heroines’ frustrated expectations that are catalysts of change but rather their recognition of their spouses’ past and character, indicative of the men’s moral and corporeal degeneration. It is the inadvertent realization of Major Colquhoun’s unvoiced crimes of youth that prompts Evadne to openly and unreservedly state her convictions for

the first time. Not the increasing lack of respect and diminishing affection of her husband changes Edith but a similar realization at the sight of her syphilitic child, which prompts her belligerent insurgence against the victimization of women implemented by an individual and institutional disregard of male vice. It is the trope of syphilis recognition that allows Grand to pronounce social and cultural critique through the convictions and actions of her protagonists.

The act of syphilis recognition yields insight. But it is also hindered by restrained access to knowledge and by a customary unwillingness to identify the disease and its repercussions. A proclivity for oversight can be spotted in the opinions of Evadne's and Edith's mothers and in Mrs Orton Beg, who unanimously regard Evadne's decision to leave her newlywed husband as a breach of custom. In this, they prove all the accusations levelled at them by Evadne, especially their propensity for self-sacrifice: "The mistake from the beginning has been that women have practiced self-sacrifice, when they should have been teaching men self-control" (Grand 2007: 92). Unsurprisingly, male representatives of various social institutions (family, medicine and religion) continue their apparently immutable reticence on the matter. Here, Evadne and Edith transform with the knowledge that this act of recognition gives them. Their transformation, however, rather than liberating, is indicative of the scant opportunities open to them after such a revelation. 'Hysteria' remains the only loophole.<sup>40</sup>

The frustration that arises from Esith's and Evadne's grim realizations about the character of their husbands must be juxtaposed with Grand's own realization as to the ravages of the venereal disease. Like in the novel, in her journalistic writing, the act of syphilis recognition is associated with the acquisition of insight and helps voice hitherto unacknowledged, though pervasive, facts. However, while in the novel it also marks the heroines' inertia, for Grand it constitutes an incentive to her actions and a justification thereof: "I have myself known 8 of those dreadful Edith cases. Don't you think it a disgrace to our civilization that such a thing should be possible? It ought to be made a criminal offense" (qtd. in Mangum 2001: 91). She continues in the foreword to the 1923 edition of the book: "It was time someone spoke up, and I felt that I could and determined that I would" (qtd. in Mangum 2001: 99). The sight of these women and the subsequent insight are empowering: they prompt Grand to publish. In her fictional and journalistic writing, syphilis evocation and exposition are transformative events that make the disease public.

And yet the same passage signals the difficulties that accompany this process: “It was torture to think of it and shame to mention it. But it had to be brought in some how . . .” (qtd. in Mangum 2001: 99). Her hesitation is indicative of her awareness that, although syphilis was a potent political tool, its visibility was hampered by broader cultural and socio-economic considerations. New Woman writing followed these tendencies by shifting the focus away from syphilitic male bodies to hysteric women. Hysteria replaced syphilis (Kennedy 2004). A complicated juggling of genres facilitated this transfer and contributed to the modification of the literary landscape of the time. At the *fin de siècle*, the questioning of acquired certainties produced by a series of social and political crises went hand in hand with a restructuring of the publishing market (Pykett 1995: 14). The appearance of new audiences fostered a publication of shorter and cheaper volumes and was a reaction to the moral and literary stronghold of the three-decker novel (Ardis 1990: 38–43). The subsequent “democratization” of the literary market facilitated an emergence of new formats (Ardis 1990: 41–3) and fostered the mass production of ‘obscurity’ (Nead 2000, Marcus 1985). In view of these changes and influenced by evolutionary narratives and discourses around degeneration, the last two decades of the century were a time of heightened debates over fiction, its nature and format (Pykett 1995: 54). Regarded as compromising the aesthetics and seriousness of the novelistic genre, women’s fiction began to be associated both with the generic degeneration due to a highly “pathological” obsession with the detail” and with new topics which centred on the woman question (Pykett 1995: 55).

Preoccupied with an array of anxieties surrounding the woman’s position in the late Victorian era, New Woman writing sought new forms and generic constellations that would match these thematic preoccupations. Although long devalued by literary criticism, New Woman fiction was later re-evaluated and rethought in terms of early modernism. The break with narration standards, modification of realist conventions and a rethinking of the notion of cohesive character have been regarded as crucial traits of New Woman fiction and as points of affiliation with twentieth-century modernism, as was the tendency to undermine the concept of female nature, restructure the marriage plot and decentralize narration through a “polyphony of narrative voices” (Pykett 1995: 57).

Sarah Grand’s *Heavenly Twins* evinces these struggles for adequate form and bows towards modernism in terms of its narrative structure and

character formation. While often categorized as realist fiction, it has been shown to introduce elements of melodrama, sensation, mystery, fantasy, comedy and poetry (Bjørhovde 1987: 87–128). This generic amalgamation – mimicry and adaptation – like Grand’s adaptive and appropriative approach towards dominant (medical) discourses, produced a novel that, while using syphilis as a potent political tool, disguised the disease itself. Noting the absence of the physical symptoms of syphilis, critics have commented on the novel’s sanitized aesthetics as mirroring the Victorian conspiracy of silence around the disease. In her influential study “Syphilis and the Hysterical Female: the Limits of Realism in Sarah Grand’s *The Heavenly Twins*” (2004), however, Meegan Kennedy argues that the invisibility of syphilis symptoms reflects Grand’s concern over the “‘improper conveyance’ of sexual knowledge” (259).

Indeed, Grand’s innovative generic travels and her careful crafting of the three intertwined plots show the extent to which she was concerned with an appropriate expression of her ideas about the disease. The novel seems to argue that, if applied in the right manner, medical knowledge is in no way harmful to women’s minds or their innocence (Kennedy 2004). At one point in the novel, Evadne’s father, who discovers that she has been reading *Mademoiselle de Maupin*, *Nana* and *Madame Bovary*, comments: “had women been taught to read” medical books, “our sacred humanity might have been saved sooner from the depth of degradation depicted in” the French novels (Grand 2007: 104). Quoting Grand, Kennedy contends that the depiction of the dangers of withholding information and limiting women’s education make the point that knowledge, “*when properly conveyed*, is the true source of healthy-mindedness” (2004: 265; original emphasis). In other words, an improper exposition can be corruptive and destructive, as is the case with Evadne, whose self-study and her husband’s ban on her public speaking are both related to her depression.

Aware of that, Grand used a number of generic traditions, which was crucial to her success and her rapid international acclaim. After Gerd Bjørhovde, Kennedy reminds us that the novel enjoyed spectacular success at a time when Ibsen’s *Ghosts* was banned from London theatres (2004: 274). By using the traditional form of a three-decker novel and setting limits to her realism, Bjørhovde argues, Grand was “in effect ‘sugaring the pill’” (qtd. in Kennedy 2004: 274).

This sugar-coating was, according to Mangum, responsible for the commercial success of the book that, in spite of these precautions, took three years to publish (Mangum 2001: 126). In a way, Grand's decisions as to the format and content along with her preoccupations with the publishing market, also testify to her recognition of the potentially obscene character of the knowledge she wanted to convey.

In this line of thinking, Grand sacrificed the visibility of syphilitic bodies to the visibility of the book itself. Not only did she endorse the traditional form of the novel, she also took up conventional narratives of contagion and relegated the symptoms of the disease, as Kennedy powerfully argues, from men's bodies to women's minds (2004: 274). Here then, the dissemination of knowledge about syphilis and the production of concern directed at female syphilis sufferers came at the price of perpetuating traditional oppressive narratives: syphilis gained 'healthy visibility'. Grand's displacement of the symptoms of the disease, although certainly problematic, was also a way of granting visibility to the subjects gladly marginalized in social and political debates. It was also indicative of the tentative sexualities of the New Woman and the difficulty in accommodating these new lifestyles in traditional literary plots (Liggins 2000: 175). However insightful this reading is in the context of the publication market and access to knowledge, it fails to acknowledge the political possibilities that the shift from male bodies to female minds opened for Grand. As will be shown in Chapter 4, this appropriation of the cultural construction of femininity as pathological can also be seen as a way of articulating the dissatisfaction with the existing order and the versions of femininity it propounds.

### PORNOGRAPHIC KNOWLEDGE

Hamilton's assertion "we are never told" (1909: 50) must be further qualified. While it dramatizes the alleged absence of a public debate around syphilis, it also veils the sites of syphilis' recurring visibility, however transitory and transformative their character. In fact, as the discussion of the public anatomy museums and domestic medicine manuals has shown, Hamilton is not the first to use the argument of a persistent and pervasive ignorance concerning the disease. This line of argumentation, while intensified at the *fin de siècle*, was recurrent throughout the nineteenth century. Jointly, though with divergent

goals in mind, orthodox medicine, domestic medicine manuals, public anatomy museums and New Woman writing broached the subject of venereal diseases by inscribing it in varying educational agendas. Flanked by didactic narratives that professed the greater good of the individual and the nation and fostered civic responsibility, syphilis recognition became a valid political means that facilitated voicing an array of demands concerning the distribution of knowledge. It was instrumental in tailoring the ebb and flow of information as well as in broader power struggles. Syphilis recognition was also a potent tool of self-stylization, which enhanced the authority of medical practitioners, writers and museum proprietors and justified their political and economic actions. However, uniformly recognized as dangerous, acts of syphilis recognition had to be guarded and distilled for public viewing. Since they were entwined in political, professional and economic struggles, they were often regulated by gender and class considerations. Despite recurring opinions to the contrary, women's access to knowledge about syphilis was not as homogenously absent as many would profess. Although, by the late nineteenth century, a lot of spaces of syphilis disappeared, the CD Acts debates and New Woman fiction continued to make syphilis public.

These technologies of unveiling, however, were not without repercussions. It is not clear what motivated Hamilton to bar from the viewer the statistics that terrified her. She must have been aware of the possible allegations of obscenity that could be levelled at her unrestrained exposition of knowledge about syphilis. Writings of Pankhurst and Martindale, who were bolder in this respect, met with criticism, albeit less fierce in comparison to the censorship of public anatomy museums. The House of Commons discussed placing Martindale's *Under the Surface* on the list of obscene publications (Cooter and Pickstone 2003: 660; Fawcett 2000: 24–6) and Pankhurst's claims were not always positively received even in feminist circles. Bland quotes Rebecca West's acerbic comment: "I say that her remarks are utterly valueless and likely to discredit the cause in which we believe. [...] this scolding attitude . . . is also a positive incentive to keep these diseases the secret, spreading things as they are" (2002: 247–8). West's remark is characteristic of the attempts at barring syphilis from entering the public sphere.

Despite these efforts, syphilis, like pornography, existed on the margins of visibility. While provocative, this comparison indicates both the formal, thematic and circulatory restraints that characterize the late nineteenth-century distribution of knowledge about the



disease. As medicine offered students almost unrestrained access to the ‘unseemly’ visions, the educational narratives that surrounded the disease aimed to alleviate the threat it posed, which they themselves communicated in their paranoiac repetitions. Similarly, other discourses took up biblical or scientific language to create a moral foothold from which to talk about the disease. These practices were, more or less, direct technologies of distancing that cocooned syphilis with a discursive cordon sanitaire. In a way, however, what they also made visible was the Victorian “pornographic drive for knowledge [about syphilis] and its erotic economy of [in]visibility” (Nead 1992: 96). In fact, if we take Nead’s definition of pornography and exchange female sexuality for syphilis, an exchange that, while it is highly problematic, is also viable in this context (see Chapter 4), we will arrive at an apt description of the late nineteenth-century uneasiness about the disease:

In many ways, pornography can be seen to re-enact continually the boundary dividing visibility and invisibility. In each repeated attempt to “show” the truth of [syphilis], pornography inevitably reinstates the impossibility of this project. In its endless quest for clarity, objectivity and disclosure, it endlessly reinvents that alternative, anxious sense of the [syphilitic] body as dark, mysterious and formless. (1992: 99)

Knowledge about syphilis was invariably connoted as pornographic in *fin de siècle* culture. Hence the continuous struggle of those who wrote about it to tailor the form and the content of the discussions and to navigate their (mass) circulation to prevent foreseeable allegations of obscenity. If their technologies were pornographic, they were not “hard-core pornography [which] obsessively seeks to show” (Nead 1992: 96), but soft-core dissemination, which concealed as much as it made visible. The rhetorical contexts of the cultural explanations of syphilis must be seen as spaces of continuous struggle to conceal the latently pornographic character of the knowledge they displayed. As every act of syphilis recognition was regarded as potentially unnerving and dangerous, only certain syphilitic bodies could be shown in public. While some ways of coping with the hazards of such exposition have already been mentioned, Chapter 4 concentrates on the ways in which late Victorian visual culture constructed and partially sanitized syphilitic bodies, yet never managed to assuage the dangers they posed.

## NOTES

1. Without doubt, this was also a self-styling strategy. The insistence on hard work in the recognition of syphilis symptoms, while undoubtedly in keeping with medical realities of the time, also had a sense of self-justification. In the 1909 edition of Hutchinson's book these chapters are greatly modified. The difficulties in diagnosis are no longer in the centre of the publication, which is indicative both of the changing approach to the disease and of the growing acceptance of the discipline.
2. The laboratory study of syphilis, of course, required a different kind of seeing. The history of medicine is replete with anecdotes of how renowned clinicians, such as Fournier, were unable to recognize anything under the microscope (Crissey and Parish 1981: 221; see also [Chapter 2](#)). Whatever the historical value of these anecdotes, they make clear the different perceptual requirements and foundations of these two branches of syphilis study.
3. Hutchinson was first and foremost a surgeon and clinical attendant to many a hospital. His education (apprenticeship in York) differed considerably from the usual ways in which gentlemen-practitioners were formed. Also, while at times erroneous and often expressing a degree of conservatism, he pursued versatile interests and continuously sought self-improvement. It should be remembered that Hutchinson united in his persona and his writings the complexities of his era and, with that, a unique combination of progressive thought and long-standing conventions, see also [Chapter 2](#).
4. Henry Hamyn Brooks's painting *The Viva* (1894) signals the intensely visual character of clinical education at the time and highlights the importance of seeing and recognition to the medical profession. Most probably commissioned by Hutchinson, the painting depicts three imaginary viva voce interviews, which take place in the old Council Room of the Royal College of Surgeons in London. At each of the three tables sit two examiners with one medical candidate engaged in answering the questions. Among them are such renowned medical practitioners as Edward Lund (1823–98), Sir William MacCormac (1825–1901), John Wood (1825–91), John Marshall (1818–91), or Frederick Le Gros Clark (1811–92). On the walls are partially visible portraits of Anthony Carlisle and Astley Paston Cooper. Jars with prepared specimens, bones and skulls pile up on the examiners' tables. Books lay momentarily abandoned somewhere at the feet of the examiners. In this imaginary arrangement, Hutchinson is positioned in the middle, together with John Wood. As he leans back with a piece of paper in his hand, Hutchinson listens to the student who quizzically inspects a bottled specimen. What is examined is the candidate's clinical knowledge, the sharpness of his eye and his ability of recognition. This group portrait

highlights the relationship between the medical gaze and the nature of the disease, and spotlights the significance of mediation and medialization to medical perception. The image also indicates the social character of medical knowledge. In the exam situation, the act of recognition (the act of seeing and knowing) is crucial. It is a triangulated relationship between the examiners, the examinee and the objects he inspects. The candidate's performance has consequences not only to his career but also to the stability of professional hierarchies. His apt recognition, qualification, description and categorization of the specimen have an immediate result in the form of a passed examination. But the exam situation is also an initiation ritual and a step towards a medical career and professionalization. While highlighting the primacy of sight to medical study, the painting thus also links the medical gaze to wider issues of professional development and the social standing of medical men at the time.

5. I refer here both to the Clinical Museum he opened at No. 1 Park Crescent in 1893 and to the collection exhibited on the premises of the Polyclinic; on the first Clinical Museum, see H. Hutchinson 1947: 193–4.
6. On the beginnings of postgraduate studies in Britain, see Cook 2005: 5–14.
7. An “education throughout life” was a catch-phrase of the time, eagerly taken up by many popular and specialized museums (Fennessy 2007: 1).
8. On the makeup and the goals of the Polyclinic, see also “The London Medical Graduates’ College and Polyclinic” (1901).
9. Herbert Hutchinson recounts the event in his edition of his father’s letters (1947: 193).
10. Not everyone believed in the educational role of the museum. The early nineteenth-century popular press printed many accounts that bewailed the manners of the British museum-going public and doubted the educational nature of the institutions, see Siegel 2008: 82, 133.
11. Carla Yanni cautions against improper, sweeping overgeneralizations stemming from the assumption that the self-censoring display vis-à-vis others, similar to the self-policing technologies in the arcades and malls, was characteristic of all museums (2005: 9). While it is crucial to attend to the details and nuances of these particularities, it is also important to position them against the voiced ideal of the museum as a teaching instrument.
12. While I consider the visiting public as actively engaging in the viewing processes and necessarily responsible for various narratives that were generated in the Polyclinic, the actual experience and response of nineteenth-century visitors does not feature prominently in the existing literature. That is why I concentrate on the motivations of the founders while integrating as much material concerning the viewing experience as possible. Performing the visitors’ perception here refers to the ways in

which artefacts, architecture and the bodies of medical professionals were central to the master narrative of professional progress as envisioned by Hutchinson and his colleagues.

13. It should be remembered that Pomian's differentiation is based on a categorical, if sometimes problematic, distinction between usefulness and meaning. He posits that, while an object can have both functions, one of them is prioritized in a specific setting and for a specific audience. The specimen in (private) medical collections can be subsumed under the category of "scientific instruments" (Pomian 1990: 37). Intricately, though, the didactic discourse in which they were embedded in this context measures their usefulness in proportion to the clarity of meaning they evoke.
14. See Pietrzak-Franger 2017 for a discussion of this relationship and for the potential socio-political repercussions of its conceptualization.
15. Pankhurst contradictory rhetoric should be noted: while she accuses medical practitioners of contributing to the general ignorance about the disease, she relies – employing the characteristically Victorian citationality – on medical discourse to substantiate her claims. The above statement is part of a longer quotation from Dr Prince Morrow's elucidation of the dangers of syphilis in marriage, in which he insists that husbands' transmission of the disease to their "pure wives" is no less than "the crowning infamy of our social life" (qtd. in Pankhurst 1913: 72). Pankhurst relies on many more sources, for instance, Alfred Fournier, William Osler and F. W. Mott. For a detailed analysis of Pankhurst's rhetoric, see Sarah 1982, Lyon 1999, Valverde 2000, Mayhall 2003, Kent 1990.
16. Enlightenment and education are also the principal factors behind the publication of Martindale's *Under the Surface* (1910), which provides medical facts but also touches upon the state regulation practices and links these to the feminist agenda; Martindale's arguments were echoed in Pankhurst's pamphlet (Kent 1990: 109).
17. At the price of a sixpence, Allbutt's manual targeted a large readership and famously sold over 390,000 copies within the twenty-year period of its circulation. It was brought to the notice of the General Medical Council who recognized its potentially dangerous content and declared the immoral character of its hygienic politics: its direct address of the topic of contraception. The manual was struck from the Medical Register. For further information, see Bland 2002: 193–5, Hall 1991: 19, Liggins 2000: 179. The information about the actual distribution and popularity of other domestic medicine manuals is scant, that is why it is rather difficult to determine the readership, purchasing practices and actual influence of these books.

18. Drake was a graduate of the Boston University School of Medicine and professor of obstetrics at the Denver Homoeopathic Medical School and Hospital (Hoolihan 2008: vol. 1, 270).
19. Stall graduated from Pennsylvania College in Gettysburg, where he read medicine and theology. He founded the Vir Publishing Company and wrote on many subjects, and his works continued to be reprinted until 1947 (Hoolihan 2008: vol. 2, 382–3). Although Stall’s “Self and Sex Series” was anchored in American realities, it was addressed to an international public with the Vir Publishing Company’s quarters both in Philadelphia and in London. There are indices that the series was relatively popular on the British market. Because of its gender differentiation of prospective audiences, the series is particularly adequate for a comparison of gender-specific information concerning syphilis.
20. For a comprehensive listing of twenty-two British and fifty-nine American editions of the manual, see Hoolihan 2008: vol. I, 145–8.
21. Stall advises men to choose a healthy woman, intelligent and educated, a woman who is pure, a good companion and housekeeper (1897: 186–209). With a degree of misogynist nonchalance, he compares a bad marriage, based on an uninformed choice of wife, to a confinement of a prisoner who is chained “face to face” with a rotting corpse and is exposed to “breathe its odors, to look into a face of decay and death” for days and weeks without a chance of liberation (1897: 210).
22. In Britain, like in the USA, feminists criticized the mercenary nature of middle-class marriage, see Bland 2002: 132–3. On purity movements and marriage politics in America, see Simmons 2009.
23. Lionel Weatherly’s *The Young Wife’s Own Book*, which entirely ignores the problem of venereal disease, does not omit to instil in female readers their accountability for the prosperity of future generations: “In your motherhood lies the secret of the power which as a woman you are enabled to exercise over society. In the formation of character, which is the main object of education, yours is the earliest and best influence, and it is the most natural” (1882: 31). This novel form of women’s civic visibility will also be discussed in Chapter 6.
24. Often, these were treatises published by the members of the medical fringe, such as Franklin 1903 or Bell 1870.
25. See Alberti 2011: 21, Bates 2008: 15, Altick 1978: 54–5 and Sappol 2002.
26. On the expansion of popular anatomy museums, see also Burmeister 2000; see Cole 1914 for an early assessment of the institutions. For the contextualization of nineteenth-century medical museums within broader professional, public and institutional frameworks, see Alberti 2011: 25–66. See Bennett 1988 for an elaboration on the Victorian “exhibitionary complex.”

27. On the unclear distinctions between professionals and quacks and on the uneasy conditions of the lower ranks of medical practitioners, see Porter 1989, Bynum and Porter 1987, Alberti 2011 and Burmeister 2000.
28. For a discussion of this particular development, especially with reference to bourgeois identities, see Sappol 2002.
29. Alberti points out that normality in public anatomy museums was juxtaposed with a number of varying forms of abnormality. Since the male body continued to be seen as a norm against which the female body was defined, the latter was regarded as inherently pathological (2011: 25). Although the catalogue of the Liverpool Museum of Anatomy uses the model of a male for the discussion of the normal functions of the body, hence tentatively supporting Alberti's argument, it includes both male and female pathological specimen.
30. For a discussion of the intermediality and spectators' interactions with the collection pieces, see Hallam 2006; for the discussion of intermediality in medical museums, see Alberti 2011: 129–32.
31. On the history of wax modelling in medicine, see Schnalke 1995. Parish et al. provide an excellent overview of wax collections, which includes a specification of the models they contain (1991: 29–74). Burmeister delineates the subsiding interest in moulage collections in the twentieth century and notes their destruction through negligence and circumstantial necessity, for example during World War II, when they were melted into candles (2000: 240–57).
32. For details on various developments in wax modelling techniques, also outlining the processes of mould casting and colouring, see: Schnalke 2004: 318–19; Parish et al. 1991: 32–5, Neave et al. 1976: 215–16.
33. Scholars have noted the prevailing problems of such research, such as the lack of written sources and ideologically motivated debates; on these, see especially Alberti 2011: 191–2 and Burmeister 2000: 11.
34. Burmeister points out that age restrictions were also common (2000: 115). For the changes in audience practices and in the makeup of museum “sensespaces” in general, see Alberti 2011: 175–7.
35. Also, see Alberti (2011: 169–74) for further details on admission policies.
36. For a discussion of money as a significant criterion of access, see Burmeister 2000: 50.
37. For an overview of the late nineteenth-century response to the New Woman, see especially Richardson and Willis 2001.
38. For a discussion, see especially Kennedy 2004 and Heilmann 2001.
39. While the manual is not named in the novel, the fragments about the digestive system, read aloud by Evadne's mother, are direct citations from Tanner's book; see Grand 2007: 22 and Tanner 1854: vol. 1, 26. Grand's

knowledge of Tanner's work may be due to her husband's profession: as army surgeon, he must have been in possession of Tanner's book, who himself was secretary to the Army Medical Board (Power and Baignet 2004: n. pag.).

40. For a discussion of the function of hysteria in *Heavenly Twins* and in Gilman's "The Yellow Wallpaper," see Heilmann 2001: 66–79.

## Facing Pathology: Modern (Re)Production of Difference

Since knowledge about syphilis was regarded as pornographic, the acts of its exposition had to be closely monitored and policed, thus supporting a politics of its ‘healthy visibility’. This chapter continues the theme by attending to the aesthetic codes that developed around the disease in the nineteenth century. Although some of the modes of syphilis mediation have already been touched upon, here, I would like to offer a more systematic discussion of the production of its meaning – of its iconography, understood as an organizational practice with specific material and political consequences. In view of the main focus of this study, I ask both about the poetics and politics of syphilis depiction. How was syphilis represented? What (gender, racial and class) ideologies underlined these representational practices and to what extent did these technologies of visualization participate in the production of individual and collective identities?

While the triangulated class-gender-ethnicity relationship has often been used to bring closer the concerns that the disease generated at the time, special attention needs to be paid to their workings within the context of British modernity. In the atmosphere of rapid economic, industrial and political developments, the question of social hierarchies gained particular importance. For Alan O’Shea, the late nineteenth-century preoccupation with social stratification, like the abundance of discourses about British



superiority and the growing “virulent xenophobia,” is part of the specifically British experience of modernity (1996: 27). It was an experience that combined claims to national supremacy and a growing “desire to consume” with the question of social hierarchies (O’Shea 1996: 29). As evidenced in Chapter 3, the rhetorical power of syphilis became particularly useful in spotlighting and questioning the processes of (new) ordering, especially with respect to the access to knowledge (with its alleged openness in the classical liberal state) and the socio-economic privilege of political minorities (visible especially in Hamilton’s claim). At the same time, the increasing importance of degeneration theories, intensified anthropological studies and a continuing import of phrenology produced an unremitting interest in the types of bodies particularly susceptible to the disease. What were the new typologies that promised to order, and hence to reduce the danger of, these bodies? How were they linked to various ideologies of difference? In a broader context, visualization and typification of syphilitic bodies was bound with the allocation of blame, which served the production and sustenance of socio-economic hierarchies. How was syphilis iconography used in negotiating these hierarchies?

Cultural critics and medical historians have outlined historical tendencies in the gendering and racializing of syphilitic bodies. The first section, therefore, inspects late nineteenth-century visualizations of syphilis in order to see whether these tendencies continued into the *fin de siècle*. As the prostitute’s body has been judged to have provided a rewarding instrument of syphilis identification, I inquire to what extent it continued to function as a site of contagion and how other sexualized, classed and racialized bodies were positioned in its relation. In my view, the coupling of syphilis and consumption, most vividly instantiated by Francis Galton’s composite phthisical syphilitic type (Fig. 4.1), helps address these dynamic socio-economic and political interconnections. Galton’s portrait links the aesthetics of syphilis production to broader economic and political concerns. It frames the probing question of the centrality of syphilis to the (dis)order of modernity and foregrounds its crucial role in the intertwining of desire and consumption – as a means towards individuation and social development – with the underlying threat of excess and attendant depravity. While certain scientific discourses indeed continued to rely on this straightforward blame allocation, medical publications of the last two



**Fig. 4.1** Francis Galton's composite portrait of the phthisical syphilitic type. Francis Galton and F. A. Mahomed. "An Inquiry into the Physiognomy of Phthisis by the Method of 'Composite Portraiture'" 1882. Wellcome Library

decades of the nineteenth century widened the issue and shifted the focus from gendering and sexing of the disease to the problem of contagious touch. This expansion not only complicated existing narratives of the disease but also fostered a reconsideration of modern exchange economies that became indirectly pathologized in such an exposition.

The second section expands the field of inquiry to include popular – visual and literary – pan-European sites of syphilis. It outlines the ways in which the syphilitic body became highly sublimated and, in fact, displaced in popular consciousness. This closer attention to the 'feminization' and 'sanitation' of the disease spotlights concerns broader than the issue of unstable gender relations and a crude power struggle as central to the mechanisms of syphilis visualization. In fact, it addresses the intertwining of sexual and fiscal economies as central to modernity and helps attend to the question of the value of consumption as the prime technology of modern identity formation. In Britain, as in the rest of Europe, the disease was linked to the new dimensions of modern self-awareness with its immanent urge for personal and social development.<sup>1</sup> A juxtaposition of Emma Brooke's *A Superfluous Woman* (1894) and Oscar Wilde's *The Picture of Dorian Gray* (1890) highlights the centrality of the disease to the question of socio-economic positioning in times when large-scale consumption became an important criterion of political legibility and the prime determinant of social hierarchies. In this context, the

visual (artistic and literary) idiom that had developed around syphilis helped negotiate fundamental contradictions of modernity and its overtaxation of modern subjects and their (re)productive possibilities.

### THE POETICS AND POLITICS OF SYPHILIS TYPOLOGIES

The omnipresence of illness narratives and the centrality of (diseased) bodies in Victorian culture have long been noted. “There is scarcely a Victorian fictional narrative,” Miriam Bailin claims, “without its ailing protagonist, its depiction of a sojourn in the sickroom” (1994: 5). In the nineteenth century, the (ailing) body was a continuous reference point in the structuring of material, economic and political relations. Athena Vrettos argues that this interest in physicality, characterized by frequent attempts at relocating questions of sexual, racial and class ordering onto the body, was a way of monitoring diverse socio-cultural problems (1995: 3). Diseased bodies were not only potentially disruptive to existing economies, they were also indicative of the discrepancy between individual experience and social body politics (5). The political concerns which could not be resolved were relocated to the playground of regulatory practices targeting non-normative corporealities (3). Under these circumstances, syphilis-infected bodies proved an excellent means of making visible many of the distressing issues of the Victorian era. What could not be dealt with on a grand scale of social relations could be transferred onto the terrain of private experience.

Importantly, this body of political reference was an inherently sexualized body. Critics have highlighted the centrality of sexuality to the new orders of modernity. According to Thomas Laqueur, the new technologies of the marketplace fostered a link between sexuality and consumption whereas theories of capitalism regarded “[d]esire [...] for sexual gratification or for consumer goods” as essential to the new order, in which avarice and insatiable appetite were not vices but rather sought-for patterns of consumerist behaviour (1992: 205). In this respect, any social or personal perversion of sexual bonds – such as prostitution, homosexuality, miscegenation, etc. – was regarded as a violation against the existing social order while the fecundity of the lower classes was seen as a type of monstrous generation that could implode it from within. Sexualized bodies were a constant reminder of society’s fragility, hence the continual attempts at outlining,

classifying and policing of individual and collective (diseased) corporealities (210–14).

For centuries, syphilis classification took the shape of specific gender-, class- and race-related practices, some of which continued well into the nineteenth century. As noted above, critics have highlighted a preponderant feminization of the disease that went beyond the medical discourse. I argue, however, that this tendency was in no way static. If Vrettos is right in claiming “the inability of Victorian culture to tell a coherent story of itself” (1995: 11), then the medical discourse around the gendering and sexing of venereal disease is one symptom of this failure. If, as Gilman argues, early nineteenth-century medical writings indeed framed the prostitute’s body as the quintessential syphilis-infected body (1989: 238–9), this gendering became less significant in the course of the second half of the nineteenth century, with both male and female bodies increasingly conceptualized as potentially syphilitic. Medical texts and atlases became a veritable compendium of grotesque, disgusting corporealities, which threatened to thwart attempts at discursive ordering of the disease. It was also a time, I argue, when a new alliance between syphilis and tuberculosis was forged in the popular imagination and in scientific parlance that redirected fears from strictly sexual relations to a more general arena of consumption. With these changes under way, a shift took place from the semantics of a syphilitic body to the syntax of contagious touch. What came with this change was the diversification of syphilitic bodies so that, by the end of the century, medical texts on syphilis could no longer be said to simply feminize the disease. Where all bodies could be syphilis-ridden, what had to be policed were not only their sexual practices but their entire contours, their interactions: the potentially corruptive exchange economy.

### *Facing Syphilis: Visual Typologies*

The iconography of syphilis was both sustained and disrupted by nineteenth-century medical texts. While the severity of the disease was often regarded as dependent on environmental, gender and racial characteristics, its symptomatology was generally seen as independent of these referents. The then-recognized three stadia of syphilis had their own, distinct corporeal makeup.<sup>2</sup> Encased in a highly detailed medical jargon, progressive symptomatology defined the development

of the disease. The first stage was characterized by the appearance of a chancre: a skin lesion, which, usually positioned in the genital area, often remained unnoticed. Secondary (or constitutional) signs of syphilis, occurring after a period of four to six weeks, were believed to include malaise, higher temperature and a rash on the chest and abdomen resembling the skin eruptions characteristic of measles. At this stage, the symptoms would be temporary (Hutchinson 1887: 14–19). With the disease gradually compromising various tissues, ulcers and skin eruptions would appear: sore tonsils, lesions in the mouth, hair loss and nail affections would often be accompanied by rheumatoid pains, temporary deafness, loss of strength and appetite and diminished energy (29–32). In the intermediary or latent stage (roughly at the end of six months), most of the symptoms would subside, with occasional relapses of lesser severity reoccurring at times. The so-called ‘reminders’ could include lesions of the tongue, patches on the palms, gummata (soft growths) of the testis as well as choroiditis (although infrequent) and diseases of the arteries, which could lead to the occlusion of blood vessels and even to gradual paralysis (34–7). The third stage of syphilis, if it occurred at all, could follow any time afterwards, sometimes as late as twenty years after the primary stage and would be characterized by gummata, serpiginous lesions, muscular and bone nodes along with various affections of the brain and spinal cord, such as general paralysis of the insane (GPI) or locomotor ataxia (42–6).<sup>3</sup> Medical publications were full of graphic descriptions of corporeal decay accompanied by a wealth of case narratives and illustrations.

These pathological changes marked the bodies of syphilis sufferers while various discursive traditions determined their gender and racial construction. Sander Gilman has demonstrated the coexistence of two major icons of the disease: that of the female (prostitute) as the source of syphilis and of the male sufferer as its ultimate victim. Tracing the development of syphilis iconography, he claims that the Enlightenment witnessed a representational shift from male victim to female perpetrator (Gilman 1987: 95). R. S. Morton sees this new direct association of femininity with the source of contagion in such works as Luca Giordano’s *Allegory of Syphilis* (1664) and Johan Sadeler’s *Warning against Syphilis* (1590) (1990a: 120–3). According to Gilman, this link remained dominant not only in the visual arts but also in literature and medical writings and reached the climax in the nineteenth century,

when women's bodies began to serve as exempla of syphilis infection (1987: 96). In addition to that, other ethnic and racialized bodies, for instance that of the East-European Jew, functioned as sites of syphilis (Gilman 1989: 250–61).

Many critics have shown that the intensification of these attitudes lead to an increased identification of the polluted body with a specific female body – a prostitute's body:

the body of the prostitute came to be synonymous with venereal disease. Prostitutes were not merely agents of transmission but somehow inherently diseased, if not the disease itself. [...] During the 1850s, the language and ideology underpinning the discussion of syphilis and gonorrhea treated prostitutes and disease synonymously. The terms “social disease” and “social evil” were used interchangeably. (Spongberg 1997: 45)

Even with the appearance of a novel narrative of blame in late nineteenth-century medical, feminist and New Woman writing, which pathologized middle-class masculinities and highlighted their role in the transmission of the disease, the body of the prostitute remained a potent symbol (symptom) and a site of physical and moral degeneration (Spongberg 1997: 166).

Keen interest in potential biological predispositions to prostitution was flagged by social and criminal anthropologists of the second half of the nineteenth century as they attempted to determine the physical and psychological blueprint of various social strata by producing differential typologies. By the 1870s, with the Darwinian notion of natural selection and Spencerian theory of the survival of the fittest rising to prominence, the discourse of degeneration gained a stronghold in British scientific and cultural practices (Pick 1989, Chamberlin and Gilman 1985b, Greenslade 1994, Karschay 2015). Although degeneration was not a set axiom but a travelling, dynamic concept, it nonetheless percolated all spheres of Victorian culture, thereby testifying to the existence of a pervasive sense of crisis (Pick 1989: 5–7). Degeneration was, Pick argues, more than a fleeting problem; it “became [...] the condition of conditions, the ultimate signifier of pathology” (8). It had to be fought against and averted by all possible means. Broadly understood as the inevitable entropy and decline of existing (biological, social, moral, etc.) characteristics, it was both a phantasm and an organizational dialectics through which to structure and understand reality

(Chamberlin and Gilman 1985b: x). In this context, the processes of naming, outlining, typifying, and thereby fixing and ordering became chief technologies of the day. Across Europe, cross-disciplinary methodologies espoused polarities drawn along evolutionary lines with the purpose of analysing existent social blueprints and proposing a new ordering. Visual and literary cultures offered veritable typological feasts for popular consumption. The ‘politics of degeneration’ became the byword of the day, and the spectacle of degenerate bodies the symptom of racial atavism and anarchy that had to be counteracted and/or suppressed.

Tracing the contours of ‘abnormal’ physiognomies became an object of scientific interest and political concern. Drawing on the traditions of physiognomy and phrenology, incorporating new trends in social Darwinism and eugenics and relying on the science of anthropometry, independent studies across Europe and Asia set out to offer a catalogue of such characteristics. The criminal anthropology of Cesare Lombroso and Guglielmo Ferrero in Italy and the anthropometric studies of Pauline Tarnowsky in Russia were at the forefront of research into the physical and psychological idiosyncrasies of degenerate types.<sup>4</sup> Tarnowsky connected prostitution to primitive, atavistic femininity. Prostitutes occupied for her a position at “the lower end of the scale of beauty, the end dominated by the Hottentot” (Gilman 1985: 224). Lombroso’s studies also established a close resemblance of a “born prostitute” to a “primitive woman” and highlighted the irregularities of her bodily structures, which in effect made her appear masculine: “receding or narrow forehead, abnormal nasal bones, prognathism, a masculine type of face, huge jaws, asymmetry in the face and eyebrows, badly distributed and defective teeth” (Corbin 1990: 301–2).<sup>5</sup> In *La donna delinquente* (1893), in which they recycle both the findings of Parent-Duchâtelet and Tarnowsky, Lombroso and Ferrero note the marked heaviness of the prostitute’s frame and her physical anomalies, which continues her scientific defeminization (2004: 130–4).<sup>6</sup> A delineation of further characteristics such as early menstruation and proneness to certain violent affective states was coupled with a belief in prostitutes’ atrophied intellectual abilities and heightened propensity to excess: laziness, lying, search of pleasure and vain distractions were considered apparent symptoms of their degeneration (Lombroso and Ferrero 2004: 213, 218–19).

Tarnowsky's and Lombroso's studies saw the degeneration of prostitutes as mirrored in the shape of their genitalia and in their apparently beautiful, albeit atavistic physiognomy (Gilman 1985: 229). Although Lombroso notes the conspicuous beauty of prostitutes, he, nonetheless, explains it away by their young age and the use of makeup. The characteristic exaggeration of their cheek bones and jaws, he believes, becomes visible in old age, when these features "hidden by adipose tissue emerge and the face becomes virile, uglier than that of a man" (Lombroso and Ferrero 2004: 143). This emphasis on the corruption of the prostitute's body demonstrates a shift in the thought style, with the longstanding belief in female propensity to generate disease being replaced with a more attuned, normative differentiation between proper womanhood and its degenerate versions (Spongberg 1997: 7). With the growing pathologization of the prostitute, she herself became "the embodiment of diseased female genitalia in the nineteenth century" (Gilman 1991: 120), while her body was turned into a potent site of syphilitic venom (Spongberg 1997: 7).<sup>7</sup> Here, the stern gendering of disease was coupled with fears of racial degeneration. This insistent naturalization of the prostitute's degeneration proved instrumental in the policing of venereal disease and in controlling female sexuality (Corbin 1990: 300–9), both of which were entwined with the market economy and goods distribution. It also highlighted her guilt and responsibility in spreading the disease.

Under these circumstances, the prostitute became the prime target of continental, British and colonial regulatory policies that aimed to control the spread of venereal disease. She was converted into a potent political sign in the language of reformers and their critics. In response to the anxieties concerning the occurrence of syphilis among the British population and in the British army, a committee of medical men, under the supervision of F. C. Skey, was founded in 1864 in order to inquire into the basic pathological makeup of the disease and into the possible ways of its treatment. While it shed little new light on the disease itself, it certainly reinforced the link between the disease and prostitution. Through its efforts, the prostitute's body (hierarchized and racialized) became the main site targeted by the CD Acts and ordinances in Britain and across its colonies (Spongberg 1997: 65–9).<sup>8</sup>



With the convergence of social and moral reforms, prostitution became an unmistakable target of social purity movements, which meant to expunge it from the public spaces of the Victorian streets and music halls.<sup>9</sup> Residues of this equation were also present in early twentieth-century feminist discourse. Although *The Plain Facts about a Great Evil* highlights the danger that syphilis-infected men constitute to society, Christabel Pankhurst famously identifies syphilis-ridden “frail bodies [of children as] the stigmata of degeneration and disease which are the heritage of the prostitute” (1913: 72). Although she regards prostitution as both a male and female profession and recognizes the male co-role in the maintenance of the trade, Pankhurst also characteristically retains the distinction between virtuous women (innocent wives) vis-à-vis wayward husbands and prostitutes. This differentiation was also curiously sustained by the New Women, who, it could be purported, had to separate themselves from forms of female ‘deviancy’ as a way of gaining political foothold. The nascent presence of the New Woman in the urban space and her as yet uncertain categorization invited comparisons with the prostitute: both were types of ‘public women’ who became symbols and symptoms of disruption (Wilson 1991: 9, Ledger 1997: 154–5, Rappaport 2001).

The dominant targeting of the prostitute in anthropological, criminal, reformist and feminist discourses does not gainsay the existence and circulation of other stereotypes as viable sites of syphilophobic anxieties. Gilman has shown to what extent the image of the archetypal East-European Jew became another topos in the British socio-cultural politics of differentiation and othering: an “emblem of human sexual perversion out of all control” (1991: 112), a site and source of the disease. In an alternative, although contemporaneous, narrative, the affinity between Jewishness and syphilis evolved into a conspicuous immunity of this ethnic group to this ailment (98). Whichever narrative was given credence, it highlighted the relation between the two. This connection was made especially conspicuous in the media hype around the Jack the Ripper case. The Whitechapel murderer was also caricatured as an Eastern Jew, with his facial characteristics compliant with the cultural mythology of Jewishness and in keeping with popular and scientific images of degeneration (113–17). Gilman draws a sequence of analogies that visualize the late nineteenth-century equation of particular non-normative corporealities with syphilis: “Jews = lepers = syphilitics = prostitutes = blacks” (1991: 127).<sup>10</sup> In sequence and individually, though always already referencing the other links in the chain, these bodies were imagined as sites of

potential chaos. They menaced to subvert the distinctions of class, race and morality as well as those between private and public spheres (Geller 1996: 153). The syphilitic, like the leper, the primitive black, the prostitute and the Jew brought forth fears of dissolution and emasculation: a fear of dis-order.

