

**“ALL THE PROSTITUTES MAY BE MADE SUBJECT TO
SUPERVISION AND THE SPREAD OF
DISEASE INFINITELY REDUCED”:
IMPLICATIONS OF
ALEXANDRE PARENT-DUCHÂTELET AND
WILLIAM ACTON’S REGULATORY PROPOSALS**

by

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ABSTRACT

Alexandre Parent-Duchâtelet's 1836 *De la Prostitution dans la Ville de Paris* and William Acton's 1869 *Prostitution Considered in its Moral, Social, and Sanitary Aspects* advocate coerced medical examinations of women identified as lower-class prostitutes. I examine the authors' suggested policies, uncovering their perspectives on women and medical prerogative. I search for their motives, as physicians and public health advocates. This thesis is a comparison of their texts, examined in light of nineteenth-century public health concerns and the doctors' common argument that supervision would reduce syphilis cases. Although the doctors claim their measures would protect regulated women, the proposals were intended to benefit those not identified as prostitutes—prostitutes' clients, their families, and even military budgets. The doctors saw prostitutes as commodities requiring inspection before they could be allowed on the market. They also viewed regulated women as medical and social science research subjects.

KEYWORDS:

Prostitution—France—History—19th Century

Prostitution—Great Britain—History—19th Century

Sexually transmitted diseases—Law and Legislation—Great Britain—History

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CHAPTER ONE

INTRODUCTION: REGULATION

William Acton and Alexandre Parent-Duchâtelet were medical doctors who wrote books demanding regular, state-enforced, medical examinations of women identified as lower-class prostitutes. In his 1836 *De la Prostitution dans la Ville de Paris*,¹ Parent-Duchâtelet insists that such women should be enclosed in officially tolerated, medically-supervised, houses of prostitution: *maisons tolérée*. While he believes that prostitutes must reside in these *maisons*, he does not want such buildings concentrated in one area of the city. His vision permitted the *maisons* to be geographically dispersed throughout the neighbourhoods of Paris, but the women themselves were to remain enclosed. He did not want them to solicit aggressively outdoors, or even be unrestrained in their dealings with each other within the *maison*. His proposed restrictions were to circumscribe every level of the regulatory administration—doctors, prefects of police, and the managing *dames de maisons* should all meet specific standards of modest conduct and personality.

*Prostitution Considered in its Moral, Social, and Sanitary Aspects*² contains Acton's 1870 re-assertion of the need to inscribe and regularly inspect British women seen as prostitutes.³ Following the French official practice of “inscription”—the official registration of women believed to work as “common prostitutes”—Acton demands

¹¹ Its full and sonorous title reveals Parent-Duchâtelet's pride in his research: *De la Prostitution dans la Ville de Paris, considérée sous le rapport de l'hygiène publique, de la morale et de l'administration; ouvrage appuyé de documens statistiques, puisés dans les archives de la préfecture de police; avec cartes et tableaux* (Paris: J.B. Ballière, 1836)

² Acton's full title is *Prostitution, Considered in its Moral, Social, and Sanitary Aspects in London and other Large Cities with Garrison Towns; with Proposals for the Control and Prevention of its Attendant Evils* (London: Cass, 1972; Reprint of the second edition, London, 1870)

³ Acton published the first edition of this text in 1857.

these women be compelled to sign up for scheduled medical examinations. In contrast to his French source, however, Acton does not advocate containing the women in brothels. He writes that they must be subjected to the inspections and enforced hospital stays that Parent-Duchâtelet advocates. However, Acton's system does not require the women live and work within specific buildings.