Effectively, the prostitute and the Jew were regarded as dangerous to the “fiscal and sexual economy” of the times and thus as potentially fatal to British wealth (Gilman 1991: 120). Whilst both were associated with a circular transformation of capital and sexual desire: “conversion of sex into money or money into sex” (122), the prostitute was regarded as biologically and economically infertile. The trade in which she engaged was threatening as it opened a void of unproductivity. It was seen as “pure exchange,” without any socially and economically viable products resulting from it (Laqueur 1992: 213). Similar associations became pertinent with reference to the Jewish community. The diversity of the Jewish diaspora and their continuing migration to Britain, especially prominent after the 1880s, combined with their mid-century emancipation and a marked ascendance from lower to upper, upper-middle and middle classes meant that they could now pursue a number of new vocations. According to Alderman, over three-quarters of Anglo-Jewry worked in the mercantile and retail sectors while the financial sector comprised the largest single occupational group (2008: 234). With this transition from manufacturing to financial sectors, the Jew also became associated with the non-productivity of purely financial exchange at the exclusion of socially warranted production of goods.<sup>11</sup> Overall, the prostitute and the Jew embodied the dangers of the marketplace, which threatened to implode existing hierarchies and values. Both were also seen as embodying the complications of the modern age.<sup>12</sup> By association, syphilis (the always already syphilitic Jew and the prostitute) was brought in connection with the forces of the modern marketplace and exchange economy and enlivened fears of social and financial infertility.

Anxieties brought about by this potential loss of control are perceptible in continuous attempts at demarcating the syphilitic other. As one of the chief mechanisms of scapegoating, these attempts evince the existence of a persistent fear of the non-normative, brought to the surface in the intensified processes of scientific, cultural and political construction of social types and stereotypes. Richard Dyer sees the production of (social) types and stereotypes as prime affective and political strategies of differentiation, which warrant a degree of social fixity that ensures a persistence of current patterns of domination. They participate in the production and sustenance

of socio-economic hegemonies and in the naturalization of difference. Dyer's disambiguation of both terms relies on the concept of inclusiveness: "Types are instances which indicate those who live by the rules of society (social types) and those whom the rules are designed to exclude (stereotypes)" (1984: 29). Many of the scientific typologies of the late nineteenth century, however, peculiarly merge these two categories so that what is hailed as a scientifically established type quizzically mirrors existing stereotypes. It is through this intricate fusion that the iconography of syphilis becomes linked with that of consumption, which fosters a connection between the disease and modern-day economy.

Francis Galton's composite photography is a case in point. At first sight, the portrait of a phthisical syphilitic type (Fig. 4.1), developed in the course of a highly mechanized practice, curiously conforms to the iconographic tradition of syphilis. Inspired by Malthusian philosophy and influenced by Darwin and Spencer, Galton, a veritable polymath whose ideas enriched many a discipline, was a firm believer in the hypothesis of racial degeneration, which did not only lie at the core of his theory of eugenics, but which also found a direct expression in his innovative scientific procedure allegedly enabling the identification and exegesis of socio-biological differences.<sup>13</sup> Galton believed that by the use of a specific means of technological registration – composite photography – racial types could be discerned, and with that, easily identified and managed. Emphasizing the importance of a hierarchical differentiation of physical types, Galton viewed the regulation of reproductive processes as a successful way of counteracting degeneration and of ensuring a prosperous future for British society. His conception of racial hierarchies, in which the Anglo-Saxon race reigned supreme, was also a defence of British imperialism (Maxwell 2008: 81).

In this wider context, composite photography was not only a means of documentation but also a potent methodological instrument that promised an unprecedented accuracy in typological empiricism (Lalvani 1996: 120–8, Müller-Wille and Rheinberger 2007: 3–34). In order to ensure a degree of necessary comparability, Galton devised a special apparatus that enabled him to standardize various photographic formats and, with it, establish a foundation for his processes of classification. By means of flexible machinery, which allowed him to readjust the focus and the size of the negatives, a specifically calculated process of superimposition (the length of the exposure was divided by the number of plates from which the composite was taken), and a fixed framework of comparison (the position and scale of each photograph was regulated by its projection on "fiducial lines"), the procedure promised a

high degree of scientific viability (Galton 1885: 243). This mechanized superimposition of single plates rendered a generalized, “average” picture: not a portrait of an individual but a visual essence of group resemblance, a “portrait of a type” (Galton 1883: 222). Galton claims, “[b]y the process of composites we obtain a picture and not a mere outline. It is blurred, something like a damp sketch, and the breadth of the blur measures the variability of individuals from the central typical form” (1879: 162). Significantly, here, the blurred contours of the photographic image become the marker of biological instabilities and a literal sign of the dangerous porosity of corporeal and social boundaries. (Composite) photography thus visually codifies difference while at the same time offering a testimony to its own failure.

Galton regarded mechanical precision as the main merit of composite photography, which, unlike artistic imagination, was prone to little influence by individual fancies. He was also convinced of its scientific value: not only could it offer visual illustration of racial types, it could also be used in hereditary inquiries and applied as a basis for social reforms. His work partook in the processes of evolutionary categorization and segregation through a regulatory territorialization of society. Photography thus became part of complex surveillance technologies, which drew on statistical documentation and analyses of normative measurements in order to contrive typologies of difference as guarantors of socio-political ordering (Maxwell 2008: 11, Lalvani 1996: 197).

Such procedures supported biological determinism and were held to be commensurate with the empirical methods of scientific naturalism (Green 1987: 3). As Daston and Galison have shown, although the photographic revolution was part of a broader transformation in the reigning thought style, the technology became eponymous with scientific objectivity and detached observation (Chapter 2). At the same time, however, such scientific use of the medium obviously relied on existing representational codes and drew on approved methods of selection (Green 1987: 8, Maxwell 2008: 11–15). Galton’s writings betray a heightened awareness of scientific vulnerability inherent to the process of selection and interpretation. In his study of consumptive physiognomy (1882), which includes the syphilitic type referenced earlier, Galton set out to scientifically (dis)prove the principle of diathesis, which had for centuries accompanied medical practice under various guises, from humoral theory to the belief in the generational transmission of environmental changes to the organism. Starting in January 1881, Galton and F. A. Mahomed examined almost 500 cases of phthisis

from the Guy's Hospital and the Brompton and Victorian Park Hospital for the Diseases of the Chest, which they compared to 200 cases of patients suffering from diseases other than consumption. To ensure an 'unbiased' case selection, they devised a patient chart in which the names and ailments of chosen patients were noted alongside other relevant information. They used these to group the patients' photographs and to produce the groups' composites. Even though Galton and Mahomed cautiously describe each step of the procedure, some of their decisions remain conspicuously vague. Thus, although they insist that their initial grouping was based on clinical facts, no details ensue as to the criteria used in the procedure. The various exercises in arranging and sorting out the photographs yielded the following results: all cases of "strong hereditary taint of phthisis" brought evidence of a co-existence of two distinct physical types: "the one with blunted and thickened features, the other with thin and softened features, [which] closely coincided with the two types constantly described by physicians as the 'strumous' and 'tubercular'" (Galton 1882: 483). Overall, however, no marked deviation could be established other than the general emaciation and delicate structure of consumptive physiognomies (485).

However ambiguous the undertaking and its results, Galton was able to discriminate, among the consumptive cases, what he considered a syphilitic type, a subgroup of the strumous variety:

In these we find the broad faces, heavy lower jaws, short upper lips, thick and rather up-turned noses, often with a depressed bridge, which are characteristic of what is called the "strumous diathesis." When we examine a group of *the most degraded* of this type, as seen in fig. 32, *we cannot but recognise* that we are dealing with such features as those which characterise syphilis. (Galton 1882: 488; my emphasis)

Two issues are conspicuous in this description: the hierarchization of the syphilitic type and a direct reference to the cultural coding of the disease. The syphilitic type is "the most degraded" of what is already a pathologized physiognomy. It constitutes, physically and rhetorically (as the last series in the succession of the plates), the lowest type of (consumptive) physicality. Unsurprisingly, if only tentatively, it also references two inferior racial types distinguished among British inhabitants. In its 1885 report, the Anthropometric and Racial Committee of the British Association for the Advancement of Science (BAAS) offered a clear, if evidently biased,

hierarchy of bodily constitutions. The dolichocephalic type, characterized by an elongated skull, dark hair and eyes and unformed thick lips was considered less evolved than either the brachycephalic fair type (high-bridged, projecting nose, thin lips, large, square jaw, blue-grey sunken eyes and light brown, wavy hair) or the most refined subdolichocephalic fair type (light hair, blue prominent eyes, heavy jaw, full lips) (Maxwell 2008: 97–103). With the dark hair, prominent jaw and thin lips, the composite syphilitic falls somewhere between the dolichocephalic and brachycephalic type. Like Lombroso and Tarnowsky, who acknowledged the surprising beauty of some prostitutes, Galton saw the possibility of refining phthisical constitutions, which, over several generations “may give rise to the comely and attractive face seen in the composite, fig. 31” (1882: 488–9). Without wanting to exaggerate the resemblance, one is tempted to see a degree of similarity between Galton’s syphilitic consumptive type and the anthropometrically established constitution of the born prostitute. There is an uncanny resurfacing of social stereotyping in a technology allegedly developed to produce unbiased social typologies.

In this composite portrait of a syphilitic type, mimicry (repetition) masquerades as re-presentation. There is present, in Galton’s description of the syphilitic type, a reference to a sanctioned social (but also iconographic) coding of the disease. The involuntariness of his interpretation, visible in his assertion that “*we cannot but recognise* that we are dealing with such features as those which characterise syphilis,” betrays an assumption as to the existence of an easily identifiable physiognomy of the disease. At the same time, it shifts the attention from the physical constitution to the act of interpretation: Galton “*cannot but recognise*.” Like Hutchinson (see Chapter 3), he also builds his authority on his interpretative abilities. Yet the early response to his work undermines his powers of recognition. Galton’s description of Jewish types, which he considered the utmost achievement of his technique and best examples of composite portraiture, was criticized shortly after his presentation by the Oxford scholar of Hebrew scripts Dr Adolf Neubauer, who, as Maxwell relates, doubted the existence of any physiological differences due to inbreeding and pointed out that, if there were any apparent differences at all that would distinguish Jewish people across Europe, it would be the stigma of oppression they suffered and internalized (2008: 89–92). The characteristics allegedly apparent in Galton’s photographs were demonstrably counterfeit and disturbingly close to pervasive racial stereotypes (Maxwell 2008: 89–92). What is

more, Galton's emphasis on the "cold, scanning gaze" (qtd. in Maxwell 2008: 88) as a typical sign of racial difference exposed his culturally biased exegesis. As Maxwell rightly notices, it was "a figment of his imagination" since most of the photographed boys have "a thoroughly benign expression and appear to be in a pleasantly reflective mood" (88). Here, as in his description of syphilitic types, the stereotype metamorphoses into a social type as Galton engages in a sort of circular argumentation: a tautological reasoning that aims to prove what it assumes to be right from the start (Lalvani 1996: 126).

The composite portrait of the syphilitic instantiates the problematic character of Galton's typological accuracy. The apparently unbending belief in the existence of syphilitic types and their scientific incarnation in Fig. 4.1 is undermined by the overall failure of the eugenicist to provide a conclusive characterization of consumptive physiognomy. What is more, the iconotext that evidences and illustrates his argument dismantles the certainty of his identification and undermines its decisiveness, which substantiates Vrettos's aforementioned contention as to Victorian culture's inability to "tell a coherent story of itself" (1995: 11). The scientific, iconotextual body becomes the site of this incoherence and discontinuity. The qualification of the phthisical type as syphilitic is problematized by the insertion of a question mark into the caption preceding the series of photographs: "Fig. 32 [...] (Strumu, syphilis (?))." Nowhere else do Galton and his colleague Mohamed so visibly mark the uncertainty of their findings. Here, a hasty addition of a bracketed question – like an insidious thought which does not disappear despite their best efforts – references a broader query: were dark-haired, dark-eyed women the epitome of the disease? Were they predisposed to prostitution? Was this portrayal at all valid? The iconotext questions its own validity as it defers meaning in the signal of authoritative uncertainty.

Irrespective of this iconotextual equivocation, one could see here a tentative link between syphilis and modern economy. Galton's specific mode of syphilis production (and reading), premised on the scientific imbrication of syphilis and tuberculosis, marks a complication of syphilis symbolism, which is now used to reference not the narrow field of sexuality but the extensive grounds of capitalism. Rather than a refinement of the symbolic function of syphilis, the coupling of both diseases brings its expansion. Acknowledging the potency of both diseases to keep a powerful grip on the Victorian political and cultural imagination, Victorian literary scholar Katherine Byrne (2011), like Susan Sontag, emphasizes the wider

metaphorical potency of tuberculosis due to its unknown aetiology. Merged with tuberculosis, then, syphilis acquires its multivalent characteristics, of which the relation to capitalism is the most important. Already in the eighteenth century, tuberculosis began to be allied with consumerism as it became “semiotically associated with the compulsive desire to purchase and possess commodities” (Byrne 2011: 46). This rapport was soon complicated and tuberculosis began to function as a metaphor both of the capitalist principle of insatiable consumption and of its dangers leading to “economic entropy” (Porter 1993: 59): both a product of and a threat to the capitalist system (Byrne 2011: 59). Mid-Victorian literature stressed this complexity by overdrawing the circularity of these connections:

if industrialism and capitalism, as consequence of their inherent pathogenicity, produce tuberculosis, and tuberculosis interrupts and undermines the system, then society is, of course, the agent of its own destruction. Its desire to produce and consume despite the physical cost to the masses, and the moral and psychological cost to the upper classes [...] results in society’s own consumption by disease. (Byrne 2011: 60)

By extension, through the fusion of both diseases, Galton uses syphilis as another potent metaphor for the principles and perils of modern economy. In the image of pathological femininity, “the conspicuous consumptive” – as “the agent of conspicuous consumption” (Duffin 1978: 26) – becomes syphilitic.

This fusion of the two most poignant diseases of the nineteenth century testifies to the expansion of discourses around syphilis: whereas the focus continues to rest on the feminization of the disease, the significance of this gendering, like syphilis’ other faces – the prostitute and the Jew – implies the cultural amalgamation of the disease with the principles and crises of capitalism. The imagery sustains, but also complicates, syphilis iconography. In Galton’s experimental methodology, the uncanny re-emergence of stereotypical differentiation resurfaces in the mechanics of technologized empiricism as an articulation of desired reality. Composite photography becomes a case of mimicry: an ambivalent repetition that both appropriates reality and disavows it. In this context, the syphilitic body, like a colonized body, is transformed into a sign of “bestiality, [...] grotesquerie, which reveal[s] the phobic myth of the undifferentiated whole white body” (Bhabha 1984: 132–3).



The image of the syphilitic resurfaces as a visible sign of a desire for articulable otherness that coheres, even as it simultaneously undermines, hegemonic power and dominant knowledge. In the cross-fertilization of criminology, anthropology, statistics, social sciences and reformist campaigns, the female body, or, more precisely, the prostitute's body constantly returns as a prime site of syphilis. Most directly, such categorization facilitates socio-political decisions that aim to preserve existing hierarchies and de-emphasize other possible sites of contagion, which are more difficult to regulate, both politically and economically. At the same time, however, the frequency of this cross-field identification signals a degree of uncertainty and vulnerability to the threat posed by syphilis.

### *Shifting Appearances: From Women's Bodies to Contagious Touch*

Like the above discourses, medicine was troubled by the questions of categorization and interpretation of syphilis signs. Yet, although the link between venereal disease and women as transmitting agents has become part of contemporary myths about Victorian sexuality, it is a sweeping overgeneralization to regard nineteenth-century British medicine as a homogenous woman-blaming narrative, which inscribed on the body of the prostitute the ability to generate venereal diseases. With the proliferation of medical writings on syphilis, with an intensified appropriation of its iconography in public debates and with the birth of new narratives of blame, medical discourses around syphilis became much more nuanced with regard to the gendering of syphilitic bodies and with reference to the tendencies in blame apportioning.

Unlike the strongly politicized writings of the chief medical advocates and opponents of the CD Acts, medical publications on syphilis diversified the gendering of syphilis.<sup>14</sup> While the second half of the century saw the appearance of a new narrative of male co-responsibility in the spread of syphilis (A. Smith 2004: 95), the pre-existent gendered assumptions of civic responsibility and the usual allocations of blame for the transmission of the disease were still in vogue. Andrew Smith's interpretation of Alfred Cooper's and Jonathan Hutchinson's monographs is sensitive to these complications and to the cultural gradations of medical narratives at the turn of the century. In offering a specifically male reading of syphilis, Smith argues, both texts construct middle-class male patients as prime victims of the disease, while only inadvertently linking them to its spread.

In both, the syphilis-infected man “threatens, at least theoretically, to undermine the credibility of the bourgeois family” and “to jeopardise the economic power base of the middle classes” (A. Smith 2004: 115). Smith argues that both practitioners attempt to conceal this correlation. In his shift towards non-venereal syphilis, Hutchinson constructs middle-class men as victimized by their environment rather than as autonomous and deliberate perpetrators. And although he recognizes the role men play in syphilis transmission, he proposes that the medical profession should participate in the concealment of this fact for the good of the British family (A. Smith 2004: 107–9). This “strategic, diplomatic silence” is in no way shared by Cooper, who has no qualms in identifying the source of the disease (110). With the emphasis on biological differences as crucial to the progression of syphilis, and indicating prostitution as the main source of the disease, Cooper endeavours to conceal men’s role in its transmission (110). His nuanced argument shows that late nineteenth-century medical texts offered complex, often self-contradictory, if evidently gendered, interpretations of syphilis.

While it is indeed important to bear in mind the ways in which both texts (un)consciously construct men and their bodies as potential sites of syphilis, Smith’s argument requires further qualification with regard to two elemental components of the texts’ rhetorics: their iconotextual character and the gender referentiality that they are built on. Both use visual means to advance their arguments and construct gender differences in relation. Considering these neglected mechanisms, I argue that both texts offer compendia of corporealities whose gendering and, with it, the role in the spread of the disease, can no longer be pinpointed with unwavering certainty. They signal a shift towards poly-narratives of syphilis gendering, which is indicative of wider public anxieties generated by the disease.

By eliminating Hutchinson’s discussion of his female patients, Smith misinterprets the significance of the shift in the medical perception of syphilis. Hutchinson’s belief in a non-venereal spread of syphilis does not undermine his conviction about the shared responsibility in its transmission. Although he at times over-accentuates his patients’ temperance, thus attributing their infection more to an unlucky coincidence than to their immorality, he often also shows himself cognizant of their wayward behaviour. Men and women alike are indicated as potential and actual transmitters of the disease: Mrs H. is infected by her husband on his return home (1887: 146); a gentleman, thirty-six of age, apparently

acquires the disease from his “intemperate and dissolute wife” (145); Mrs G.’s disease can be traced back to her farmer husband (141); Mr W. “expose[s] himself on a single occasion” (143), while an assistant of a chemist voluntarily admits prior sexual experience as conducive to the disease (145). A solicitor gives the disease to his wife and lover (279); a woman becomes infected by means of underclothing (278); a clergyman acquires syphilis after a case of seduction (316) and a surgeon transmits his *syphilis oeconomica* to his wife (386). These and numerous other examples show that Hutchinson is explicit about the possibility of both sexual and non-sexual means of syphilis transmission, neither of which is gender specific. This indication of both genders’ potential ‘innocent’ infection disclaims Smith’s belief in Hutchinson’s emphasis on male victimization even if it does not erase his biased tendency towards protecting his male patients evoked in his repetitive denial of their promiscuity.

In contrast, as Smith is right to point out, there is a significant gender emphasis in Cooper’s monograph, which becomes perceptibly more complicated by the juxtaposition of written and visual registers. Whereas the text identifies prostitution as the main source of the disease, the prints transform the male body into the prime site of syphilis. With seven plates that depict microscopic structures and offer sectional diagrams of skin eruptions, there is a marked tendency of the monograph to concentrate on the local, partly invisible, effects of the disease. One can also note, however, that another set of images, six in number, references the male body. The syphilis-ridden body is here evidently sexualized. The first four prints put male corporeality into the spotlight: the first depicts a frontal view of a male figure covered with serpiginous syphilide (Plate XI, 1895), the other three concentrate on diseased male genitals (Plate I, 1895). A distinctly male body returns on Plate XIV, with two partial views of a moustache-adorned face. There are only two images clearly referencing the female body: Figure One on Plate XVII, depicting a chancre of the labia, and Plate XX, which reproduces a photograph of a girl suffering from hereditary syphilis.

Inspecting a much earlier source, Jean Louis Alibert’s *Description des maladies de la peau observées à l’Hôpital Saint-Louis* (1806), Gilman notices gender asymmetry in Alibert’s illustrations. Next to infected male genitals, the atlas is illustrated with female reproductive organs and female faces (Gilman 1989: 238). He interprets this imbalance in terms of an authorial emphasis on male victimization and female corruption: “[t]he movement

within Alibert's atlas signifies the reduction of the anonymous male to his infected parts, whereby he becomes the incidental victim of the female's infection" (238), whereas the corruption of female physiognomy functions as a caveat for potential male victims that signals her (sexual) pollution (240). While little, if anything at all, can be said about the allocation of blame for the spread of the disease as expressed in Cooper's illustrations, were one to recount the visual narrative based on the chronological appearance (rather than numbering) of the plates, one could easily find a link between the male body in the frontispiece and the final body of the female sufferer of a hereditary complaint. A causative reading of Cooper's prints, justified by their placement in the book, positions the male body not only as the main site of the disease but also as its major transmitter to future generations, a narrative that was popular among feminists and New Woman writers at the time. In constructing the male body as the major site of the disease and in narratively linking it to hereditary syphilis, the prints contradict and undermine the textual emphasis on male victimization. Cooper's iconotext, then, is complicated and self-contradictory to a degree even higher than that indicated by Smith.

Unlike the prints in Cooper's book, the visual information of Hutchinson's manual desexualizes syphilis. In the verbal register, in contrast, physicality is given particular weight through continuous attention to the corporeal symptoms of the disease which, described in general terms, are also mapped out on individual male and female bodies. Hutchinson recounts the ravages wrought on the body of Mrs H., sent to him by Dr Batteson: "Our patient's nose was deeply notched in each ala, and its tip destroyed, exactly as if by common lupus. Patches of scar and of lupus inflammation extended in her cheeks and upper lip" (1887: 146). Emaciated, young Mr K., who discontinued hospital treatment, "came back with vesicular and bullous eruption," which covered his face and limbs with crusts (176). Another young man had his face and neck covered with blisters, which also appeared on his buttocks and over his limbs while deep ulceration developed on his hands so that "on the back of one hand the tendons were exposed" (177). The patient was confined to bed and later to his house fearing public appearance. Even after applying the medication:

His face, with the exception of two small patches [...] was wholly involved in scar. The lower lids were everted and dragged down to the utmost possible extent. The *alae nasi* were destroyed, and the contraction of the

scar around his lips had everted the prolabia, and so fixed his mouth that he could with difficulty open it. The cicatrisation of the skin of his cheeks had so much contracted them that it made the mucous membrane bulge between his teeth. So that he bit his cheeks in eating. (177)

Through this insistence on individual cases and their histories, Hutchinson reinscribes the physicality of his patients into the text of his book. Importantly, he also often includes either individual accounts of syphilis sufferers or his encounters with them related in reported speech. Because of that, even if partial, individual patients' stories are knitted into the fabrics of the text. These gender-specific textual bodies are juxtaposed with prints, whose close framing redirects the reader's attention to the symptom and away from the gendered body even as some of the captions reinstate the gender dynamics. Visually, however, emphasis is given to local eruptions and other pathological changes that fragment the body on which they appear. Apart from one single image of an affected nipple, there are no images of genitals or other body parts indicative of the sufferer's gender.<sup>15</sup> Here, it is the symptom that is given primary attention. The plates instantiate Hutchinson's claim as to the existence of extra-coital forms of syphilis (1887: 1).

Cooper's and Hutchinson's books offer two distinct ways of presenting the disease. As Cooper obviously sexualizes the syphilis-ridden body, he also offers incongruent narratives of its sexualization, with the textual emphasis on the female body and with the iconographic undercurrent that contradicts these assertions by making the male body and its genitals the principal visual focus. Hutchinson's monograph, on the other hand, demarcates all bodies as potentially unstable and prone to disintegration in the course of the disease, which is supported by the visual information he offers.

Atlases of venereal and skin diseases provide further variants in the sexualization of syphilis. Neither Prince Morrow (1889), Peter Hume Maclaren (1886) nor Robert W. Taylor (1889) make a particular distinction between male and female bodies. Were one to read this gesture along the lines proposed by Gilman, one would have to ascertain that the atlases, while they gender the disease, regard both men and women as potential victims and perpetrators. Were the frequency of depicted genitals to be used as a criterion for deciding which body is positioned as the prime site of the disease, on comparison of a large sample of atlases, male

corporeality would have to be acknowledged as its main arena. This, however, is only a faltering conclusion of little perceptible value: too many other criteria, such as the circulation of prints, production costs, the quality of the depicted condition, the type of medical practice, etc. would have to be taken into consideration in order to establish any gender bias in the production of diseased corporealities. Despite these uncertainties, what is apparent is that, due to an international and inter-continental circulation of the plates, their heterogeneous dating and divergent style (see [Chapter 1](#)), the iconography of the disease diversified in the closing decades of the nineteenth century and a number of contrasting stylizations began to exist side by side.

George Henry Fox's *Photographic Illustrations of Cutaneous Syphilis* (1881), for instance, provides an ambiguous imagery that, when compared to the more common depictions of the time, appears to sexualize the syphilis sufferer. Some of the plates disquietingly merge the medical with a sexual gaze. It is Fox's sumptuous inclusion of dress and an emphasis on poses unusual for late nineteenth-century medical photography that differentiate his text from most other atlases. Infected body parts curiously appear from beneath the luxurious folds of dresses and chemises. It is this emphasis on an almost tangible, if apparently clandestine and reluctant display that is unsettling. The legs of the women in Plate XXIX ([Fig. 4.2](#)), reference signature poses of vaudeville dancers, the woman on Plate XXX echoes the image of a reclining Venus, while the male gestures on Plate XLII are disturbingly threatening but quasi-erotic as the otherwise clothed men bare their infected genitals. The inclusion of cloth appendages, and the realistic mode of presentation, which falls somewhere between the mid-nineteenth-century full-body portrayal in psychiatric photography and the late nineteenth-century emphasis on close formatting, are disturbing for contemporary viewers due to their simultaneous evocation of eroticism and disgust. Even here, though, it is difficult to agree on any type of gender narrative as both men and women are displayed, partly vulnerable, partly seductive, partly dangerous.

Fox's disconcerting imagery appears to be an exception in late nineteenth-century depictions of syphilis. More characteristic are inventories of closely framed body parts displaying specific pathological conditions, such as these in Taylor's atlas (1889). Indeed, medical publications of the time increasingly concentrate on local eruptions and structural changes invisible to the human eye, thus participating in a partial



**Fig. 4.2** Syphiloderma Tuberculosisum Serpiginosum. Plate XXIX from George Henry Fox's *Photographic Illustrations of Cutaneous Syphilis*, 1881. Wellcome Library

desexualization of the disease. Gilman highlights a transformation in the portrayal of sexuality in the late nineteenth century, arguing that both medical and popular media increasingly constructed sexualized bodies in pathological terms while shifting their attention to the levels of invisibility: from the surface of the body to its microscopic or psychological makeup (1989: 231). With this change came a transformation in the perception of venereal disease.

Indeed, in Cooper's and Hutchinson's monographs, the invisible becomes the main source of visual reference. Unlike in his atlases, in *Syphilis* (1887), Hutchinson concentrates on local symptoms of the disease. The eight plates that accompany his text depict only body fragments: eyes, fingers, the tongue, nipple, arm and neck. One of the plates offers four microscopic images of "Syphilitic Choroiditis" (Plate I, Frontispiece). In this respect, the illustrations can be regarded as in keeping with the

changing traditions of scientific illustration addressed in [Chapter 2](#). A similar fragmentation of diseased bodies occurs in Cooper's volume. Although in Hutchinson's prints, the symptom indeed becomes the focal point, here, the bodies, though fragmented, are still recognizably gendered. Compared to Hutchinson's iconotext, however, Cooper's parallel insistence on the invisible is more pronounced, with over one-third of the illustrations attentive to microscopic structures of pathological changes. Whereas the prints included in both texts put emphasis on fragmentation, as has been shown, both are at the same time replete with verbal descriptions of decaying bodies of both genders, which are potentially dangerous. In view of this iconotextual complexity, "feminizing venereal disease" (Spongberg [1997](#)) can no longer be regarded as the dominant tendency in the medical discourse of late nineteenth-century texts on syphilis. Rather, with the inclusion of male and female bodies, and with an increasing emphasis on closely framed detail, the spaces of syphilis visualization expand beyond clearly demarcated gender differences.

Due to this accentuation of the fragment and the appearance of texts that desexualize syphilis, as they point out its extra-coital character, the emphasis in medical texts shifts towards the pathologization of inter-human exchange and towards its metonym – the touch. Towards the end of the century, the whole surface of the syphilitic body becomes contagious. It becomes the Bakhtinian grotesque:

it is unfinished, outgrowths itself, transgresses its own limits. The stress is laid on those parts of the body that are open to the outside world, that is, the parts through which the world enters the body or emerges from it, or through which the body itself goes out to meet the world. [...] The body discloses its essence as a principle of growth which exceeds its own limits. (qtd. in Menninghaus [2003](#): 57)

At the turn of the century, the syphilitic body is transformed into an ever-expanding surface of contagion.

With the increasing medical attention to extra-coital syphilis, the whole body spelled out by medicine metamorphoses into a potential site of transmission, where not only the mouth, or the cheek, but also fingers and elbows can become dangerous sites of exchange.<sup>16</sup> Hutchinson thematizes this expansion in his notes on primary contagion. Many of the related cases reference contagion via touch and not sexual contact. Although he notes the comparatively small occurrence



of this mode of contagion in proportion to the frequency of exposure, the number of cases he relates nonetheless underwrites the danger associated with touch, evocatively illustrated in Plate II, which instantiates the occurrence of erratic chancres with images of four fingers: the fingers of a dentist and an *accoucheur*. This plate is accompanied by further narratives of infection through touching. In this conspicuous emphasis on *syphilis oeconomica* and on the possibility of infection among medical professionals, Hutchinson pathologizes the medical touch: the healing touch becomes here a contaminated, polluted touch (1887: 94–103). Sander Gilman has shown that the nineteenth-century conceptualization of touch was rooted in the late fifteenth-century phantasmatic fusion of touch, disease and polluting sexuality and continued to exist in association with the concepts of contamination and difference: “Touch becomes the exemplary means of representing the complexities of sexuality, a sexuality written on the skin. It evokes the potential of a disease which is exemplified by the skin and is linked to the organ of seduction, the skin” (1993a: 202). Although in late nineteenth-century medical writings a significant shift could be observed towards a desexualization of syphilis, its intensified identification with touching echoed new anxieties brought about by the forces of urbanization and fast demographic growth. No longer regarded as strictly sexual in character, the disease threatened inter-human relations in modern consumer economy, where sharing and exchange were turned into cartographies of contagion. While the identification of the prostitute’s body as the chief source of the disease justified a number of isolationist policies grounded in containment technologies, the multiplication of its sites precluded such a possibility. With all bodies potentially contagious, prevention strategies had to be changed and a broader behavioural spectrum targeted.

### THE BODY OF CONSUMPTION/CONSUMPTIVE BODIES

In contrast to late Victorian medical discourses, European visual imagination at the *fin de siècle* intensified the relation between syphilis and sexuality. While many have pointed out the pathologization of sexuality at the time, I would like to reverse this equation and concentrate on the sexualization and eroticization of the pathology that was syphilis. Although the middle-class man, soldier, sailor and the Jew also functioned as icons of

the disease, most of the European visual material concentrated on the female body as a site where syphilis could be debated visually. It existed as an uneasy and ambiguous site of eroticism and danger, thus commenting on the issue of desire and its place in modern consumer society. This section traces the pan-European visual depiction of syphilis as a way of surveying the major motifs and aesthetic patterns that characterized this type of visual production.

Although British artworks offered no direct portrayal of the disease, late nineteenth-century literary endeavours took up, underscored but also helped rethink the implications of syphilis iconography.<sup>17</sup> Unsurprisingly, in contrast to medical literature on syphilis, most artistic and literary works that addressed the subject appeared to sublimate syphilitic bodies. A juxtaposition of late nineteenth-century European visual culture of syphilis with the literary production of the disease in Britain shows that irrespective of their gendering, syphilitic bodies in Britain were intricately purged of their disgusting qualities. This continual cross-media sublimation evinces a close intertwining of aesthetic, moral and political questions and links them to the new sites of modernity. As I argue, the pan-European visual and British literary appropriation of syphilis transformed the syphilitic body into a consumptive body and an object for public consumption. By that, it reaffirmed the significance of the disease as a major metaphor for the negotiation of modern identities produced and undermined by capitalist tensions.

### *Syphilis for Public Consumption*

The popular feminization of syphilis iconography needs further qualification. For Gilman, it is the woman, “the seductress as the source of pollution,” who becomes the visual exemplum and a caveat for nineteenth-century society (1987: 98). And although literature affords many an exception to this generalization, the European pictorial idiom plays with the strange desirability of venereal disease and its visual counterpart – prostitution. Yet many of these images afford more than a simple collapse of syphilis and prostitution and address the complexities of the interweaving of sexual desire, socio-economic ordering and the exigencies of modernity.

The first set of paintings I examine questions the apparent interchangeability of prostitutes’ bodies and syphilis as it underscores the precarious position of women in a society where this relationship is taken for granted.

Christian Krohg, Norwegian naturalist painter, journalist, writer and social critic, addresses these topics in a series of paintings illustrating scenes from his novel *Albertine* (1886), which, set in the Norwegian capital Christiania (now Oslo), tells the story of a poor seamstress, who, seduced and violated by a police officer, becomes a prostitute in one of the city districts. Regarded as scandalous, the novel was confiscated shortly after its publication and the author faced a series of charges for misdemeanour. *Albertine i politilagens venteværelse* (*Albertine at the Police Doctor's Waiting Room*, 1887) depicts the main protagonist's compulsory and humiliating visit to the office of a police surgeon. The scene references the legal regulation of prostitution in Norway. Although the penal law of 1842 prohibited prostitution as such, the trade continued to flourish while local policies of regulation were implemented where needed. Many of them imposed on prostitutes the duty of regular examination for venereal diseases (Berner 1900: 209).

The painting offers an imaginary record of such a visit. Albertine, poorly dressed and with a drooped head, is shown into the examination room. A police officer guards the admission process as other women await their turn. Their attire and posture individualize them but also stamp them as prostitutes. In *Myths of Sexuality* (1988), Lynda Nead outlines the ways in which sartorial codes were used to depict prostitutes and to mythologize them in popular consciousness. Drawing on the findings of phrenology and physiognomy, mid-nineteenth century established the prostitute as a specific generic type, whose deviancy was mirrored in the physical register: in her facial and body expression, in her manner of presentation and in her dress. The latter was used as a direct method of differentiation between diverse social classes and thus also between various classes of prostitutes. Although the distinction between respectable womanhood and different forms of female degeneration was not always straightforward or easy to establish, dress codes were helpful in creating a visual narrative of fallenness. While "artifice" was a common code for the depiction of prostitution, with the love of dress as a specific feature of degenerate womanhood, the state of woman's clothing was also used to mark the various stages of her descent into immorality (Nead 1988: 172–5).

The 'pathological vanity' of the women on Krohg's canvas is expressed variously through their flashy accessories and gaudy dresses of bold colour. The golden bracelet, brooch and earrings of the woman on the first plane, her feathered hat and frilled red-white umbrella

bespeak her conspicuous femininity. What is even more conspicuous is the pinkish attire of the woman who looks at Albertine and who, with her hands on her hips and her foot boldly thrust forth, seems to communicate her disapproval of the fussiness around Albertine. The women's postures communicate a variety of attitudes towards the procedure: weary attraction of the woman in green, whose lethargy has been interrupted by the approach of the stranger; pensive deliberation of the woman in the beige coat; detached gaze of the one standing behind, nervously clutching a red umbrella; dignified curiosity in the gaze of the woman on the right who turns her head to see the spectacle; an overtly curious expression of the one who has climbed the bench to see better; and, finally, also fear on the face of the woman in black, who needs to be reassured by the comforting touch of her companion. The tonality and composition of the painting conjoin her and Albertine: the latter's shame is juxtaposed with the former's fear as our gaze travels from the comforting touch of the world-wise, experienced woman in black to the forceful gesture of the commanding officer. Both couples function as foils in the painting, with the one in front as a vision of Albertine's future. Krohg's painting not only diversifies the milieu, but also offers a synchronic version of various stages of a woman's fallenness. Unlike most sketches and other versions of this painting, this one widens the perspective and, by underscoring the sheer number of like stories, signals the scale of the problem.

In conjunction with the novel, the painting can act as a critique of the repressive state apparatus, which – instantiated in Albertine's sexual exploitation by a police officer and echoed in the interpellatory gesture of the policeman in the waiting room – subjugates women to male power by literally turning them into figures of pure exchange. The painting also obviously implicates the role of medicine in this type of statutory oppression. Implicitly, it points towards broader, self-frustrating practices of the system, which, in fostering prostitution, unsettles its own economic stability. Commodified, the prostitute simultaneously exemplifies and warps bourgeois economy as she encapsulates all steps in the capitalist production-consumption cycle and highlights the fruitlessness of such economic exchange: she does not produce anything socially desirous and cannot be fully contained in the system where she continues to resell her body *ad infinitum* (Nead 1988: 99, Laqueur 1992: 213). These economic implications are, however, subordinated to a vision of prostitutes whose imposed 'excessive' consumption does not, in fact, transform

them into mere goods but curiously allows them to retain their individuality even in the face of medico-legal oppression.

Concerned with the realities of Parisian urbanity, Henri de Toulouse-Lautrec's *Medical Examination, Rue des Moulins* (1894) depicts a similar scene. For Sweetman, this canvas encapsulates the major theme in the series of brothel paintings: the vacuity of the women's existence, conducive to their "physical and spiritual exhaustion" (1999: 344).<sup>18</sup> With his sumptuous brush, Toulouse-Lautrec suggests the interiors of a Montmartre *maison de tolérance* and captures the characters of women offered both for consumption and for medical examination. The famous publication by French hygienist Alexandre Parent-Duchâtelet *De la prostitution dans la ville de Paris* (1836) indicated the necessity of creating an enclosed milieu, constantly under supervision and invisible to the rest of society, which could be "*hierarchized and compartmentalized*" in order to avoid social intermixing (Corbin 1990: 9; emphasis in original).<sup>19</sup> By no means did he propose an entirely new system of treatment. Nonetheless, his greatly systematized work and methodological innovation in his anthropological study had an unprecedented influence on the study of prostitution for another half-century (Corbin 1990: 3). Regular medical inspection was an integral part of this supervision. Its ordinariness is evinced by the pensive attitude of Toulouse-Lautrec's women (McKiernan 2009: 366).

Unlike in Krohg's painting, the bodies of Toulouse-Lautrec's prostitutes are to a greater extent exposed to the gaze of the (invisible) viewer, as they become, if only tentatively, the "fetish objects for capitalist consumption" (Bernheimer 1997: 126). Despite the humanity of the painter's vision and his lack of "erotic exploitation" of the women (McKiernan 2009: 366), their sensuality is routinized as part of the capitalized practices of late nineteenth-century Paris. While McKiernan stresses their role in Montmartre bourgeois economy, Bernheimer insists on Toulouse-Lautrec's edifying vision that allows women to retain a sense of personhood, which has "survived the objectifying force of the capitalist transactions" (1997: 198). Similarly, Alain Corbin argues that their poses and self-reflexive containment allows these women to reclaim the space which they inhabit (1990: 60). The brothel becomes a site of their individuality, self-consciousness and isolation. These two apparently contradictory interpretations intertwine in Toulouse-Lautrec's painting. Depicted in profile,<sup>20</sup> the two women are positioned in an inchoate state between subjectivity and objectivity: the individuality of

each prostitute is contrasted with her exploited body as spectacle and merchandise.<sup>21</sup> Whereas Krohg offers a social commentary on the evils of the regulation of prostitution, Toulouse-Lautrec records, without prurience, moral judgment or reprobation, the daily routine of women entrapped in a specific capitalistic setting.

These divergences are echoed in both painters' treatment of women's bodies, which, purified from any signs of potential disease, are ambiguous incarnations of capitalist spectacle and its criticism. Krohg walks a tightrope between censure and eroticism. Clothed in an abundance of frills and feathers, with corsets and full skirts looped, draped and tied up to accentuate the shape of their bodies, the women portrayed here are exposed to the craving gaze of the male spectator. Similarly, Toulouse-Lautrec combines humanity with the visual spectacle, if tamed, of prostitutes' physicality. Nead has pointed out the aesthetic problems around the portrayal of prostitution. As a hotly debated topic, prostitution, if it were to be depicted for exhibition and for purchase, had to conform to two sets of seemingly opposing values: it was to follow the guidelines of realism and to provide pleasure to the observer. It was to be "contemplated and enjoyed" (Nead 1988: 181–2). Krohg follows this tradition also maintained by such British painters as Abraham Solomon (notably in *Drowned! Drowned!*, 1860), who depicts the prostitute as a blameless social victim, as he evokes "the frisson of a voyeuristic enjoyment of deviant female sexuality" characteristic of this genre (Nead 1988: 191). Toulouse-Lautrec, on the other hand, veers away from this iconography by fashioning the prostitute as a victim of capitalist consumerism who has retained her subjectivity. Obviously, Toulouse-Lautrec's treatment is much more in keeping with the avant-garde tendencies in *fin-de-siècle* French art, in which the prostitute, in her "narrative density" defies the codes of decorous salon painting and in which her body becomes a site of pictorial and ideological critique (Clayson 1991: 33). Unlike the chaste but sensuous salon nudes, with "smooth, fluid, hairless" bodies (Clayson 1991: 36), Lautrec's prostitutes both record the material realities of the trade and exude a certain erotic appeal, at the same time frustrating male viewers' expectations of unrestrained submissiveness and salubrious corporeality.<sup>22</sup>

Although the colour of the women's skin recalls the potent image of a withered and wasted body that stands for the ravages of moral and social deterioration, neither painting suggests any overt signs of disease. Even though the 'availability' of the women's bodies on Lautrec's canvas is

suggested, their surface is exchanged for a vigorous dynamics of fleshiness thanks to his expressionistic technique. All the same, even here, the symptoms of the disease are not depicted, as the potential cruelty of medical inspection is replaced by the women's pensive waiting. In his analysis of the painting, Sweetman draws parallels to early depictions of syphilis:

The pose Gabrielle adopts is horrifyingly reminiscent of the hideous medieval woodcuts showing an archetypal syphilitic, rotted by the disease, passively gawping back at the spectator or of the crude female figure, dress provocatively pulled up, with a skeleton in the shadows behind her, used as propaganda by the authorities trying to warn young men of the dangers of consorting with prostitutes. (1999: 349)

Whereas the link to death imagery is certainly justifiable, Sweetman appears to read the medieval iconography of the disease into Toulouse-Lautrec's canvas. None of the woodcuts discussed in the history of syphilis iconography (see Morton 1990a, 1990b and Gilman 1987) appear to be directly referenced here. It is only with a substantial leap of imagination that Gabrielle's pose can be compared to Dürer's syphilitic fob-martyr. In fact, it is not necessarily through the women's poses that the painting references existing syphilis iconography but rather through its activation of the narrative of victimhood. Both in Krohg's and Lautrec's paintings, prostitutes are simultaneously objects of sexual interest and identifiable victims of the system based on male prerogative. They are not, in the first place, the carnivorous seductresses that Gilman claims dominate the cultural imagination of the early and mid-nineteenth century (1987: 96, 98). Nonetheless, and in spite of their overt (Krohg) or covert (Toulouse-Lautrec) criticism, both artists also participate in transforming "deviant female sexuality [...] into] cultural commodity, [as] part of a social spectacle which in turn defines and categorises its consumers" (Nead 1988: 191). Despite considerable differences in style and approach, these two works instantiate an intriguing and disquieting transformation of a socially stigmatized, potentially syphilitic body into a purchasable good. Not only do they substantiate this transformation in their subject matter and in the rendition of women's bodies but also by participating in the exchange market as producers of high quality merchandise for a niche clientele.