Parent-Duchâtelet and Acton consider abolishing prostitution to be entirely impossible.⁴ Parent-Duchâtelet is particularly emphatic in his assertion that prostitution occurs in all societies, reflecting nations' corrupt morals rather than encouraging them. Acton adapts this notion, asserting that prostitution is a result of "the natural instinct of man."⁵ In one of Parent-Duchâtelet's countless declarations of its unavoidable nature, he announces that "prostitution...semblable à un torrent qu'on ne peut arrêter, mais qu'il est jusqu'à un certain point possible de diriger..."⁶ He also frequently asserts—and is parroted in this by Acton—that any attempt to prevent prostitution results in dissimulation,⁷ which is much more dangerous than allowing the sex trade to continue under supervision.

Parent-Duchâtelet and Acton ostensibly wrote their pro-regulation texts to prevent the spread of syphilis. Their works depict prostitutes as the cause and the source of the disease, and they describe supervision and subsequent medical inspection as the only effective method for preventing its spread. Both Britain and France seemed ready for their treatises. An 1831-32 cholera epidemic had raised

⁴ This theme receives thorough treatment in Chapter 2: Causes of Prostitution.

⁵ Acton, *Prostitution Considered*, 165. Acton was not the only author to copy Parent-Duchâtelet. Alain Corbin notes that *De la Prostitution* "acquired such authority that it obscured the vision of later researchers and prevented them from grasping the changes that were taking place" (Alain Corbin, *Women for Hire*, trans. Alan Sheridan [Cambridge: Harvard University Press, 1990], 5).

⁶ Parent-Duchâtelet, 204.

⁷ Parent-Duchâtelet, 293.

concern about public health all over Europe, including London and Paris.⁸ The French capital had a particularly vocal group advocating public health measures on a range of issues.⁹ Later, Crimean war disasters led to British concern with the health of not only troops, but also future generations.¹⁰ Michel Foucault argues that such crises prompted the bourgeoisie to supervisory action:

Conflicts were necessary (in particular, conflicts over urban space: cohabitation, proximity, contamination, epidemics, such as the cholera outbreak of 1832, or again, prostitution and venereal diseases) in order for the proletariat to be granted a body and a sexuality...there had to be established a whole technology of control which made it possible to keep that body and sexuality, finally conceded to them, under surveillance....¹¹

Citing the threat of syphilis, each doctor depicts regulation as protecting the social and medical health of his nation. According to Parent-Duchâtelet and Acton's texts, medical regulation also allowed respectable members of society to teach the lower classes how to behave in an acceptable manner. While offering a system that purportedly prevented the spread of biological disease, these texts are also treatises on how to supervise one group of poor women, indoctrinate them in suitable behaviour, and protect national health. Neither doctor wants to prevent prostitution; both claim that regulation would reduce the number of syphilis cases.

A controversial historiography surrounds the origins of syphilis, reflecting a stigma that remains today. Regardless, historians of medicine accept that by the

⁸ Kudlick explains how these epidemics influenced elite and popular attitudes to public health in Paris (Catherine Jean Kudlick, *Cholera in Post-Revolutionary Paris: A Cultural History* [Berkeley: University of California Press, 1996]). In 1831 London, the Board of Health (Privy Council) wanted to root out the disease by inspecting the poor. The *Lancet's* editor complained that doctors were being regulated, but state intervention decreased as the number of disease cases dropped (Frank Mort, *Dangerous Sexualities: Medico-Moral Politics in England since 1830* [London: Routledge, 2000], 12-15).

⁹ These topics ranged from wet nursing to water systems.

¹⁰ The military had determined many potential recruits were physically unfit to fight.

¹¹ Michel Foucault, *A History of Sexuality: An Introduction, Volume I*, trans. Robert Hurley (New York: Vintage Books, 1978), 126.

sixteenth century, it had made its way across Europe.¹² It received widespread attention in both medical and literary writing, with its introduction attributed to foreigners or social outcasts;¹³ its movement from country to country has historically been marked by xenophobia. In Spain, the Moors were believed to have spread the disease. Meanwhile, many Muslims held Christians responsible. The Japanese called it “the Portuguese sickness,” while the Japanese themselves were accused of spreading it in China. To Russians, syphilis was “the Polish sickness,” while Poles thought it came from Germans. The Italians and the French blamed each other.¹⁴ In England, its names included “the French Pox” and “le mal de Naples.”¹⁵