This metamorphosis of a potentially syphilitic body into a commodity is nowhere more visible than in Ramon Casas's poster for Dr Abreu's sanatorium for syphilitics in Barcelona (ca. 1900). Here, the

syphilitic's body is a beguiling female body unreservedly offered for consumption. Sparsely clad in a richly decorated shawl, the woman is disquietingly desirous. Syphilis here undergoes symbolic coding. Most directly, the serpent woven into the folds of the shawl betokens treacherousness and, with it, references the mask iconography characteristic of the depiction of syphilis and noted in [Chapter 3](#). Its serpentine form, as Jordi Vigué and Melissa Ricketts remark, mimics the “s” of the poster's title (2007: 205).<sup>23</sup> No scars or lesions disrupt the surface of the woman's body; rather, imaginably revolting skin eruptions are aestheticized into a nauseating whirl of flowers on the shawl. Most notably, the flower imagery, while evoking the images of fleetingness and putrefaction typical of the *memento mori* genre, also echoes the disturbing vision of J.-K. Huysmans's modernist novel *À Rebours* (1884), where, overwhelmed by the exotic artificiality of the flowers he purchased, the main protagonist Des Esseintes begins to see them in terms of syphilitic eruptions:

The gardeners brought in still more new varieties, this time affecting an appearance of artificial skin streaked with fake veins, and for the most part exhibiting livid flesh, marbled with roseolae and damasked with eruptions as if eaten away by syphilis or leprosy [...] others still displayed hairy skin, pitted with ulcers or embossed with chancres. (2008: 115)

Whereas Huysmans's odourless flowers astound with the veracity of characteristically syphilitic skin lesions, here the roses on the shawl aestheticize the disease, even further displacing it onto the horticultural symbol of passion and desire.<sup>24</sup> The potential rottenness of the body, sublimated into red roses, is juxtaposed with the promise of cure symbolized by the white lily in the woman's hand (Vigué and Ricketts 2007: 205). The poster is doubly transformative: it erases the signs of syphilis and replaces them with easily recognizable symbols, thus turning a potentially dangerous body into a desirable image of cure in the sanatorium that it advertises.

In this case, the syphilitic body is transformed into the sanitized, desirous and titillating, if potentially dangerous, corporeality of a consumptive, designed to act as an incentive to procure Dr Abreu's services. Casas utilizes here the type of visual vocabulary he became famous for, most notably visible in his advertisements for *Anís del Mono* (1898), a sweet liqueur that was popular across Europe at the time (Vigué and Ricketts 2007: 205). Despite the different colouring, the resemblance



between the women on these two posters is conspicuous. There is, however, also a pronounced difference between them. While *Anís del Mono* addresses a female audience, in the syphilis poster, the (potentially infected) male is the chief addressee. In this shift, the syphilis poster references popular iconography used to market addictive substances such as alcohol and tobacco.

In social consciousness, syphilis and alcohol, next to poverty and criminality, were often conjoined as the fundamental evils of modernity. All four were linked to the dangers of excess and to the pervasively hailed value of temperance. Elizabeth K. Menon has pointed out the late nineteenth-century exploitation of the female body as a way of boosting the sales of dangerous products by eliminating their potential perils through association with nature. In times when medical and reformist discourses made alcohol, poverty and syphilis into the major sites of physical and intellectual – and thereby also national – degeneration, addictive substances required a type of promotion that would sever this link. The connotative power of the equation between femininity and nature propounded the alleged naturalness and safety of the products marketed in this way. This strategy, accompanied by a blatant erasure of the medical discourse within the industry, resulted in the depiction of alcohol as part of the new-founded, fashionable decadence rather than as a source of degeneration (Menon 2004a: 102).

The significant difference in *Sifilis* is that, while it attempts to evoke what has purposefully been expunged from the alcohol advertisements, it simultaneously strives to achieve a similar aim: this double goal reinscribes the female body within the aesthetic codes of consumption and insanity, while simultaneously retaining the woman's desirousness. In keeping with the disease iconography of the time, the figure on the *Sifilis* poster is less neatly attired than Casas's other women, which indicates a degree of moral and physical illness.<sup>25</sup> Through the combination of femininity, venereal disease and the echoes of alcohol consumption, it also activates potent late nineteenth-century fears of the proletarian mob.<sup>26</sup> In its symbolism, tonality and displacement of physical putrefaction, Casas's poster inscribes the syphilitic body into the tradition of the pale consumptive as a site of deprivation. According to Hirsch, by the mid-nineteenth century, the consumptive body had become highly romanticized: it conjoined the sentimental

ideal of beautiful death and notions of feminine submissiveness and beauty. With particular resonance in the middle and upper classes (the working classes were not necessarily connected to this notion of consumption due to their alleged vulgarity and lack of spirituality), the ethereal female body became an aesthetic ideal. By the turn of the century, however, although it was still popular in decadent circles, the consumptive body was replaced by a strong and healthy regenerative physicality (Hirsh 2004). In Casas's poster, more than anywhere else, the ill female body evokes the temptations and perils of modern over-consumption: it becomes a warning against the overindulgence of modern desires, such as the insatiable appetite for sex and alcohol. Syphilis becomes the spectre haunting the modern economy. However, the fusion of both diseases also transforms the woman into the prime site of exchange and promises hope in her metaphorical consumption – in the medical services she advertises. The poster is a case of double-articulation that evokes and disavows the partial presence of syphilis, without which the new economy would have no other to define itself against. It also highlights the contradictory status of a modern male consumer who is instructed in the pleasures of overindulgence but is at the same time required to remain temperate.

As Krohg's and Toulouse-Lautrec's paintings thematically question the pervasive cultural construction of the prostitute's body as polluted and problematize the deployment of this assumption in statutory policies, they at the same time participate in the market exchange of these bodies. Casas's advertisement, on the other hand, openly exploits these connections. Partly, these differences stem from the generic distinctions between the works and from the divergent audiences and circulatory routes that were planned for this imagery. The poster alludes to the cultural construction of the female body as contaminated, thus activating attendant male fears, but also uses it to stimulate potential clients to undertake a capitalist exchange. Both types of imagery situate syphilis at the core of consumerist economy: either as an evil produced by late nineteenth-century capitalism or as a problem it may solve. In order to function, capitalism necessitates the phantasmatic salubrity of women's (prostitutes') bodies as exchange goods. At the same time, it is precisely their apparent neatness, which suggests both potential illness and latent unhealthiness of the modern exchange economy.

*The Pleasures of the Marketplace 1: Modernist Aesthetics*

This double-bind of syphilis depiction is further explored in literary narratives, which complicate both the gendering of the disease and its function vis-à-vis the exchange market as they also refine the evocation of the syphilitic body. Cabanès (1996) argues that, in nineteenth-century France, the spectre of syphilis infects the novel: its burgeoning in literary narratives – Maupassant’s “Le Lit 29” (1884), Robert Caze’s *Femme a Soldats* (1884), Paul Adam’s *Chair molle* (1885) or Lucien Descaves’s *Sous-offs* (1888) and, of course, *À Rebours* (1884) – marks the birth of the decadent, symbolist and psychological novel. Naturalistic novels deploy the syphilitic bodies of prostitutes as sites for the projection of epochal fears such as xenophobia, contagion, social hygiene and the prejudices they generate. In these depictions of syphilis, two topoi are fused: that of the prostitute as a site of pollution and that of the femme fatale and her erotic, menacing power. At times, this mythical, innately dangerous womanhood is exchanged for the particularity of a mundane existence (for instance in Phillipe’s *Bubu de Montparnasse*, 1901). At times, it merges with the perception of the prostitute as a social victim. Cabanès claims that what follows is a multiplication of syphilis’ semantics that parallels the plurality of agendas that underlie the literary evocation of the disease (1996: 92–105).

What accompanies this thematic profusion is an unprecedented sumptuousness of realistic details in the depiction of syphilis. This minuteness is employed not only to evoke a sense of corporeal reality but also to project on this body a variety of dreams, nightmares and phantasms (Cabanès 1996: 109). Syphilis has an oxymoron-like existence in these texts:

Il leur a permis d’évoquer le corps humain dans toute sa matérialité de chair, mais aussi d’ouvrir une scène intérieure où se sont projetés rêves, cauchemars, fantasmes. Dans la littérature “fin de siècle”, la syphilis tient d’un oxymoron incarné: elle pourrit et elle blanchit, elle s’exhibe à la surface, elle parasite l’intériorité, elle est “mal du siècle”, figure archétypique. (Cabanès 1996: 109)

In French literature of the *fin de siècle*, syphilis both purifies the surface but also manifests itself there. As the texts remain incongruous, their aim is not

necessarily a distancing from the disease through sublimation but rather its allegorization: the syphilitic body becomes a projection of psychological states. Here, as Cabanès rightly claims, the realistically putrefying body metamorphoses into a phantasm of one's interiority (93). What accompanies this transformation is a new poetics. By nature of its eruptions, the syphilitic skin seems always already pictorial; by extension, its evocation requires a distinctly modern style (106, 107).

*À Rebours* offers such a new poetics of syphilis as it explores male fears of women's bodies. Here, the disease permeates the whole text. The green syphilitic body and the body of a metamorphosing woman become the sites of its visualization: the sites where male fears become abundantly apparent, as the diseased body itself undergoes literary sublimation. According to Bernheimer, this repetitive, almost hysterical process is less about the distancing from sexual trauma and more about its ecstatic reliving, materialized on the body of the prostitute (1997: 263). It is about the stimulating, if innately dangerous, intertwining of sexuality and deviance as counter-sites to bourgeois sedateness and stability.

Huysmans's evocation of syphilis has been compared to Félicien Rops's *Mors Syphilitica* (ca. 1875; Fig. 4.3), which, although in keeping with the aforementioned pictorial tendencies in gendering the syphilitic body, takes the transformation of the woman's body further. Here, its simultaneous desirability and threat are spotlighted and reimaged within the tradition of the femme fatale. The skeletal form of an almost fleshless body replaces the smooth surfaces characteristic of other depictions. The etching powerfully suggests the putrefaction of the decaying face and only implies the dryness of the trunk. Erastène Ramiro describes the horror evoked by the spectacle of this emaciated figure: "Horrible et seulement à demi décharnée, elle appuie son épaule contre une porte derrière laquelle elle doit guetter un débauché agonisant" (1887: 141). Although the form is fairly gender-neutral, it has been interpreted as female in the context of Rops's oeuvre. Edith Hoffmann points out the evolution of Rops's fascination with death, prostitution and the skeletal form which, influenced by the tradition of *danse macabre*, became associated with femininity after his mid-1860s illustration of Baudelaire's *Les Epaves* (1981: 214).<sup>27</sup> *La mort au bal* (1865) and *La mort qui danse* (1865) are the best instances of this metamorphosis. Rops's women, personifications of modern life (Hoffmann 1984: 260), combine in their carnality the



**Fig. 4.3** Félicien Rops. *Mors syphilitica*. 1865, pointe sèche, 22.2 × 16.2 cm. Coll. Musée Félicien Rops, Province de Namur, inv. PER E353.1.P © musée Rops

(male) fears and allures of modernity. Huysmans lauds this complex depiction of femininity:

Loin du siècle, dans en temps où l'art matérialiste ne voit plus que des hystériques mangées par leurs ovaires ou des nymphomanes dont le cerveau bat dans les régions du ventre, il a célébré [...] la Femme essentielle et hors des temps, la Bête vénéneuse et nue, la mercenaire des Ténèbres, la serve absolue du Diable.

Il a, en mot, célébré ce spiritualisme de la Luxure qu'est le Satanisme, peint, en s'imperfectibles pages, le surnaturel de la perversité, l'au-delà du Mal. (1975: 362–3)

Huysmans sees Rops's women as naked and demonic animals: always seductive, always carnivorous, always uncannily perverse. For him, they incarnate the 'essence' of femininity. Hoffmann also underscores these qualities of Rops's depictions of death, who, as a menacing seductress, is a source of carnal pleasures but also of vice and punishment (1981: 217, 218). Here, the emaciated skeletal form replaces the polished surfaces of earlier depictions of syphilis. At the same time, it masks the signs of the disease through the activation of the mythical figure of death. In this mystification, syphilis is once again reinscribed into the tradition of female deviance, even though the signs of this aberrance are more pronounced than any earlier depictions.

Syphilis masquerades in the guise of a woman. Her image evokes the problems of representation. Psychoanalytical interpretations of Huysmans's novel point out the centrality of this metamorphosis. In the "unconscious" of his text, which marks a break with naturalism and a turn to decadence, Huysmans expresses and bridles his obsession with female sexuality (Bernheimer 1985: 312). In a series of projections, woman-flower becomes a nightmarish incarnation of syphilis that Des Esseintes encounters in his dream:

That ambiguous, sexless face was green and violet eyelids opened to reveal terrible eyes of a cold and limpid blue: its mouth was ringed with sores; incredibly thin arms, the arms of a skeleton bare to the elbows, issued from ragged sleeves, trembling with fever [...]. He had before his eyes an image of the Great Pox. [...] the woman was changing [...] he observed the frightful inflammation of the breasts and mouth, discovered blotches of bistre and copper on the skin of her body. (Huysmans 2008: 120, 121, 122)

This image of the great pox metamorphoses into a woman whom Des Esseintes associates with the flower that embodies the virus in his day-dreams. The woman, in turn, becomes dramatically fetishized as the fear of her sexuality percolates the novel. It is in this constant metamorphosis that the frenzied dynamics of modernity are instantiated and given precedence over the atrophied world of the elite's "prolonged, solid stability" (Berman 1988: 95). In this oneiric piece of writing, Huysmans indulges in a notorious fetishization of the (diseased) female body, as he relives "the masochistic pleasure of a dissolving masculine ego" (Bernheimer 1997: 247, 261). The sublimation enlivens the fear of female sexuality and uses it as a catalyst for artistic creation. The female body, as a synecdoche of biological life, threatens the sites of signification: only a specific literary style, like that of Baudelaire, can triumph over and curb this monstrosity. In similar terms, Des Esseintes uses artifice to fixate this morbidity in order to reinstate a scenario of illusory wholeness and to sublimate the forces of biological degeneration (Bernheimer 1997: 261). For Bernheimer, Huysmans's aesthetic exemplifies most vividly "the psychogenesis of modernism" as a reaction to a phantasmatic fusion of female sexuality and disease (1997: 263).<sup>28</sup> It thereby questions the "referential role of language and works to subvert the organic model of plot development" as it attempts to produce a text free "of mimetic dependence on female nature" (263). Sublimated syphilis is the heart of this modernist aesthetics and inspires a new poetics that looks for its origins not in the organic but in the dictionary, the supplement and the (inter)textual (264).

Whereas Krohg, Toulouse-Lautrec and Casas explore syphilis as a symbol of contradictory and gender-specific exigencies of modern economy and the modern state, Huysmans and Rops extend the discussion to embrace what O'Shea terms the "*psychic formation of modernity*" (1996: 21; original emphasis) and the type of aesthetics it requires and makes possible. Here, consumption, with its strong sexual overtones, becomes a chief force in identity formation. It explores the contradictions of modern, masculinist, narcissistic individualism, which sublimates the, never entirely repressible, "aggressive and sexual desires and existential anxiety – an unstable subjectivity in an unstable society" (O'Shea 1996: 26). Transformed into a canvas for the search of (male) identity, syphilis also becomes essential to self-expression that attempts to grasp, in a new, decadent aesthetics, the dynamics and horrors of modernity and, at the same time, to reform antiquated generic modalities.



*The Pleasures of the Marketplace 2: Hysteria and Individuality*

In Victorian Britain, the evocation of syphilis, and its relation to consumption, was likewise linked to questions of modern (gender) identities. Literature used the disease to articulate both existential fears and socio-political critique. At the same time, however, it also noted an epidemic of signification that indicated the disease's constant defiance of meaning and constituted syphilis in terms of a semiotic site of threatening non-sense. English literature registered the abject character of syphilis and found in it a source of self-reinvention.<sup>29</sup> In this sense, the disease assumed central stage in the birth of English literary modernism.

Rather than a simple shift in syphilis iconography, the New Woman novel evinced its intriguing triangulation. As it indicted the implicitly syphilitic male, it also purged his body of all signs of the disease. At the same time, it displaced the disease onto the body of a 'hysterical' wife (see [Chapter 3](#)) and a syphilitic child (see [Chapter 6](#)) as products of degenerate forces and horrifying caveats for British society. New Woman writing combined a symbolic displacement of syphilis onto the arena of artifice with a naturalist undercurrent that pathologized women's bodies and co-constructed their abject position within the binds of the social order. Finally, it used the horror of Gothic fiction to articulate dystopian visions of the nation's future (see [Chapter 6](#)).

Unlike the sublimation of syphilis in the context of European art and literature, which is clearly, if not uncritically, hinged on the female body, New Woman writing produced a sanitized male body as it simultaneously highlighted its contagiousness. Although allied with most basic passions and immoral conduct, the syphilitic was presented as very attractive, which concealed the degeneration that corrupted him from within. In Grand's novel, Menteith is depicted as "spick-and-span in appearance" (2007: 163) – a "good-looking" "tall, fair-haired man about thirty" (161). His immaculate appearance is often compared to a mask (161), which activates the imagery of contagion evinced by the frontispiece to A. M. Barthélémy's translation (see [Chapter 3](#)) and shows that Grand reverses gender scripts by positioning the male behind the mask and by granting the female the role of the innocent victim seduced by the treacherous charms of an ailing but handsome patriarch. The only person who recognizes Menteith's Janus-like character is Evadne, the prototypical New Woman, who,



equipped with self-acquired medical knowledge, notices “a suspicion of powder on his face” (189) and “something repellent about the expression of Sir Mosley’s mouth. She acknowledge[s] that his nose [is] good, but his eyes [are] small, peery, and too close together, and his head shelved backward like an ape” (178). This ape-like quality of Sir Menteith’s physiognomy mirrors his moral corruption and is compatible with the late nineteenth-century perception of degeneration.<sup>30</sup> When Angelica calls Menteith the “father of a speckled toad” (301), she confirms this by pointing out the hereditary taint which he bequeaths on younger generations and which visualizes his corruption. Tossing a book at him, a gesture echoing *Jane Eyre*, Angelica breaks Menteith’s nose, thereby literally and symbolically transforming his appearance to match his character.<sup>31</sup> Thus, in the novel, the physical symptoms of syphilis are substituted with a symbolic reference to the iconography of corruption and to the stigmata of degeneration.

In contrast, Emma Frances Brooke relegates the disease’s stigmata to external accoutrements and elusive communication acts, which underscore men’s contagiousness. In *A Superfluous Woman* (1894), concerned with the matrimonial (mis)adventures of a beautiful Jessamine Halliday who chooses the promise of worldly pleasures over the sincerity of a simple relationship and single-handedly brings an end to her ruinous marriage out of a wrongly understood sense of duty, Brooke invests male sublimated appearance with the suggestion of moral degeneration. The appearance of Jessamine’s husband, the vain and debauched Lord Heriot, betrays signs of familial deterioration: the artifice-like, well-groomed and “[b]est valeted” (1894: 277) exterior bears marks of excess, bestiality and insidious temptation (276, 282) “writ in his eye and profile, as in a dog’s face one may see the consciousness of a forbidden bone” (278).<sup>32</sup> Heriot’s inherited overindulgence becomes apparent in the hollow luxury of his surroundings (257) and in the symbolism of nearby objects. These also indicate his function as an agent of contagion, of which his present given to Jessamine is a token:

It was a bracelet; and it was in the shape of a snake coiled several times round. The eyes were two enormous diamonds, and the neck and upper part glittered with alternate diamonds and sapphires, and the tail ended in a wonderful sapphire. I never saw such stones and such taste! (Brooke 1894: 30–1)

It was then that the strange mood came upon me in a moment: I felt my Unknown Foe pressing me on the heart and on the brow, and the jewel looked like a fetter on my wrist that was going to chain me up forever; and just at that moment Lord Heriot's hand gently touched my bare arm. And when he touched my arm, I felt as though the snake were a live one, and that it was cold, and slimy, and horrible. (32)

The jewel-encrusted serpent, and Heriot's oneiric metamorphosis, symbolizes the character of the whole Heriot family, which, despite its splendour, breeds drunkards, idiots and paralytics (120). Here, then, the hereditary taint is allusively depicted in the contrasting imagery of feebleness and excess that percolates the visual register. In both novels, the abandonment of any reference to syphilis symptomatology underwrites the extent to which artifice constitutes an indelible part of masculinity and highlights its obsessive, performative reiteration for fear of dissolution and discontinuity.

The instability of male identity, however, becomes visible in the prosodic resurfacing of the disease. It is the tone of Heriot's voice that communicates his ailment to Dr Cornerstone: "Hgh! that voice! A thread of vice ran through it like the twang of a broken wire – a thin trickle of disease dropped out with every syllable—"; "a voice whose minutest tone was saturated with mental disease and feebleness" (Brooke 1894: 21, 243). This interlocutory emergence of the disease, juxtaposed with the sublimated male corporeality, is doubly significant: it marks syphilis' defiance of straightforward representation in this chapter and renders its centrality to male self-definition and, by extension, to the patriarchal order. The core significance of syphilis lies, of course, in its counter-valuation as that which has to be excluded for the persistence of the existing system, but also as that which, referentially, makes it possible. The disease, evoked in the prosody (in Kristeva's semiotic register) offers an abject counterbalance to the system it continuously threatens.

Read in terms of abjection, syphilis acquires political validity. In Brooke's and Grand's novels, the hysterical female – the abject mother – as she becomes the major site of syphilis articulation, undermines the system that marks her as abject. The fissure that she occasions stems from her appropriation of the dominant discourse and its identification of the woman as hysterical. It is in the performative iteration of this role that Grand's allegedly self-restricting repetition becomes politically

potent. In times when Charcot and others thrive on the erotic/pathological spectacle of the hysterical female, New Woman fiction reclaimed this position as a site of “affirmative abjection” from which to voice criticism as an impulse to the reinvention of the system (Menninghaus 2003: 392).

In Grand’s novel, it is precisely this identification with the abject position of the hysterical female/abject mother that allows Edith to articulate her criticism. The nourishment of her senses and the intellectual starvation that she experiences in marriage lead to her physical and mental deterioration. It is only then that Edith addresses her father, husband and doctor, as she voices her claim to recognition: “you [...] represent the arrangement of society which has made it possible for me and my child to be sacrificed in this way” (Grand 2007: 300). While Edith explicitly emphasizes her status, Angelica attacks the system, both in her thoughts and in an encounter with Menteith, in which she assumes the identity of the biblical Cassandra (298, 301). A similar transposition occurs in *A Superfluous Woman*, in which it is Jessamine’s reclamation of silence that functions as a critique of the double moral standard and the social sanction against female desire. In Brooke’s novel, silence evolves into an arena for communication: into “a site of knowing, [...] and] generation” (Glenn 2004: 8). It is through the reclamation of silence that Jessamine is able to, at least partially, communicate women’s precarious situation. In effect, however, like in Grand’s novel, it is only with the help of other women’s voices (Mrs Cornerstone) that their predicament is articulated.<sup>33</sup>

In both cases, the reappropriation of the oppressive position of a hysterical female (syphilitic m-other) opens the door to the reclamation of women’s status. Read in the positive terms proposed by Elizabeth Bronfen (2000), the hysteric, engaged in the masquerade of femininity, communicates the vulnerability and fallibility of the symbolic order within which she exists while simultaneously questioning her own relation to power and repositioning her own desires within the framework of culturally acknowledged laws.<sup>34</sup> This reappropriation (at least temporarily) troubles the system and celebrates an otherness that defies complete erasure under the phallic letter. The mother becomes a site of an alternative figuration: “The nothing about which the hysteric makes so much ado articulates the fissures inherent to any system of meaning. It refers to the inconsistencies at the heart of any symbolic institution and in so doing performs the ineffaceability of difference” (Bronfen 2000: 17). New Woman writing adopts syphilis iconography

and the socially sanctioned female position to articulate the difference that is being constantly smoothed out by the artistic and literary endeavours to sublimate syphilis and reposition it onto the female body, and, by that, to make it controllable. This antithetic use of syphilis iconography could be interpreted in terms of an affirmative (identity) politics of abjection, which aims at a reinscription of the position of the “abject” in the course of an “appropriation and inversion of signs” (Kristeva qtd. in Menninghaus 2003: 392).

Importantly, by introducing a relation between syphilis, consumption and hysteria, New Woman writing further explores the predicaments of late nineteenth-century capitalist modernity. In his critique of Baudrillard’s linkage of late capitalism and its systematic over-production of “floating signifiers” to the symptoms of hysteria (Porter 1993: 2), Roy Porter recapitulates the history of modern consumption economies as intrinsically and from the outset “stained with the implications of pathology and psychopathology” (15). Linking hysteria back to the eighteenth-century roots of modernity, Porter outlines its metaphorical power as a sign of the “sphinxian” character of consumption – its “paradox and pathology,” which were marked by early theorists of wealth (7). “If every age gets the disease it deserves,” Porter argues further:

surely it can be no accident that hysteria assumed centre-stage in an era of spiralling wealth, urban growth, commercial development, the age which saw the rise in the Netherlands and Britain, of banking and brokerage, speculation and stock exchange, the flotation of new currencies, a fashionable unsettling individualism and liberty in politics and religion, thought and publishing. It seemed to many critics a world run riot with unrealities: paper money, inflation, the debasement of the currency, wigs, wizards, the masquerade and other forms of make-up. (10–11)

This ontological fusion of capitalism and hysteria foregrounds the exaltations and dangers of the modern world in which unprecedented velocity, accessibility, mimicry and artificial performance of consumerist behaviours breed intellectual and physical exhaustion: “Such worlds of fascination, bright lights, electric sound, and dazzling night-life were almost tailor-made to bring forth the newly diagnosed disorder of mass hysteria” (4). Affective overabundance and uncontrollability, registered and expressed in sensory and motor disturbances, was not the only disorder produced by the vortex and hullabaloo of modern consumption: neurasthenia,

a psycho-somatic exhaustion, became another widely recognized symptom of modern economies of consumption.

*A Superfluous Woman*, more than *Heavenly Twins*, establishes a fairly direct link between female hysteria, as a probable outcome of syphilis infection, an over-consumption of goods and the resulting exhaustion. Jessamine embodies both disorders as she unites two lines of overindulgence: on the one hand, the generational gluttony and excessive artificiality of Heriot's family, which culminates in her hysterical outbursts of syphilitic insanity, and, on the other hand, exhaustion as a result of aristocratic hedonism. Jessamine's aunt exemplifies this aristocratic overindulgence as she sculpts her personality in the plethora of purchased goods and services:

one half of this lady's personality had been purchased, it is to be feared, in shops; Worth, the hairdresser, perfumer, and dentist, were responsible for her more striking features, while though God may have been the shaper of her bones in the first instance, they had suffered from the corset-maker's processes. (Brooke 1894: 3–4)<sup>35</sup>

Both hysteric-neurasthenic Jessamine and her “idiot” children are products of these two genealogical lines of upper-class overindulgence. Paradoxically, syphilis infection gives her, like Edith, insight but also makes her resolve and establish, for the first time, though still in relation to consumption economies, her own identity. Here, in the eugenic, self-sacrificial motherhood and prompted by syphilis, Jessamine discovers herself. This identity, as I will show in [Chapter 6](#), poses further problems to civic responsibility. Yet Brooke's novel also indicates to what extent syphilis was viewed as a sphinxian order of modern consumption economy. Through the fusion of syphilis, neurasthenia and hysteria, the former becomes the underlying mechanism of consumption: the incarnation and the product of the insatiability that this order fabricates, but also the void that it attempts to hide.

Oscar Wilde's *The Picture of Dorian Gray* (1890) also encapsulates the intricacies of modern economies of consumption and the identities that they produced as it evokes the complex function of the disease. In the novel, syphilis stands precisely for this void: a site of non-sense that modernity creates and attempts to abrogate through consumption. Yet, at first sight, *The Picture of Dorian Gray* has little in common with the above examples of syphilis evocation. Frequently, the novel has been interpreted in conjunction with other texts by Victorian male writers: *Dracula* (1897),

*The Time Machine* (1895) and especially “The Strange Case of Dr Jekyll and Mr Hyde” (1886). Read along this gender divide, syphilis is referenced as a means of questioning the Victorian duplicitous attitude toward sexuality more than the fears of (national) degeneration characteristically voiced in New Woman novels. It explores the relationship between morality and aestheticism (Schonlau 2005: 305–9) and, with the help of the motif of the double, investigates Victorian sexual pathology as manifested in repression and hypocrisy (Showalter 1990: 100). Evidently, it also shifts the interest away from the rotting female body. However, read in the context of New Woman writing and the European iconographic tradition, *The Picture of Dorian Gray* subsumes the major motifs in the representational problems surrounding the disease.

In accordance with the pervasive syphilis iconography, Wilde’s novel aestheticizes the disease as it shifts the attention away from its signs onto the battleground where a sublimated body confronts the horror of hysterical corporeality: the meeting place of the symbolic and the semiotic. Although *The Picture of Dorian Gray* veers away from the dominant tradition of syphilis feminization, the tendency of ‘othering’ the syphilitic is nonetheless traceable in the evocation of Dorian’s body, his social positioning and his portrait. An object of male desire, Dorian is a projection screen both for Basil Howard and Lord Henry Wotton. His partial objectification at the outset of the story, when he evolves into an object of male exchange, positions him at a distance from normative bourgeois male ideals and connotes his ‘feminization’, which is further intensified by Wilde’s intertextual borrowing from Walter Pater’s account of Mona Lisa in the description of the portrait itself.<sup>36</sup> Dorian’s personal history – the death of his mother, subaltern father, potential abuse in childhood – also undermines his masculine position, as do his escapades in the East End and the milieu to which he is introduced by Lord Wotton.<sup>37</sup> Dorian’s quest into the ‘heart of darkness’ situates him within a space of liminality. Its boundaries are protected by a Jewish guardian, whose excessive consumption evokes existent stereotypes and xenophobically evinces his degeneration.<sup>38</sup> The criminality of the East End appears to permeate Dorian, as can be seen when he stabs both Howard and his portrait with a violence that echoes Jack the Ripper’s brutality.<sup>39</sup> Thus, in more than one way, the novel undermines Dorian’s hegemonic status.

At the same time, Dorian’s metamorphosis (from an object of male desire to a self-destructive hysteric), which culminates in his ripping of the portrait and his suicide, echoes the suicidal tendencies of women-hysterics

in New Woman writing.<sup>40</sup> Dorian's portrait 'mimes' but does not/cannot show the surfeit of the protagonist's crimes turned into the language of his body. Narcissus turned Medusa (Riquelme 2000: 625–7), Dorian faces this excess that his appearance 'represses' and 'vomits' onto the portrait. The final submergence into the abject – the violent fusion with what used to be discarded – paradoxically restores the order as it eliminates the semiotic through a transference of signs from the portrait to the corpse. The corpse signals the end of the text.

Like New Woman fiction, *The Picture of Dorian Gray* juxtaposes this metamorphosis with artifice. Whereas in the former this relation is part of the marriage plot, with the female hysteric counterbalanced by the male as an embodiment of deception (or more specifically, degeneration masked by deceptive appearance), in Wilde's novel this opposition is paralleled by Dorian's relationship to his portrait: a transposition that not only spotlights the technologies of masking and displacement as characteristic of syphilis depiction, but which also foregrounds the unhealthy character of modern consumerism. While Grand does not directly comment on the economic practices that foster and maintain the double standard, she certainly notes female objectification in women's status as exchange goods. Brooke, on the other hand, explicitly links marriage transactions to modern exchange economy, which she regards as greatly incapacitating to female agency. In the conflation of old and new femininity, most particularly embodied by Jessamine, Brooke demonstrates the continuity of old and new economic systems and the difficulty of their transformation. Caught up between the stagnation of old aristocracy and the insatiable desires of modernity, Jessamine is bound to lose herself in the limitless consumption of new ideas.<sup>41</sup> In *A Superfluous Woman*, old and new exchange economies are rendered debilitating and devastating not only to women but also to future generations as they both exert destabilizing power over one's identity. Jessamine's crucial transaction, the marriage with Lord Herriot – an uneven trade in the effect of which she acquires the splendour and luxury of the Herriot family together with their disease – highlights the dangers of the gendered politics of modern day economy, where women's position, even if prone to change, is still contiguous to the forces of market exchange. This perilous situatedness of old and new women is echoed in *The Heavenly Twins*, where both Edith and Evadne lose their 'economic stronghold' and 'exchange value' as they become ill. Edith's hysteria and Evadne's and Jessamine's neurasthenia, as they

ambiguously offer spaces for the voicing of social criticism, also mark the loss of their market value and their agential opportunities.

In a similar manner, *The Picture of Dorian Gray* links syphilis to the modern valuation of commodity in the (neo)classical liberal economic system, which advocates individualism as an (insatiable) accumulation of goods. Wilde's interrogation of the Victorian predicament of individualism and socialism is charted out in the novel, which, as Regenia Gagnier notes, "is a textbook psychology of fin-de-siècle economic man" (1997: 22). According to Gagnier, Dorian's "conspicuous consumption" (Veblen 1899) of variegated commodities begins with his infection by the poisonous book that unfolds the pleasures of collecting. This exorbitant accumulation reveals Dorian's insatiability and repositions him in a society in which the excess of form produces a distinct pleasure in the liberation from substance. The form, and its multiplications, offers the promise of continuous self-reinvention. The portrait, as a dutiful and permanent recording of Dorian's unquenchable appetite, is also the rarest of commodities as it endows him with limitless beauty (Gagnier 1997: 22–3). Admittedly, however, it also positions syphilis and degeneration at the core of the processes of exchange and commoditization, and, with that, resituates the disease as the surreptitious force behind modern (identity) economy. While this link is a useful instrument in propounding the grand-scale health reforms of the time, *Dorian Gray* brings into the open the desires and pathologies of consumption and of the various exchange economies that underlie the formation of individual and collective identities.

Wilde's novel also offers an intensification of the intertwining of economy and aesthetics, where both are seen as executive domains which, through "choice and preference," can become revelatory of one's personality (Gagnier 1997: 22). At the same time, Wilde's "socially oriented aestheticism" (Gagnier 1997: 32) uses the connotative value of syphilis to address the dangers of such an identity economy, which creates a void in place of personality. The multiplication of one's personality through the artifice of modern connoisseurship is juxtaposed with the fears of non-identity that it attempts to hide. This paradox is paralleled by Wilde's evocation of syphilis: the multiplication of meanings and a simultaneous defiance of representation. It is in the ambiguous absence-presence of the portrait that this juxtaposition is evidenced.

In his inspection of Wilde's literary homoeroticism, Ed Cohen asks where in the novel to situate the eroticism that is not spelled out, but that the Victorian public saw and used against Wilde in his trials. In the



same vein, one could ask where exactly the syphilis that resurfaces in critical writing is evoked in the book. The answers to both questions are strikingly similar: they are present in the “symbolic displacement of the erotic [and of the disease] onto the aesthetic” (Cohen 1987: 806). In both cases, the entities in question are evoked in the tensions between the various representational registers. As Cohen argues, “the picture’s absent presence [...] interrupts the novel’s representational limits by introducing a visual, extraverbal component of male same-sex desire” (806). The presence of syphilis in the text is also “extraverbal” as it issues from the suggestiveness, but also from the inadequacy of the ekphrastic register. Symbolically allied to degeneration and masking, the portrait in no way references any of the actual symptoms of the disease. Whereas Schonlau argues that the signs that appear on its surface reflect the third stadium of the disease, its description in fact references a number of ailments. Her observation that the more sexual Dorian crimes become, the more the portrait’s metamorphosis resembles syphilis (2005: 305) is an instance of projection, which instantiates the constant production of meaning around the disease. In fact, what *Dorian Gray* portrays is not the disease but the failure of its representation. This failure of representation, culminating in the last scene of the novel, cunningly reverberates with the suicidal tendencies of the syphilitic m-other and marks the site of non-sense: the site of representational but also existential failure and semantic multiplicity.

Huysman’s and Baudelaire’s search for a specific style that could accommodate the disease highlights the problems of its visualization. Importantly, the failure of representation and semantic productivity are also characteristic of other depictions of syphilis. Śpiewak has indicated the crisis of signification that syphilis brings about in the art of Stanisław Wyspiański. The modernist painter, whose technique became closely associated with the nationalist movement in the Polish art of the *fin de siècle*, refuses/fails to provide a realistic depiction of his ailment (Śpiewak 2006: 43). Śpiewak argues that Wyspiański’s last self-portrait, a charcoal sketch, is a rupture in his artistic style. Read within the feminist/psychoanalytical tradition, the corporeal deformation that the sketch makes visible references neither the medical depiction of the disease nor the stylistic patterns of Wyspiański’s self-expression. Rather, it records “a moment of incapability of the artistic style of countervailing the loss of meaning [...]. The breakdown of the symbolic system” (43). In Huysmans’s novel, syphilis becomes the creative

force at the core of modernity that necessitates a new style for the expression of the fears it inspires. In Wyspiański's art it testifies to a similar, if differently motivated, rupture with existing patterns of representation. British literary tendencies in the depiction of syphilis and its overt symbolization are indicative of a similar inadequacy of pervasive aesthetics to express dominant epochal fears.

These various cross-media attempts at syphilis representation show that, as a site of non-sense, a site of representational failure that triggers off an epidemic of meaning, syphilis cannot be totalized and expulsed. Like the abject/the grotesque, it is constantly undergoing a double-articulation of appropriation and disavowal that aims to deploy it in a marking of difference. Mimicry (repetition), and not re-presentation, hallmarks the visual economy of syphilis iconography at the *fin de siècle* as it simultaneously takes up earlier attempts at delineating the disease and testifies to their failure. Herein lies the assiduousness of syphilis imagery, which recycles existing tropes to tether the always recalcitrant disease. This visual economy transforms the feared/desired entity into a “‘partial’ presence” (Bhabha 1984: 127). As it attempts to commodify syphilis and its difference and to transform the disease into an object of regulated exchange, it highlights the ongoing failure of this project.

### THE POWER OF MIMICRY

Twenty years after Huysmans's erratic vision and Wilde's Gothic tale, Richard Cooper domesticated their imagery in a gouache and water-colour painting *Syphilis* (1910). The painting indicates the extent to which depictions of syphilis intended for public consumption typically mask the ravages of the disease through displacement and symbolism. The painting, commissioned by the pharmaceutical entrepreneur and founder of the Wellcome Trust medical charity, Sir Henry Wellcome, combines the gender distinction between female perpetrator and male victim with an intriguing depiction of the syphilitic body. What seems to be a scene of a late evening visit shows a man whose whole posture pronounces a feeling of utmost distress as he falls onto a chair, covering his face with desperation. To his left, leaving the room, is the figure of a lightly clothed woman, whose alabaster body shimmers from beneath the delicate folds of chiffon-like fabrics. Her painted face and sumptuous jewellery indicate her status as a mistress or a prostitute. From below her

extended arm, which draws away the curtain, resurges a monstrous, greenish figure, its body covered with conspicuous lesions. The accoutrements on the table – the statue, blood-red abundant flowers, champagne bottle and a spilled glass – indicate a life of sensual pleasures; the green figure, on the other hand, embodies its nightmarish effects. Here, apparently, the image of a seductress is not sufficient to portray the devastation wrought by the disease. While she is indicated as a transmitter of the ailment, the syphilis itself is externalized in the monstrous form, which brings to mind the horrid nightmarish vision of Des Esseintes. Like in Des Esseintes's nightmare, here the distinction between reality and fiction is blurred. This ambiguity opens a space for the visualization of the cutaneous symptoms of the disease.

In its recycling of Victorian imagery, the painting is a testimony to the continuity of aesthetic codes and gender-race-class narratives surrounding syphilis. The woman's body, and the accoutrements on the table, activates the link between syphilis and consumption, while the parallelism of her and the monster's gestures echoes the dilemmas of exchange economies and their medical policing. At the same time, through the incorporation of late nineteenth-century decadent evocations of the disease, the painting also demonstrates changing tastes and the multiplication of syphilis depictions. It lays bare the persistency of the popular tendency to feminize the disease, as it fails to question the relationship that was frequently undermined by artistic, literary and, especially, medical (iconotextual) discourses. In the imaginary woman-monster figure, the oxymoron-like quality of syphilis is depicted: "*elle pourrit et elle blanchit, elle s'exhibe à la surface, elle parasite l'intériorité, elle est mal du siècle, figure archétypique*" (Cabanès 1996: 109). Simultaneously, through the sanitization of the flesh, the painting references the various tendencies in producing syphilis for pictorial and literary consumption and their preoccupation with the novel, scientifically unfounded, but willingly undertaken and popularized contiguity of syphilis and consumption.

Commissioned for a private (medical) collection, Cooper's work echoes syphilis' embedding in (but also its exclusion from) the laws of exchange economy and its significance for the enactment of personal identity. Its status as (high quality) merchandise – a valuable semiophore – brings to mind, if indirectly, the nineteenth-century propensity to rethink various socio-economic questions with reference to syphilis: the fusion

of syphilis and prostitution as a marker of the dangers of modern capitalism, the evocation of diseased femininity as a creative force and a site of a new, modernist self-articulation, its centrality to modernist stylistic and generic innovations, its significance in the (hysteric) appropriation of one's subaltern position, the economies of collecting and the dangers of identity construction in times when insatiable accumulation becomes a Faustian trap of self-development. As an attempt at (gendered) representation, it also references various technologies of ordering (through stereotyping) that targeted syphilis in the nineteenth century. In its quasi-realistic, if distinctly Gothicized style, the painting also foregrounds the problems accompanying syphilis representation. It echoes the question of propriety discussed in [Chapter 3](#). Finally, in the intradiegetic, gestural parallelism, it focuses on the tensions and dangers of the (erotic) touch. In this, it foresees the preoccupations of the following [Chapter 5](#), which focuses on the policing of syphilis spread and the concomitant geographies of regulation.