Marginalized members within societies also faced allegations and punishment. In both England and France, women from the lower classes—specifically, those women

¹² The very existence of this debate reflects sufferers’ perceived taint, due to the sexual nature of its transmission. In *The Burdens of Disease: Epidemics and Human Response in Western History*, J.N. Hays notes that syphilis was attributed to French armies in 1494-1495, invading what is now Italy (J. N. Hays *The Burdens of Disease: Epidemics and Human Response in Western History* [New Brunswick: Rutgers University Press, 2000], 63-65). Spongberg identifies it as having been in Spain at the beginning of the same decade (Spongberg, *Feminizing Venereal Disease: The Body of the Prostitute of Nineteenth Century Medical Discourse* [Hampshire: Macmillan, 1997], 4). Harsin, meanwhile, dates syphilis’ introduction to Europe in the sixteenth century (Jill Harsin *Policing Prostitution in Nineteenth-Century Paris* [Princeton: Princeton University Press, 1985]). The fifteenth century saw debate over its origins, namely was it brought back from the ‘new’ world, or had it begun in the old; this controversy continues in modern medical historiography (Hays, 63-65).

¹³ Syphilis is not unique in being blamed on outside groups, whether of different ethnicity or a marginalized member of the same society. History offers us countless examples of diseases being blamed on ‘outsiders,’ and syphilis is no exception. Historians who have written of disease being seen as a threat from an outsider, both long before and after the nineteenth century, include: Malcolm Barber, Georgina Feldberg, and Nancy Rogers. (Malcolm Barber, “Lepers, Jews, and Moslems: the Plot to Overthrow Christendom in 1321,” *History*, 66 [1981]: 1-17); (Georgina Feldberg, “Spit and Polish: The Middle Class Campaign against Tuberculosis,” in *Disease and Class: Tuberculosis and the Shaping of Modern North American Society* [New Brunswick: Rutgers University Press, 1995], 81-124); (Nancy Rogers, “Dirt, Flies, and Immigrants: Explaining the Epidemiology of Poliomyelitis, 1900-1916,” in *Sickness and Health in America*. Leavitt and Numbers, eds. [Madison: University of Wisconsin Press, 1997], 543-554). The late twentieth century saw gay men and intravenous drug users bear the brunt of the AIDS stigma.

¹⁴ Spongberg, 4.

¹⁵ Joan Lane, *A Social History of Medicine: Health, Healing, and Disease in England, 1750-1950* (New York: Routledge, 2001), 151.

identified as prostitutes—were targeted most frequently for administrative sanctions. The French program was legally vague and long lasting. England used a system that was precisely codified but short-lived. France's earlier establishment of regulation meant that by the time Parent-Duchâtelet began his book, there was an already-existing bureaucracy and records from which he could draw data. Acton subsequently pillaged from his writing, as he campaigned to bring a version of the French system to England.

Throughout France's long history of official intervention with identified prostitutes, administrators justified regulation as preventing syphilis. Fear of disease, protection of the military, and avoidance of social disorder characterized regulation. A 1684 ordinance required medical tests and confinement in Salpêtrière for those deemed infected; officials would continue sending women there for centuries. Historians' descriptions of this institution range from squalid compulsory hospital to fetid prison.¹⁶ If caught, a camp follower was required to have her nose and ears clipped, in an effort to make her permanently and immediately identifiable as a prostitute.¹⁷ Thus began the practice of using official policy to denote which women worked in the sex trade. A royal declaration of 3 August 1764 required the establishment of beggars' prisons; treatment had a punitive nature. Military authorities would often have prostitutes sent to these institutions, wanting to “use the