## NOTES

1. For the conceptualization of modernity in terms of a continual desire for development, as a reaction against inertia and stability, see Berman [1988](#).
2. Today, latent syphilis is recognized as a distinct stage of the disease.
3. Hutchinson's periodization of the disease is tentative. Most practitioners, even though they assumed the onset of secondary symptoms to occur four to six weeks after the appearance of the chancre, were reluctant to set a fixed duration for the other stages, see Gould [1900](#).
4. J. B. Parent-Duchâtelet's earlier study, *La Prostitution à Paris au XIX<sup>e</sup> siècle*, which catalogued certain characteristics allegedly exhibited by prostitutes, was particularly influential across Europe. Traces of his argument can be found in later anthropometric studies of prostitution as a form of degeneration, see Corbin [1990](#), Gilman [1985](#).
5. The early differentiation between the two strands of degeneration: the Italian, which harboured the belief in a corporeal manifestation of various signs of degeneration, and the French one, for instance Auguste Morel's insistence on the invisible character of degeneration, which can only become manifest in acts of deviance, were often used concomitantly in the British context, see Scholz [2008](#): 183.
6. Gilman offers a short comparative overview of these writings ([1985](#): 223–9). Bernheimer argues that such male attempts to categorize women as

pathological and innately criminal can be regarded as an expression of male fear of femininity (1997: 259). In the context of Gilman's work, however, this statement seems rather over-reductive.

7. One should of course not forget that these ideas were not employed unanimously. Although they proved influential both in France and in Britain, their reception was critical and the adherence to their precepts partial. Although Lombroso's ideas about the inborn character of prostitution found its proponents in Britain, his ideas concerning male criminality had little resonance there (Spongberg 1997: 167). In France, such biological pathologization of the prostitute was received with suspicion: soon the medical profession voiced a strident criticism of his theories (Corbin 1990: 306). A similar tendency to reject the belief in the innate character of "moral insanity" was characteristic of German and Austrian thought (Corbin 1990: 431, fn. 241). For a criticism of Lombroso's methodology and of his management of individual and social difference, see Harrowitz 1994: 15–40.
8. For a discussion of the CD Acts in Britain and the medical construction of syphilitic bodies in this context, see also Walkowitz 1980 and Howell 2000. Davidson and Hall 2001 reference the European context in which to view British regulation practices. For a consideration of home and colonial legislations and ordinances, see also Chapter 5.
9. See especially Bland 2002: 95–124.
10. For a detailed argument concerning the coalescence of prostitution and blackness, see Gilman 1985.
11. Recognizing the similarities in the discourses around the disease and Jewishness, Jay Geller argues that they often merge narratives of monstrous sexuality and morbid reproduction (1996: 156). For a historical evolution of the Jewish stereotype, its conflation with prostitution and links to syphilis, see also Gilman 1993a, 199b and Geller 1996.
12. Harrowitz, for instance, points out the contradictory construction of Jewishness in Lombroso's work, where the Jew is regarded both as "too atavistic and too modern" (1994: 47).
13. There were certain important differences between him and his cousin Charles Darwin, whose curious neglect in subsequent research was the source of a number of misconceptions (Maxwell 2008: 80–1 and Richardson 2014).
14. On the tendencies in gendering and blame allocation in the CD Acts and repeal campaigns, see Walkowitz 1980: 67–148, Levine 2003: 121–44 and Mort 2000: 51–78.
15. In medical literature of the second half of the nineteenth century, the chancre of the nipple was discussed with reference to non-sexual transmission of the

disease and was aligned with the syphilis of the innocent; for an elaboration, see Pietrzak-Franger 2017.

16. For a discussion of this new corporeal geography of syphilis, see Pietrzak-Franger 2018.
17. To my knowledge at least, syphilis was not taken up as a topic of any of the late nineteenth-century British paintings apart from that by Richard Cooper, which I am discussing at the end of this chapter.
18. The nineteenth-century reception of Toulouse-Lautrec's brothel paintings varied from direct press attacks of the crude subject matter – an alleged effect of physical and spiritual “degeneration” of the painter himself – to praise of his humanist rendition of prostitutes and their dreary existence (Sweetman 1999: 342).
19. Parent-Duchâtelet insists on the disastrous socio-cultural effects of the disease arguing that, of all the diseases that endanger the human species, syphilis is by far the worst as it targets the young population, which is of chief usefulness to the state (Corbin 1981: 178–9). In this, he expresses the fear of contagion that will become particularly prevalent among late nineteenth-century practitioners, many of whom will participate in the spread of syphilophobia. For a discussion of Parent-Duchâtelet's ideas, see Corbin 1990: 3–16.
20. It seems telling that out of all the sketches that Toulouse-Lautrec fashioned for this painting, he chose this profile pose: both the rear view of the women and the frontal perspective were apparently considered less suitable. The profile view best captures the transitional state of both women.
21. According to Corbin, this hyper-visibility of the prostitute in the second half of the century testified to the failure of the regulationist attempts and simultaneously underscored the necessity of hyper-regulation (1990: 205).
22. Hollis Clayson argues that Degas, along with most of the late nineteenth-century artists preoccupied with prostitution, spotlighted the incompatibility of the intertwining of “truth, modernity, and modernism” (1991: 27). According to him, the topic of prostitution enabled these artists to appear both realistic (through the exploration of the topic) and modernist (through its provocative nature and the technique used). Their use of the figure of the prostitute is an “effective way automatically to sustain ‘a plot’ while the forms themselves conspire to muffle and confound the telling of a story” (33).
23. The symbolic potency of snake imagery resurfaces in AIDS iconography; see, for example, Helfand 1991: 15, 48.
24. Like in *À Rebour* and in *The Picture of Dorian Gray*, here, artifice and nature are juxtaposed.
25. For an elaboration of the imagery of mental illness, see especially Gilman 1986, 1995. With reference to medical photography of Hugh Diamond, see

- Gilman, Diamond, Conolly 1976; see Regener 2006 for a survey of psychiatric photography of the twentieth century.
26. Susanna Barrows shows how the woman and the alcoholic incarnated the fear of the chaotic influence of the proletarian crowd in French culture of the late nineteenth century (1981: 43–72). Casas, who spent a considerable amount of time in Paris, was certainly familiar with these tendencies.
  27. *Les Epaves* was a compilation of Baudelaire's poems which included *Les Fleurs du Mal* and other writings, and which was destined for the Brussels market (Hoffmann 1981: 214).
  28. After Berman (1982), I regard modernity as a (contradictory) structure of social experience, which, as Alan O'Shea (1996) has argued, has its own nation- and culture-specific features. It embraces the processes of industrial and technological modernization as coordinates for a lived modernity that is a new form of consciousness brought about by these changes.
  29. While I used Bakhtin's notion of the grotesque to highlight the reversibility of the inner/outer, I am actually following Julia Kristeva in the conceptualization of disgust/the abject. For a history of the term and Kristeva's use of abjection, see Kristeva 1982, Menninghaus 2003.
  30. Notably, in J. F. Sullivan's *The British Working Man* (1878), a wife-murderer – with his protruding jaw and receding forehead, his profusion of bodily hair and bent posture – resembles a primate more than a human being. For a detailed account concerning the trends in depicting degeneration, see especially Pick 1989.
  31. For further comparison of *The Heavenly Twins* and *Jane Eyre*, see Heilmann 2001: 67–8.
  32. "All that the tailor and a priceless personal attendant could do had been done to turn Lord Heriot into a reputable figure of the man. If starch, fine cloth, and shaving could have erased the traces of a past [ . . . ]. But Lord Heriot's past was a long one; it did not begin with himself" (Brooke 1894: 276).
  33. For an elaboration of the function of silence in Brooke's novel see Pietrzak-Franger 2013.
  34. See also Bronfen 2000 and Israël 1976.
  35. This marked excess is also visible in the interiors of Jessamine's room. Positioned within broader sites of economic circulation, aristocratic over-indulgence is criticized by the evocation of the "misery" of others on which aristocracy thrives (Brooke 1894: 3).
  36. For this and other intertextual echoes, see Riquelme 2000, here especially 624–5.
  37. For a reading of *The Picture of Dorian Gray* as a narrative of child abuse and an interpretation of the attic room as his unconscious, see Rashkin 1997.
  38. On Jewishness in *The Picture of Dorian Gray* see Schonlau 2005: 308–9.
  39. For intertextual references to the Ripper case, see Nassaar 1974.

40. According to Cohen (1987) the novel was feminized in the early critical responses.
41. Doctor Cornerstone narrates Jessamine's metamorphosis: "She got a sufficient hold of my notions to run new crazes with them. She read Thoreau and Browning's 'Waring,' and caricatured the ideas in her self-conscious mode. By August she was dressed in unbleached calico and prints at twopence a yard; in the early winter she was running over the East End with a train of lovers; at the turn of the year I heard of her lecturing on a public platform, the audience chiefly composed of men" (Brooke 1894: 13).



## Prophylaxis and Treatment: Geopolitics of Differentiation

The complex visual typology of syphilis was accompanied by various discursive-material practices of geographical and spatial ordering. Despite Fleck's (1935) disregard of these aspects in his history of syphilis concepts, early denominations of the ailment show that geopolitical dimensions have been essential to its cultural significance (see Chapter 2). Indeed, in an era of frantic historiographic and aggressive expansionist projects, the mapping of syphilis spaces became an integral part of Victorian endeavours.

Until now, investigating syphilis mappings has been part of more general projects concerned with the geographical dimensions of sexual politics. Recent scholarship has spotlighted the local specificity of regulatory directives, positioned them in relation to continental projects and inspected their geographical patterns along with tracing their historical development and their function in more general gender, class and racial conflicts, and with reference to British nationalist and imperialist ambitions.<sup>1</sup> Certain places have gained particular significance in these inquiries: colonies as a cradle of contagion; cantonments, brothels, docklands and ports as local spaces of principal visibility; lock hospitals as junctions of broader geopolitical networks. In these studies, the flow of bodies, their spatial distribution and disciplinary targeting have gained particular importance. As has already been noted in Chapter 4, the body of the prostitute offered a scaffold

both for nineteenth-century regulatory practices and for contemporary historiographic projects.<sup>2</sup> Yet the mapping of venereal diseases in the Victorian era involved practices that went beyond the regulation of prostitution. Contemporary projects concerned with disciplinary technologies in the Victorian army and with the history of lock hospitals have also addressed these issues.<sup>3</sup> Many of these publications have examined the relationship between corporeality, geography and architecture and addressed various control mechanisms as well as practices of resistance developed by targeted populations. Taking into consideration these findings, this chapter offers a panorama of Victorian geographies of the disease.

Due to its contagious character, syphilis was regarded as dangerous both to individual and national integrity. As Alison Bashford and Claire Hooker have made abundantly clear, “[d]efying fantasies of control, corroding internal integrity, and ignoring the borders that define and defend identity, contagion is considered a threat to individual, national and global security” (2001: 1). In the context of the late nineteenth-century preventive practices, ordering and isolation were the core mechanisms in the struggle against syphilis. Historically, they partook in the tradition of ordering, containment and neutralization of potential sources of social and political excess and chaos.<sup>4</sup> By identifying and isolating dangerous bodies, such policies aimed at purging the public sphere of the pollution that they connoted. For this to be possible, the politics of ordering had to be based on a complex “system of differentiations” that would allow an identification of dangerous spaces of encounter – perilous contact zones – whose policing was necessary for the preservation of the reigning hierarchies (Hooper 2000: 363). Underpinned by continuous tensions between the centre and the fringe, nineteenth-century maps and sites of syphilis were socially constructed localities in which the margin became the centre only to be relegated to the recesses of the periphery. As Barbara Hooper contends:

In times of social crisis – when centers and peripheries will not hold – collective and individual anxiety rise and the politics of difference become especially significant. [...] In these periods, bodies, cities, and texts become key sites of hegemonic and counter-hegemonic contestations. (2000: 367)

The nineteenth century saw a number of practices of corporeal, geographical and textual spacing of syphilis, which moved towards a geopolitics of differentiation.

This chapter spotlights some of the sites and mechanisms of this geopolitics. First, it briefly looks at the tentative, if increasingly popular, medical mappings of syphilis incidence. As the second part of the nineteenth century witnessed a skyrocketing of publications on non-venereal types of syphilis, medical demographic endeavours testified to the sheer impossibility of demarcating the sites of the disease as programmatic in its elimination. With virtually every inter-human exchange pathologized, civilization became synonymous with syphilization.<sup>5</sup> As an effect of this development, the project of syphilis prevention proved a particularly difficult feat. As the century progressed and the sites of syphilis – at least in the medical discourse – multiplied, preventive policies turned away from isolation towards education and individual responsibility as the viable prophylactic means. Medical mappings of syphilis, and the frantic geographies of the disease they produced, were instrumental in this change of official policy.

Yet syphilis mapping was not only the domain of medicine. Regulationists, who supported the implementation of the CD Acts, and abolitionists, who demanded their repeal, both used spatial imagination to further their conflicting goals. “Geographies in Flux” inspects the ways in which these and other official discourses used syphilis to outline but also to police the (imaginary) British borders. It examines the extent to which the soldier, in his mobility, was regarded as dangerous to the stability of the country and to the British Empire and surveys the ways in which his movements were restricted. It regards the colonies, with their cantonments, and military hospitals on the British soil as crucial to this isolationist politics. In their ambiguous function as contact zones, these loci reminded of the porousness of Britain’s frontiers. These spaces of syphilis also functioned as heterotopias: as particularly potent sites of reference in the process of cultural self-definition. Traversing through these heterotopias, soldiers were the living incarnations of a failing isolationist political economy as they embodied the growing fears of Britain’s own demise.

On the background of these practices of ordering, the final section examines the isolationist politics of the state that targeted the civilian population of the late nineteenth century. It traces the spaces of syphilis inspection and treatment and attends to the dominant strategies of making them (in)visible. Focusing on chosen governmental lock facilities, and in

relation to other urban hospitals, this section examines planning, architecture, interior design and social-medical practices in terms of their multi-layered (conceived, perceived and lived) spaces of confinement. With reference to the hitherto uninspected plans of governmental lock hospitals, and attentive to their dependence on broader medical, social, architectural and political networks, the section also considers their effectiveness as sites of healing and reformation. Like the practices of stereotyping, mapping and spacing of syphilis were viable technologies of ordering and othering. Thus, overall, this chapter addresses the role of space and mobility in the late nineteenth-century prophylaxis of syphilis and links them to problems of national security and matters of civic responsibility.

### MAPPING THE POX-RIDDEN WORLD

In Charles-Louis Philippe's *Bubu de Montparnasse* (1901), frustrated, syphilitic and desirous bodies become fused with the urban spaces of Paris. In an unremitting frenzy, they evolve into the stuff of the metropolis. When Bubu, the eponymous protagonist, leaves a bar after an orgy of absinthe, he sees the world as himself (22): "The world was like a man, innocent and pox-ridden, drinking absinthe on the terrace of a café" (43). This hallucinatory vision provokes a gasp of relief from Bubu, whose panic and inflated fears are attenuated when he realizes that his condition is quite common.

The assertion that "[t]he world was like a man, innocent and pox-ridden" also seems to have served as a motto to the late nineteenth-century medical and medical-geographical books that began to map out the dangers of the disease despite the apparent decrease in its severity and incidence.<sup>6</sup> From the mid-century onwards, medical publications were engaged in the geopolitics of syphilis differentiation. Following a heightened historicist impulse, they set out to determine the geographical origin of the disease and outline the dangerous spaces of its current spread. Medical men of all sorts began to produce synchronic and diachronic maps of the disease, both of which had an identification and comparison of syphilis sites at their core. The study of syphilis etymology highlighted historical geographies of blame, which were fundamental to the conceptual heritage of the disease.<sup>7</sup> It spotlighted the extent to which the relationship between mobility, proximity and geopolitical borders were central to the perception of syphilis. In historical debates, which pivoted around the question of the pre-Columbian origin of syphilis, the presumed site of its origination was

juxtaposed with a number of localities where its prevalence had been recorded. The new discipline of forensic archaeology searched for the 'primeval' site of the disease. Texts and bones were the objects of its study: historical geography of syphilis was thus mapped out on a terrain where corporeality, textuality, temporality and space were conjoined.

Synchronic mappings of syphilis, on the other hand, were based on the identification of the prime sites of its incidence in the nineteenth century. At a time when, apart from venereal syphilis, medical practitioners recognized the existence of non-venereal and endemic types of the disease, such attempts were a means of communicating the dangers of syphilis transmission as well as of voicing one's own political position concerning the modes of its prevention. With the advent of modernity, with new means of transportation, a changing urban landscape and new forms of capitalized labour, the disease threatened to destabilize existing material and social orders.

As I extensively argue elsewhere (Pietrzak-Franger 2017), while in Britain, like in continental Europe, syphilis became ever more closely associated with civilization, medicine offered a more nuanced view of this relationship. Medical and medical-geographical mappings of syphilis assumed a connection between venereal syphilis and the centres of modernity. In spatial terms, this involved a hierarchical cartography of syphilis occurrence. Whereas non-venereal, endemic forms of the disease were only tentatively linked to geographical distinctions, while being based on racial peculiarities and class divisions, the spread of its venereal form was considered as tantamount to the degree of civilizational progress. Yet the post-1850s insistence on an 'innocent' spread of the disease betrays larger fears fuelled by transformations brought about by modernity. In the context of new production and consumption modes, in which syphilis became divorced from the sexual act and extended over (intimate) relations, any sort of exchange became pathologized and served to outline the perils brought about by modernity as much as by the imperialist politics of the era.

This intensification of medical discourses around the non-venereal, extra-genital type of syphilis, as I argue, also put forth the ineffectiveness of regulationism as a prophylactic measure and exemplified much broader anxieties concerning the future of the nation. If the disease could be transmitted in a non-venereal way, and if there was no knowing who may or may not have it, how to protect society from this peril? Neither registration of syphilis cases, nor educational or coercive measures,

however, seemed to offer a suitable means of syphilis prevention. Activating the vocabulary of civic responsibility, although indicative of changing attitudes towards the illness, was at the same time an expression of helplessness. No practical measures could guarantee a prophylactic success if the disease was so prevalent. Even at the time when the virulence of the disease was diminishing, geographical mappings of syphilis continued to spread panic and insist on its ubiquity. As there were no satisfying ways of prophylaxis, medical writings took part in the spatial rhetoric that underpinned diverse and often contradictory discourses concerning the regulation of migrant populations and their potential role in the spread of venereal diseases.

### GEOGRAPHIES IN FLUX: SPACE, SYPHILIS AND SOLDIERS' MOBILITY

Apart from being a concern of syphilis specialists, the actual and imaginary geography of syphilis was of interest to military and tropical medicine, the regulationist circles and the abolitionists. Scholars have pointed out the importance of "geographical imagination" to the imperial politics and its regulation of sexuality and to public health reforms (Phillips 2006: 5).<sup>8</sup> Putting in place – ordering – was inexorably associated with health and regarded as a chief characteristic of the imperial rule.<sup>9</sup> It involved the practices of "place-making," of turning specific spaces into "sites of confinement and incarceration" (Bashford and Strange 2003: 10). Exclusion and isolation were also traditional means in the prevention of contagion, applied with particular stringency at the turn of the century (7). "[C]onfinement-as-prevention" was instrumental in insulating the allegedly dangerous element and in securing the health of society (6). It was, as has abundantly been made clear, also the only grand-scale means in the prevention of syphilis, with its most problematic realization in the CD Acts. Spaces delineated in the course of such prophylactic attempts were not a simple background for the implementation of various isolationist measures. They were complex, interrelated sites of social exchange.

Spaces of syphilis visibility were inherently material, social and discursive in character. Their multifacetedness can be highlighted with the help of Henri Lefebvre's trialectics of spatiality, further developed by Edward Soja. Lefebvre distinguishes between "conceived space," for example, the space evoked by planners or scientists; "perceived space" or "spatial practice," which refers to the social production of space and which comprises

material, empirical spaces that can be measured and described; and, finally, “lived space,” which both incorporates the previous two and is different from them: a space of representation and symbolism, a potentially politically viable space of resistance (Soja 2010: 66–8). Post-Foucauldian thinkers have also considered space as a relation between a variety of such sites which are “defined by relations of proximity” as they constitute a grid of intertwined points and elements (156).

Two of such interrelated sites – colonies and military hospitals in Britain – constitute an exemplary imperial space of (in)visibility, which can be regarded in terms of heterotopias or “counter-sites” (Foucault 1986: 24) that make visible and indicate the values of the cultures that have created them. Envisaged in terms of thresholds (and trespasses), these sites were highly dangerous contact zones. Interlinked by military activities, they were also conceptualized as spaces of confinement and neutralization of the danger that was associated with soldiers’ disreputable behaviour. Regarded as unruly sites of infection, soldiers’ bodies were targeted by various practices of governmentality, which, however, had to be tailored to and comply with the popular imagery of the British army. A comparison of the aforementioned sites and soldiers’ bodies shows that both were regarded as health hazards to the whole nation. Irrespective of their political alliance, the major discourses addressing the future of the nation with respect to the health of the army prescribed a degree of spatial isolation both of the infected soldiers and prostitutes, even though the latter clearly remained their main target.

### *Colonies and Cordons Sanitaires*

In the medical context of the late nineteenth century, colonies constituted a terrain of viral toxicity, dirt and contagion, always threatening to halt civilizational progress and to infect the “body politic” of the colonizing countries (Levine 2003: 9). In fact, in the *Manual of Venereal Disease* (1907), co-edited by director-general of the Army Medical Service, Sir Alfred Keogh, dirt and venereal diseases are brought together: “Venereal diseases are propagated, in fact, in filthy surroundings, and it may be regarded as an axiom that the chances of avoiding infection are in direct proportion to the extent to which cleanliness and personal hygiene are practiced” (2–3). In this context, the soldier’s body was regarded as equally susceptible to dirt and to venereal disease. Military memoranda

warned against free ‘exchange’ with local populations, who, allegedly, were a source of infection that would invariably wreak havoc on men’s bodies. In his 1905 memorandum, Lord Kitchener warned the troops:

Syphilis contracted by Europeans from Asiatic women is much more severe than that contracted in England. It assumes a horrible, loathsome and often fatal form through which in time, as years pass on, the sufferer finds his hair falling off, his skin and the flesh of his body rot, and are eaten away by slow, cankerous and stinking ulcerations; his nose first falls in at the bridge and then rots and falls off; his sight gradually fails and he eventually becomes blind; his voice, first becomes husky and then fades to a hoarse whisper as his throat is eaten away by foetid ulcerations which cause his breath to stink. (qtd. in Levine 1994: 591).

In the course of this narrative, which also links syphilis to consumption, the soldier gradually loses his sensorial functions (the failing sight, the changing voice, the rotting nose) and disintegrates into the disease itself: his body is described in terms used to delineate the symptoms of the disease (for example, “foetid ulcerations” and stinking breath). With the loss of his bodily functions, and with a gradual disappearance of his voice, the soldier loses his identity and becomes a cesspool of putrid flesh.

Highlighting this dramatic rhetoric of identity loss, Levine argues that Kitchener’s description supports a much larger argument, namely, that British soldiers were endangered not only by physical diseases but also “by a whole grim process of orientalizing” (1994: 591). Statistical tables in military reports give credence to Kitchener’s warnings, showing, year after year, the numbers of men incapacitated by the disease. Notwithstanding its lack of accuracy, statistical information was often used as an effective rhetorical device evincing the urgency of a systematized regulation of venereal disease in the colonies. Military reports underscored the importance of the problem as they outlined the ravages of syphilis on the “strength and efficiency of the British Army” and the alarmingly frequent “wanton waste of good material,” which became worthless to the country.<sup>10</sup> Attacking the body of the troops, venereal disease was portrayed as undermining the stability of the whole colonial state (Howell 2009: 200).

Preventive measures aiming to ensure soldier’s health consisted of a diversified politics of spatial enclosure. Although visibility underscored imperial sexual politics, it in fact produced porous spaces of tentative



(in)visibility, which became both arenas of racial, class and gender segregation, and potential sites of resistance against the newly implemented rules. Assuming a fusion of the concepts of the empire and Britishness, Levine highlights the separatist politics of Great Britain at a time when "empire itself was not a single site" and the evolving idea(s) of nationality had to be stabilized (2003: 4).<sup>11</sup> This stabilization required a constant control of contact zones, which, while signalling colonialist progress, continued to be regarded as virulent sites of possible unrest and degeneration. Since Britain was constructed in opposition to its colonies, unremitting efforts at girdling and rigidifying these borders were undertaken to ensure the stability of this division (299). Sexual practices of the British troops were one of the major targets of this politics. Operative in almost all colonies, various regimes of spatialization and isolation emerged as a combination of pragmatism, centralized directives and local politics.<sup>12</sup> Even the legislatively unregulated spaces bore the marks of this regimen of confinement.<sup>13</sup> Although greatly differing from place to place, the CD Ordinances and Cantonment Acts primarily targeted local prostitutes in an attempt to protect soldiers' constitutions. Yet, while intended to combat venereal infection, they scarcely undermined the operations of the sex market (Levine 2003: 38).

Managing the sites of prostitution aimed at the maintenance of a "cordon sanitaire," whose aim it was to ensure a degree of separation between indigenous and colonial populations, maintain hierarchies among brothel-goers and warrant spatial differentiation between healthy and ill bodies (Levine 2003: 307). Domesticating prostitution and making it visible and public facilitated its control. Local regulational practices involved such strategies as "zoning of vice districts" and licensing of brothels, control of public spaces and various technologies of moral policing as well as the identification, registration, regular inspection and detention of women suspected of prostitution (Howell 2009: 323). Further strategies encompassed photographing and ticketing of the prostitutes, writing their names on the walls of the establishment or numbering them and the rooms of their operation.<sup>14</sup>

The proximity of the brothels was also licensed: placed within the easy reach of soldiers in the cantonment, they were nonetheless often relegated to its margins. Reconstructed by M. Satish Kumar (2005), Lucknow and Peshawar cantonments demonstrate the extent of this confinement and show that orderliness was a prerequisite to what was regarded as a successful means of

prostitution control. In contrast to these orderly, conceived spaces, the perceived space of the *chakla* was a nauseating, claustrophobic site of sexual trade. It was subject to various abuses on the side of the clients who, drunk and violent, marked the prostitutes' bodies like the British Government marked their abode (Howell 2005: 167). Importantly, the technology of isolation also dictated the hierarchies of the brothels' inhabitants and clientele and policed the flow of bodies within cantonments' confines. In Madras, where hospitalization was not the preferred means of management of diseased prostitutes, every woman found suffering from venereal disease had her hair shaved off and was expelled from the vicinity of the cantonment (Levine 2003: 39). In other colonies, their mobility was highly policed.<sup>15</sup> A hierarchical (class, caste and racial) exclusivity of brothels was the major aim of such activities. Colonial mechanisms of spatialization were similar to home technologies of "containment" and "localization," which aimed at situating brothels in well demarcated and easy-to-police districts (Howell 2009: 93). In the whole of the British Empire, albeit with considerable local differences, regulationist policies, as part of "disciplinary modernity," relied on spatial regimes of surveillance (Howell 2009: 11). And yet none of these spaces was unambiguous as they generated an uneasy tension between visibility and invisibility:

The moral element of spatiality created a dilemma about who exactly could or should see and track who. The too-visible brothel invited even while it could be watched and disinfected. Sex, though it had to be represented as marginal, was in fact central to colonial rule. The marketplace of colonial sex had to be maintained but how to achieve that, and still preserve the hard geographical boundaries by which "civilized" morality was defined, recognized, and sustained proved inevitably an impossible endeavor. (Levine 2003: 322)

This tension between the visible and invisible proved an impossible obstacle to overcome and invited a myriad of resistance strategies. Nonetheless, the official propaganda continued to hail orderliness and salubrity as the major components of home and colonial prophylactic schemes.

In contrast to the discourses of government officials and local legislators, abolitionists' use of spatial rhetorics turned the same sites into godless terrains of sanctioned vice, degradation and moral degeneration. Famously, Alfred Dyer, evangelical reformer and founder of *The*

*Sentinel: The Organ of the Social Purity Movement*, compared Sitapur, one of the places in India where Cantonment Acts were in operation, to a “licensed market of sin” (1888b: 2). The three bazaars of the city were, according to him, public fairs of carnality, debauchery and corruption, with soldiers, accompanied by prostitutes, “going in and out [...] without any appearance of shame” (1888a: 25). In Bombay, he reported, major thoroughfares had been transformed into a stage on which the spectacle of soliciting women, displayed in open windows of houses ablaze with light and lust, was served out to gaping soldiers, natives and passers-by (1888b: 2).

The map of India that Alfred Dyer drew in one of his reports teems with governmentally licensed sites of corruption. It is an integral part of his anti-governmental rhetoric. His cognitive mind map of Bareilly (Fig. 5.1), likewise instantiates his fears of the centrality and visibility

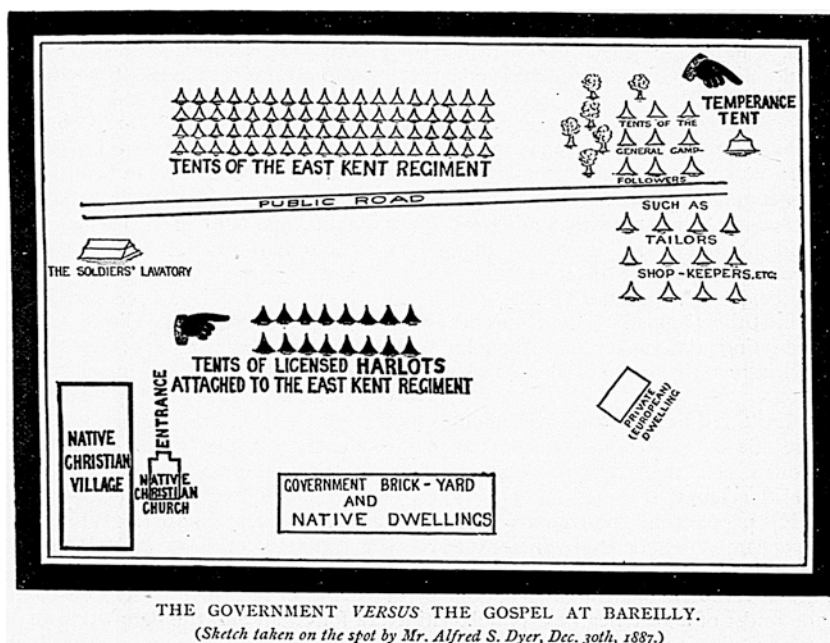


Fig. 5.1 Alfred Dyer's maps of the Empire, *The Sentinel*, 1888. Image published and produced with permission of ProQuest as part of *British Periodicals*

of “tents of licensed harlots” to the morale of the troops: “It is an illustration and sample of how lust is forced upon the British soldier, and how the native population is corrupted, by the British Government in India” (A. Dyer 1888a: 26). The regularity of the regiment tents is juxtaposed with the even rows of prostitutes’ abodes. Highlighted through shading and bold captions, indicated by a manicule, they occupy the central position: they are situated in between the church, native and private dwellings and shops. Set in plain view of military tents, they “confront the troops from morning to night, separated [...] only by a public thoroughfare, without any buildings or trees intervening” (26). The map is built on oppositions: the central space of licensed sexual traffic is juxtaposed with the marginal site of reformation, instantiated by the “temperance tent.” With their marked difference, the prostitutes’ quarters are regarded as dangerous to all surrounding sites. The apparent orderliness of the map testifies to the legislative centralization of sin and corruption.<sup>16</sup> Due to its cross-continental diffusion, Dyer’s visualization of the contiguity of these sites had tangible political effects. As Phillips has shown, the abolition of governmental regulation projects in India was partly attributed to the influence of his powerful geographical imagination (2006).<sup>17</sup>

As a synecdoche of the colony, then, the brothel and its positioning in the (proximity of the) cantonment, was an ambiguous space; a space that curiously mirrored, questioned and reversed knowledge-power relations in the cantonment and in the colony. It was the colony’s own heterotopia: a territory that put to plain view the illusory character of the colony itself (Levine 2003). Dyer’s mind-maps of the British legislative ‘colonization’ of India throw into strong relief the isolationist principles of various regulations of venereal disease but also show to what extent they were inherently unstable and destined to fail.

Cocooned in the imperfect, often incoherent and porous cordon sanitaire, the soldier’s body nonetheless retained its permeable character. Further disciplinary regimes aimed to shape it into an armour-like piece of machinery that would resist the attacks of the enemy, be that fiendish troops or infectious diseases. The fitness of the British troops and sailors signalled imperial power. Despite a marked improvement of the army’s reputation, it was the navy that continued to constitute the prime object of national pride (Padfield 1981: 4).<sup>18</sup> Soldiers were presented as “wholesome and brave defender[s] of the motherland,” which helped to boost nationalism and functioned as an effective recruiting strategy

(Levine 2003: 268). Yet one could also sense public concern: depicted as “sacrificial lambs,” the rank and file of the British army was conceived of as passive victims of larger forces (269).

There was a discrepancy between the depiction of soldiers for mass consumption and their presentation in military writings. Joseph A. Kestner notes the extent to which military imagery both constructed and continually questioned dominant fictions around the British Army, its hegemony and the valiantness of its soldiers (1995: 190). On the one hand, it perpetually phallicized the male body, turning it into “the signifier of empowered masculinity” and “cultural Caucasian superiority” (194), on the other hand, it also often portrayed its vulnerability, for instance in the defeat scenes (204). Through its heightened circulation, such imagery expanded the sites where military masculinity could be negotiated and its inner conflicts revealed (222). At the same time, popular newspapers such as *The Illustrated London News* or *The Graphic* lauded the heroism of the Victorian soldier and romanticized army combat (Manning 2009: 10–12). Despite popular extolment, soldiers (and their bodies) continued to be regarded as potentially unruly, although not to the extent that was characteristic of the early nineteenth century: the rank and file was seen both as “modest men of sensitivity and as sly fornicators skilled at hiding their symptoms” (Levine 2003: 278). Both of these attitudes betray continuous fears concerning the state of soldiers’ moral and physical fitness and their potential to corrupt the whole nation.

Through a combination of moral and physical teaching, the army officials attempted to ensure the strength of the British troops. This, however, chiefly affected the women in the cantonment and their mobility. Built on this double standard, the CD and Cantonment Acts failed to exert the same sort of restriction on soldiers. An expensive article, the average Tommy would seldom be punished for his crimes against proper conduct. Mostly a working-class man, he would be targeted by moral education and the exemplary behaviour of higher rank officers. In this context, ideals of gentlemanly masculinity (bravery, autonomy, self-control), which “served to shape the contours of imperialism” were presented as worthy of emulation (Levine 2003: 258). Temperance was a hot currency. Keogh et al. expressed hope that soldiers would recognize the shame and loss of vital powers brought by incontinence so that “in time it may be considered no more manly to be incontinent, than it is manly to get drunk” (1907: 31). Such lectures aside, punitive and

preventive measures, which were often used to harness prostitution, were seldom employed to target men (potentially) suffering from syphilis. Although there were periods when corporeal inspection was conducted among English troops, with processions of naked men as its most visible marker, these measures were altogether very infrequent. Cutting wages of soldiers who entered military hospitals on grounds of venereal infection was often criticized as conducive to the concealment of illness.<sup>19</sup>

Sanitary reform, along with the emphasis on physical and moral fitness, were the major preventive practices targeting soldiers. The Crimean War (1853–56), apart from being a military disaster, brought in its wake various sanitary measures as well as being an incentive for a number of disciplinary reforms. The Indian Mutiny (1857–59) also contributed to the reforms in the army. As Ken Hendrickson has argued, it was in this post-war climate that the exercises in “moral discipline” of the British troops began to yield practical results (1996: 21). The virtues of the middle classes began to be implemented in the military context (21). It was a time which, according to Douglas M. Peers, brought a “transformation of the British soldier from ‘scum of the earth’ to Christian martyr” (1999: 25). In his capacity as the secretary of state (1868–74), Edward T. Cardwell initiated an administrative reform of the Victorian army.<sup>20</sup> Shorter periods of service and early marriage were some of the proposals that were to facilitate moral and physical health. Sanitary facilities, such as common washrooms, were planned to ensure a degree of individual hygiene; physical exercise and competitive sports were often implemented with the hope that physical exertion would distract men from less healthy pastimes. “Nothing counteracts so strongly the irregularities of the imagination and sensual affections consequent upon a lazy, sedentary life, accompanied with overfeeding and luxury,” Keogh wrote, “than bodily exertion and methodical, pleasant physical exercise. It develops force of character and energy, which are useful for all purposes in life, and ability to act; in short, a well-trained body is not compatible with drink or sexual excess” (1907: 32). Physical exercise and gentlemanly values were regarded as prerequisites to moral fortitude.

In the environment of the colonies, which were perceived as sources of physical and moral degeneration, various material-discursive measures were employed to ensure the health of the troops. Spatial politics of segregation, confinement of diseased prostitutes, ghettoizing of cantonments and city districts and training of men’s resilience were the most

common ways of ensuring their fitness. These disciplinary regimes targeted men's environment to create a cordon sanitaire that would buffer the 'poisonous tang' of the colony and strengthened the contours of their body boundaries. These practices, however, also created spaces of resistance: the borders of the colony, the cantonment and the soldiers' corporeality were always in danger of dissolution. As heterotopias, cantonments spotlighted the inefficacy of the values of temperance, gentlemanly conduct and self-control and mocked their application in the colonial context. They also highlighted the impossibility of ensuring impermeable borderlands and thus undermined the success of Britain's colonial project. Like the colonies and cantonments, male bodies continued to pose an unrelenting threat of contagion. That is why their mobility had to be policed.

### *Distance, Movement and Care*

In military and abolitionist reports alike, distance had double significance. Regarded as the major factor behind soldiers' wayward behaviour, it was also deemed necessary for national safety. In her pamphlet "A Plea for Our Soldiers" (1898), moral purity advocate Ellice Hopkins suggests that distance is responsible for soldiers' moral immaturity: devoid of the warmth of the familial hearth, they "blunder like blind puppies into sin" (n. pag.). Likewise, in *Syphilis in the Army* (1907), Herbert Cumming French, War Office Specialist in the Royal Herbert Military Hospital in Woolwich, sees distance as equally detrimental to soldiers' morale as the new implemented short service; according to him, the new system, "the loss of European women's society, and climatic conditions, markedly predispose to venery in India" (14). Associated with the loosening of family values, geographical remoteness was considered as a crucial factor in soldiers' moral degeneration.

At the same time, once they have left the aegis of insular domesticity, the soldiers were regarded as a national hazard. That the soldier's body was viewed with unremitting fear of contagion is clear from frequent reports describing the physical rottenness of soldier-patients. In his letter to Mr Maurice Gregory, Reverend J. Clough recounts his personal experience with the pain and suffering of chronically ill soldiers. As chaplain to military hospitals in India, he witnessed cases of incurable syphilis. He attended soldiers whose "sufferings were indescribable" as their bodies failed them. "[O]ne detail," Clough continues, was "that from rotting

away of his throat [one patient] was unable to swallow – what went in at his mouth the attempt to swallow discharged through his nostrils – he died.” In another instance, recounted to Clough by a surgeon in China, “a soldier in whom Syphilis actually caused his penis to fall off – This poor wretch was a married man whose wife had been left in England ‘till the war was over’ – that after the disease had mutilated him, the news was received that the wife was to arrive in a few days – the man blew his brains out.”<sup>21</sup> In these accounts, male bodies were depicted as sources of pollution and contamination, dangerous to the population of the home ports.

Likewise, the troopships that carried them home were viewed as sites of physical degradation by military surgeons and soldiers alike. Ill-ventilated and usually below the water line, the troop quarters were described as a “pandemonium” (Manning 2009: 39). The ship itself, as an exemplary heterotopia, evinced the ubiquity of the disease. As a counterspace to Great Britain, it reflected various attempts at social orderliness but also undermined their effects. In the 1897 “Medical Report on Cases of Syphilis from India,” Surgeon-Major H. R. Whitehead outlines the dire condition of men returning from colonial service:

No one can imagine a sadder sight than the reception here of a batch of poor fellows suffering from this disease [syphilis], from one of the troopships, utterly broken down in health, hardly able to crawl, covered with scabs and sores, with the foul odour of the disease about them, objects of disgust and loathing to themselves and all around them, their condition is indeed pitiable and shocking. (30)

Whitehead’s description offers a potent image of disintegration that echoes Kitchener’s memorandum: unable to walk and covered in lesions, the soldiers are a disgusting and ‘pitiable’ spectacle. Their smell is the smell of death and putrefaction.<sup>22</sup>

In this context, Josephine Butler’s concern was not only about the sanitary provisions but also about the morale of the soldiers.<sup>23</sup> This same type of anxiety concerning lewdness resurfaced in official policies, which prescribed regular inspections of troops transferred to other stations and shipped abroad. Regular checkups marked their progression. The medical addendum to the Indian Cantonment Act of 1897 required that troops be inspected for venereal diseases prior to their departure from the station as well as on the arrival at the place of destination.<sup>24</sup> It transpires from Herbert Cumming French’s report that the shipping of soldiers abroad



would be even more closely monitored. The men would be inspected before the embarkation, one day after it, on the seventh day of the sea journey, before disembarking and on the arrival at the new station. In cases of suspicious behaviour, unexpected inspections would take place (H. C. French 1907: 19). Whether the inspections were carried out with this prescribed regularity and whether they in fact brought the expected results is a matter of contention. It is important, however, that they marked the de facto distance between the home quarters and the military destination. Those efforts are a testimony to the fears that they inspired. Temporal immobilization of those who were suffering from syphilis was the only preventive measure that, at least on paper, showed that the army took pains to limit the spread of the disease.

Such lack of mobility, however, was regarded in negative terms by soldiers themselves. In his short story, "Love-o'-Women," Rudyard Kipling associates the arrest of movement with the ravages of locomotor ataxia, a disorder linked to the third stage of syphilis at the time. According to Gould's *Student Medical Dictionary*, locomotor ataxia is a symptom of tabes dorsalis, spinal sclerosis, and is characterized by a lack of coordination of muscular action (1900: n. pag.). In Kipling's story, the main symptom of the disease is the broken constitution of Larry Tighe, the eponymous "Love-o'-Women," a friend of the embedded narrator, Terrance Mulvaney, who recounts the latter's life. Like in New Woman fiction, here, the syphilis sufferer is portrayed in terms of racial degeneration: he is "an impertinent Irish-faced ape" (1912: 302). Yet Kipling's short story goes beyond this popular evocation and describes, through the eyes of a fellow soldier, the constitutional changes that the disorder brings about. Tighe is both "all twisted" and "stiff as a ramrod" (302). He moves as though "he was bein' kicked behind" (305). While he manages to hide his deteriorating physical powers, the doctor's diagnosis – the naming of the disease – forces him into the patient's role. After that, he no longer manages to summon his body to act like a cog in a military machine. After the diagnosis, he is described as "cripplin' and crumblin' at ivry step," his hand on his comrade's shoulder and "his right leg swingin' like a lame camel" (312). When recuperating in a hospital, he can no longer perform simple actions like buttoning his shirt (313). Nursed by his friend, "Love-o'-Women" nonetheless withers "like beef rations in a hot sun" so that, when he visits his "wife," a woman whom he ruined, he looks like "a dead man walkin' in the sun, wid the face av a dead man and the breath av a dead man, hild up by the Power, an' the legs an' the corpse obeyin'

orders" (320). Tighe's suicidal attempts failing, he dies a slow and painful death, as his suffering cannot even be attenuated by alcohol.

Next to Kipling's characteristic preoccupation with the realities of soldiers' lives, recounted in the journalist-like vernacular style, two concerns become apparent in the short story: his obsession with the army as a privileged site of ordering and his interest in imperial mobility granted by the new means of mass locomotion. With reference to both issues, syphilis is regarded as a powerful force that immobilizes, disturbs the reigning order and is irrevocably associated with technological modernity. When the doctor explains to Mulvaney the meaning of his disease, he links it to the railway: "They call ut Locomotus attacks us [ . . . ] bekaze [ . . . ] ut attacks us like a locomotive" (314). Kipling's enthusiastic reception of new technologies and their anthropomorphic character in his works are here linked with the negative sides of modernity and technological progress, leading to disorder (Welz 2003: 343). Interpreted with reference to its role in the colonial project, the locomotive – the empire itself? – is associated with the ravages of syphilis. The disease turns Tighe's body into a corpse, immobilizes him and contributes to the loss of his senses. By that, it also renders him useless to the army. Tighe seeks death in the field thus endangering his companions. He can also no longer perform his role as a soldier as the armour of his body crumbles and he is left encased in a body of pain. He is emasculated by syphilis (Welz 2003: 308).<sup>25</sup>

Importantly, unlike in military and abolitionist reports, in Kipling's story, domesticity is not associated with geographical parameters but with interhuman proximity. Here, the apparent contagiousness of a soldier suffering from syphilis is gone. Tighe's close relationship with Mulvaney is a relationship of care. Although Mulvaney has always feared Tighe, instead of going back to his newly-wed wife, he stays to nurse his friend. Caring and emotional intimacy are taken out of the narrow circle of middle-class proper domesticity and expanded over tabooed relationships with the fellow soldier and a prostitute. While this attachment eases Tighe's sufferings, the invalid's final journey to the brothel, the abode of his wife "Di'monds-an'-Pearls," is constructed as his return home. Even though the woman blames him for degrading her to the status of a prostitute, an accusation expressed in evocatively geographical terms ("You taught me the road. You showed me the way," Kipling 1912: 320), she opens her arms to welcome the dying soldier. Yet this seemingly idyllic reunion of two lovers – his realization of his faults and

her forgiveness – has bitter overtones. As the narrator runs to fetch the doctor, the woman shoots herself. Buried on a civic cemetery thanks to the generosity of a doctor who had earlier refused to come to the brothel for fear of losing his reputation, they are united in one grave but also no longer to be feared. The contagion (presumably) both carried in them is gone. At the same time, their faith prompts the doctor's act of compassion and changes his life as he runs away with another man's wife. Kipling's short story combines powerful emotion with a deep moral message and an unprecedented exploration of exceptional altruism towards the victims of syphilis.<sup>26</sup>

It is hard not to sense eugenic overtones in this ending, which immobilizes both characters far away from the native shores of Britain. Enveloped in narratorial empathy, the life and death of "Love-o'-Women" offer another tale in which distance plays a significant role in keeping the borders of the British Empire untouched. Importantly, the story, if only fleetingly, addresses official concerns over the health of the returning soldiers. Like these, the medical establishment in British military hospitals and abolitionists alike endorsed a policy of confinement as a means of suppressing the presumable contagion associated with the soldiers' return home.

### *Containment at the Border*

Like their journey to the foreign station, soldiers' return home was problematic. The ones presumed contagious had to be arrested at the border to avoid the spread of the disease among the civil population. Soldiers suffering from venereal diseases were admitted either to general or to specialist military facilities. Those returning from service overseas would, most certainly, be treated at large military hospitals, for instance in London and Woolwich, or at the Royal Victoria Hospital in Netley, Hampshire. Opened in 1866, the latter facility would serve as a centre of military medicine for another hundred years before its demolition in 1966. The hospital was a testimony to Britain's grandeur and, at the same time, an edifice of the pervasive fears and anxieties of the era. A product of modernity, it was both a space of progress and a terrain which brought to mind Gothic tales. In its pragmatic and symbolic complexity, it exemplified the ambiguity with which the syphilis-ridden bodies of overseas soldiers were met. Like them, it was a site of national pride endangered by putrefaction and the horror of degeneration. Alongside the space of

convalescence, it constituted a potent means of detention and a site of containment for the soldiers whose return home was regarded as a health hazard to civic society.

Initiated at Queen Victoria's request, the building of the Netley hospital was to offer long needed facilities for ailing soldiers, who until then were treated in the Barracks at Chatham.<sup>27</sup> Preliminary plans delivered by Sir Charles Barry, master of Italianate architecture and principal actor in the rebuilding of the Houses of Parliament, conceived of the hospital in terms of continental palaces (Hoare 2001: 99). With its architectonic magnificence, mammoth grandeur and sheer scale (stretching over a quarter of a mile), the building was to be a monument to the Queen's thankfulness to her soldiers for their sacrifice in defence of the country. The hospital was publicized as an architectonic jewel and an object of national pride. *The Navy and Army Illustrated* extolled the impression of serenity and peacefulness of the complex (Hoare 2001: 112). The *Chambers's Journal* highlighted its beauty and the comfort it provided for the soldiers ("A Soldier's Friend" 1875: 598). *The Leisure Hour* sang hymns to its splendour: "In site, size, architecture, accommodation, and management, there is no other hospital in the United Kingdom, or even in Europe, to surpass it" (Mossman 1883: 228). It applauded the "fitness" of the building and painted an image of the hospital against the background of bucolic scenes of recreation and quietude (228–9). The article commended the majesty of the piazzas and the pleasantness of the interiors, with prints on the walls and plants in the corners of ward corridors, with recreation facilities such as a reading room containing a proscenium and stage for occasional enactments. It marvelled at the Eden-like landscape, adorned by Page Bridgewater with a selection of English and exotic plants, and the self-sufficient, almost city-like, character of the complex, which included, among others, its own pump station and gas facilities (Mossman 1883: 229–31).<sup>28</sup> The professional management and scientific value of the medical school were also subject to continuous admiration.

Press images popularized the spectacle of the hospital's rhythmic architecture. The print accompanying Mossman's article flatters the size of the hospital wards by situating two ships in front, through which comparison the monumentality of the hospital becomes plainly visible. The print presents the hospital from the point of view of a soldier returning home from a tiring service: it offers a peaceful haven

for exhausted men (Mossman 1883: 229). "This splendid hospital," writes the *Chamber's Journal*, "is almost the first building on his native shore to great the eyes of a returning invalid" ("A Soldier's Friend" 1875: 369). Positioned on a geographically prominent site, with an impressive chapel and an outstanding pathological museum, with exotic specimens and war memorabilia exhibited side by side with dinosaur skeletons and morbid anatomy, Netley was also a tourist attraction and a part of Victorian visual culture.<sup>29</sup> Uniting under one roof a centre of tropical medicine, a geological museum and incapacitated soldiers from all over the world, the hospital was a monument to Britain's historical and geopolitical importance. It bore traces of the British heritage and referenced the potentialities of its imperial future.

Yet Netley's splendour was undermined by critical reports which castigated the choice of the location, failed execution and outdated planning. Most readily, Florence Nightingale and *The Builder* launched a series of attacks, pointing out the numerous shortcomings of its antiquated plans. Nightingale famously critiqued the eccentric fancy of the architect:

It seems to me that at Netley all consideration of what would best tend to the comfort and recovery of the patients has been sacrificed to the vanity of the architect, whose sole object has been to make a building which should cut a dash when looked at from the Southampton river. (Woodham-Smith 1951: 276)

Such arrangements were far from satisfactory. The construction committee, technical experts and medical practitioners jointly raised critical voices. Even after these interventions, Netley's construction and the building itself continued to divide the public and the experts. In "Netley Hospital," *The Saturday Review* derided the "contaminated" site of the hospital, the lack of "sanitary principles" in planning and the potential cost of maintenance, along with ridiculing the medical prospects and promises that were used as a justification for its construction (1858: 206). The derisory tone of the article mocked the impracticality of the undertaking: "we have a fine sentimental flourish about the [...] cure which the soldier is to find in the 'view' from Netley Hospital! [...]. Here the soldier is to recover by the sight of a ship, as the sailor, we suppose, is restored by the sight of a camp" (1858: 206).

Irrespective of his praise for the outstanding character of the medical school and the “noteworthy spirit of discipline,” which seemed to characterize both the management of the hospital and the functioning of the medical school (1880: 71, 75), E. Lynn Linton systematically outlined the drawbacks of the hospital. Corridor planning raised the chance of disease transmission and frustrated what could be an effective natural ventilation system. Many of the amenities were out of order or designed in a way which made them unusable. Lavish and costly enamel baths situated in every ward could not be used, vapour baths, on the other hand, were situated at a distance unacceptable for invalids. The loop line of the railway stopped short of the hospital, making it necessary to use wagons and carriages for further transportation (Linton 1880: 80). The conspicuous building of Portland stone was, according to him, abused by convalescent soldiers, who were accommodated in one wing in winter months and who, taking up valuable space for the needy, left the site “deteriorated, dirty, and knocked about” (79). These sanitary shortcomings, the hospital’s geographic isolation, faulty management and misguided planning, Hoare argues, exemplified the “morbid strain of Victorian culture” and made evident the Gothic undercurrents characteristic of the area (2001: 111). What was conceived of as a monument to Britain’s national strength, “a statement of imperial intent, [and] an advertisement in brick and stone of the country’s international standing,” bore seeds of putrefaction in its midst (2).<sup>30</sup>

These publicly voiced inbuilt contradictions of the site stood for and were further underscored by the treatment of venereal disease patients: an alleged conceived space of healing, it became a potential space of detention. Venereal patients at Netley were not admitted to separate wards. *The Telegraph* reported that “no distinction whatever is made between sick and wounded at Netley – both classes of invalids are rightly held to be equally deserving of honour” (qtd. in Hoare 2001: 154–5). Was it generosity or the sheer number of venereal patients that prevented their segregation? Regular statistics from British and foreign stations highlighted the gravity of the problem. Despite their dubious accuracy, they were a sore on the reputation of the army. In the 1897 “Report of a Department Committee on the Prevalence of Venereal Disease among the British Troops in India,” an alarming increase of venereal cases admitted to military hospitals was noted. A report from a committee visit to Netley informed that 74 per cent of current patients

had a history of syphilis. It further described Netley as an “Inferno,” which became a graveyard for young men’s bodies:

Before reaching the age of 25 years these young men have come home presenting a most shocking [*sic*] appearance; some lay there having obviously but a short time to live; others were unrecognisable from disfigurement by reason of the destruction of their features, or had lost their palates, their eyesight or their sense of hearing; others again were in a state of extreme emaciation, their joints distorted and diseased.<sup>31</sup>

These ill bodies were conceived of as dangerous by a number of discourses, which appealed for their containment:

Not a few are time-expired, but cannot be discharged in their present condition, incapacitated as they are to earn their livelihood, and in a condition so repulsive that they could not mix with their fellow men. Their friends and relatives refuse to receive them, and it is inexpedient to discharge them only to seek the asylum of the poor-house; so they remain at Netley in increasing numbers, which, as matters now are, seem likely to continue to increase.<sup>32</sup>

The difficulty of the situation was further reported on in the “Memorandum by the Army Sanitary Commission and Correspondence Regarding the Prevalence of Venereal Disease among the British Troops in India” (1897). The report from Netley described the dire state of the soldiers, who showed no sign of recovery and who could not be discharged. Shunned by their relatives and with no place to stay, they had to be kept in the hospital. “Death alone” stated the report “can solve the difficulty” (1897: 4). In this context, Herbert Cumming French’s proposal to treat the returning soldiers in Aix-la-Chapelle, France, as a means of a better provision for their health also evokes the uneasy union of overt philanthropism and an underlying fear of soldiers reaching the British border (1907: 23). The repetitive evocation of the unwillingness of the soldiers’ friends and families to take care of them was used as an assertion of the magnanimity and charitable character of the army, which provided shelter for those who were abandoned by their own families. The necessity to arrest the progress of the presumably syphilitic soldiers on the border was voiced not only by the military establishment, it was also readily

supported by the abolitionists. Referencing the military reports of the Netley Hospital, Hopkins compared the almost benign character of the current situation with the daunting prospect of the diseased soldiers returning home: “Even this result is less terrible than the thought of the 8,190 infected men who are annually discharged and turned loose upon the civil population to become centres of disease and degradation to others” (1898: n. pag.).

It is apparent, in the context of these demands and debates that, in spite of the general reluctance to address the matter, army medical officials were in favour of a close monitoring of soldiers’ mobility. Such measures as inspections or confinement were, however, obviously not as stringent as the regulation of prostitution. Nor did they serve as effective preventive measures. What transpires from these reports, however, is that the soldiers’ bodies absorbed the negative characteristics associated with the colonial climate and were regarded as a continuing threat after their return home. While medical men, abolitionists and army officials disagreed as to the direction in which vice travelled and in spite of the unique and incompatible geographies of difference that they produced, they agreed that the soldier’s body – as the chief connector of these spaces – endangered British society and that its mobility therefore had to be limited. The conceived spaces of soldiers’ convalescence were often turned into lived spaces of, at least provisory, confinement.

### LOCK HOSPITALS: NODAL POINTS OF (IN)VISIBILITY

Lock hospitals were another site of confinement crucial to the British politics of syphilis prophylaxis. They were the nodal points of local, national and imperial policies. They were the chief sites of syphilis prevention and treatment, which also participated in broader technologies of regulation. Philippa Levine regards them as “vital cog[s] in the machinery of regulation” (2003: 212) and Philip Howell points out their complexity as places “where the contrapuntal forces of colonial and social hygiene and military discipline were brought to bear on the diseased bodies of women inmates” (2009: 198). They existed in an institutional network characterized by strong gender, class, racial and financial underpinnings instituted in the course of a historically specific management of venereal diseases, which produced inevitable tensions between the public (in)visibility of the institutions and their patients. Throughout the ages,



segregation and isolation were the guiding principles in the health provision offered by these institutions.

This section traces the tensions inherent to the (social) creation of lock hospitals as elemental sites of public (in)visibility in Victorian times. Attentive to the conceived, perceived and lived character of these spaces, it addresses them as both sites of isolation, invisibility and confinement as well as spaces of reformation and healing. Through this differentiation, it hopes to outline not only the variety of processes that turned these institutions into socio-politically viable sites of surveillance but also into ambiguous spaces of welfare provision. By attending to the plans of governmental lock facilities, I inquire about the ways in which the moral and physical care provision offered in these institutions, like medical geographies of syphilis and the monitoring of ill soldiers, fostered specific types of citizenship and demanded a degree of civic responsibility.

### *Spaces of Isolation and Invisibility*

Lock hospitals were only one material manifestation of the Victorian management of venereal diseases. What Kevin Siena (2004) regards as typical of eighteenth-century centres of venereal disease administration continued to hold true in the nineteenth century. A varied medical market comprised of private orthodox and fringe practitioners was available to anybody with sufficient financial means. In his 1882 overview *Lock Hospitals and Lock Wards in General Hospitals*, Frederic Walter Lowndes, surgeon at the Liverpool Lock Hospital, categorized nineteenth-century facilities of syphilis management into voluntary and governmental lock hospitals, lock wards in general hospitals and work-house infirmaries. These institutions continued to admit patients on the basis of such criteria as gender, disease stage, parish allegiance and financial possibilities. Apart from these facilities, which targeted the urban poor, the middle and the working classes, there were also institutions for the wealthy middle and upper classes, who enjoyed the privileges of private consultations and European sanatoria. Like in the eighteenth century, in the Victorian era, “medical discretion [also] came with a price tag and was not available to everyone” (Siena 2004: 257). Throughout the centuries, socio-economic considerations continued to shape the landscape of syphilis prevention and treatment.

Admission strategies were changing with time. In the course of the eighteenth century, venereal patients were denied admission to general hospitals. If existent, venereal wards, for instance at Guy's, St Bartholomew's and London Hospital, provided separate facilities by introducing specific cost and space arrangements that helped them maintain a distance between clean and 'foul' patients (Siena 2004: 220–3). The emergent locks, which, according to Siena, appeared as a response to demographic changes instituted by growing migration to urban centres, while initially admitting patients gratuitously, soon modified their policy in view of the changing geopolitical developments. Increasingly, venereal patients were regarded as the responsibility of their respective parishes, with exceptions made for those who had to travel considerable distances to the lock. High fees, varying according to gender and the type of patient care (in- and out-patients), served as a deterrent and further restricted access to the facilities (Siena 2004: 231–3). In the nineteenth century, voluntary lock hospitals continued to rely on donations, appeal dinners and supplementary income from the Chapel or the adjacent laundry (D. I. Williams 1995: 58, 110). In the mid-century, the system of admissions began to change from a strongly centralized arrangement in which the Governor recommended future patients to a system in which parishes and surgeons nominated the candidates (68). Under the CD Acts, the government paid for a number of beds in voluntary hospitals and supported financially the newly established garrison facilities. Financial insecurity and limited capacities continued to be the main practical reasons for the segregation of the admitted patients (Siena 2004: 242–5) as were gender and class-based isolationist policies, which were often based on various moral considerations (for example, in the London Lock; see D. I. Williams 1995: 68).

Local arrangements in the provision of syphilis patients differed considerably, as can be seen in Bristowe and Holmes's *Report on the Hospitals of the United Kingdom* (1864). St Bartholomew's and Guy's hospitals, which freely admitted male and female patients, segregated them into distinct wards. The London Hospital admitted only female syphilitics, and only those with letters of recommendation, and also treated them in separate wards. At King's College Hospital, they were accommodated in general wards. At the Royal Free Hospital, on the other hand, women patients were restricted to separate wards while men mingled with other patients in general wards (Bristowe and Holmes 1864: 474). The commissioners themselves did not

recommend regular admission of syphilis patients to general wards for fear of wasting the “funds of the charity,” though they agreed that severe cases should be treated (474). Judged of little interest to medical study, these patients could be “as well, or better, studied in the out-patient room” (474). While Bristowe and Holmes suggested separating larger groups of prostitutes in female wards, they did not regard individual patients pursuing the profession as particularly dangerous to the morality of other patients. Should their presence be assessed as injurious to others, they were to be admitted to general rather than to female wards. Bristowe and Holmes saw no practical reason in separating male patients. In fact, they did not consider the establishment of separate wards as urgent or necessary (1864: 475). Although not to the extent which would become characteristic of the late nineteenth century, these recommendations reflected existing social differences and disadvantaged women.<sup>33</sup>

Twenty years later, Lowndes promoted the separation of venereal cases as advantageous to health provision and as a matter of moral stringency:

For obvious reasons such wards must be kept distinctly separate. There must be not only separate wards, but separate closets; special male and female nurses, whose duties must be limited to these wards; and complete isolation from the other patients. These can only be satisfactorily obtained in a separate building. (1882b: 24)

The “obvious reasons” incontestably reference moral considerations as Lowndes calls for the isolation of venereal patients not only in architectural terms but also through the employment of special attendants. The evocation of “separate closets” highlights his strong conviction of the general contagiousness of the patients, whose belongings and/or alimentary provisions could be harmful to other inhabitants of the premises. Lowndes regularly supports his propositions with the help of favourable opinions, such as these of R. W. Coe of Bristol Lock Hospital, who regards separation as a way of placing the patients “in healthful moral condition” (qtd. in Lowndes 1882b: 18). The female Hospital and Asylum at Westbourne Green, Harrow Road and the Male Hospital and Out-Patient Department at 91 Dean Street, Soho, aimed to both “relieve disease” but also to “restore destitute fallen women” from all over Britain.<sup>34</sup> One ward was devoted to those women who were sent by the War Office, while a separate ward was prepared for

“‘married’ women who suffer through no ‘fault of their own’.”<sup>35</sup> An inspector reported:

One Ward is kept for those of the worst description of character; another for those sent to the Hospital through the different Unions, and a third for those who have expressed a desire to go to the Rescue Home in connection with the Hospital or to some other such Institution. [...] Those patients who wished to go into the Rescue Home are kept by themselves for a period of 2 or 3 months as probationers; they perform such work as scrubbing and sewing, and help generally in the work of the Home, but are not allowed to mix with those who have passed their probationary period and who are accupied [*sic*] in laundry work.<sup>36</sup>

It transpires from this report that separation was a mechanism serving the maintenance of order, which itself relied on the reification of social differences and women’s submissiveness to hegemonic power incarnated by the hospital staff.<sup>37</sup>

The isolationist debate aside, local planning schemes, legal circumstances and topographical practicalities had an incontestable influence on the geographical placement and visibility of the hospitals. The mid-nineteenth century saw the relocation of various facilities, and with them the lock, as an effect of larger, albeit always pragmatically dictated, changes in urban design. Gary A. Boyd, for instance, traces the highly “peripatetic” character of the Dublin Lock Hospital (later the Westmoreland Lock Hospital), whose changing locations evince no noticeable pattern (2006: 146–7). The 1747 voluntary Lock Hospital in London, established in Grosvenor Place, also had to move from Hyde Park Corner in 1842 because the lease on the premises was expiring and it was made clear that its presence was not altogether desirable in the more and more fashionable neighbourhood. New hospital buildings – the hospital itself, an asylum and a chapel – were erected in Westbourne Green, Paddington (Harrow Road). The choice of Westbourne Green for the new site, David Innes Williams speculates, was motivated by the “potential for a new congregation” that would ensure funds to the adjacent chapel, and hence also to the hospital, rather than by “the catchment area for clinical practice” (1995: 63). Soon, however, it became clear that with the growing number of syphilis cases, overcrowding and cumbersome distance for the city patients, a branch of the hospital would have to be opened in close vicinity to the high centres of urban density. A house in 91 Dean Street, near Soho Square, was chosen

and refurbished as a city site of the hospital in 1862. These city premises, built at the end of the seventeenth century, could hardly be distinguished from other buildings in the area which, vacated by its previous fashionable owners, now formed a district full of hospitals (D. I. Williams 1995: 73).

In the colonial context, the visibility of the hospitals and their isolation were equally, if not more, complicated and likewise dependent on local specificities. Lock hospitals have been shown to be an integral part of the geopolitics of prostitution regulation. Accordingly, the “political geographies” that governed the brothel landscape were also characteristic of the management of lock hospitals (Levine 2003: 313). Their geographical distribution was often premised on the principle of complex visibility: while brothels were placed in the vicinity of cantonments, and thus exuded a degree of legalized visibility, lock hospitals, as “shameful establishments, often remain[ed] hidden from public view” (Levine 2003: 314). At Cannanore, the hospital was deemed too close to the main road as it provided an unobstructed view of the inmates to the curious gazes of the passers-by. During the early twentieth century similar practices continued, with, for instance, Dorre and Bernier Islands becoming the geographically distinct spaces of isolation for Aboriginal syphilis patients, which shows that both “practical and moral considerations” underscored the choice of setting for lock hospitals: “[a]rchitecture, space, and living arrangements took on a moral cast” (Levine 2003: 314). Customarily situated near “lunatic or leper asylums, or jails,” lock hospitals were required to render the inmates invisible while remaining clearly demarcated and easily controllable sites (314).

Governmental lock hospitals, established under the CD Acts, were built in the vicinity of army quarters, often marking the threshold between the civic and the military sites. Kildare Lock Hospital was positioned along the High Road, between the Camp and the town.<sup>38</sup> In Aldershot, the facilities were situated on the opposite side of the town entrance.<sup>39</sup> Very often, governmental complexes were criticized for their disadvantageous planning. In her testimony delivered for the “Report of Royal Commission upon the Administration and Operation of the Contagious Diseases Acts” (1871), for instance, a matron to the Colchester lock hospital, Miss Brown, was content to report that the hospital was “not in an objectionable part of the town” but bemoaned the fact that its windows overlooked the field where soldiers “exercised their horses, and the officers had a cricketing ground” (645). In her testimony, the positioning of the hospital within the cityscape was as important as its distance from the military quarters. Here, the Colchester Lock Hospital is conceived of not only as a

space of separation but also as a site of confinement and unremitting supervision, whose permeability could be endangered by any type of porosity, be it escape or an exchange of glances.

The lock hospital as a type of heterotopia was an obviously policed space. Its role as a site of confinement and heightened supervision has been documented in detail. Boyd has shown that the plan of the Dublin Lock Hospital was based on a close surveillance and policing of the circulation of bodies within its walls (2006: 144–93). Likewise, most of the governmental hospitals were planned to improve this supervision. The plan of the Chatham Lock Hospital, for instance, shows the extent to which confinement and isolation were ensured. The entrance of the hospital was highly policed as it faced the hospital tower adjacent, on the right side, to the superintendent's and police quarters and to the surgery and the examination room on the other. Access to any of the wards was monitored by a nurse and a special segregation ward was supplemented at the end of the hospital corridor in case separate space was needed for particularly problematic cases. Such segregation wards were usually positioned deep within the hospital grounds, at a considerable distance from the entrance.

Similar arrangements can be seen in the governmental Lock Hospital in Colchester, where the segregation ward is the remotest building of the complex.<sup>40</sup> Here, the regular ward is situated between the separation ward and the surgery/police quarters. These administrative buildings mark the entrance to the whole complex. As in Colchester, it was the police officer and the surgeon (medical superintendent) who guarded the space. They decided who could enter and leave it. Here again, within the confines of the conceived hospital space, as instantiated by the architectural plans, the power of the government, the military and the medical establishment were combined. In Aldershot (Fig. 5.2), the insularity of the individual spaces of the complex was further ensured by landscape planning. The surgeon's quarters, almost parallel to the main ward, on the far left side of the complex, were separated from it by a garden, whose trees also provided shelter and a degree of privacy. The plan shows the extent to which landscape and architectural planning offered an aesthetically pleasing site of confinement and internal segregation.

The prison-like character of colonial lock hospitals has been noted (Levine 2003: 73–4). Abolitionists often used what they perceived as flawed hospital planning as arguments to highlight the inadequacy of the facilities and to lament the lack of dignity these facilities granted to

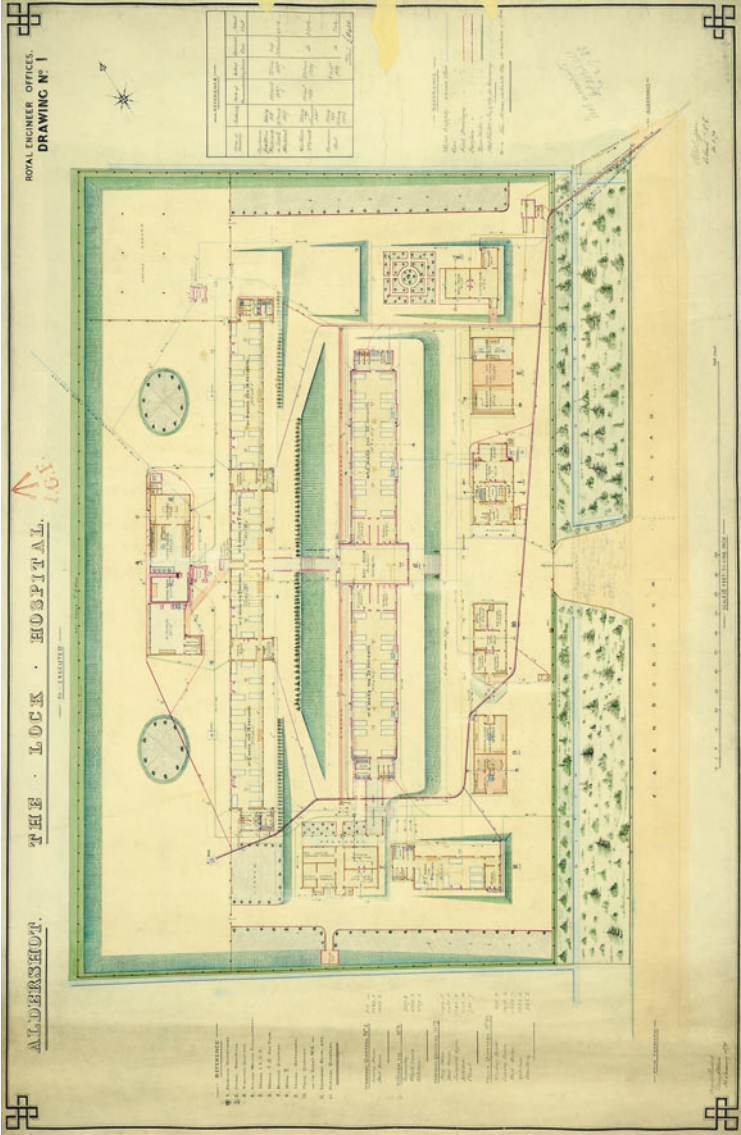


Fig. 5.2 Lock Hospital in Aldershot, *Aldershot Lock Hospital, General Plan*. 1871. National Archives, London



women. In their report, Kate Bushnell and Dr Elizabeth Andrew repeatedly emphasized the architectural internment of prostitutes in Indian lock hospitals. In Lucknow, they reported, the women's department was doubly enclosed, its windows were barred and the traffic was regulated by the watchman, whose lodge was located at the entrance (1899: 44). Inside the lock, native patients, such as respectable women who contracted the disease from their husbands, were separated from the garrison women, while the menstruating patients were lodged in another ward so as not to spread contagion (43). In Umbala, the hospital was enclosed by a "high brick wall" and a "heavy spiked gate" (44). In Meerut, although the facilities resembled "an Englishman's bungalow," they were surrounded by a wall high at the back and low at the front and were positioned opposite the headquarters of the native police (45). As Bushnell and Andrew's list of cantonment buildings – surrounded by walls and monitored by watchmen, guarded by "furious dogs" (48) and labyrinthine passages – includes facilities in Mean Meir, Peshwar, Pawal Pindi, Bareilly and Sitapur, it is not surprising that the report evokes a powerful image of Indian lock hospitals as sites of particularly stringent confinement. Even the rectification of the presented information<sup>41</sup> does not correct the impression that Bushnell and Andrew used their descriptions of the chaklas and the hospitals as a means of supporting their argument as to the dire state of affairs in India even after the repeal of the Acts.

Bushnell and Andrew also recounted a number of practices which supported the coercive character of these spaces. On the one hand, they narrated the fate of one of the inmates kept in the hospital by the supervising surgeon to provide sexual services to his brother-in-law. On the other hand, they also noted their astonishment at many women's declarations as to their voluntary residence in the hospitals, despite the legal and financial enforcement thereof (Bushnell and Andrew 1899: 49–53). Bushnell and Andrew's report focuses on the inhumanity of the Acts and their repercussions, which involved physical coercion and psychological oppression of the women, who were forced to recognize compulsory confinement as a voluntary state.

Confinement was obviously only one practice within an array of regulatory actions directed at lock hospital patients.<sup>42</sup> Alexander Patterson, surgeon to the Glasgow Free Lock Hospital, listed a series of rules by which the patients had to abide, which ranged from proper social behaviour to regulated meal and bed times to personal hygiene and arrangement of their own spaces. Indecency in speech and deed (consumption of



alcohol, swearing and disobedience) would be punished as a way of inculcating desirable behaviour in the inmates. These rules, which the patients had to sign on admission, also included guidelines regarding their mobility and the possibilities of exchange with the ‘outside world’. The inmates were forbidden to leave the premises of the hospital unless regularly discharged. They were also not allowed to accept any alimentary or book provisions (Patterson 1882: 8). Inappropriate literature, like correspondence, was regarded as a major source of potential disturbance and often became subject to censure. Reflected in the guidelines of most lock hospitals for women was the desire to promote the ideal of middle-class womanhood (Levine 2003: 255).

While the submissiveness of lock hospital patients has frequently been documented, there was also resistance against these institutions.<sup>43</sup> Especially after the implementation of the CD Acts, the late nineteenth century saw a number of resistance strategies, ranging from regular escapes and refusal of examination to riots and petitions. The asylum was only as good an investment as the quality of behaviour exhibited by its patients. Even though she could not ascertain the actual state of affairs at Harrow Road, Elizabeth Blackwell was quick to point out that, from her experience, overcrowded lock hospitals led to “outrageous disorder” among “able-bodied” but nonetheless “idle” women who could not even be curbed by the chaplain’s influence and who seemed to harbour a desire “to escape from a virtual imprisonment.”<sup>44</sup> Mr Arthur Maddison, from the Female Mission to the Fallen in London, confirmed the grim state of affairs, acknowledging that some cases of insubordination made it necessary to call for the police.<sup>45</sup> No doubt hoping to leverage such accusations, banker and philanthropist Arthur Kinnaid, who was involved in the work of the London Lock Hospital, appended annual reports to the letters he sent out in which he asked for donations.<sup>46</sup> Nonetheless, the colonial and home landscape abounded in cases of official complaint on the part of the lock hospital patients. Women at Alipore lock hospital wrote to the Indian government in 1875 to complain about their treatment (Levine 2003: 222). Various establishments in India would levy money fines and impose imprisonment on those leaving before discharge; in such circumstances women would petition cantonment magistrates, hoping for a release (Bushnell and Andrew 1899: 49–51). In Madras in the 1870s, poor women, as they used lock hospitals to survive, subverted “these institutions into [...] asylums of relief” (Hodges 2005: 379). At the Royal Albert Hospital, a number of women petitioned for release and went to court to

argue their cause (Walkowitz 1980: 228–9). Elizabeth Cotzibitch rioted against the correspondence rule by breaking glass (224–5).

The metaphorical significance of this last act of resistance was similar to the glass-breaking rampages by unionists and, later, suffragettes who insisted on being heard.<sup>47</sup> The “somatic immediacy” of this form of expression, Isobel Armstrong argues, not only challenged the perspective from which the rioters (their bodies, material and social stance) were to be seen but also evidenced, in the clamour of breaking glass, their uniqueness and “refusal of anonymity” (2008: 67). While “an act of social despair” (69), glass-breaking was also an act of (re)claiming one’s identity. In the colonial and home context, lock hospitals, as they served as arenas for the promotion and production of middle-class womanhood, also often became stages for the performance of resistance and a training site for civic visibility.

### *Sites of Reformation and Healing*

The significance of lock hospitals cannot be divorced from the function they fulfilled in the clusters of larger complexes that included workhouses, rescue homes and asylums. In these integrative structures, as in the various instances of self-profiling, lock hospital authorities underscored the reformative and curative character of the institutions. This tendency to fashion lock hospitals as providing moral and physical healing, was evidently also fuelled by the necessity to raise funds for their upkeep.<sup>48</sup> Lowndes demonstrates that most non-governmental institutions were based on voluntary schemes and needed external support for survival, which brought with itself a number of problems:

Lock Hospitals can never be open to the inspection of the public, nor can they ever be the object of public entertainments, annual dinners, concerts, or bazaars. Their claims cannot be especially pleaded from pulpit or platform. Their work must be begun and carried on silently and unnoticed, save by the very few. (1882: 1–2)

The estimated sum of 800 pounds necessary to furnish one permanent place for the sick, was neither small nor easily obtainable as transpires from a number of unused beds (Lowndes 1882: 5–6). Not even such renowned benefactors as Prince Albert could manage to help solve the financial problems.<sup>49</sup> It is, therefore, not surprising that regularly published

pamphlets addressed at (potential) benefactors and dinners organized for them abounded with the rhetorics of spiritual healing and Samaritan charity:

On the painful character of the disease, under which the applicants for admission to the Hospital labor, it is needless to comment [...]. This Department [...] will give the Charity a wider sphere of usefulness; it will help to arrest in the earliest stages the progress and the consequence of disease, and, by a free and gratuitous tender of advice and medicines, will place within the reach of all the several benefits attaching to the Hospital Department of the Institution.<sup>50</sup>

Thirty years later, R. W. Coe of the Bristol Lock Hospital continued to use the same rhetoric in support of his work.<sup>51</sup> The hospital bill issued under Kinnaird and Coote, combined calls for funds with persuasive visual rhetoric. On the bill, the juxtaposition of the number of beds in the hospital with the total sum of those that can be occupied precedes a short, suggestive description of the institution's singularity ("the only one of the kind in the Metropolis") and its dire financial situation ("NO INVESTMENTS, NO ENDOWMENT, and NO GOVERNMENT SUPPORT") (Kinnaird and Coote 1892: 17). The emphasis, however, quickly shifts to the asylum to communicate its success rate: "The Asylum is a 'Rescue Home' for those patients who wish to give up their former mode of life. MORE THAN ONE-FOURTH of all who pass through the Hospital are thus rescued" (17). The bill focuses on the importance of lock hospitals as institutions integral to the system of health provision ("Many cases are sent to it from the London General Hospitals, and from all parts of the country") (17). Its significance for the metropolis and the whole country is further connected to the 'Rescue Home', whereby the lock becomes vital to reformatory work. The accompanying print of the hospital buildings supports its claim to being a site of salubrity. With the rhythmically repetitive parallel floors and towers, the hospital's architecture bespeaks confinement, regulation and order.

The financial insecurity of lock hospitals indicates the extent to which the institutions occupied an ambiguous position on the margins of visibility. In order to ensure their future, they had to become visible. However, this visibility was from the start problematic on account of the nature of their preoccupations and the type of patients they admitted. They had to tailor their mission and reshape their own public appearance to be

regarded as worthy of charity funds. It goes without saying that the discrepancy between lock hospitals as conceived by their founders and as perceived by society was particularly acute: their perceived and conceived spaces diverged.

Lock hospital architecture and facilities seldom exhibited the level of orderliness called for in the century of hospital reform. Often situated in old, refurbished buildings, with little funds and even less public appreciation, lock hospitals were far from meeting the sanitary standards Florence Nightingale or George Godwin (editor of the *Builder*) campaigned for.<sup>52</sup> Growing pressures of urbanization, changes in medical procedures and technologies and legislative improvements of sanitary conditions had influence on hospital architecture (J. Taylor 1997: 15). Effective sanitation and drainage, adequate (natural and artificial) ventilation and efficient architectural planning became the major criteria underlying the establishment of new medical premises. Purpose-built, specialist hospitals, novel ward schemes, with the pavilion as the architectural pinnacle of progress, and a shift from small-scale hospitals to large-scale building complexes were some of the characteristic new developments. The quality of the new sites (with preference given to rural, suburban, healthy areas), their building materials and interior decoration became hotly discussed subjects (J. Taylor 1997: 26).

In the context of these public debates, lock hospitals continued to exist on the margins of visibility. Bristowe and Holmes ostensibly neglect the subject in their parliamentary report:

there is no medical objection to the establishment of Lock hospitals, if they should be thought desirable; but as there is also little medical necessity for such foundations, as they are at present constituted, to hold a few of the patients of a large city, we have not thought it needful to go into the question of their construction and management. (1864: 478)

Lock hospitals appear to have equally been of little significance to architects. In his monumental four-volume work on British hospitals and asylums, Burdett casts a cursory glance at such facilities. His description of the London Lock Hospital is indicative of the conception and workings of its infrastructure:

The building consists of a long straight block, with central corridor and two wings, one at each end, and the chapel projecting out in the centre. On the ground floor, the east wing contains the main entrance and resident officer's

and matron's rooms. The central portion contains secretary's offices, ladies' committee-room, kitchen offices, dispensary, patients' waiting-room, vestry and anteroom to chapel. The west wing contains the asylum, dining-room, laundry, washhouse and mangling-room. On the first floor the east wing and the greater part of the central portion is devoted to sick wards and nurses' rooms. There is no disconnection between the wards and the closets, and there is a room in close proximity to the wards called the "foul linen-room" – a most objectionable feature. A small portion of the central part is devoted to the asylum probationers' work-room and asylum clothes-room, and the east wing contains the asylum dormitories. At one end of the latter a water-closet is placed in the corner, opening directly into the dormitory. (Burdett 1893: iv, 308)

The London Lock, like many other such facilities, lacked proper sanitary amenities. Lewis Vulliamy, the architect of the Westbourne Green premises, for instance, was, as David I. Williams notes, more interested in the outline of the chapel than in the layout of the wards, which resembled, in their crudeness, those of the adjacent workhouse (1995: 65). The provisional character of most of the facilities obviously made the implementation of the latest sanitary trends difficult.

Contemporary commentators bemoaned the state of sanitation in lock hospitals and lock wards. In his appeals for funding, Lowndes paints a bleak picture of the newly erected facility in Manchester (1874), which, seven years into its existence, remains unfinished, with unpainted wards as synecdoches of this artefact of neglect (1882b: 12–14). Bristowe and Holmes regard the wards as dirty and disorderly, due to the habits of their inhabitants and little hospital supervision:

Phagedaena is, we believe, slightly more common in such wards than in those of the general hospital, but then the patients are for the most part of dirty habits and broken down constitution. The less interesting nature of the cases, and the remote position of the wards, [...], we believe, tend to render the visits to this part of the hospital less frequent, and therefore to check the supervision which they so much require; hence such wards usually appear less cleanly and less well ventilated than the rest of the hospital. These two objections appear to us to be supported by facts, but we do not urge them as of any decisive weight. (1864: 475)

The wards take the appearance of a disorderly, suffering body. Like its patients, the constitution of the hospital is broken. In his history of the

London Lock Hospital, Williams makes a similar comparison as he holds the out-patients of the Dean Street Male Hospital responsible for its worn-down condition: the patients “put an intolerable strain on the old house” (1995: 112). Converted from a mid-seventeenth century residential building, the hospital did not approximate the new standards.<sup>53</sup> The male branch of the hospital was badly ventilated, especially the upper floor, with its very low ceilings. The windows of the ground floor had to be locked in order “to prevent alcoholic drinks being passed up from the streets the Hospital having in its read a large number of very low class swelling houses.”<sup>54</sup> In the “Report of Royal Commission upon the Administration and Operation of the Contagious Diseases Acts,” the refurbished facilities in Aldershot, described as “a long galvanized iron hut, lined with wood, having windows on each side,” allegedly performed the new duties very well (1871: 41). Burdett mentions in his elephantine volume that the Madras Lock Hospital is in fact “a bungalow utilised as a hospital” with a central hall and with four wards on each floor (1893: vol. iv, 222). Commenting on the facilities in the Colchester Lock Hospital, its matron, Miss Brown bemoans its spartan arrangements, and complains that there was no chapel in the complex and that, for lack of separate facilities, women had to eat in the same rooms where they slept, which was a frequent cause of disorder (1871: 645). Indeed, the plans of the wards (Fig. 5.3) show the bare purposefulness of the rooms and their austerity. With the scullery and nurse’s chambers on one side and with sanitary facilities on the other, the regular ward was a corridor-like, long room with windows and cupboards on both sides. In the segregation ward, the beds were placed in close vicinity to one another; the room itself was separated from the single-bed separation ward by the nurse office and sanitary facilities.