¹⁶ Quézel writes that Salpêtrière had been established in Paris in 1656. In 1690, Bicêtre, a men's component of the hospital, began admitting both men and women infected with syphilis. The institution became notorious for its appalling conditions. One eighteenth-century observer called it “the receptacle for everything that is most squalid and vile in society” (Claude Quézel *History of Syphilis*, trans Juddith Braddock and Brian Pike [Cambridge: Polity Press, 1990], 100-101). Susan P. Conner describes Salpêtrière as “an imposing prison” where women were sent if arrested for prostitution, but not given treatment. Unlike Quézel, Conner does not note that Salpêtrière and Bicêtre were connected, and she identifies the latter as a “hospital prison-fortress” with “a reputation for its fearful unhealthiness and its mortality rate” (Susan P. Conner, “Politics, prostitution, and the pox in revolutionary Paris, 1789-1799,” *Journal of Social History* 22/4 [1989]: 713-734, 724).

¹⁷ Harsin, 64-71.

appropriate means to protect (His Majesty's) soldiers."¹⁸ In 1796, Directory member Jean-François Rewbell proposed legislation to control prostitution; legislators disregarded his suggestion.¹⁹ However, in 1800 the post-revolutionary government decreed that police must "supervise brothels and those who reside there or who are found there, and to furnish means of preventing and containing contagious diseases."²⁰ To do this, the police required suspected women to be initially registered by officials, regularly inspected for syphilis, and relegated for necessary treatment.²¹ Procedures remained imprecise; successive police prefects could waver in their strictness.²² The Garde des sceaux's 1819 and 1822 suggestions to "sketch out definite rules and end conflicts that are often raised on this subject between magistrates and functionaries of the administrative order" were never implemented.²³

Historian Jill Harsin notes that keeping the policies vague made them difficult to challenge. Imprecisely regulating prostitutes also allowed regular official interference in what police saw as the criminal underworld. Indeed, in the eighteenth century, Parisian women regulated as prostitutes had commonly been referred to as "snoopers."²⁴ Harsin explains that the police were more interested in using prostitutes to access petty criminal activity than actually thwarting prostitution. Bertrand Taithe makes a similar observation about later incarnations of the system, writing that the police wanted to use the women as informants on crime and political

¹⁸ As quoted in Quétel, 102.

¹⁹ Harsin, 75.

²⁰ As quoted in Quétel. Quétel does not attribute to the Ancien Régime the same punitive methods Harsin does (Harsin, 64-71). Indeed, Quétel writes that "up until the time of the Revolution, however, prostitutes got away rather lightly apart from those who were sent to the general hospital or the beggars' prisons" (Quétel, 211).

²¹ The Parisian system did apply in civilian districts, but was not consistently used throughout the country. Rather than being a national system, it was adopted to varying degrees in different French cities. Britain's Contagious Diseases Acts were applied only in some military towns. The CDAs survived in some colonies long after the abolitionists' success in Britain.

²² See Harsin for a chronology of enforcement by police prefects and their administrators.

²³ As quoted in Harsin, 75.

²⁴ Quétel, 99.

unrest. They did not have a sincere interest in supervising their health. He explains that police were most interested in women involved in “the shady areas of semi-crime, semi-unrest, semi-vice.”²⁵ Moreover, defining prostitution would have made arrest difficult; non-compliance with a scheduled appointment was much easier to prove than the sale of sexual acts. Police arrested women for gazing luridly, loitering seductively, or even merely walking unescorted.²⁶ Thus, the rather vague method of categorizing made any working-class woman a potential “prostitute.”²⁷ On 14 April 1830, Police Prefect Jean-Henri Mangin had ordained that “prostitutes are expressly prohibited from appearing in public,” but his moral regime would end with the July Revolution, while regulation continued.²⁸ Paris’s fluid and changeable regulatory system, however, did not satisfy everyone.

In 1836, Alexandre Parent-Duchâtelet became a leading advocate of codifying the Parisian supervisory system.²⁹ *De la Prostitution* advocates supervising women primarily for reasons of social and medical hygiene, rather than to prevent crime or political unrest. However, he also positively correlates sexual health of individuals with the social health of France.

Parent-Duchâtelet (1790-1836) was a formally trained medical doctor who all but abandoned practicing medicine to work as a public health official. Supervising prostitutes was not the first expression of his interest in public health; he had long been fascinated with the Parisian sewer system, and had also researched

²⁵ Bertrand Taithe, “Consuming Desires: Prostitutes and “Customers” at the Margins of Crime and Perversion in France and Britain, c. 1836-85,” in *Gender and Crime in Modern Europe*, eds. Margaret L. Arnot and Cornelia Osborne. (London: UCL Press, 1999), 155.

²⁶ Harsin, 76-79.

²⁷ For a few nineteenth-century Parisian responses to this fact, see Matlock. (Jann Matlock *Scenes of Seduction: Prostitution, Hysteria, and Reading Difference in Nineteenth-Century France* [New York: Columbia University Press, 1994]).

²⁸ Cited by Matlock, 12-13.

²⁹ He obtained this status through his text, but was already a respected public health official before its publication. He died the year *De la Prostitution* was published.

slaughterhouses.³⁰ By the time he began the eight-year project that would become *De la Prostitution dans la Ville de Paris*, Parent-Duchâtelet was an established and respected public health researcher. His career consisted of investigating issues and facilities that influenced the health of urban populations.³¹ In 1829 he had become a co-founding editor of *Annales d'hygiène publique et de médecine légale*, which developed into a central text of the public hygiene movement.³² This movement can be loosely defined as a group of professionals—primarily medical doctors—dedicated to studying and reporting on all matters concerning public health. Their central beliefs included a strong parallel between public health and the advancement of society; they saw both of these as a responsibility of the state.³³

Nineteenth-century public health fields eventually sprouted into wide industries of research. Disease, immorality, and poverty co-existed in the minds of many nineteenth-century bourgeoisies.³⁴ Public health crises inspired resource allocation to medical issues. The Napoleonic campaigns had exposed thousands of French soldiers to exotic illnesses, and many medical officers returned to study medicine after the wars. The Paris Health School had an extremely popular course in public hygiene.³⁵ Cholera was the disease that inspired British, and enlarged French, interest in public health and hygiene. Cholera outbreaks of the 1830s prompted

³⁰ When he turned his attention to prostitution, he considered himself to still be dealing with a sewer of sorts; he saw himself as working with the most wretched sewers of all: women whose bodies flushed male lust out of society.

³¹ Medical qualifications were not uniform throughout the eighteenth and nineteenth centuries, in either Britain or France. The post-revolution government had tried to improve popular access to medical care by widening the accepted qualifications of who could provide treatment. Government and professional views varied throughout the period, in regards to who could practice medicine. Parent-Duchâtelet's education would have been accepted at all levels.

³² Ann La Berge *Mission and Method: The Early Nineteenth-Century French Public Health Movement* (New York: Cambridge University Press, 1992), 21.

³³ La Berge, 37.

³⁴ Tuberculosis, for example, was popularly regarded as a product of immorality. Lane, 145.

³⁵ Dora B. Weiner *The Citizen-Patient in Revolutionary and Imperial Paris* (Baltimore: Johns Hopkins University Press, 1993) 281.

increased acceptance of state intervention for the sake of preventing disease. Contemporary journalists and doctors in both London and Paris considered it a disease of the immoral poor.³⁶ Journalists and other would-be reformers investigated the health and living conditions of the urban lower classes.³⁷ Parent-Duchâtelet himself wrote an investigative report about Paris's 1832 cholera epidemic. In England, the disease prompted the state to become more involved in funding public health initiatives; these included more money for hospitals.³⁸ British doctors initially complained that public health projects were too restrictive.³⁹ Yet government involvement in public health and hygiene increased, and public hygiene experts assumed official—or at least quasi-official—roles in both countries.