These unfavourable conditions were often exacerbated by the type of health provision the institutions offered. In the colonial context, Bushnell and Andrew commented on the most basic equipment of many facilities, where a speculum, some syringes and sponges were the only medical instruments they found (1899: 45). David I. Williams emphasizes the backwardness of the London Lock Hospital, with very few medical practitioners who believed in new types of therapy or contributed to the state of current knowledge and who often expressed outdated views concerning the disease (1995: 102–3). By the end of the nineteenth century, two medications were used to treat syphilis: mercury and iodine of potassium, with the latter being employed in cases in which mercury treatment brought no visible effects (Hutchinson 1887: 47). According to

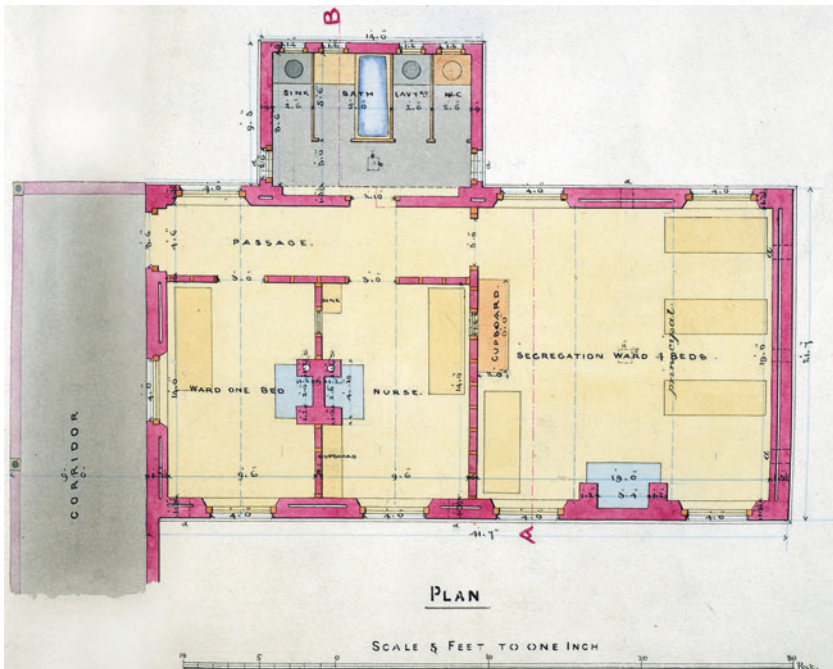


Fig. 5.3 *Colchester Lock Hospital*, detail, 1867. National Archives, London

Hutchinson, iodines were ineffective in early stages of the disease and their success was proportionate to the period elapsed after the appearance of primary symptoms. Inunction – rubbing of a mercury ointment – was the most commonly used method. It was necessary to apply it to different parts of the body in order to avoid eczema: chest, abdomen and thighs were the most convenient of places for this action. Hutchinson recommended an evening routine, improved by the use of a flannel gown and by the avoidance of ablution before sleep and followed by a warm bath in the morning (1887: 57–8). Fumigation baths were another method of administering the cure: a form of mercury known as calomel was heated over a lamp and with watery vapour set on the patient's skin, after which, wrapped in flannel, the patient was advised to go to sleep (58–9). Hutchinson considered these methods as more effective than oral intake, albeit more difficult to execute. A hypodermic injection of mercury was,

according to him, rare in Britain, but was used by Astley Bloxam in the London Lock Hospital for reasons of efficiency and easiness of application. Mercury had to be injected into the muscle over a period of approximately three days to produce adequate salivation (Hutchinson 1887: 59). As far as the administration of iodines is concerned, Hutchinson recommended their small-dosage application in combination (iodines of sodium, potassium and ammonium) (60).<sup>55</sup> A number of precautions had to be taken to ensure the proper administration of mercury, which in itself is a poison. The observation of a patient's kidney functions and the body weight were fundamental in this respect. Proper hygiene, especially the hygiene of the mouth, was recommended to prevent the deterioration of the teeth. A healthy diet, outdoor exercise and an avoidance of alcohol and smoking were the major recommendations (Keogh et al. 1907: 124–9). The schemes of treatment varied from a continuous application of milder doses of mercury to intermittent treatments, which started with a high dosage and successively diminished it as the symptoms regressed (136–7). The *Pharmacopoeia in Use at the Male and Out-Patient Department of the London Lock Hospital* (1887) offered a specification of the dosage and composition of various forms of treatment.

No doubt, the treatment offered in such facilities was dependent on an array of factors such as the financial situation, the conditions of the venue or the available medical and nursing services. While the conceived space of the lock hospitals highlighted their reformatory character, their lived space was a much more complicated, symbolically laden site, co-produced by patients, medical and nursing staff, subscribers and the general public on the one hand and the function that the facilities gained in late Victorian society on the other.<sup>56</sup> As sites of particular visibility of venereal patients, they were also frequently ignored in larger debates concerning health provision. Of little interest to medical reformers and architects, they were makeshift buildings that often offered basic accommodation and medical services for those suffering from the disease. Despite their conceived hierarchies, these spaces were frequent sites of porosity that, paradoxically, offered a stage for the individual usurpation of civil rights.

### THE GEOPOLITICS OF REPRESENTATION

The geopolitical practices addressing syphilis transmission ranged from the ideologically-laden spatial rhetoric of various groups through a trans-media and trans-discursive preoccupation with mobility, distance and



proximity, to the tensions between the conceived, perceived and lived spaces of (in)visibility. Despite their diversity and divergent aims and functions, all of these mappings had the production of difference at their core. Medical geographies of syphilis, although they ultimately failed to offer a concrete map of the disease, found – in their tentative, corporeal-geography of the world – a valuable rhetorical tool. Their spatial propaganda was supportive in redirecting the concerns of venereal prophylaxis from grand-scale schemes to individual behaviour. With the multiplication of potential syphilis sites and with the emphasis on the perils of inter-human exchange, the prevention of syphilis became a matter of civic duty (Pietrzak-Franger 2017). This notwithstanding, the mappings of syphilis were crucial in sustaining the existing differences of race, class and wealth. They were powerful spatial representations of otherness that articulated, in the tension between proximity and distance, a number of socio-political anxieties.

Mobility and proximity also underpinned governmental policies pertaining to venereal prophylaxis in the army (and the navy) as well as padding the repealers' rhetoric. While the prostitute's body took central stage in these discussions, the soldier's body was unanimously regarded as an ambiguous inter-space that needed constant fortification. Such a conceptualization, which highlighted this body's permeability, brought in its wake an array of geopolitical and corporeal practices which aimed at 'containing' the potential contagiousness of the soldier's surroundings as well as of the soldier himself. The production of cordons sanitaires in the colonies, a growing insistence on physical exercise and continued attempts to arrest the progress of the infected soldiers returning to Britain testify to the ambiguous status of soldiers' bodies and to their potentially contagious character. The power of various representational practices and the mobility of the soldiers were influential in sanctioning the schemes of health and welfare provision. They were also crucial in inculcating middle-class values in the army regimes.

The latter were also an integral part of the spatio-geographical policies addressing the female civilian population. Voluntary and garrison lock hospitals – as sites of particular visibility – offered complicated lived geographies of confinement, treatment and rehabilitation. Marginalized and neglected, they also provided potent arenas for the negotiation of welfare provision and provided a stage for the active performance of civil rights at a time when "corporate national efficiency" was replacing the idea

of civic freedom in the self-perception of the state (Colls 1987: 30). These lived spaces simultaneously perpetuated and subverted ideals of middle-class identity.

These three types of mapping – medical geographies of syphilis, the spatial conceptualizations of soldiers' mobility and the lived sites of syphilis intensification – not only produced varying geographies of difference but also demonstrated, in their failure to provide a foundation for sound prophylactic measures, their own ideological and practical problems. They questioned the efficiency of existing preventive schemes at a time of major socio-cultural and medical transformations. In their shift from grand-scale tendencies to local initiatives and partial solutions, accompanied by a growing insistence on civil responsibilities, they relocated the blame for the spread of syphilis, thus renouncing their own accountability as a key factor in the fight against the disease. This shift towards civic duties is discussed in Chapter 6, which looks at the modes in which the figures of the syphilitic child and the syphilitic insane were used in discussions concerning the future of the British nation and the British Empire.

## NOTES

1. For the exploration of various regulationist policies in Britain and its colonies, see Phillips 2006, Howell 2005, Hyam 1990, Levine 2003, Stoler 2002, Mann and Roberts 1991 as well as Bloom 2012 for northern Europe.
2. The most thorough micro- and macro-scale studies of the geopolitics of the CD Acts and Ordinances in Britain and its colonies are Walkowitz 1980, Levine 2003, 1994, Howell 2009, 2005, 2000, Kumar 2005, Phillips 2006.
3. While the publications in footnotes 1 and 2 of this chapter include information on the workings of local arrangements and lock facilities, a general survey and histories of British lock hospitals can be found in Lowndes 1882b, D. Williams 1995, Siena 2004 and Ruiz 2014.
4. Howell sees the mechanisms of “*identification, inspection and incarceration*” as central to sexuality politics in Britain (2009: 3; original emphasis). While exemplary in this context, they should by no means be considered as the only practices belonging to the nineteenth-century attempts at mapping the spaces of syphilis prevalence.
5. Until 1870s, syphilization was regarded as a viable preventive method in syphilis prophylaxis. It consisted in repetitive inoculation of syphilitic patients with syphilitic secretion as a way of ‘immunization’ against the disease. Commenting on the diseases of modernity, Richard von Krafft-

Ebing famously regarded syphilization and civilization as the major factors behind racial degeneration, see Ellis 2004: 285–6.

6. *Preventive Hygiene: An account of the Brussels International Conferences 1899 and 1902* notes that, at the first International Conference on Prophylaxis of Syphilis and Venereal Diseases in Brussels (1899), Jonathan Hutchinson presented evidence that syphilis was “steadily diminishing” (qtd. in 1912: 17).
7. See Chapter 2.
8. See especially Phillips 2006, Levine 2003, Mort 2000, Howell 2000, 2005, 2009. On the reforms of public health and geography, see especially Gilbert 2004.
9. Peers, among others, points out how the colonialist construction of Indian landscapes aimed to highlight their disorderly nature in order to ensure a “healthy distance” between the native populations and the English troops (1999: 31).
10. “Report of a Department Committee on the Prevalence of Venereal Disease among the British Troops in India,” 1897: 21, 31. *House of Commons Parliamentary Papers. ProQuest*. Web. 21 January 2012.
11. For a summary of the debate on the interconnectedness of Englishness and the empire, see Hyam 2010: 15–17.
12. Howell offers a graphic instantiation of one of such complex schemes of “bureaucratic geography of regulation” (2009: 39–41).
13. For particular examples, see Howell 2009. For a relationship between home and colonial ordinances, see especially Howell 2009 and Levine 2003. Howell convincingly argues that the model of this dependence cannot be regarded as centrifugal since colonial acts not only often operated earlier than home acts but also since both were anchored in Britain’s military experience. For the mutual influence of British and Indian politics prior to the CD Ordinances in India, see Wald 2014.
14. See Levine 2003 and Kumar 2005.
15. For various examples of this spatial policing, see Levine 2003, Kumar 2005, Wald 2014 and Howell 2009.
16. I interpret the map in keeping with Dyer’s rhetoric. On its own, its message, can, of course, change. It can be taken to stand for the inadequacy of reformative attempts or for the indifference of the local church to the state of the affairs.
17. Phillips (2006) discusses the ‘diffusion’ and travel routes of information within the colonial/metropolitan context. He shows, among others, how travel narratives offered a tangible rhetorical instrument for the propagation of abolitionist ideologies. For further discussion of Dyer’s influence and for an account of repeal campaigns, see also Levine 2003: 95–6.

18. Peter Padfield enumerates the qualities sought for in Victorian navy recruits (1981: 18–50). John Winton describes the revival of popular interest in the navy in the 1890s and shows to what extent the figure of a sailor, “The Handyman,” became a “national darling” and a potent selling brand (1977: 188), especially in tobacco and soap industries; for an overview, see especially 287–301. Importantly, the frequent association of the sailor with the soap industry positioned the former within the realm of civilizational progress, moral salubriousness and national health. For a discussion of soap advertising and its responsiveness to imperial policies, see McClintock 1995: 207–31.
19. For further elaboration on these measures, see Levine 2003: 279–82.
20. For a detailed description of Cardwell’s reforms, see Spiers 1992: 2–28.
21. Letter of the Rev. J Clough, Retired Indian Chaplain, to Mr Maurice Gregory, 20 February 1899. *Contagious Diseases Indian Cantonment Act and Rules*. 1898. MS. British Library London.
22. This same reference to rottenness resurfaces in the shanty “Pills of White Mercury,” in which not a soldier but a sailor pleads: “Now get you six fellow to carry my coffin/Six pretty fair maids to bear up my pall/And give each of them there a bunch of red roses/So when they pass by me they’ll not know the smell”; for a discussion of some imagery here, see Southworth 2005.
23. She was also anxious about homosexuality in the army; for a discussion, see Burg 2007.
24. “Medical Inspection of Soldiers, Punishment for Concealment of Venereal Disease,” *Contagious Diseases and Italian Cantonment Act*, 1897. TS. British Library, London.
25. For the symbolic function of the railway in Kipling’s work and for its relation to the empire and to the author’s secular Calvinist work ethics, see Welz 2003: 345–61.
26. Indeed, Kipling’s short story is a rare response to syphilis. Nowhere else in British literature of the time is the question of care provision as directly addressed as it is the case in this short story. For a discussion of Kipling’s interest in medicine, see Vora and Lyons 2005.
27. The first general military hospitals in Britain date back to 1780s; prior to that, either small establishments or larger temporary military hospitals were erected near the frontline to cater for the needs of the wounded in times of war (Richardson and Goodall 1998: 87). Following the criticism of military hospital facilities, the Secretary of State for War, Lord Panmure, received a letter in which the urgency of erecting such facilities was expressed. The letter enumerated the drawbacks of Chatham Barracks: dilapidating buildings, insufficiency of space and lacking amenities, which made the wards of

- the hospital resemble a prison rather than a salubrious site of convalescence (Hoare 2001: 94).
28. See also “The Victorian Military Hospital, Netley, and the Work Done There” (1863). For a general history of the Hospital and the Netley area, see Hoare 2001.
  29. The 1881 *Tourist Guide to Hampshire, Including the Isle of Wight*, which recommends a trip to the Gothic ruins of Netley Abbey, compliments the architecture of the hospital, which “is one of the finest buildings of the kind in Europe” (Bevan 1881: 68).
  30. Reports of unhealthy gases in the area and the hospital’s positioning below the site where Southampton’s sewage flowed into the estuary were regarded as inimical to the health of the patients. That the bricks used to build the edifice were made from clay removed for its fundamentals led Hoare to conclude that “the building growing organically from its terrain [...] seemed to invest its very fabric with the germs of the land, or its spiritual malaise” (2001: 99). Whether we grant credence to this belief or not, an unambiguous feeling of contradiction and fear accompanied its sublime (media) presence.
  31. Report of a Department Committee on the Prevalence of Venereal Disease among the British Troops in India. 1897: 10. *House of Commons Parliamentary Papers*. ProQuest. Web. 26 July 2016.
  32. Report of a Department Committee on the Prevalence of Venereal Disease among the British Troops in India. 1897: 10. *House of Commons Parliamentary Papers*. ProQuest. Web. 26 July 2016.
  33. For examples of how such a mid-Victorian system disadvantaged women in Britain, see Walkowitz 1980, Finnegan 1979, 2001, Ruiz 2014, Mahood 1990.
  34. “Draft for Mr Brown, London Lock Hospital and Asylum.” 5th June 1886: [1]. MS. London Metropolitan Archives, London.
  35. “Draft for Mr Brown, London Lock Hospital and Asylum.” 5th June 1886: [1]. MS. London Metropolitan Archives, London.
  36. “Lock Hospital.” 6th March 1899: 1. Signature illegible. TS. London Metropolitan Archives. See also D. Williams (1995: 115).
  37. For examples, see also Walkowitz 1980: 221.
  38. *Lock Hospital, County of Kildare*. Map. National Archives, London.
  39. *Aldershot Lock Hospital, General Plan*. Map. National Archives, London.
  40. *Colchester Lock Hospital*. Plans. National Archives, London.
  41. In an examination before the Department Committee inquiring into Rules, Regulations, and Practice in Indian Cantonments, 1893, Andrew insisted that her description of the “high walls” of the prostitute quarters, the chaklas, was not intended to convey the idea of imprisonment and must

- simply be seen as an example description of existing facilities (qtd. in H. J. Wilson 1893: 21). There were many other sites, Andrew argues, which were not enclosed by high walls (21).
42. The women, many of whom were mill girls, domestic servants, machinists, seamstresses or housewives, were put on a diet of milk, broth, beef, pea and rice soup and tea (Patterson 1882: 7, 9).
  43. The scant resistance vis-à-vis the lock regimen in the eighteenth century stemmed, Siena suggests, from the difficulties in getting access to the hospital. It was, however, much greater in other co-existing institutions such as the lock asylum (Siena 2004: 251). Also, patients continued to subvert the instituted borders and categorizations, often negotiating their diagnoses and seeking admission to clear wards 258, so that, as Siena makes clear, “[t]he poor were not without agency, and they tried in a variety of ways to negotiate the system with their dignity intact” (263). With their changing sick roles, however, which came along with the metamorphosis of the clinic, the patients “lost their voices”; this, on the other hand, often also had the positive effect of not having to state their crimes publicly (264).
  44. Blackwell, Elizabeth. Letter to the London Lock Hospital. 2 March 1886. MS. London Metropolitan Archives.
  45. Maddison, Arthur. Letter. 26 May 1886. MS. London Metropolitan Archives.
  46. Kinnaird, Arthur. Letter. February 1880. TS. London Metropolitan Archives.
  47. For the interpretation of glass-breaking as an act of social resistance see Armstrong 2008: 57–69.
  48. Certain authorities, like William Acton, believed that locks made their work insufficiently public and through their focus on co-existent institutions diminished the value of their own work, see Lowndes 1882: 4.
  49. In the minutes to “The 106th Anniversary Dinner of the Lock Hospital and Asylum,” March 4, 1854, Prince Albert is noted to have donated 50 pounds for the charity: a sum of little consequence it seems, especially in comparison with the 100 pounds offered by Kinnaird, Benjamin Bond and Samuel Worrall.
  50. See “The 106th Anniversary Dinner of the Lock Hospital and Asylum.” 1854. TS. Royal College of Surgeons, London. As an expression of gratitude and no doubt as a way of motivation, cases of success were reported to benefactors, see for example *An Account of the Nature and Intention of the Lock Asylum, for the Reception of Penitent Female Patients when Discharged from the Lock Hospital* 1829: 7–10.
  51. On this, see Lowndes 1882: 19.

52. On the Nightingale's and Godwin's campaigns, see: J. Taylor 1997. In the colonial context, Levine also stresses the makeshift character of lock facilities, see 2003: 72–3.
53. The British History Online website offers some scant information about the premises of the lock hospital on 91 Dean Street. Demolished at the beginning of the twentieth century, it resembled the structure of the house No. 90. The windows were surrounded by arched openings, while the plain interior hosted a “Gothic-style stone screen in the hall, presumably erected by one of the previous occupants” (“91 Dean Street” n. pag.)
54. Montifaire. “Male Lock Hospital.” 24 March 1899. TS. London Metropolitan Archives.
55. Up until 1870s, syphilization as a preventive method was used across Europe and was applied over a period of a few years in the London Hospital. For details and for the reasons why the method lost its attractiveness, see Taithe 1998.
56. The continuity of the reformatory mission of lock facilities is clearly visible in “The New Year's Appeal 1916,” issued by the London Lock Hospital, which summarizes this tendency by highlighting that “[a]t the London Lock Hospital the hygienist and the moralist have worked side by side for 170 years, both united in one great endeavour to heal those who are suffering from this dreadful scourge and to save those who are neglected and forsaken” (n. pag.).

## (Eugenic) Utopias: National Future and Individual Suffering

Questions of prophylaxis and civic responsibility were irrevocably linked to the future of the British nation. The final decades of the century were characterized by a combination of utopian fantasies about Britain's imperial prospects and fearful, dystopian visions of its downfall. They were part of a pervasive sense of crisis that could be felt across Europe and was mirrored by the contradictory preoccupations of the 1900 Exposition Universelle in Paris. As the exhibition addressed the themes of religious re-awakening, patriotism and a sensitive response to social problems that often evidenced "pessimism about modern humanity," thematically and pictorially it also referenced long-standing traditions (Rosenblum 2000: 39). This eclectic interweaving of themes and styles addressed the uneasy tension between "permanence and change" (Rosenblum 2000: 29), which also lies at the core of Edvard Munch's *Inheritance* (1903–05) (Fig. 6.1) and *Sad Inheritance* (original title: *Children of Pleasure*, 1899) by the Spanish impressionist Joaquín Sorolla y Bastida (Fig. 6.2). In their focus on the relationship between the present and the future, the paintings take up the topic of hereditary syphilis.

On both canvases, the syphilitic child attains symbolic significance. Munch's *Inheritance* depicts "a perverse 'Madonna and Child'" (Templeton 2008: 9): a mother clutching in her arms a syphilitic child.





**Fig. 6.1** Edvard Munch. *Inheritance*. 1903–05. The Munch Museum, Oslo – Artepics/Alamy Stock Photo

Joan Templeton links Munch's growing obsession with this theme to his fears of hereditary degeneration, to his identification with Ibsen's protagonist Oswald Alving and to "the bodily legacy and the spiritual sickness" evoked in *Ghosts* (2008: 8–9). She also draws parallels between *Ghosts* and



**Fig. 6.2** Joaquín Sorolla y Bastida. *Sad Inheritance*. 1899. FUNDACIÓN BANCAJA, Valencia. © Juan García Rosell

Munch's other works, like *The Sick Child* (1885–86), which, in its portrayal of a consumptive, likewise evokes the tragedy and pathos of a child's death due to a hereditary ailment (2008: 13). The rendering of the syphilitic child invites further associations with tuberculosis, physical wasting and unfitness. With the same potency, it also captures the distress of the mother at the sight of her offspring. The painting is thus not only a synecdoche of heredity itself – with the mother and child as two links in the chain of familial and racial descent – but also a rhetorical question: What will become of the child? What will become of the future generations?

Although Sorolla's work differs in style and setting, it also addresses the question of heredity, physical fitness and care provision. It depicts a gloomy scene in which a priest leads a group of boys to Valencia's seaside. The "sad inheritance" of these "children of pleasure" is marked on their bodies and mirrored in the oppressive seascape. The limping boys on the first plane

struggle with their crutches in an attempt to walk. One of them has sat down: perhaps exhausted from exertion, perhaps surrendering to the lifelessness of his body. The seemingly joyful scene of children splashing in the water turns out to be a combat of crippled, frail bodies against the forces of nature. Their features are blurred and anonymous. Their identity is denied to them as their bodies become testimonies to the sins of their parents: “Their drooping attitudes are inert, morose, and plaintive, while, as it were infected by the agony and pity of it all, the color of the sea is leaden, and the sun throws out no cheerful and invigorating radiance, but is merely sultry” (L. Williams 1926: 221). The painting references images of bathers popular at the time, but remains radically different in tone. The healthy, robust and fecund bodies characteristic of the genre (for instance, in the work of Pablo Picasso, Henri Matisse or Félix Vallotton) have been associated with the ideologies of physical fitness and national rejuvenation that were in keeping with nascent pan-European hygienic tendencies (Larson 2004: 168). These neoclassical virile bodies linked healthy physicality to nationalism in a utopian vision of social regeneration, founded on the modern man’s harmony with nature (175). In Sorolla’s painting, this hopeful image is exchanged for a pessimistic vision in which not even the revitalizing sunbeams can dispel the feeling of futility and waste written on the bodies of these children.

Both paintings thus reference the problem of inheritance through their focus on syphilis heredity: a belief that the disease could be communicated across generations and could predispose the offspring to other ailments. It was regarded as an urgent socio-political problem on account of its far-ranging radius of phantasmatic and practical influence. In Britain, the falling birth rate and high child mortality were only two issues most directly associated with the disease. But it was also evoked with reference to anxieties over the fitness of the British nation – the constitution of the British soldiers, the health of the middle and the upper classes, the threat of the ‘social residuum’ – at a time when British supremacy was challenged by its competitors on the international market, by the resistance of its colonies, domestic problems with the Irish rule and by the disruptions brought about by socialist, unionist and suffrage movements (Bland and Hall 2010: 213). Apart from fuelling fears of physical, intellectual and moral degeneration, syphilis heredity also informed discussions of the nurture/nature rapport and debates about familial and civic responsibility. It inspired bleak visions of wasted childhood and ruined adulthood, both perilous to the constitution of the British family and the nation.

As both paintings indicate, the phantasm of heredity haunted the whole of Europe. It was the era's most unnerving spectre, returning under various guises to spotlight questions of the present and the future conditions of humanity. It put into plain view the tensions between life and death, between what was and what could be, between utopian proposals and dystopian realities. It also brought into sharp focus the issues of legitimacy and agency as well as the question of ethics. The syphilitic child and the syphilitic insane offered two compelling personifications of these anxieties. They conjured up different visions of national degeneration: whereas the syphilitic child mainly evoked the physical and mental deterioration of the race, the syphilitic insane, as Showalter has succinctly put it, was a figure of a "perversion of moral sense" and a disruption of social anchoring (1986: 91).

These two figures also addressed other, more practical questions, referenced by Munch's and Sorolla's works: How to prevent future deterioration? And how to provide for the diseased? Christian charity appears to be suggested by Sorolla as a viable solution to the problem of bad inheritance. But was this the only way of dealing with the problem? What was the care provision for patients of congenital and third-stage constitutional syphilis? What was their role in society and how was their existence significant to the identity of the nation? Because of their metaphorical currency, the figures of the syphilitic child and the syphilitic insane deflected popular attention from the actual suffering of syphilis victims. Their metaphorical presence, I argue, compensated for their actual public invisibility, as individual suffering was subordinated to public utopian visions of the future.

This chapter deals with the cultural significance and practical repercussions of syphilis heredity as it explores the relation of the disease to concerns over racial fitness, care provision and civic responsibility. I look at the ways in which the syphilitic child and the syphilitic insane were conjured up in medical and popular discourses in the British context and how the ethical postulates of these discourses were intertwined with the concomitant aesthetic choices. I argue that the symbolic power of syphilis heredity was instrumental in giving credence to eugenic visions which offered compelling models of citizenship and national fitness at the expense of care provision for the suffering.

First, the chapter concerned with the cross-discursive, symbolic resonance of the figure of the syphilitic child and with the simultaneous erasure of its individuality in British popular imagination. I argue that the popular metamorphosis of the syphilitic child into a symptom of millennial fears

justified and supported eugenic euthanasia as a means to a better future. However, whereas literary and visual idioms used this trope almost solely as a warning against future degeneration, and as it veiled the physical suffering of syphilis victims, medical writing addressed the issue of care provision for syphilis sufferers. That is why, the second section, which takes up examples from medical casebooks of the Bethlem Hospital, is concerned with the economy of care in British asylums. Like Alfonse Daudet's diary entries in the French context, these accounts are rare indexical recordings both of the ineffability of pain but also of the physical and mental deterioration brought about by the third stage of syphilis. Medical casebooks address the material-discursive traces of syphilis sufferers as they also articulate the difficulties in interpreting both such historical sources and the signs of suffering.

#### HEREDITY, VICTORIAN CHILDHOOD AND SPECTRES OF (DE/RE)GENERATION

The second half of the nineteenth century witnessed a growing currency of heredity in medical, sociopolitical and national discourses. As it shifted from the legal context, where it was synonymous with "*inheritance*" and "*succession*," the concept progressively began to denote the various mechanisms of generational contiguity (Müller-Wille and Rheinberger 2007: 4; original emphasis). With Darwin's ideas about inheritance, and above all, with Francis Galton's work, the "discourse of heredity" was taking shape and gaining in political significance (Müller-Wille and Rheinberger 2007: 23). With his 1876 definition of the concept, Galton opened an "epistemic space" that determined the types of questions which became prominent in scientific, political, legal and cultural arenas (Müller-Wille and Rheinberger 2007: 7). Issues ranging from individual, typical, pathological to paternal or maternal similarities were being raised on a large scale and were supported by studies of the mechanisms of the biological transmission of specific traits. Like at the beginning of the century, now, towards its end, the erosion of "traditional distinctions of intergenerational similarities" was accompanied by legal questions of inheritance (Müller-Wille and Rheinberger 2007: 13).

These changes were taking place in the context of fundamental socio-political transformations in the understanding and makeup of class

relations. With the unionist and socialist movements, the rights of the working classes were being publicly acknowledged. The situation of the urban poor and the factory conditions attracted the attention of the popular media and of the reformists, while class hierarchies were reshuffling slowly with the nouveau riche ousting out old aristocracy (A. N. Wilson 2007: 302–3). In this climate of transformation, many eyes turned towards the future of the nation and, with that, to the conditions, hereditary dependencies, education of and care provision for children. Both cultural and medical discussions of syphilis heredity and debates about national and racial degeneration centred on the figure of the child. It provided a poignant site of projection and anticipation.

The nineteenth century also brought a transformation in the cultural perception of childhood and a modification in its sociopolitical significance. It was a time when contemporary notions of childhood and the modern relationship between adults and children were forged (Cunningham 2004: 96). Intensified discussions of child labour and child abuse, care provision, welfare and education together with new scientific and medical developments – especially a nascent interest in the evolution of children’s neurological and psychological faculties – coincided with the golden age of children’s literature. The child-figure became a compelling vehicle through which to reconsider social and cultural problems and rethink vital ontological questions, which included the issue of national identity (Steedman 1992: 20). Elizabeth Menon links the popular artistic motif of the foetus to a number of essential social and political concerns. In view of its “multivalence” and semantic flexibility, she argues, it was an especially compelling image in addressing such burning topics as “depopulation, degeneration, and deformity” (2004: n. pag.). In the figure of the child, and underlying all these queries, ideas of (national, social and biological) disintegration were accumulated.

Yet the cultural resonance of the child-figure remained complicated and ambiguous. Studies ranging from psychological treatises and demographic surveys to journalistic reports and fictional accounts linked the idea of childhood to the antithetical notions of growth and deterioration. The economic and symbolic value of children was undergoing a transformation. In the (working class) child-figure, Steedman argues, in the “conjunction of symbol and sociology,” germinated the notion of the welfare state (1992: 23). In literature, the child became a “potential rescuer or reclamer of corrupt adulthood” (34): a source of rejuvenation but also a tragic figure of loss and death, and a primary



subject of philanthropy (Steedman 1992: 35, 40, Cunningham 2004: 95). In all of these debates, the question of potential improvement of child qualities was of prime importance. Lucy Bending contends that the image of stunted childhood became associated with the bleak vision of arrested human development and with fears of degeneration and retrogression (2002: 207). At the same time, medical writings and athletics fostered the belief in the curability of such disorders as 'idiocy' and 'cretinism' through exercise and training, thus giving, at least perfunctorily, some hope for the improvement of children's health, but also, of course, of their productivity (Bending 2002: 209). Thus, by the end of the century, the child-figure became strongly associated with the opposing visions of rejuvenation and degeneration.

This section surveys the modes in which medical and popular discourses tackled the problem of hereditary syphilis. It examines how the cross-fertilization of these debates and the discussions of childhood influenced medical, scientific and political visions at the *fin de siècle*. It inquires about the role of the syphilitic child in the debates over race degeneration and the prospects of national regeneration. While the medical debates fuelled these broader anxieties, they also addressed the question of health provision for syphilitic children. On the other hand, the popular discourses exploited this symbolic potential. The aesthetic erasure of these children's individuality turned them into spectres of guilt. Their construction in terms of Gothic, haunting apparitions spotlighted the potential suffering of the future generations and highlighted the supremacy of the civic over individual fate as it postulated the necessity of these children's physical erasure. The only solution to the hereditary degeneracy with which they were associated was their 'humane' elimination: eugenic euthanasia paved the way to utopian visions of a healthy society.

### *Hereditary Syphilis, Medical Uncertainties and Popular Fears*

Concerns about hereditary syphilis also resurfaced in medical discussions at the beginning of the nineteenth century. Abraham Colles' 1837 work on mothers' immunity to re-infection, Paul Diday's 1854 *Traité de la syphilis des nouveau-nés et des enfants à la mamelle* and Hutchinson's early work on the physiognomy of congenital syphilis reopened the discussion. Alfred Fournier's *Syphilis Héritaire Tardive* (1886) and *L'Hérédité Syphilitique* (1891) solidified existing knowledge and popularized it outside France. Whereas 'syphilis

heredity' or 'parasyphilis' (otherwise known as 'occult syphilis') were often used to indicate an inherited predisposition to an array of diseases such as tuberculosis or mental illness, Fournier also introduced a distinction between congenital and hereditary syphilis (Sponberg 1997: 149).<sup>1</sup> Alternatively, they were used as overarching terms for all forms of hereditary syphilis (Lomax 1979: 32–4, Sponberg 1997: 156).<sup>2</sup> In times when fears of degeneration reigned supreme, syphilis heredity furnished cultural and medical imagination and provided apt material for dystopian visions of the future.<sup>3</sup>

Medical debates about hereditary syphilis showed a high degree of professional uncertainty. They addressed the modes of syphilis transmission, rules of its succession in offspring, pre- and postnatal development of syphilitic children, their chances of survival, along with proposals for prophylactic measures and care provision. The alarmists stressed the degenerative character of the disease by pointing out the physical and psychological deterioration that it brought about. According to R. Clement Lucas, consulting surgeon to Guy's Hospital, "[t]here is probably no disease responsible for such an enormous destruction of human life in its earlier stages as that caused by syphilitic parentage" (1908: 251). C. F. Marshall, assistant surgeon to the Blackfriars Hospital for Diseases of the Skin, also contends that syphilis is "one of the most active and rapid factors in causing degeneration of the human race" (1905: 592). In these writings, syphilis was deemed responsible for ailments as diverse as dwarfism, epilepsy or rickets (Sponberg 1997: 159). Late nineteenth-century medical literature was strewn with statistics of infant mortality due to syphilis. Telford-Smith, superintendant to the Royal Albert Asylum in Lancaster, agrees with Fournier that infant mortality amounts to 28 per cent in cases when the disease is communicated by the father, 60 per cent, when the mother is syphilitic, and 68.5 per cent when both parents suffer from the disease (Hutchinson et al. 1898b: 1153). Clinical accounts supported such estimates with numerous bleak visions of familial degeneration and the debilitating effects of the disease (Telford-Smith in Hutchinson et al. 1898b: 1153). Yet, although medical practitioners invariably described the postnatal development of a syphilitic child in terms of a gradual physical deterioration, many voices were raised against the pessimistic, exaggerated accounts of syphilis influence.

Medical publications which took a more rational position described a variety of possible effects of syphilis heredity and offered a nuanced view of child development. Whilst the newborn rarely exhibited any signs of the



disease, by the fourth week many of the children would develop skin eruptions accompanied by “wasting and fretfulness,” which would reach the height of their intensity around the fourth and fifth month (Hutchinson 1887: 73). Symptoms such as hair loss, rheumatoid pains or iritis resembled the first-stage symptoms of constitutional syphilis. Unlike acquired syphilis in the adult, the hereditary condition undermined the general health of the sufferer and, if not treated, could lead to death within the first year of the child’s life (Hutchinson 1887: 73–4). If the child survived this stage, the disease would often assume an asymptomatic form, only to come back after a period of latency. Gradual loss of sight and hearing next to bone and joint affections decreased the independence of the sufferer (Hutchinson 1887: 77). As Hutchinson’s account shows, although the disease and its typical manifestations were without doubt frightening, many medical publications stressed the diversity of its forms, thus alleviating, at least to a degree, the alarmist accounts of racial degeneration as its cause. Less inflated rhetoric was used, for instance, by J. A. Coutts, physician to the East London Hospital for Children, who saw the reason for the persistence of hereditary syphilis in the social makeup of the patient communities under consideration. According to him, the effects of syphilis were far more debilitating to poor, East-End communities than to rich patients (Coutts 1896: 971). Indeed, the socio-economic situation of patients was frequently highlighted as the reason for the high mortality of infants.

Besides acknowledging the degree of socio-economic standards necessary to the provision for (syphilitic) children, medical practitioners addressed the dangers of miscarriage and abortion due to syphilis. Even in this case, however, Hutchinson repeatedly argued that the reports were “exaggerated” and that the state of knowledge about intra-uterine processes gave no certainty as to whether syphilis was indeed the cause of the foetus’s death (1887: 78). “Abortions,” he writes in *Syphilis*, “are very common, quite independently of syphilis,” and therefore, a lot of caution is required in assessing the cause of death in these instances (1887: 415). Also, although he recognized the degree to which hereditary syphilis could be disabling to individuals and whole communities, he nonetheless repeatedly stressed the necessity of abandoning alarmist positions in estimating its social influence. He insisted that “there was very little bad health in the general population which could be attributed to hereditary syphilis” (Hutchinson et. al. 1898b: 1149). In this respect, Hutchinson, like many of his colleagues at the time, acknowledged the dangers of the disease but did not consider the state of affairs as debilitating as the alarmists would have it.

Although the specific physiognomy of hereditary syphilis was highly visible in medical writings, medical publications tended to offer diversified accounts of its effects on future generations. Hutchinson's description – "The infant is puny, emaciated, and shrivelled, and has features which resemble those of an old man" (Hutchinson 1887: 82) – characteristically uses the ubiquitous comparison of syphilitic children to old men, indicative of their exhaustion and wasting of vital powers. At the same time, syphilographers made evident that "plump and healthy-looking," non-symptomatic infants were "not unusual" (Hutchinson 1887: 82). Those unaffected by early attacks of the disease, Hutchinson argued, would display no symptoms in later life. Those, however, who suffered in childhood, would most definitely exhibit clearly identifiable traits. Typical deformations of the face in congenital syphilitics included: "[t]he square forehead, with prominent frontal eminences like budding horns, the sunken nose, the soft, pale, earthy-tinted skin, and the scars about the angles of the mouth" (Hutchinson 1887: 84). In a gesture similar to Galton's (see Chapter 4), medical discourse searched for a typical physiognomy of hereditary syphilis, although it from the start acknowledged its variability.

Faces of hereditary syphilitics were most frequently presented in close-ups and extreme close-ups, thus bringing the characteristic disfigurements into sharp focus. The plates 71–3 of hereditary syphilis in Chotzen's *Atlas der Syphilis und syphilisähnlichen Hautkrankheiten* (1898) show the extent to which the symptom – here, the most striking deformation of hereditary syphilis: the sunken nose – took central stage in these depictions. Overall, these portrayals reflected the new tendencies in medical illustration, even as they often maintained many of its earlier traditions (see Chapter 2). The couple of images from Hutchinson's collections (Fig. 6.3a, b) show the extent to which the depiction characteristic of mid-century psychiatric photography was still in operation. The portrait of the patient after treatment casts her in a characteristically gendered role. The hair plaits, the string of pearls and the neatly buttoned attire provide a marked contrast to the 'untidy' appearance in the previous print. Here, tidiness and order are again constructed as commensurate with health, despite the physiognomic signs which invariably remind of the actual character of the disorder.

While such images were typical, they were accompanied by descriptions and prints, which put this characteristic physiognomy in perspective. The chart from Bramwell's *Atlas of Clinical Medicine* (1892–96; Fig. 6.4) juxtaposes various gradations in the physical deformity of congenital syphilitics. While the first print offers a striking contrast to print number three,

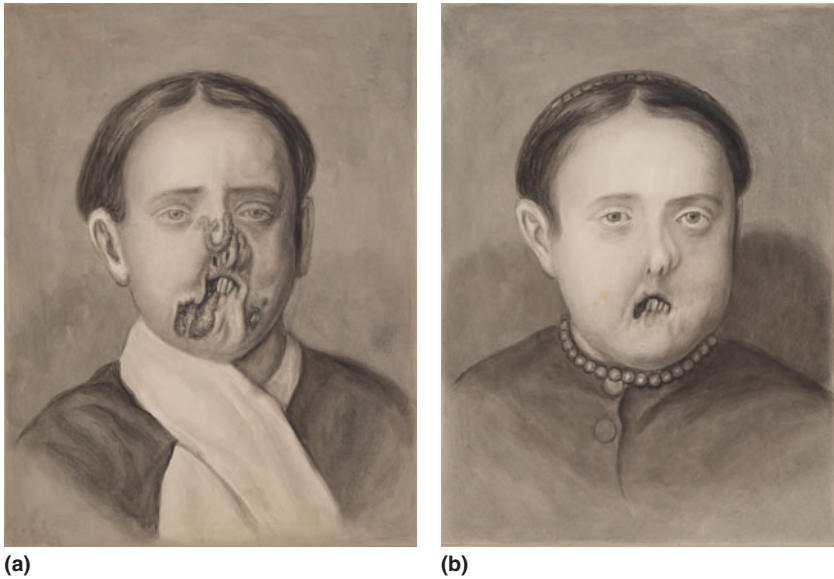


**Fig. 6.3** Two Illustrations of the same patient, before and after treatment. Nd. Sir Jonathan Hutchinson Collection, Institute of the History of Medicine, The Johns Hopkins University, Baltimore, MD

the two other images present intermediary stadia of deformation. The assortment of physiognomies the chart offers supports the contention of those practitioners who argued that the mild form of the disease had little effect on the lives of the sufferers. It also, at least tentatively, questions the assertions of physical degeneration as an inevitable outcome of syphilis.

Apart from addressing the impact of the disease on the fitness and physiognomy of future generations, medical practitioners also took pains to investigate the types of intergenerational transmission of the disease. In his “Hunterian Lectures on Infantile Syphilis,” Coutts claims that, contrary to the beliefs of those practitioners whose ‘obsolete’ knowledge was no better than that of Hunter a century earlier, there reigns a general consensus as to the existence of hereditary syphilis (1896: 971). The tentative character of medical knowledge and the inexistence of unanimously sanctioned theories, however, led to a number of speculations concerning the gender lineage of the disease. Alfred Cooper postulated three ways of infection: via “the semen of a syphilitic father,” “the impregnated ovule

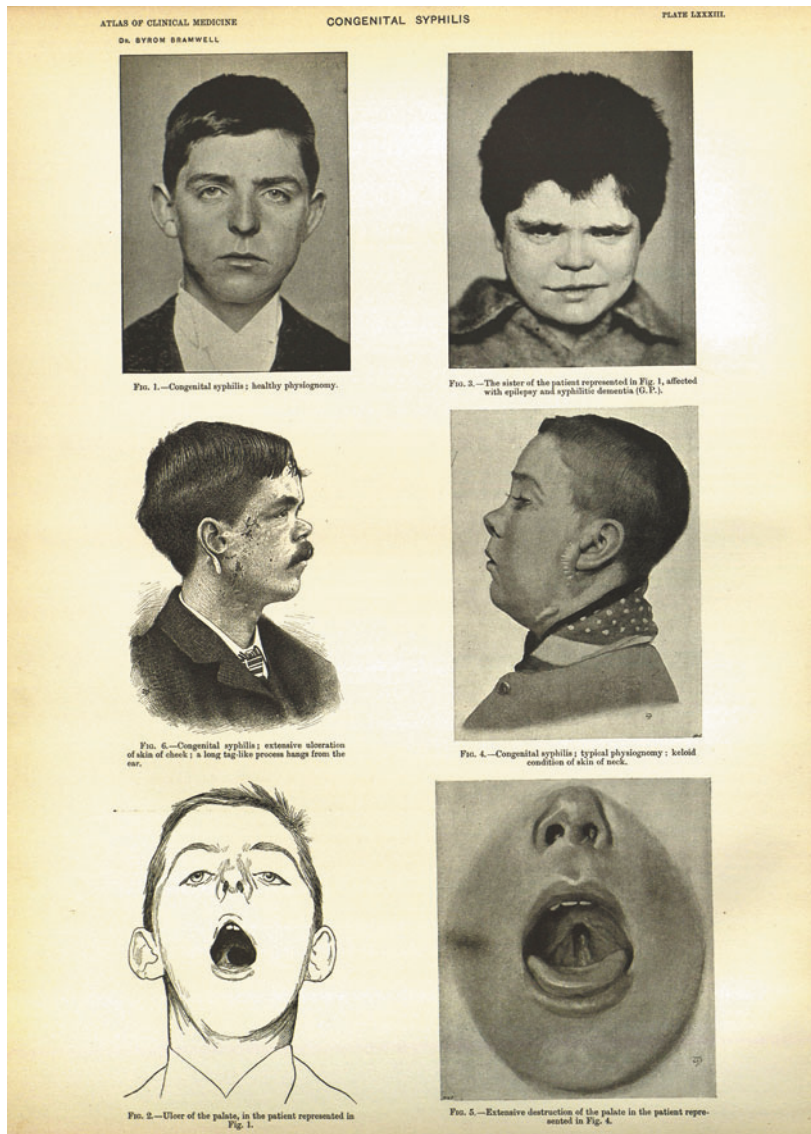


**Fig. 6.4** Physiognomy of syphilis. Byrom Bramwell. *Atlas of Clinical Medicine*. Edinburgh: T. & A. Constable at the University Press, 1892–1896. Bernard Becker Medical Library, Washington University School of Medicine

of a syphilitic mother” and the “infection of the foetus by the blood of the mother who had acquired syphilis after conception” (1895: 344). The majority of experts also acknowledged the possibility of a paternal line of transmission. If it were not the case, Hutchinson argued, one would have to presume “that a large number of married women should acquire syphilis in its primary form, pass through its secondary stages, and yet never know it” (1887: 68). However, as “[i]n nine cases out of ten, acquired syphilis is an affair which its victim cannot either ignore or forget,” the existence of paternal infection must be accounted for (1887: 68). In France, Diday also insisted on the paternal lineage of congenital syphilis (1859: 14–39) and Fournier (1881, 1886, 1891) addressed the implications of this revelation for the complex duties of the man as a father, husband and the head of the family.

The provisional character of knowledge about the intergenerational transmission of syphilis and its outcomes, however, was increasingly becoming clear. In 1905, the *Lancet* included, in a report on the “Hereditary Transmission of Syphilis,” Professor Metzenauer’s assertion that the paternal transmission of the disease had not been proven (1905: 310). A few years later, in “An Address on Inherited Syphilis,” Clement Lucas, consulting surgeon to Guy’s Hospital and to the Evelina Hospital for Children, denied the possibility that the father of the foetus could be the sole sources of infection. While the likelihood of transmission via semen was likewise refuted, the transmission via lactation was considered possible but not necessary (Lucas 1908: 250). Articles in medical journals of the 1920s pointed out the erroneous beliefs of the previous generation. In “The Prevention of Congenital Syphilis” (1923), J. H. Sequeira, for instance, listed a number of reasons against the paternal line of hereditary infection. What becomes apparent in retrospect is that the notion of a paternal line of transmission, while it took a strong hold on late nineteenth-century medicine, was in fact faulty.

Spongberg argues that Victorian medical practitioners dismissed the notion of paternal transmission because of their strong adherence to patriarchally sanctioned models of family life (1997: 144). She posits that while eugenists endorsed the notion, the medical profession quickly rejected the possibility by adhering to the belief that “congenitally syphilitic prostitutes were responsible for the transmission of congenital syphilis” (144). In this way, they avoided discussion of male responsibility and diverted popular attention away from male accountability for the “sexual exploitation” of women and for the transmission of venereal

diseases (144). While it is undeniable that medical practitioners supported the traditional view of the family, many of them did endorse this belief, whose persistence throughout the century was arguably partly due to the cultural potency of degeneration but also to the continuing power of Lamarckian thought.<sup>4</sup> And while it is important to remember that Victorian medicine was in many respects extremely gender-biased, the belief that medical practitioners denied the existence of the paternal line of transmission solely on grounds of hegemony is far-fetched and, in itself, evinces a degree of gender prejudice.

Confusion over the maternal line of inheritance comprised a broad spectrum of issues. Although Hutchinson believed in a disproportionately higher occurrence of paternal syphilis, he nonetheless regarded maternal infection as more dangerous as it was not restricted to the moment of conception but continued to pose danger during the time of the pregnancy (1887: 71). Along with the role of the mother in the transmission of syphilis, also her immunity to the disease was discussed. Abraham Colles claimed that, while a syphilitic child could infect its nurse, he had “never witnessed nor ever heard of an instance in which a child deriving the infection of syphilis from its parents has caused an ulceration in the breast of its mother” (1837: 173). Yet, even though many practitioners observed numerous exceptions to Colles’s law, they adhered to his teachings, which involved, for instance, their emphasis on the benefits of breast feeding even in cases where mothers suffered from the disease (Coutts 1897: 48). Interestingly, the popular misinterpretation of Colles’s law led to the belief in the healing powers of the foetus to immunize the mother against (re) infection. According to Coutts:

a mother may absorb the antitoxin from her syphilitic foetus and so gain immunity for herself, partial or complete. In this way such a mother, without having incurred the actual complaint herself, may have gained the position of one who has passed through and recovered from an attack of syphilis. (1897: 40)

Despite the tentative character of knowledge about the gender-specific transmission of syphilis, it was particularly influential in the economy of care provision.

In contrast to the provisional and hence very diversified medical opinions concerning syphilis heredity, popular imagination offered an abundance of austere scenarios of future degeneration embodied in the armies of reproachful, weak, unborn children. The typical physiognomy of



hereditary syphilis became a compelling instrument of social critique while the medical discussions of the patrilineal transmission of syphilis and its effects on future generations paradoxically served as a forceful weapon against the medical profession and the patriarchal order. In these writings, the syphilitic child denoted the waste and squandering of innocent life. A constant cross-fertilization of these various discourses turned the dictum about the visitation of the sins of the fathers into a frightful but pervasive refrain.

The maxim became (rhetorically) useful for a range of eugenic, New Woman and feminist agendas (Spongberg 1997, Showalter 1986, Schonlau 2005). In *The Bar of Isis* (1909), Frances Swiney argues that children born of “drunken, lustful parents [ . . . ] become stunted, malformed, diseased and prematurely old before they see the light” (qtd. in Spongberg 1997: 156). For Pankhurst, it was the chief source of contemporary disorders and a major threat to national and “racial” fitness:

Syphilis is a second factor in race suicide. This disease produces miscarriages, [ . . . ]. Syphilis is in fact the prime reason of a high infantile mortality. Mental deficiency, dwarfism, every kind of physical deformity, even the birth of beings hardly human, are to be found as the result of syphilis. (1913: 111)

Pankhurst highlighted the role of syphilis in predisposing the sufferers to such ailments as cancer, tuberculosis, heart disease, “Bright’s disease, diabetes, hysteria, eye trouble” (1913: 78, 82–3). Her bleak vision of atrophied species supports Spongberg’s contention that “[t]he syphilitic body was set to become the quintessential degenerate body” at the turn of the century (1997: 195).

In New Woman and feminist writing, syphilitic children became icons of degeneration. In Brooke’s novel, Jessamine’s children are repeatedly qualified as “idiots” (for example, 1894: 296). In Pankhurst’s treatise, the venereal disorder is responsible for “mental deficiency” and “idiocy” (1913: 81). These assertions are reminiscent of the more radical medical voices, such as that of Fournier, which stressed the relation between hereditary syphilis and intellectual retardation (1881: 59). Due to the early loss of intellectual and physical powers, Fournier regarded the syphilitic child as a case of familial and social dependence, requiring special care. At the same time, and although the correlation between syphilis and mental disorders of the third stage was being established, many paediatricians disavowed the connection between syphilis and mental

retardation. In “A Discussion on Some Aspects of Congenital Syphilis,” Telford-Smith argues that existing statistics disprove the supposed connection between hereditary syphilis and “idiocy or mental deficiency” (Hutchinson et al. 1898b: 1152). Medical officer and a superintendent of the Scottish Institution for the Education of Imbecile Children, William Ireland maintains that children suffering from congenital syphilis display a normal mental growth until the period of the second dentition, when such symptoms as “headache,” “epileptiform seizures” and “paretic attacks” can appear (1898: 207). Overall, then, there was a tendency among paediatricians to undermine the correlation between syphilis and idiocy, a link which was nonetheless clearly endorsed by popular discourses.

Irrespective of the diversity of medical opinions, practitioners did not deny the dangers that hereditary syphilis posed to communities. Apart from the maternal and paternal lines of infection, they highlighted the threat that the syphilitic child constituted to its surroundings as a possible agent of infection. The syphilitic foetus became an ambiguous bundle of prospective familial joy and a harmful outgrowth that had the propensity to infect its caregivers. Duncan L. Bulkley devised the name *syphilis brephotrophica* to account for the transmission of syphilis in the context of child-care. By dividing the cases with reference to the processes of nurturing and the practices of everyday care, Bulkley complicated the view on the dangers of hereditary syphilis (1894: 158). According to this model, the parents, the attendants and the child itself occupied ambiguous positions: all of them could be both victims and transmitters of the disease.

In the nursing environment, the suckling mother and the child were generally regarded as capable of spreading the disease: the nursling could infect the healthy suckling mother, who would subsequently become subject to constitutional syphilis and communicate the disease to her own and other children under her care. This opinion was so widespread that Bulkley did not even deem it necessary to provide ample illustrations. In one of the cases he describes, an infant communicates the disease to the wet nurse, who transmits it to two other healthy children. One of these dies while the other infects another nurse, who spreads the disease to one of her other nurslings. Such chains of infection, Bulkley insists, are not unusual and have been held accountable for a number of epidemics (1894: 161–5). Hutchinson, Fournier and numerous others reported cases in which the feeding bottle became the instrument of infection. “[W]ash water, sponges, syringes, combs, napkins, clothing, cradle-lining” were a few examples in a litany of possible mediators in the



spread of the disease (Bulkley 1894: 167; see also Pietrzak-Franger 2017). The syphilitic child was thus conceived of as dangerous to anyone who touched or kissed it or came into contact with it in any other way: these exchanges were another instantiation of the contagious touch (see Chapter 4).

The popularity of this notion can be measured by its transdiscursive persistence. Pankhurst, for instance, used this double significance of the child as a victim and possible perpetrator in her work against the moral double standard. In her manifesto, she insists that “[m]any syphilitic children fall victims to their disease before birth. If they survive birth then they are a source of contagion to nurse and to mother” (1913: 81). Here, she uses the culturally viable view of childhood as an arrest of development and evokes the degenerative qualities of a child who communicates the disease to its caregivers.

Bulkley’s narrative of innocent infection and Pankhurst’s alarmist tale were more panic stricken than any of the writings on hereditary syphilis by either Hutchinson or Cooper. In fact, many medical reports denied the high contagiousness of hereditary syphilis. R. W. Parker, who drew on Colles’s original formulations, argued that the disease must have evolved enormously as his medical experience among the East London families made evident that the contagiousness of hereditary syphilis in infants was sporadic (1895: 337). Although, he asserts, there is an “enormous” number of syphilitic children in these milieus, neither the frequent practice of leaving children under the neighbour’s care nor common instances when “syphilitic babies are handed about, kissed and hugged, fed out of the same spoon or cup, or bottle with other babies” have brought any proportional surge in the infection of syphilis (337). Next to the attenuation of the disease, Parker explains this circumstance by a better provision for syphilitic parents (338). George F. Still seems to be of a similar opinion. Like Coutts, he regards Bulkley’s estimates as grossly exaggerated (1904: 1405). Nonetheless, like Bulkley, he highlights the possibility of infection in cases where precaution is lacking, and advises caregivers to inspect their bodies and the bodies of their children for fissures that could promote infection (1405).

At a time when the medical establishment erroneously acknowledged the possibility of a paternal line of hereditary infection, the intergenerational transmission of syphilis became a potent rhetorical instrument in popular consciousness. It fuelled feminist and eugenicist debates while simultaneously becoming a point of ardent criticism against medical

practices. Like popular discourses, medical men also used and propagated the ambiguous image of the child – as an innocent victim of social vice but also as a possible link in the chain of contagion – which corroborated their teachings in care provision and further highlighted the dangers of proximity and the contagiousness of touch. In contrast, popular discourses used the symbolic value of the syphilitic child to justify and endorse specific kinds of civic responsibility. Unlike medical writings which addressed the question of care provision, the only solution that eugenic thought provided was that of ‘humane elimination’.

*The Ghosts of Unborn Children, Civic Responsibility  
and the Future of the Race*

Since, as Showalter has pointed out, in the late nineteenth century syphilis was seen “as a symbol of the disease in the family” (1986: 89), popular debates about hereditary syphilis centred on the question of individual and collective responsibility for the future of the British family and the British nation. They carried a number of propositions concerning individual accountability for matters ranging from the choice of the partner to questions of procreation. Married life and its responsibilities became the pivot of these debates. Syphilis in the family also belonged to the chief concerns of the medical establishment, whose treatment thereof had tangible effects on Victorian life.

Medical opinion was in no way unanimous on matters of family planning when syphilis was involved. “[T]ime and treatment” were considered as two chief indicators of whether the marriage should be approved (Cou tts 1897: 19). The period after which syphilis patients were deemed eligible to marry differed from two to five years. Cou tts argued that “[t]he responsibility of sanctioning a marriage with any risk of imparting syphilis to others is not to be lightly undertaken” (1897: 17). Lowndes was adamant in this respect: he regarded it the practitioner’s responsibility to prevent any marriage under suspicion of the groom’s infectious state. Failing to do so, he argued, leads to the insurmountable suffering of innocent wives who lose their appearance, health and life under these circumstances. At the same time, he also acknowledged that “to forbid marriage upon what may afterwards turn out to have been insufficient grounds would be to incur a responsibility only secondary to this” (Lowndes 1882a: 8). Hutchinson, on the other hand, polarized the profession by stating that “[t]he surgeon who, on account of past syphilis, forbids marriage to an otherwise eligible

man, must remember that he forbids it at the same time to some woman who possibly, if well informed as to her risks, would willingly encounter them” (in Lowndes 1882a: 8). In a less radical gesture, Lowndes advised a careful consideration of every case, with particular thought given to the fate of the future wife and children. Within this model, not only the severity of the symptoms, the history of the disease or the devised treatment were crucial but also the opinion of other experts and a joint consideration of the future of each individual family (8). In general, endorsing the idiosyncrasy of every case, medicine abstained from issuing a ban on syphilitic marriages. Whatever the motivation behind this tendency – individual profit, maintenance of traditional family values, inability to admit helplessness – it provoked hostile reactions in feminist and New Woman circles.

The question as to whether syphilis sufferers could marry was one of the chief concerns of feminist and New Woman writing. In *Love and Eugenics in the Late Nineteenth Century* (2003), Angelique Richardson shows that, at the turn of the century, love was no longer regarded as a matter of romance but as an issue pertaining to racial hygiene, as can be seen in Grand’s and Brooke’s novels. In Grand’s *The Heavenly Twins*, the choice of the husband becomes the paramount responsibility of the woman. In the novel, culturally dictated social roles, tradition and lack of knowledge are largely responsible for women’s idealization of the marital union. In Brooke’s *A Superfluous Woman*, a wrongly understood sense of duty and insufficient education are the main factors behind Jessamine’s marriage with Lord Heriot and behind her gradual physical and mental deterioration. In these novels, Richardson argues, the eugenic agenda is intertwined with the form of the novel itself. The moral responsibility of the novelist, established by Dickens and Eliot, was not sufficient for eugenicists, who attempted to rewrite the romance plot as a way of distancing themselves from the unhealthy practices of sensation fiction (Richardson 2003: 86–7). As the antithesis of this type of literature, eugenic writing evoked love “in terms of sacrifice and responsibility,” equated the notion of love with marriage and made both instrumental in racial hygiene (91, 92). Responsible mating, an anathema of passionate union, was advocated by eugenicist authors and scientists alike (113).

However, as Bland and Hall ascertain, eugenicists did not hope for “a return to unfettered natural selection, but for ‘rational’ selection through ‘race building’ and ‘race cleansing’” (2010: 214). At the core of these two practices lay concerns about race and class-specific fecundity (the reproduction rates of the poor and the immigrant populations) – which

were to be constrained through education, restricted reproduction and regulated marriage – along with the sterilization of the unfit (Bland and Hall 2010: 213). Bland and Hall, like Richardson, acknowledge the central role that women played in these eugenic ambitions and link the latter to the growing significance of “mothercraft” (214). Richardson also addresses an array of discourses that linked nationality and civic motherhood with matters of health and morality. According to her, the Spencerian conviction that “the welfare of the family underlies the welfare of society” was used by eugenic feminists to develop a new notion of citizenship (2003: 73), while the pervasive insistence on the “civic value of motherhood” helped them redefine it in gender terms (72). Rather than replacing men in their respective domains, women were called to reconsider their role as dutiful and morally strong mothers of the nation, as was also the case in the domestic medicine manuals for women addressed in Chapter 3. Being a mother served both as a foundation of women’s “claim to citizenship” and as an expression of their civic responsibility (Richardson 2003: 69). According to Richardson, it was a time when “motherhood and imperialism were drawn into an alliance in which the function of reproduction was crucial” (2003: 75). Thus motherhood began to be associated with the healthiness of the race (77). In contrast to medical writings, which concentrated on the basic care provision, with the policing of contagious touch at its core, literary and visual discourses took up this idea of civic, sacrificial motherhood and envisioned humane euthanasia as the only viable solution to the problem of suffering that syphilitic children posed.

In these two registers, like in Munch’s and Sorolla’s paintings, the syphilitic child began to serve chiefly as a poignant, if complex, incarnation of guilt. It was transformed into a revenant, a ghastly visitation that interrupted the flow of time and, like the Gothic, became a cultural code and a yardstick against which to measure current social developments. The child’s reproachful gaze, captured in Munch’s *Inheritance* was closely related to the question of blame and its allocation. After visiting a hospital for syphilis sufferers, Munch wrote: “I had to paint the searching, suffering eyes of the child” only to stress elsewhere that the child, “sick and frightened and wondering, stares ahead, surprised at the painful life it has entered, already asking ‘Why, Why?’” (qtd. in Templeton 2008: 9). The same sense of injustice and reproach is captured in Brooke’s *A Superfluous Woman* when Dr Cornerstone scrutinizes the faces of Jessamine Heriot’s children with “a horror-stricken heart”: “On those

frail, tiny forms lay heavily the heritage of the fathers. The beaten brows, the suffering eyes, expiated in themselves the crimes and debauchery of generations” (Brooke 1894: 270–1). The syphilitic children, hidden in the recesses of Heriot’s sumptuous abode, are constant reminders of Heriot’s past. As in Pankhurst’s treatise, they are incarnations of intergenerational vice. Like on Munch’s canvas and in Ibsen’s play, they are a living rebuke to the older generations and, simultaneously, an incarnation of their guilt and a perpetuation of hereditary depravity.

Although it bears some signs of the disease, the syphilitic child in British literature, like in Munch’s and Sorolla’s paintings, is de-individualized. Because of that, Schonlau argues, it exists within the narrative only as an image of suffering and fear (2005: 295). At the same time, its depictions highlight its almost inhumane character, its position somewhere between a sacrificial animal and a beast. In Grand’s *Heavenly Twins*, Edith’s son is compared to a “speckled toad” (2007: 301) – a comparison which evokes the early cutaneous ulcerations and the characteristic complexion in inherited syphilis. It emphasizes the helplessness of Edith’s son and foreshadows his failure in the battle of natural selection. Although the child looks healthy when born, it “rapidly degenerate[s]” (Grand 2007: 277) so that when Angelica sees it for the first time, she compares it to an old man: “He was old, old already, and exhausted with suffering, and as his gaze wandered from one to the other it was easy to believe that he was asking each dumbly why had he ever been born” (289). No further descriptions follow, thus leaving space for the reader’s imagination. In their de-individualization, syphilitic children in New Woman writing become potent spaces of projection for the sense of guilt but also of an intensification of dread and horror.

The lack of realism in their presentation and the melodramatic mode that surrounds them make them appear as figurations rather than representations. Ardis uses Barthes’ distinction between representation and figuration in the context of New Woman writing, arguing that, rather than representing reality, the writers aimed to “figure it: create it, imagine it” (1990: 118). In the same sense, the syphilitic child is a figuration of potential horrors and suffering of humanity that has lost its humaneness through degeneration. In its symbolic potency, it plays with the affective response of the reader, which is most poignantly evoked in Jessamine’s nightmare, in which she sees:

a Vista of the Ages – the Ages of the future and the unborn. Faces, little faces came up from them; her ears were full of the tread of little feet; little hands

clutched at the veil and dragged it from her; eyes, the eyes of unborn children, looked at her with an awful reproach. They came and touched her with cold hands, and looked and passed. Little feet and little hands and eyes that were dreadful. Each had the eyes of her suffering boy; each had the impress of her husband. (Brooke 1894: 291)

In the description, the ethereal quality of the future and foregone children-revenants highlights their malevolence. The Gothic imagery evokes Jessamine's coldness and lack of maternal feelings for her children. In Brooke's novel, just as in Bulkley's account and in Pankhurst's writing, the syphilitic child is simultaneously a victim of social depravity but also a potent agent of contagion. This quality is embodied by Jessamine's daughter, and evinced by her wickedness, "the sudden unlooked-for fury of the idiot girl" (Brooke 1894: 296). In the rhetoric of silence that surrounds the event in which both of Jessamine's children die and in the displacement of the actual visibility of hereditary degeneration, the novel offers a potent image of the aborted hopes of motherhood and a fearful vision of the future.

These images suggest the theme of sacrificial motherhood as the only viable solution to the suffering and dread that the syphilitic child inspires. The motif of the ambiguous bond between the mother and the syphilitic child is transmedial and finds expression in European theatre, painting and literature. In Munch's series of paintings and lithographs jointly named *Inheritance* (Fig. 6.1), haunted by the returning, wasted and almost ethereal, de-individualized child-apparition, the Madonna and Child turns into a Pietà: into a troubled relationship between the fragile son and a self-sacrificial, suffering mother. The variations of the mother figure within the series stress her helplessness but also her futile attempts at care provision. Sacrificial motherhood depicted in New Woman novels also spotlights this unfeasibility as it frames infanticide and suicide as the only solutions to the problem. In *The Heavenly Twins*, Edith's account of her alleged attempt at murdering her unnamed child uncannily reverberates with the same Gothic overtones as Jessamine's nightmare. The cruelty of the children in Brooke's novel is now exchanged for the cruelty of the mother who creeps "with bare feet, to surprise [the child] in his sleep" (Grand 2007: 304). In a melodramatic doubling, Evadne becomes morally ambiguous when she decides to poison herself and thus to end the life of her unborn daughter. Her doctor-husband questions the social utility of Evadne's eugenic sacrifice (671).

This same questioning of women's misconceived duty to the race is articulated by Dr Cornerstone in *A Superfluous Woman*. In marrying and remaining faithful to Heriot, Jessamine atones for her desire for Colin. Her sacrificial marriage, however, only has dire consequences as she gives life to the "effete and dissipated race" (Brooke 1894: 273). As she craves for the redemption of death, she puts an end to her children and to herself. In an instance of figural narration, the reader is confronted with unclear memories of the death of Heriot's children, only to see Jessamine die happy after "her will had triumphed" over her husband's desire to have an heir (301).

Jessamine's admission of crime and her sense of responsibility bring to mind Ibsen's Mrs Alving and her own avowal of her role in the downfall of her son Oswald. Showalter has argued that, aside from their use of syphilitic insanity as a means of addressing social hypocrisy, which breeds "anxious fathers, febrile art, and divided and disfigured sons," late nineteenth-century male authors turned against women and their role in the maintenance of this system (1986: 105). Oswald Alving's mother, for instance, not only feels responsible for her husband's wrongdoings, Showalter sees her also as "the real executioner of the son, and the real enemy of his artistic genius" (105), which supports the claim that "male writers had redefined the locus of vice, had changed the subject of the debate from the sins of the fathers to the sexuality of sons and lovers and the neurotic frigidity of mothers and wives" (111).

Although there is indeed a shift from a straightforward allocation of blame to the father, Ibsen's treatment of syphilis heredity, like that in Brooke's novel, is more complicated as it evinces the ambiguous positions of the mother and the son and casts doubts on the mode of syphilis transmission. Interpretations of Oswald's ailment have ranged from a straightforward acceptance of its hereditary character to more sensationalist accounts of its acquisition in childhood.<sup>5</sup> The impossibility of an a posteriori, literary, "differential diagnosis," Johansen argues, not only addresses the question of one's agency against the ploys of fate but also sheds light on the joint complicity of the Alving family in the transmission of the hereditary taint (2005: 110). It is "an illustration of the price to be paid for fearing public opinion and bowing to conventions and the hushing up of the truth" (Johansen 2005: 110). This broader perspective and a denial of a straightforward allocation of blame cast Oswald and his mother, like Jessamine in Brooke's novel, as co-responsible for this development.

Munch captures this combination of blame and sorrow in one of the sketches for Max Reinhardt's production of *Ghosts* at the Kammerspiele in Berlin entitled *Ghosts: Oswald and Mrs Alving* (1906).<sup>6</sup> In his rendition of Oswald and Mrs Alving, in which his merger technique is taken to extremes, both figures exist in a state of irrevocable entwining. This pietà, "a memorialization of the son's destruction and the mother's suffering" (Templeton 2008: 52), reverberates with the echoes of the Madonna and Child series.<sup>7</sup> The terror of the mother's face is highlighted by the horror evoked by the incandescence of frenzied black lines as Oswald's pending death is suggested by his 'fading' into the golden background that, according to Templeton, obliquely references *The Sun* (Templeton 2008: 52). Munch's *The Sun* (1911–16) echoes Oswald's final words to his mother, "give me the sun" – his plea for morphine and for the end of his suffering (Templeton 2008: 9). This media transposition – the sun that Oswald craves for – returns in Munch's work as a less ambiguous utopian respite that soothes the nerves of the sufferer. In Munch's art, these uncertainties are exchanged for the regenerative beauty of the sun, whose beams enliven the mystical landscape. Mrs Alving's presumed sacrifice and her act of humanitarian euthanasia recall the eugenic utopias pervasive at the time.

Thematically, they can also be linked to the work of Arthur Conan Doyle, whose short story "The Third Generation" has a eugenic agenda. In the story, Sir Francis Norton unexpectedly pays a visit to the well-known London practitioner to find out that he is suffering from a serpiginous lesion and, to the doctor's content, appears to be a perfect incarnation of a "constitutional and hereditary taint" (Doyle 2007: 34). Dr Selby soon convinces the patient that he is "no lonely sufferer [as] there are many thousands who bear the same cross" (35). This assertion, together with Sir Norton's moral conduct, establishes the innocence of his thoughts and deeds. Norton complains:

But where is the justice of it, doctor? [...] If I were heir to my grandfather's sins as well as to their results I could understand it, but I am of my father's type; I love all that is gentle and beautiful, music and poetry and art. The coarse and animal is abhorrent to me. [...] And now this vile, loathsome thing – Ach, I am polluted to the marrow, soaked in abomination! (Doyle 2007: 35)

His physiognomy mirrors this innocence reflected in his gaze "of the startled horse" (30) and in the horror he feels at the thought of his



“rotting,” “putrid” blood (35, 36). The only symptom of the disease is the above-mentioned lesion on his leg, whose serpentine form, connotes treachery and deception.

In the short story, Sir Norton becomes the ultimate sacrificial lamb. Having learned about the patient’s conjugal plans, the doctor dissuades him from marriage. As Sir Norton considers it impossible to break the attachment, the doctor suggests a sudden voyage to Australia as a possible solution. He also relates the story of another patient who committed a capital crime to protect his future wife from shame and thus released her from her promise. Fed by the doctor’s stories and inspired by the sense of duty, Sir Norton commits suicide, even though the event is reported as “A Deplorable Accident” by the *Daily Mail* (Doyle 2007: 39). In this, his actions are radically different from those of Georges Dupont in Brioux’s *Les Avaries*, who marries despite the doctor’s advice to the contrary. By materializing Dr Selby’s eugenic fantasies, Norton not only proves that hereditary laws are not as strict as one would expect, but also restores the stability of the male hegemonic paradigm. By annihilating the legacy of his grandfather through his own death, Norton enacts a real and symbolic sacrifice. Here, it is not the innocent wife, as was the case in New Woman writing, who eradicates the degeneration in the family through her death but the syphilitic himself. Like other eugenic texts of the time, “The Third Generation” envisions only one end for the syphilitic male: his annihilation and, with that, the rescue of the bourgeois family.

In “Eugenics and the Afterlife: Lombroso, Doyle, and the Spiritualist Purification of the Race” (2007), Christine Ferguson proposes to read both authors’ late preoccupation with spiritualism not as a breach with their previous exploration of criminality and deviance but as its extension. Spiritualism, she argues, was a potent arena for the propagation of “racial fitness and hereditary improvement,” which were the prime goals of eugenics (65). Like the latter, spiritualism preached the importance of progress and sacrifice for future fitness, understood in physical, moral and mental terms (67). In effect:

The eugenic ideal of an impending society in which sickness and suffering had been eliminated, in which handsome and fit bodies replaced old and diseased ones, and in which each race or type preserved only its best specimens, is identical with the spiritualist conception of the afterlife. (Ferguson 2007: 67)

In its evocation of the afterlife, Ferguson argues, spiritualist thought was influenced by the ideas of evolutionary development, as it saw the bodies of the insane, the criminal and the mentally ill undergo gradual purification after death. Ghosts or spirits, earlier accommodated in folk mythologies, gradually developed into pure, perfected apparitions under the pressure of spiritualist thought. In the context in which the afterlife was imagined as a land of refinement, death became a benevolent act of liberation from the limitations of the terrestrial, imperfect, diseased and desiring corporeality. Within this paradigm, the elimination of everyone who did not comply with the standards of physical and mental fitness masqueraded as kindness and compassion (Ferguson 2007: 71–2). The shedding of incapacitating corporeality paved the way to the eugenic utopia of the afterlife, which, as Ferguson argues, for Conan Doyle took the shape of “a bucolic English paradise cleansed of all forms of physical and mental defect” (77).

The juxtaposition of New Woman texts and Conan Doyle’s story highlights the sacrificial role of syphilitic children and their mothers as propounded by eugenic writing in its distinctive generic modes. New Woman writers and feminists used the syphilitic child explicitly and limitedly as a sign of hereditary degeneration and dread. Although they variously defined women’s role in race degeneration, they highlighted the civic duty of the mother as fundamental to the future of the whole nation. This accountability of people ‘innocently’ affected by syphilis resurfaces in Doyle’s short story, in which not the mother, but the syphilitic himself regards extinction as the only possible way out of his situation. The syphilitic takes on a socially viable, sacrificial role. Ibsen incorporates in his drama a complex allocation of blame and intricately combines the fates of the mother and the son in his critique of an ossified moral order within the structure of what became viewed as the “flagship of naturalistic theatre” (Fischer-Lichte 2007: 63). Munch, on the other hand, addresses the irrevocable intertwining of the fates of the mother and the child in his series of paintings and lithographs. Unlike Munch and Ibsen, who concentrate on the crude realities of suffering, New Woman fiction and Doyle’s story incorporate into their works the desire for an eugenic utopia, in which death and disease are stamped out.

Eugenic utopias proliferated at the turn of the century. Together with their dystopian counterparts, if in a drastically different way, they envisioned a world transformed by socialist ideals, technological improvements and selective breeding. In their continuation of the century-long utopian social theories of Henri de Saint-Simon, Charles Fourier and

Robert Owen, such fictions described societies in which diseases were conquered, social problems solved and environmental disasters prevented (Claeys 2010: 111). They described a world where the state had the upper hand in the regulation of trade, education, marriage unions and health provision. Elizabeth Corbett's *New Amazonia* (1889), for instance, not only takes up many of the concerns addressed by the utopias of Edward Bellamy and William Morris but also combines the ideals of feminist, imperialist and eugenic thought in its depiction of society in the year 2472 (Roemer 2010: 97). Mysteriously transported into the future, the heroine is confronted with a world in which women's situation has improved: they have access to knowledge, well-paid positions and the right to vote. Improvements in physical education and professional development, together with the regulation of the number of births, have helped create a world, which, with its ideals of the "[h]ealth of body, the highest technical and intellectual knowledge, and purity of morals" constitutes "the most perfect, the most prosperous, and the most moral community in existence" (Corbett 1889: 47). For this to be possible, Malthusian doctrines have been reinforced: medical certificates are required before marriage and newborn children are inspected after birth for fitness. "[N]o crippled or malformed infants [are] permitted to live" (46). Hygienic progress, state control of education and the regulation of marriage are also invoked in such novels as George Read Murphy's *Beyond the Ice* (1894) or Andrew Acworth's *A New Eden* (1896).<sup>8</sup>

Concurrently, these same ideological currents and eugenic experiments are shown to be responsible for the birth of puny, intellectually inferior races. H. G. Wells's *The Time Machine* (1985), like Bram Stoker's *Dracula* (1897), has been regarded as a satire on both eugenic thought and New Woman fiction.<sup>9</sup> Showalter has linked *Dracula* to syphilis arguing that in male novels "syphilophobic anxieties appear in the form of fear of female sexuality and intensified misogyny" (1986: 98). In the same vein, she sees Wells's Eloi as "a parody of Dorian Gray's decadent aesthetics," who, in their "infantile nervous perfection," represent a parody of the future as imagined by late nineteenth-century feminists. They are, Showalter argues, "Wells's mordant response to the sexless feminist utopias" (1986: 104).

In both novels, the child returns as a social victim and a haunting revenant. Wells's "graceful" but "frail" creatures remind the Time Traveler "of the more beautiful kind of consumptive [...] hectic beauty" (1995: 19) not unlike the "Dresden china type of prettiness" (1995: 20). Similarly, in his classification of criminals, Van Helsing

compares Dracula's brain to a "selfish child-brain" that "predestinate[s] to crime" (Stoker 1897: 320). This "diagnosis," Vrettos argues, "counteracts the effect of the vampire's superior power, health, and reproductive energy" (1995: 172). Claudia Nelson believes that through this evocation of Dracula's atavism, through his mental arrest and concomitant criminality, Stoker articulates one of the great fears of the Victorian era – the threat to the "primacy and potency of the 'normal' patriarchal Victorian male" (2012: 64). In distinct ways, Stoker and Wells comment on the utopian proposals of the New Women and eugenicists by linking their pessimistic visions to the negative idea of childhood as arrested development.

Popular imagery of the late nineteenth century regarded the syphilitic child as a potent sign of national degeneration. New Woman and spiritualist writing envisioned future utopias based on the civic responsibility of individuals and collectives, on whose shoulders lay the accountability for the health of the nation and the regeneration of the race. At the same time, dystopian visions commented on the negative outcomes of these ideologies gone too far. Neither of these preoccupations actually addressed the suffering of syphilis patients. Nor did they pay much attention to the possible ways of alleviating this suffering, which would go beyond the easy solution of 'humanitarian' euthanasia.

### INDIVIDUAL SUFFERING AND THE ECONOMY OF CARE

In Victorian fiction the syphilitic child and the syphilitic insane metamorphosed into corporeal sites of anxiety about the future. The metaphorical utility of these figures obliterated the suffering of the actual syphilis victims. At the same time, the pain and suffering of Victorian syphilis patients, and especially the sufferers of general paralysis of the insane (GPI), resurfaced – albeit surrounded by a complex tension between visibility and invisibility – in medical casebooks. Recognizing the complexity of this medical exposition and juxtaposing it with the novelistic silence around the disease and with Alfonse Daudet's linguistic deluge provoked by his third stage syphilis, I argue that the cultural coding of the disease was not the only factor in erasing it from medical records and popular consciousness. The disease itself – or more specifically, the disorders of the third stage such as general paralysis of the insane – was partly responsible for this silencing. At the same time, its symptoms allowed almost an indexical recording of the deterioration of a syphilis

patient. Because of that, studying medical records does not only provide a means to investigate the pain and endurance of the syphilis sufferers but also offers a chance to address the ethics of care.

In her seminal study *The Body in Pain: The Making and Unmaking of the World* (1985), Elaine Scarry posits the ineffability of pain. Highlighting the disappearance of language in times of acute suffering, she denies the communal character of its experience. “Whatever pain achieves,” she writes, “it achieves in part through its unsharability, and it ensures this unsharability through its resistance to language” (Scarry 1985: 4). Scarry supports this contention with Virginia Woolf’s often quoted and frequently decontextualized claim about the poverty of the English language which, while it offers innumerable means to express love, “has no words for the shiver and the headache” (qtd. in Scarry 1985: 4). In fact, she draws attention to the active destruction of language through pain (2–4). Similar claims have been made by scholars highlighting the disintegration of personal narratives in times of physical and psychological trauma.<sup>10</sup>

Recent developments in the study of pain, however, have reconsidered Scarry’s stance, revealing the necessity of differentiating between various types and functions of pain and between the different tendencies in its articulation. “While pain experienced might indeed annihilate language,” Martha Stoddard Holmes argues, “beside this putative absence [i]s pain anticipated, observed, and recollected, and the lushness of language and literariness it generate[s] in doctors” (2005: 129). This multiplication of the experience of pain and suffering leads her to differentiate between acute and chronic pain, where the former “makes for good theoretical discussion,” while the latter – in its persistence – is challenging “both for theory and transitional narrative, to say nothing of patients and their physicians” (131). For her, chronic pain is generative of language: it calls for expression but remains dependent on the cultural encrypting of suffering (130).

The complexities of the cultural expression of pain in the Victorian era have also been addressed by Lucy Bending who makes a case against Scarry’s refusal to recognize the communal character of pain as she signals a number of contradictions in its Victorian understanding and articulation:

[Pain] could and could not be written about, since social conventions and physical and linguistic incapacity silenced individuals, whilst novelistic conventions gave physical suffering free rein, but in so doing to a large extent took the physicality out of that suffering and turned it into an empty convention. (2000: 82)

These incompatibilities are traceable in the commonly held ideas about suffering and its function. On the one hand, the Victorians believed in the universality of pain, and by that, in its potential sharability, on the other hand, however, they also attributed a distinctive individuality to its particular experience, which remained “incommunicable” to others (Bending 2000: 83). Bending foregrounds the Victorian understanding of suffering as a site of heroism, endurance and humanity, as she reflects on the exigencies of decorum, which hindered its direct expression. Yet, even if these conceptual complexities can be made accountable for the difficulties in the direct expression of suffering, they in no way entirely erased it from literature. Rather, they necessitated “a range of representational tactics” that made such an expression possible (Bending 2000: 83). According to Bending, the novelistic take on suffering in Victorian Britain was often used as a key in the representation of characters and their moral standing, in the delineation of class distinctions but also in the legitimation and plotting of stories (93–6). At the same time, silence enveloped the physical aspects of pain at a time when the expression of emotional experience was culturally charged (96). In a society that saluted the virtue of endurance and saw pain as a universal, potentially ennobling experience, “an ideal of non-verbalized suffering was held up to those who suffered physically” (102).

Indeed, the shift towards the metaphoricity of syphilis, characteristic of the fiction discussed in the previous section, instantiates this complex attitude. The cultural implications of the syphilitic child as a site of dread and a figure of national, personal and familial degeneration was accompanied by a pervasive silence concerning the actual situation of the sufferer. The descriptions of syphilitic children in New Woman fiction ponder on the reproachful gaze of the creatures born of sin and hereditary vice, without, however, describing the ravages of the disease. They displace the horror of the disease onto the reaction of the bystanders and thus magnify it. In Brooke’s *A Superfluous Woman*, silence marks the moment of Dr Cornerstone’s confrontation with Jessamine’s children. While their deformity is noted, its extent and type are replaced by Cornerstone’s increasing dismay. Inspecting the children “with rapid scrutiny and a horror-stricken heart,” he notices “a poor malformed thing – a child who lived in pain, and whose eyes alone answered for him” (1894: 270–1). The reproachful gaze is the only further characterization of the children as we are left with Dr Cornerstone’s impression that “[o]f all the scenes of anguish upon which his eyes had rested, this, in its repressed and

concentrated horror, was the most appalling” (271). This rendition of the syphilitic child is an example of what Bending refers to as the “Burkean model of inexpressivity” or his “convention of Gothic silence,” which refer to the power of the obscure to evoke dread and horror (2000: 97–9). In this context, then, the description of the actual suffering of the syphilitic child in New Woman writing, like the pervasive silence around the disease discussed in Chapter 4 gains rhetorical complexity. On the one hand, this elliptic rendition of syphilis may be a way of catering for the tastes of the Victorian market, of justifying the works’ preoccupation with venereal disease. On the other hand, however, the emphasis on the symbolic value of syphilis, accompanied by an erasure of its physical symptoms, may be read in accordance with the Gothic convention as a way of evoking, but not describing, the horrors of the disease.

This, however, does not entail that the suffering of syphilis patients was altogether absent from the Victorian cultural landscape. Bending shows the extent to which pain found an indirect vent through metaphor.<sup>11</sup> In her talk “Translating the Pain: Overcoming the Ineffability of Pain” at the Birkbeck symposium “Rhetorics of Pain: Historical Reflections” (2011), Bending addressed the modes with which French author Alphonse Daudet transformed the ravages of *tabes dorsalis* into his literary language. Daudet considered writing a novel inspired by his third-stage syphilis. What remains of these attempts is a number of diary entries, first published posthumously in 1930 under the title *La Dolouu* (*In the Land of Pain*, 2002).

At a time when the relationship between *tabes dorsalis* and syphilis was being confirmed, the social impact of the latter was regarded with growing concern. Not only was syphilis deemed responsible for the deaths and suffering of innocent wives and children, it was also regarded as conducive to paralysis and dementia. Gould’s *The Student’s Medical Dictionary* (1900), defines *tabes* as “a disease dependent upon sclerosis of the posterior columns of the spinal cord,” whose symptoms include “lightning-pains, unsteadiness and in coordination of voluntary movements,” “disorders of vision,” “cutaneous anesthesia” (n. pag.). The progressive degeneration of the nerves in the spinal column gradually leads to sensory and motoric disorders: disturbed sensations, incontinence, impairment of the senses of touch and sight or degeneration of joints. Even though these symptoms are scattered on the pages of Daudet’s diary, his interpreters stress his constant preoccupation with the difficulties in the evocation of pain. One single

page recapitulates – in the ellipses and elisions – the various acoustics of pain and reflects on its nature:

How much I suffered last night [ . . . ]. Sheer torture . . . there are no words to express it, only howls of pain could do so. [ . . . ]

Words only come when everything is over, when things have calmed down. They refer only to memory, [ . . . ].

No great theory of pain. Each patient discovers his own, and the nature of pain varies, like a singer's voice, according to the acoustics of the hall. (Daudet 2002: 15)

This passage is reminiscent of Stoddard Holmes' descriptions. It also brings to mind Canguilhem's rhetorics, in which he compares illness to the orchestra of the organs (1989: 243; see Chapter 2). The idiosyncrasy of pain elides but also necessitates communication; the pain dictates: "*dictante dolore*" (Daudet 2002: 29; original emphasis).

Bending sees a discrepancy between the subjective experience of pain and its expression in one of Daudet's first passages – in the moment of (mis)recognition:

In my cubicle at the shower-baths, in front of the mirror: what emaciation! I've suddenly turned into a funny little old man.

I've vaulted from forty-five to sixty-five. Twenty years I haven't experienced. (Daudet 2002: 3)

The moment is indicative of the difference between the abstract and the experiential, between the externality of the sufferer's body and the internality of his pain. It also signals discordance between feeling and appearance and articulates a demand for the expression of pain through a negotiation of various discourses. Julian Barnes, Daudet's translator, highlights the mundaneness of Daudet's analogies such as the one in which he compares his incapacitated leg to a "knife-grinder" (2002: xiv). While she recognizes the interweaving of external realities and internal sensations in Daudet's language, Bending also points out its multidiscursivity, characterized by the multiplicity of framings and perspectives from which pain is seen. She contends that the "nautical metaphor" – the metaphor of the body as a ship, in which Daudet encapsulates his identity as a sufferer – is insufficient to express the plurality of sensations, the types of pain and the changes in consciousness visible in his work (Bending 2011). These



ongoing linguistic exercises not only highlight the force of pain itself, its mutability and its irrevocability to the human consciousness, but also, Bending argues, capture its emotional resonance (Bending 2011).

In contrast to Daudet's diary, British literature of the *fin de siècle* alludes to but never evokes the extent of suffering, thereby shifting the attention away from the pain of syphilis victims towards the dystopian visions of the future. This may be the reason why the question of the actual afflictions brought about by syphilis has rarely been addressed by critics. The medical casebooks of the Bethlem Hospital, and especially the ways in which they expunged physical suffering, demonstrate that, despite this erasure, they continue to offer complex records of the progression of syphilis and often also indexical testimonies to the mental and physical deterioration of syphilis patients. They record the local idiosyncrasies of the economy of care in addition to being disturbing documents of syphilis patients' transformation from insubordinate citizens to silent sufferers.

### *The Indexicality of Pain in Medical Casebooks*

In *"The Cruel Madness of Love": Sex, Syphilis and Psychiatry in Scotland, 1880–1930* (2008), Gayle Davis delineates the importance of clinical case records to the understanding of the schemes of local care provision in the treatment of tertiary syphilis. Her complementary reading of medical writings and clinical notes helps her establish the complex realities of Victorian asylumism. Davis also shows the epistemological and hermeneutic problems posed by clinical case studies. She points out their local idiosyncrasies and inconsistencies, their multi-authorial, makeshift and pragmatic character. She also underscores their fundamental eclecticism, polyvocality and their intrinsic interpretative nature (2008: 25–30). These characteristics alone are suggestive of the tensions between the communication, recording and interpretation of pain and suffering. Even though the rise of asylumism in the second half of the nineteenth century was instrumental in making the syphilitic insane invisible in public, medical records provided a counter-site of their visibility. Despite their highly provisional character, case records offered a space where the disease itself left undeletable traces, which, although difficult to decipher, are at the same time indexical testimonies to the (physical) ravages brought about by syphilis and other ailments.

As the circumstances of record-taking often contributed to the fragmentariness of case notes, the peculiar symptomatology of the disease,

rather than the mundane realities of patients' suffering, took pride of place in clinical accounts and in medical writing. In his overview of the clinical aspects of the disease, Charles A. Mercier, Physician for Mental Disease to Charing Cross Hospital, describes the progressive character of the disease, which brings with itself epileptic-like seizures, temporal loss of consciousness, sudden rises of temperature and vomiting along with recurring lethargic and comatose states. With each "crisis," the health of the patient deteriorates further so that he never manages to regain the state of health from before the seizure (Mercier 1914: 86–7). Changes in bodily reflexes and affections of musculature begin to affect the speech and the motility of the patient, leading to a gradual loss of the ability to independently perform any actions. The progress of the disease is evinced by the sinusoid of the patient's body. Exhaustion, sepsis, an epileptic attack or pneumonia are the most frequent causes of death (Mercier 1914: 100–3).

In his detailed clinical description, Mercier pays particular attention to the non-normative behaviour of GPI patients. Comparing the early GPI symptoms to the state of intoxication, he highlights the "increased energy" of the sufferer who, in the initial stages of the disease, can now work longer hours, becomes less cautious and more speculative in his actions and exhibits a degree of excess (Mercier 1914: 93):

He entertains more; he shows more inclination for society; [...]. He talks more, more loudly, more imperiously, and more egoistically. He becomes lavish. [...] He associates familiarity with his social inferiors. He is apt to become loose in his sexual relations. He is often irascible and excitable. Combined with these mental characters there is usually an elation, a buoyancy of mind and high spirits. (93)

This description links the progress of the disease with a gradual transgression of social rules. Whatever its exact course, it imminently brings with itself physical and mental debilitation: "It is loss; it is defect; it is the removal of ability, of competence, of efficiency, of power of mind, and adaptability in conduct. [...] until nothing remains. Not the simplest reactions betray the existence of consciousness" (Mercier 1914: 95). These changes are accompanied by a transformation in the affective states of the patient so that, while some experience a high degree of joy and well-being, others sink into states of continuous misery. To these states are also related various types of delusions, from the delusions of grandeur and

wealth to those of inconsequence and incapacity (Mercier 1914: 96–7). Overall, medical textbooks of the late nineteenth century devote a comparatively large amount of space to the enumeration of extraordinary behavioural patterns of GPI patients. Mercier focuses on the convictions characteristically voiced by the exalted/classical type of general paralytics: “The patient attributed to himself ability, worthiness, and wealth in unspeakable degree. There is nothing he cannot do, no honour great enough for his merits [...]. He can kill people and bring them to life again. He has a hundred bodies. [...] He is Lord, Duke, King, Emperor, Saviour, God” (105). The classical exalted type believes in his high social status, promises to achieve the impossible and busies himself with writing directions and orders concerning grand transactions and initiatives. At the same time, he is easily influenced and can quickly be diverted from his actions. In its exuberance, his clothing reflects this mental state as the patient assumes fantastic, “grotesque ornaments” such as “a sunflower the size of a cheese-plate” in his button-hole (Mercier 1914: 106).<sup>12</sup> Other potential behavioural scenarios take up another three pages. The discrepancy between the length of these descriptions and the attention given to other symptoms makes the contemporary reader ask whether the author is driven by the desire to offer a comprehensive depiction of the disease symptomatology or by more sensationalist urges.

Clinical case notes are characterized by an equally detailed record of non-normative behaviour, which raises similar questions. The Bethlem male casebooks from the period 1884–1900 scrupulously document patients’ delusions. Ernst Colquhoun Woodward is noted to believe that he is “Emperor of Russia” and that he can run a mile in five seconds.<sup>13</sup> James Adamson Taylor told the interviewer that “Christ and he were to teach the Gospel” and that “he is King” and “Christ.”<sup>14</sup> William Henry Harris Bolton “imagines that he has a number of tubes inside him” and that a part of his skull has been removed and thrown into the sewage.<sup>15</sup> Cecil Stuart Miller relates he “is married to the Princess of Wales, most of the royal family are his children.” He has seen “the devil in Australia” and is invincible, as “no poison in the world is strong enough to kill him.”<sup>16</sup> These comments reference the most common types of delusions attributed to GPI.<sup>17</sup>

Clinical notes also offer iconotextual records of the gradual mental and physical impairment of GPI patients. They document, often in a very succinct manner, the gradual loss of speech and memory, and, with that,

the growing inability to communicate. The patient “answers questions put to him in monosyllables [...] his talk beyond the answer to any questions is without sense,” “memory bad/ideas much confused” – these are some of the descriptions frequently found in the case notes.<sup>18</sup> James Adamson Taylor “[r]efuses to speak or make any reply to questions.” With the progression of the disease, his speech becomes “unintelligible” as the patient is noted to be “in the condition described [...] as ‘silent excitement’ [and] is always pulling at or pushing at whatever is in reach without speaking.”<sup>19</sup> An attendant notes in Alice Campion’s records that, shortly after admission, she “became quite quiet, and now does not seem to object to being here at all. When spoken to, answered promptly, clearly and reasonably for about a minute, then walked away and could not be induced to utter a single word.” “Affection of speech is very marked, and the patient herself feels that this is so, [...] she only uses one or two words at a time like ‘Jingle’ in *Pickwick Papers*. For example, this morning pointing to her mouth, she said ‘Teeth Beautiful’. Which is indeed the case.”<sup>20</sup> These comments not only document the progress of the disease but also mark a growing difficulty in doctor/attendant–patient communication. They highlight the ineffability of pain due to the disease itself.

As they are composed of attendants’ observations, these records offer a testimony to the patients’ inexpressible suffering in the reactions of the caregivers. Woodward’s death notice records his gradual deterioration along with the attendant’s response to his suffering: “the disease has steadily progressed and lately he had been attacked by fits and had become bedridden” [...].<sup>21</sup> “June 19th. Patient had a fit in which he was unconscious, the left side was paralysed. [...] Sept. 20th. Rubs his head violently and moans as if in pain, crunches his teeth, seems to suffer very much.”<sup>22</sup> It is the empathic observations of the attendants that articulate the agony of the patients who have lost the ability to verbally communicate their pain. Although these fragments can in no way be regarded as ‘objective’ testimonies of suffering, they evoke, in the succinct record of the patients’ physical and mental changes, and in the testimony of the attendants, traces of otherwise inarticulable suffering.

Although the validity of clinical notes as sites for the articulation of patients’ personal narratives has been criticized, they certainly offer invaluable glances, however scant and mediated, at the (self-)perception of asylum inmates. Patients’ opinions, the phrases they uttered, noted both in direct and indirect speech, and letters that had been tucked among the pages of the casebooks draw attention to their thought processes. A letter

by John Stevenson, dated 13 November 1891, addressed to one Dr Percy Smith, offers such a unique testimony:

Dear Dr Percy Smith,

I told you that I was affected from head to foot. – Have for a long time before [...] – being kept within doors not only by my lungs but my abdomen [...]. I was out of doors in early Summer occasionally but [...] my] bowels kept me indoors for sometime after mid-summer. A short time before Mr. Haskell left I began to have headache along with pain in my eyes. My bowels have begun to disturb me [...] so that I was obliged to cease writing to a great extent, and only did very little at a short time.<sup>23</sup>

In the remainder of the letter, the patient notes his life circumstances and comments on the debilitating powers of his disease. Even if an unreliable testimony to the actual developments of the disease, this is a record of Stevenson's deteriorating mental powers, a testimony to his feelings of discomfort and to the ways in which his body and his illness encumber his existence.

The letter is also an indexical record of his physical deterioration. Stevenson's attendants note that "[t]here has been a great change in his writing of late, it is now untidy, very shaky."<sup>24</sup> Mercier describes the gradual loss of the ability to write in GPI patients: peculiar formation of words, duplication or omission of letters and syllables, changing mechanics of writing, with flawed, interrupted lines, changing size of letters, "[b]lots, smudges and erasures":

The letter usually begins pretty well, as the conversation does; but as in the spoken word, so in the written, the later part of the word is worse executed than the beginning, and as the articulation fails more and more the longer the conversation is continued, so the calligraphy becomes worse and worse the longer the effort of writing endures. (1914: 101)

These letters are indices of the disease itself, of pain and gradual loss of identity. In the same way, Stevenson's note serves as an index to the progress of his disease, even if only indirectly addressing the pain that he must have felt. If its content eludes the evocation of his inner struggle, his handwriting inadvertently testifies to the changes in his bodily abilities. Like the occasional photographic portraits of the patients, the letter is a corollary of the otherwise ineffable suffering. Like these letters, the

photographs invoke the pain without describing it directly. It is the difference and the metamorphosis evoked by the juxtaposition of the admission and deathbed photographs that instantiates the amount of suffering that the patient has undergone. It is in the non-existence and non-appearance of visual recording – in the absence between the first and the second photograph – that its intensity is registered.

The gradual loss of memory, speech and writing skills in GPI patients impaired their capacity to verbally communicate their suffering. Admittedly, it must have affected medical records and care provision. While evincing numerous levels of erasure, clinical records capture the suffering of GPI patients, be it in the empathic observations of the attendants, occasional personal narratives of the patients, or in the indexicality of their writing and in the photographic record of their changing bodies. At the same time, however, they are sad reminders of the encumbrances of the doctor–patient communication and highlight the problems of care provision.

### *Individual Suffering and Care Provision in the Victorian Asylum*

Syphilitic insanity, like congenital syphilis, was used as a sign of racial and national deterioration. Fears concerning the degenerative effects of syphilis grew stronger at a time when its consanguinity with GPI and locomotor ataxia was being confirmed. As 20 per cent of male asylum patients were diagnosed with GPI, concerns arose about the socio-economic repercussions of the disease. Mercier wrote:

It is in the main a disease of middle life, and most often of the male sex. It usually affects vigorous, energetic, successful men, who have lived full, active, busy lives in cities; who are married; who have indulged freely in eating and drinking, and in sexuality; and in whom an hereditary disposition to insanity is absent. (1914: 83)

As Gayle Davis demonstrates, the incapacitation of middle-aged men, in the prime of their working lives, spotlighted the presumably disastrous effects of syphilis on British economy, while the chronic character of the disease drained the financial resources of many asylums and underscored the problems of familial and institutional economy of care (2008: 15). Indeed, clinical notes, annual reports and medical publications show the extent to

which welfare provision for third-stage syphilis patients greatly deviated from the utopian visions of asylumdom propounded in the mid-century.

Lunacy reformers such as John Conolly in England and William Browne in Scotland envisioned the mid nineteenth-century asylum in a sharp contrast to earlier ‘mad houses.’ With its emphasis on non-restrictive, moral treatment and with its purpose-built architecture, the reformed asylum was to be “a Utopia” (Browne qtd. in Scull 1991: xxxvi). Moral treatment encompassed an array of practices that ensured a humane handling of patients and their active rehabilitation through proper classification and employment as well as through a provision of “comfort and cure” (Scull 1991: xxxvi–xxxvii). The asylum was to provide a harmonious environment characterized by “moral suasion, docility, and willing submission to authority” (Scull 1991: xxxix) and to offer “the indispensable apparatus for the remanufacture of sanity from madness” (viii). These idealized goals of institutional discipline of course were not always reached. The steadily growing number of patients strained the institutions and complicated the utopian plans of their reformers.

The second half of the nineteenth century saw a rapid rise of asylumdom, with 102 public institutions housing over 100,000 pauper patients in 1914, as compared to the twenty-one establishments (with an overall number of ca. 5000) that existed in 1847 (Rutherford 2008: 6). Andrew Scull has famously attributed this change to the exigencies of “mature capitalist market economy” and to the “rise of a segregative response to madness” as part of a larger change in the social practices of control (1989: 216). According to him, the rising number of institutionalized patients can be thus attributed to the refusal of families to bear the burden of its unproductive, not able-bodied members (230–1). Scull’s model of the transformation in the Victorian management of mental illness has been refuted by scholars who have shown that the second half of the nineteenth century was premised on a “mixed economy of care,” in which families, public and private institutions as well as networks of friends and acquaintances were part of the system of welfare provision (Adair, Forsythe and Melling 1998: 153). Recent scholarship has also challenged the Foucauldian belief in the prime role of asylums as instruments of social management by showing their multiple functions in larger systems of care provision (Adair, Forsythe and Melling 1998: 153). Gender, class and welfare distinctions have been made accountable for the differences in treatment regimen, with more affluent families coping with the “unproductive” at home and with the imminent institutionalization of men in professional positions (Scull 1993: 13–16). With gradual overcrowding, with a

temporary return to old systems of management due to a growing dissatisfaction with the precepts of moral treatment, along with little curative possibilities, late nineteenth-century asylums transformed into convenient “Mazeland[s], Dazeland[s], and Driftland[s]” of insanity (Wynter qtd. in Scull 1993: 22), where “the waifs and strays, the weak and the wayward of [the British] race” were lodged (qtd. in Scull 2006: 82). These became spaces for the sequestration of the unwanted and the degenerate – veritable social vestibules that enclosed and controlled the disturbing element.<sup>25</sup>

In the pessimist climate of the late nineteenth century, the treatment of the syphilitic insane did not differ exceedingly from the “exercise[s] in environmental management” that Shortt regards as characteristic of the asylum care economy (1986: 124). Indeed, Gayle Davis has noted the insufficiencies of the cure regimen in GPI cases. While the remedies used in syphilis treatment continued to be used in cases of neurosyphilis, and as various experimental therapies such as the malaria treatment came and went out of vogue, Davis’s empirical study of Scottish asylums shows that sedatives were most readily implemented in such cases (155). In effect, the therapeutic regimen of GPI patients amounted to the mitigation of their symptoms, which, in view of the aforementioned problems of communication, was rather cumbersome. Careful nursing, attention to patients’ dietary needs and an occasional implementation of mercury, iodines or bismuth constituted the routine of such care (153–98). The scantiness of guidelines as to the treatment of the GPI patients in Clara Barrus’s manual *Nursing the Insane* (1908) signals the helplessness of the attendants and the medical establishment:

*The treatment in cases of General Paresis of the Insane* is to safeguard the patient and his friends from his numerous impracticable schemes, or from his violent outbreaks, and to regulate his diet, sleep, and exercise in accordance with his needs and strength. Uncleanliness must be forestalled by watchfulness, also accidents arising from the patient’s stupidity, clumsiness, and uncertainty of movement; prevention of bed sores is needful, and it is especially important that paretics be closely watched when eating, to prevent choking. (360; original emphasis)

This description shows even more clearly than the scant therapeutic and hygienic notes of William Julius Mickle cited by Gayle Davis (2008: 153) that medical practitioners put emphasis on the alleviation of pain rather than on any pro-active treatment in GPI cases. The Bethlem case notes register some of the routines in patients’ care. From the female casebook



we learn about Alice Champion's diet of milk and brandy in the final stages of her life.<sup>26</sup> The casebooks often show that not much could be done in the late stage of the disease.

Despite these difficulties, asylums strove to create an atmosphere of familial hearth as an integral part of the therapeutic regimen. The ethos of home and haven dominated the asylum discourse, while the ideals of comfort and contentedness were invoked in annual reports, despite the popular debate concerning the reintroduction of constraint and the use of strong sedatives in such institutions as the Bethlem Hospital (Andrews et al. 1997: 513–18). Leisure activities, ranging from walks and sports, to dances, pantomimes, burlesques and other theatrical performances, were central to the therapeutic management in Bethlem (Andrews et al. 1997: 519). Occasionally, recreational routines are listed in the casebooks, as in the records of Frederick Henry Bucknill, who is noted to play tennis and billiards.<sup>27</sup> While of course the validity of such statements cannot be proved and while the differences between discursive and material practices cannot be empirically assessed, many critics have insisted that late nineteenth-century asylums took pains to offer a familial setting to the patients so that, with sofas, pictures and flower arrangements, billiard tables and smoking rooms, the wards resembled “the drawing room of a ladies’ club” or “a Pall Mall club,” rather than hospital environments (D. Arnold 2008: 247).

Attempts at creating a familial atmosphere were accompanied by an involvement of the sufferer's family in care provision. For instance, Frederick Henry Bucknill's brother's wish to discharge the patient and to put him in a “less strict environment” is documented in the records. Especially with dying patients, the visits of their family were recorded.<sup>28</sup> Despite long periods of unconsciousness, Sydney George Smith is noted to be able to recognize his wife.<sup>29</sup> Alice Champion's death notice reads: “The patient was admitted suffering from General Paralysis of the Insane. She has gradually become weaker & latterly was confined to bed. Her friends were aware of her condition & visited her constantly.”<sup>30</sup> The insistence on the notification of the family about the progress of the disease was of course motivated by the legal and economic arrangements between the latter and the institution, at the same time, however, the frequency with which the presence of the family at the deathbed of a syphilitic patient is documented may be taken as a sign for the belief in the healing powers of suffering, which were preponderant in British realist literature. Bailin has famously stressed the “consolidating community of the sickroom” in fiction, where it is conceptualized as “a haven of

comfort, order, and natural affection” (1994: 5, 6). The “utopian order” that the sickroom offers in the sanctification of the sufferer and the caregiver also consolidates “the powerful desire for coherence at a time when economic, political, and social relations were undergoing profound reorganization and differentiation” (Bailin 1994: 13). Despite the evident differences in institutionalized care provision, the scenes of patients’ deaths in the presence of their families carry similar overtones.

In their emphasis on the ethos of home, the documents of Victorian asylundom suggest a utopian return to order: a GPI patient exhibiting socially unacceptable behaviour is contained and managed. In this context, clinical notes become complex documents which, in a makeshift and fragmentary way, simultaneously erase and register the suffering of the GPI patients. As they do so, they sadly, and inadvertently, retell the same narrative of elimination that is present in New Woman novels: a disturbing factor – the GPI sufferer who breaches culturally sanctioned norms – is eliminated by the illness, which has been responsible for his/her non-normative behaviour in the first place. After a period of suffering, the patient is silenced and order restored.

### THE ETHICS OF INTERPRETATION

In late nineteenth-century Europe, the trope of the syphilitic child functioned cross-discursively and transmedially as a projection space for the pervasive anxieties of the *fin de siècle*. Medical books addressed the effect of the disease in its complexity. Next to offering contrasting narratives of syphilis heredity and providing diversified imagery, they also perpetuated faulty beliefs concerning its inter-generational transmission. In contrast, New Woman writing, as it endorsed the newly available script of civic motherhood, found in the elimination of syphilitic children the only solution to the dangers of racial degeneration. The dreaded features of the de-individualized syphilitic child were reminders of the sinful past and of the women’s co-responsibility for the present state of affairs. As signs of moral and racial decline, they offered a vent for the emotional crises of the era. For this articulation to achieve high resonance, the physical aspects of the child’s pain had to be eliminated. As the children disappeared from the narrative, they metaphorically underwent the same fate that the eugenicists prescribed for the physically and mentally unfit: sequestration and elimination.

While segregation belonged to the core practices of the late Victorian asylum, the latter at least produced a discourse of care provision that was

absent from popular novels. Although helpless in the face of such diseases as GPI, asylums offered a space where the patients, in cooperation with their families, could be managed. An array of disciplinary and therapeutic regimes was used in the hope of restoring the ill to society. Where this was no longer possible, the care of the chronic patients addressed their dietary needs and concentrated on the alleviation of pain. As civic motherhood supplied a ready scenario for women's public self-assertion and defined their role in terms of eugenic family planning, the asylums used the ethos of home and familial care provision. In this alliance, they found a way of sanctifying their own actions.

At the same time, the documents that Victorian asylumdom produced, like popular literature and imagery, variously complicated the expression of the pain and suffering of syphilis victims. While the third stage of the disease incapacitated the sufferers to the point of robbing them of any means of communication, clinical notes preserved, often in an indexical manner, and through care-givers' testimonies, a trace of their suffering. In these registers, the suffering of the syphilis victims became a "mark of absence of a presence, an always-already absent present" (Macsey and Donato 1970: 254). It is the mark that always already eludes master-interpretation as it foregrounds the role of hermeneutics in the cultural signification of their pain.

In his account of Alice Campion's case, attendant Frank Belben notes in August 1892: "spends her time in collecting leaves, which she says is 'Gardening-Pretty.' [...] Is a very amusing patient & always in the best of spirits, [...] Speech markedly worse."<sup>31</sup> This description, like the above-discussed note in which another attendant records the shivering and pain s/he observes in one of the patients, highlights the importance of interpretative skills to the understanding of pain and suffering. Such succinct phrases, as they elliptically document transformations in GPI patients, underscore the role of interpretation in medical ethics and empathic care. Figuratively, they also direct us towards the issue of our own positioning vis-à-vis the Victorians: they spotlight the constraints and exigencies of our contemporary re-reading of syphilis and its cultural potency in the late nineteenth century.

## NOTES

1. There was little unanimity as to the use of this terminology. While Fournier regarded congenital and hereditary syphilis as distinct phenomena, some practitioners were talking inclusively of 'inherited syphilis', others introduced additional distinctions. I am using 'hereditary', 'congenital' and

‘inherited’ interchangeably and in a generic sense to stand for all types of syphilis transmission across generations.

2. I am using ‘syphilis heredity’ as an all-encompassing term, reserving ‘parasyphilis’ to indicate inherited predispositions and pathological states traceable to syphilis, such as GPI or locomotor ataxia.
3. It should, however, be remembered that the impact of these phenomena varied. In her discussion of Lamarckian influence on medical debates of heredity and syphilis, for instance, Elizabeth Lomax claims that although Fournier’s notions of parasyphilis gained large following in French medical circles, British professionals were reluctant to adopt them, especially as regards the generational transmission of syphilis (1979: 34–5).
4. For a critical account of the various notions of heredity activated in the debates on hereditary syphilis, see Lomax 1979.
5. While some have argued that Oswald received the disease from his father, others believe that he acquired it in Paris. Others still regard him as an innocent sufferer who was infected by the use of his father’s pipe, an action that has been interpreted by some critics as a symbol of “phedofilic [*sic*] incest” (Johansen 2005: 101).
6. For a historical overview of this cooperation and a survey of the sketches, see Templeton 2008: 39–55.
7. It is important to remember that Munch visually transposes Oswald’s complicated heritage as he renders another *pietà*, this time with the sketch of an offsite scene in which Oswald is huddled on his father’s lap while his mother stands ominously in the door. This “burlesque *pietà*” references the scene in which Mr Alving gives Oswald the pipe to smoke, a disturbing scene of paternal irresponsibility and cruelty (Templeton 2008: 55), that gave rise to the aforementioned divergent interpretations.
8. For further elaboration, see Claeys 2010: 111–12.
9. For an interpretation of *Dracula* as a satire on the New Woman, see Senf 1982.
10. For an overview, see Raoul 2007.
11. Both Bailin and Stoddard-Holmes, for instance, reference the ways in which metaphors can be helpful in expressing pain. In the circles of narrative medicine, rhetorical tropes are crucial sites of reference in the understanding of patients’ experience, see Kleinman 1988, Charon 2006, Mattingly and Garro 2000, Mattingly 1998.
12. A GPI patient, continues Mercier, can exhibit a radically opposite type of behaviour: prolonged states of dullness, reclusion and apathy (1914: 94), which are signs of the “depressed” or “melancholic” type of paralysis, in which the patient envisions himself guilty of highly exaggerated crimes, a source of putrefaction and general disgust (108). In other types of paralytic, the levels of anxiety and mental deterioration differ.

13. Male Patient Casebook. 1886: 121. Bethlem Hospital Patient Admission Registers and Casebooks 1683–1932. MS. Bethlem Museum of the Mind Archives, London.
14. Male Patient Casebook. 1886: 118. Bethlem Hospital Patient Admission Registers and Casebooks 1683–1932. MS. Bethlem Museum of the Mind Archives, London.
15. Male Patient Casebook. 1887: 88. Bethlem Hospital Patient Admission Registers and Casebooks 1683–1932. MS. Bethlem Museum of the Mind Archives, London.
16. Male Patient Casebook. 1900: 67. Bethlem Hospital Patient Admission Registers and Casebooks 1683–1932. MS. Bethlem Museum of the Mind Archives, London.
17. For an account of the most common delusions in clinical notes, see G. Davis 2008: 83–124.
18. “John Samuel Sankey.” Male Patient Casebook. 1886: 114. Bethlem Hospital Patient Admission Registers and Casebooks 1683–1932. MS. Bethlem Museum of the Mind Archives, London.
19. Male Patient Casebook. 1886: 118. Bethlem Hospital Patient Admission Registers and Casebooks 1683–1932. MS. Bethlem Museum of the Mind Archives, London.
20. Female Patient Casebook. 1892: 63. Bethlem Hospital Patient Admission Registers and Casebooks 1683–1932. MS. Bethlem Museum of the Mind Archives, London.
21. “Notice of Death.” Male Patient Casebook. 1886: 122a. Bethlem Hospital Patient Admission Registers and Casebooks 1683–1932. MS. Bethlem Museum of the Mind Archives, London.
22. Male Patient Casebook. 1886: 122a. Bethlem Hospital Patient Admission Registers and Casebooks 1683–1932. MS. Bethlem Museum of the Mind Archives, London.
23. “John Stevenson.” Male Patient Casebook. 1891: 33. Bethlem Hospital Patient Admission Registers and Casebooks 1683–1932. MS. Bethlem Museum of the Mind Archives, London.
24. Male Patient Casebook. 1891: 33. Bethlem Hospital Patient Admission Registers and Casebooks 1683–1932. MS. Bethlem Museum of the Mind Archives, London.
25. This of course does not mean that there was no exchange between society and the asylum and that they were hermetic institutions. For the relation between institutionalized and familial care, see Mooney and Reinartz 2009.
26. Female Patient Casebook. 1892: 63. Bethlem Hospital Patient Admission Registers and Casebooks 1683–1932. MS. Bethlem Museum of the Mind Archives, London.

27. Male Patient Casebook. 1892: 31. Bethlem Hospital Patient Admission Registers and Casebooks 1683–1932. MS. Bethlem Museum of the Mind Archives, London.
28. Male Patient Casebook. 1892: 31. Bethlem Hospital Patient Admission Registers and Casebooks 1683–1932. MS. Bethlem Museum of the Mind Archives, London.
29. “Sydney George Smith.” Male Patient Casebook. 1887: 42. Bethlem Hospital Patient Admission Registers and Casebooks 1683–1932. MS. Bethlem Museum of the Mind Archives, London.
30. “Notice of Death.” Female Patient Casebook. 1892: 63. Bethlem Hospital Patient Admission Registers and Casebooks 1683–1932. MS. Bethlem Museum of the Mind Archives, London.
31. Female Patient Casebook. 1892: 63. Bethlem Hospital Patient Admission Registers and Casebooks 1683–1932. MS. Bethlem Museum of the Mind Archives, London.

## Conclusion: “Uncomfortable Proximity” and the Ethics of Display

The spectre of syphilis that haunted the *fin de siècle* was an integral part of Victorian modernity. Its multiple guises enabled it to become an apt rhetorical figure with which to address the growing fears and anxieties of the closing decades of the nineteenth century and reconsider the existing socio-cultural, political and economic structures. The scope of its influence expanded beyond the critically acknowledged topics of gender, class and race, and ranged from the intricacies of knowledge production and dissemination to the problems of defining personal, national and imperial identities. Overall, the phantasmatic power of syphilis lay in the tensions between the visible and the invisible that it generated while its cultural currency also had an impact on the treatment and provision for the victims of syphilis. Simultaneously, the perceived obscene character of the knowledge about the disease and a number of cultural constraints complicated the visibility of syphilis and its trans-generic evocation even as they paradoxically produced a rich visual culture around the disease.

This study has shown the degree to which a variety of media and genres participated in the dissemination of knowledge about the disease. The survey of various technologies of knowledge production in the medical contexts has highlighted various dependencies and mechanisms that cannot be disregarded in the analysis of the cultural resonance of the disease. The four-partite framework that this study has developed – the emphasis on the rhetorical function of the disease, its culture-specific concepts, its

media embedding and materiality – not only expands the corpus of media in the research on syphilis but also allows for a more integrative thematic focus. It may also prove helpful to the study of other diseases and their cultural and political significance.

Eschewing the typical critical positions in order to gain a larger perspective which is open to a variety of ontological categories, this book offered a glimpse at the resonance that syphilis generated in late Victorian culture. Importantly, the knowledge about the disease proved instrumental in the power struggles and self-fashioning attempts of a number of groups such as medical practitioners, proprietors of public anatomy museums, or authors of domestic medicine manuals. Moreover, New Women and feminists used the disease as a political tool to claim access to (medical) knowledge and, with it, to validate their own positions. Their evocation of the 'conspiracy of silence' around the disease both justified their preoccupation with the topic and helped them negotiate their own position in society. Paradoxically, the invisibility of syphilis made a number of their political demands visible.

This negotiation of access to knowledge was part of a larger politics of difference and ordering/othering as the disease began to be associated with the chaos and disorder of modernity. The (visual) production of syphilis types and stereotypes – readily undertaken by anthropological and sociological studies and part of the late Victorian popular and medical imagination – functioned as a potent technology of othering, which promised to circumvent the chaos of modernity and prevent a collapse of the traditional order. Yet these technologies of ordering also demonstrated their own inadequacies. The survey of syphilis types in this study has shown that, by the closing decades of the century, medical writings shifted their attention from the semantics of syphilitic bodies to the syntax of contagious touch. At the same time, British literature evinced the difficulty in the depiction of syphilis. In sublimating syphilitic bodies and in displacing the signs of the disease, it also exemplified a representational crisis, followed by a multiplication of meanings around the disease. Various depictions of syphilis show that the alleged feminization of syphilis was undergoing complex changes across Europe. At the same time, the pervasive coupling of syphilis with consumption linked the accumulation of goods defining modern identities to economic gluttony, degeneration, decay and to the overtaxation of the modern subject.

The politics of difference were also a prominent element in the production of material and imaginary geographies of the disease. While these have



increasingly become important in the socio-cultural studies of the CD Acts, they remain of little interest for literary scholars, an oversight this book sought to amend. Attention to the spaces of syphilis occurrence permitted me to take into consideration further sites where the dialectics of visibility and invisibility was produced and to address the mechanisms of exclusion, containment and resistance that accompanied the various systems of prophylaxis and provision for syphilis sufferers. Maps, architecture and urban plans highlighted the problems associated with mid-nineteenth-century isolationist politics of syphilis prophylaxis and showed the extent of their failure by the closing decades of the century. They also made tangible the phantasmatic and material dangers associated with syphilitic bodies. Last but not least, these various cartographies exhibited a degree of rhetorical power, which strengthened their function in popular debates over syphilis. The concomitant discourses of salubrity and contagion linked these spaces to the ways in which syphilis patients were treated in the Victorian era.

The juxtaposition of this treatment and the literary preoccupations with the future of the nation and the British Empire showed a remarkable discrepancy between the care provision for the syphilitics and the recognition of their role in the narratives of national development. Late nineteenth-century literature turned the syphilitic insane and the syphilitic child into potent allegories of both national and racial downfall and almost entirely neglected the question of health provision. In contrast, the documents of the Victorian asylum, such as the medical casebooks, offered rare glimpses into the daily existence of syphilis patients, while recording, albeit in an erratic fashion, their endurance and suffering. At the same time, they also threw into strong relief the hermeneutic quandaries that are part and parcel of syphilis study. They spotlighted the problems of interpretation and the ethics of reading not only of the traces of syphilis but also of the traces of the Victorian era.

The question of adequate hermeneutics and the critic's situatedness vis-à-vis the Victorians has been a prominent issue on the agenda of neo-Victorian studies, which insists on our indebtedness to the nineteenth century. The Victorians "haunt" our present (Joyce 2004: 3). Material traces of the Victorian past are part of contemporary urban geographies; they can be found in the educational system, tourism and the cultural industry (Arias and Pulham 2010: xi). According to Heilmann and Llewellyn, the ever-growing body of neo-Victorian fiction, accompanied by an upsurge of steampunk and growing fan communities, suggests that "this obsessive return to the past is part of a Derridean reaffirmation of our

shared cultural heritage” (2010: 8). Many critics have vehemently attempted to define this strange positionality and to rethink contemporary critical methodologies (Munford and Young 2009, Krueger 2002, Kaplan 2007, Kucich and Sadoff 2000, Voigts-Virchow 2009), which, “[p]articularly given commercial imperatives [...] can work to flatten out and distort [the nineteenth century], conjuring up an inadequate vision of the past in ways that can be understood as detrimental to the aesthetics and politics of the present” (Munford and Young 2009: 5).

Contemporary creative and critical preoccupations with syphilis, the ‘open secret’ of the Victorian culture, revisit these questions. They also address a range of ways in which we engage with our past and reveal our contemporary problems with understanding disease and suffering. Kunal Basu’s *The Yellow Emperor’s Cure* (2011), Katy Darby’s *The Whore Asylum* (2012), Sheri Holman’s *The Dress Lodger* (2000) and Maggie Power’s *Lily* (1994) are concerned with the ethics of displaying syphilis.

Most vividly, problems of visibility and display lie at the core of John Wood’s *Endurance and Suffering* (2007), an iconotextual project in which Wood uses medical notes and the accompanying hand-painted photographs from George Henry Fox’s medical atlases as cues for his poetic response, which aims at salvaging the life stories of Fox’s patients from his “reductionist” medical discourse (Sibbald 2009: 80). As I have argued elsewhere, a comparison of Wood’s undertaking with Angela Carter’s novelization of the life of Baudelaire’s mistress, Jean Duval, in “Black Venus,” brings to the fore the two issues that these projects tackle so differently. These are the gendering of the subjects on the one hand and their visibility on the other (Pietrzak-Franger 2011). With reference to the first issue, Wood’s collection, which explicitly aspires to make nineteenth-century syphilis patients visible, in fact misreads Victorian visual materials. Consequently, his poetry reanimates a variety of prejudices about syphilis and the gendered syphilitic body and eventually leads to a strengthening of social and gender hierarchies and stereotypes rather than to their contestation. Entangled in gruesome stories of concupiscence and dubious myths of origins, illustrated with clinical photographs, the patients become icons of syphilis. Stereotyped, they are turned into teratological spectacles: their photographed bodies become part of today’s unhealthy desire for sensation. Unlike Wood’s project, Carter’s “Black Venus” draws attention to the discrepancy between the cultural imagery of the disease and individual suffering, which, willingly or not, takes place in the shadow of this stigmatization. Carter does not make a spectacle out of Duval’s decaying

body; rather, she reduces it to a set of culturally poignant signs and only suggests, but does not articulate, the havoc that the illness eventually wreaks upon her body. Carter's story highlights Duval's humanity in the heterogeneous and multiperspectival views of her.

Unlike the hazy image of Duval, who can be read in a number of ways, Fox's syphilitic patients are pinned down like exotic species for us to look at. Carter's indirect verbal evocation and a misty portrait of Duval can be compared to a spectacular phantasmagorical image. Projected onto the semi-transparent medium of text and changing according to context and reader, the ghostly, obscured image of Duval haunts our present, without either her person or her ailing body becoming essentialized. Wood's project, on the other hand, is like a museum of collectibles. It resembles a Victorian cabinet of curiosities, in which traces of people's lives have been meticulously displayed and framed by classifying narratives that typify and objectify their subjects. Wood's and Carter's projects offer two radically different approaches to syphilis as they assume two fundamentally opposed attitudes to the ethics of display.

Wood and Carter link syphilis to the continuing debate concerning the media evocation of various forms of affliction, its economy of regulation and the management of their visibility. It is clear that while at times veiling is the only way in which socio-political concerns can be disseminated and marginalized individuals can be shown with due respect, often, an 'in-er-face' aesthetics is the only way to gain political visibility and economic legitimacy. Susan Sontag addresses these issues in *Regarding the Pain of Others*, in which she argues that in our "culture of spectatorship," we have lost the ability to be shocked into concern. The pain of others titillates us as long as it is kept at a safe distance (2003: 105). Sontag blames our indiscriminate lust, claiming that "the appetite for pictures showing bodies in pain is as keen, almost, as the desire for ones that show bodies naked" (2003: 41). Language is her antidote to images. An explanatory narrative, she argues, will turn the viewer into a reflective, questioning reader. Yet, as Wood's project shows, explanatory narratives, like the politics of explanation, are not free from the politics of differentiation and exclusion or from double-edged mimicry. Lilie Chouliaraki (2006) takes a different stance on this topic as she addresses the question of "distant suffering" and our ethical responses to its multi-media footage. She links the reigning tendencies of stereotyping and dehumanizing sufferers to tensions between raising awareness and compassion fatigue. According to her, the only instances that can generate a demand for action are those in which "the visibility of suffering is managed in an

in-between space, one that does not completely deprive the sufferer of her humanness nor does it render this sufferer thoroughly sovereign” (Chouliaraki 2006: 11). And it is exactly the presence of this demand that is indicative of the ethical character of such a display (11).

This notorious slippage, the necessary failure of representation, is also the foundation of ethics in Levinas and Derrida. For Emmanuel Levinas, it is the recognition of alterity that is at the core of an ethical engagement. According to him, it is through a dialogical response to the other [the object of one’s study] in a face-to-face situation that ethics is born. In *The Ethics of Deconstruction* (2007), Critchley resorts to the popular example of John Woo’s 1997 film *Face/Off* to explain Levinasian thinking about otherness and difference. While the two film protagonists surgically exchange their faces, they cannot switch their characters. This impossibility presupposes an irreducible difference that lies at the core of an ethical relation: “there is a dimension of strangeness about the other person, a depth of identity that simply cannot be assumed [ . . . ] an ethical relation is one where I face the other person and keep my distance, for distance implies respect” (Critchley 2007: 86). Reacting to the feminist critique of Levinas concerning his masculinist misrecognition of female subjects, Diane Perpich proposes to read his notion of alterity in terms of singularity rather than otherness, and points to the problematic character of recognition and representation for his philosophy. While identity politics often limits the otherness of the other to a series of differences in categorization (the otherness of gays, women, animals), Levinas recognizes singularity as more than a list of attributes. Recognition of these attributes appropriates otherness into the world of sameness. Singularity, on the other hand, must be seen as an excess that cannot be communicated through any innate characteristics but that only becomes visible in interaction (Perpich 2008: 188). Similarly, for Derrida, it is a dialogic face-to-face situation that makes up the basis of an ethical situation. For him, however, this encounter with otherness is also, and especially, an encounter with ghostly presences. Learning to live (ethically) includes a realization of one’s finality and a confrontation with (one’s) death: “to learn to live with ghosts, in the upkeep, the conversation, the company, or the[ir] companionship” is to live “more justly” (Derrida 2006: xvii–xviii). It is from this responsiveness, answerability, and responsibility to such (spectral) otherness that ethics stems: from “this being with spectres,” which is “not only but also, a politics of memory, of inheritance, and of other generations” (Derrida 2006: xix). Yet it is a gesture directed towards the future.

With his composite image of syphilis, Mongrel Harwood offers such a dialogical reading. Commissioned by the Tate Gallery, *Uncomfortable Proximity* is a ghost-site hyperlinked with the official website of the gallery, which was active in the year 2000 and redirected every third viewer to this critical version of the institutional web-presence. According to the official website, the project aimed to highlight “(A)rt’s role as medicine and the use of aesthetics to negotiate social positioning, race, national identity and economic forces” (2000: n. pag.). The site of Tate Britain incorporates Harwood’s composite portrait, which uses an image of syphilis to address the intricacies of the gallery’s institutional history, its role in national self-definition and its display technologies and processes of canon creation. Harwood’s combination of Gainsborough’s portrait of Giovanna Bacelli, a snapshot of his niece and a technical image of syphilis from a medical book addresses both the ethics of display and the practices of looking. Matthew Fuller highlights the effects of this combinatory gesture that references the reception history of Gainsborough’s portrait of the dancer and known mistress:

Firstly, it is an almost art historical manoeuvre: making visible what was implicit but repressed in reactions to the painting when it was first shown. Secondly, it moves to confront the meta-cultural discipline of art, or at least those agencies concerned with ordering and controlling its front end, with its very squeamishness. You can have people fainting with boredom, but just don’t get them puking up on the gallery parquet. (qtd. in Harwood 2000: n. pag.)

While the fact that the site was commissioned by the Tate Gallery is politically problematic, Harwood’s mash-up, his decision not to erase the differences between the media but rather to bring them to aesthetically and generically clash with one another, addresses the question of illusion. All of the images, Fuller argues, “are concerned with a variant of truth” but only one of them – the medical photograph – “makes claim to be staging fact” (2000: n. pag.). Harwood offers an image that arises from his dialogical response to the Tate collection and which does not erase its own mechanisms but rather forces viewers to acknowledge the plurality of perspectives it offers and to question their own practices of seeing and their technologies of truth production.

It is to be hoped that this book also offers such a gesture as it reconsiders, in an ongoing conversation, the cultural validity of syphilis and

the materiality of suffering that it brought about. While it surveys the complexities of late nineteenth-century expository acts, it in no way claims a monopoly on truth. Rather, it addresses the range of issues with which these acts were connected. In this, it distances itself from the grand narratives of revisionist studies that proclaim to entirely revise our knowledge about the Victorians. It offers a more integrative and multiperspectival dialogue with the existing critical works as it hopes to reveal the complexities of the disease, its cultural and political resonance and its material repercussions.

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