In the late 1820s, a friend convinced Parent-Duchâtelet to concentrate on prostitution and its impact on public health.⁴⁰ In *De la Prostitution dans la Ville de Paris*, Parent-Duchâtelet explains how and why the Parisian regulatory system should be extended and codified. He argues that concrete legislation ensuring complete supervision of all prostitutes would dramatically reduce the ill effects of syphilis and the social disruptions of prostitution, by consistently relegating known infected

³⁶ Mort, 12-13 and Kudlick, 1.

³⁷ See Ann La Berge's explanation of cholera's role in motivating government intervention in issues relating to public health (La Berge, 18). Indeed, Kudlick argues that the 1832 cholera outbreak "reinforced the fears with which the ruling bourgeoisie and the lower classes viewed one another in the changing Paris environment" (Kudlick, 3-4).

³⁸ The cholera outbreak of 1831-2 prompted hospitals' "slow transformation from private charitable recuperative asylums for the sick and injured into publicly-funded curative, medical service stations" (F. B. Smith *The People's Health, 1830-1910* [New York: Holmes & Meier, 1979], 249).

³⁹ The Central Board of Health was created in June 1831. Run mainly by military men, it was the first British example of government-controlled of public health. Police and the army enforced its pronouncements. *The Lancet's* editor railed against the Board, but the next twenty years saw Public Health Boards spread across Britain (Lane, 146).

⁴⁰ This man requested that Parent-Duchâtelet allow him to remain anonymous (Parent-Duchâtelet, 12). Throughout *De la Prostitution*, Parent-Duchâtelet ridicules the naïveté of those who refuse to publicly discuss prostitution. Yet he protects the anonymity of his mysterious sponsor.

women for mandatory treatment.⁴¹ Thus prostitutes could not practice their trade while believed to be contagious, and would ostensibly receive medical assistance. His arguments in favour of the system illustrate his belief that regulation prevents disorder and further corruption. He cites disease reduction as his primary concern, but ornaments his arguments with nods to morality and protecting the social order. Twenty years later, an English disciple would publish his own regulatory treatise.

William Acton (1813-1875) was a British medical practitioner who had studied and interned in France, working with syphilis expert Philippe Ricord. Historians disagree as to Acton's esteem amongst his peers and the quality of his credentials; while historian Jeanne Peterson persuasively argues he was not a fully qualified medical doctor, it is important to remember that medical credentials were evolving.⁴² Regardless, he admired the French system, and returned to England at a time when the military wanted to reform itself; it wanted more recruits, and it wanted those recruits to be healthy and heterosexual. In 1857 Acton published the first edition of *Prostitution, Considered in its Moral, Social, & Sanitary Aspects, in London and other Large Cities: with Proposals for the Mitigation and Prevention of its Attendant Evils*. Pro-regulationist lobbying eventually succeeded; in July 1864, Britain implemented its first Contagious Diseases Act (CDA). Parliament had passed the legislation a scant month earlier, without debate. Army, Admiralty, and medical experts developed the Act in secret; it went through the House of Commons at two in the morning without discussion.⁴³ The original Act applied to eleven military towns in Ireland and the south of England, and empowered plainclothes police officers to arrest suspected prostitutes, who were then subjected to medical examination by speculum, and compulsory hospitalization if determined to be infected. A single police officer

⁴¹ He asserts that regulation would remove infected prostitutes from practice, ensure minors were not corrupted by madams, and protect madams from theft by prostitutes.

⁴² M. Jeanne Peterson, "Dr. Acton's Enemy: Medicine, Sex, and Society in Victorian England," *Victorian Studies*, 1986: 570-591, 571-574.

⁴³ F.B. Smith, "The Contagious Diseases Acts Reconsidered," *Social History of Medicine*, 1990 3/2: 197-215, 199.

giving evidence to a magistrate was sufficient for the three-month maximum penalty, or two months of detention if the woman would not submit to a medical examination.⁴⁴ Over the next five years, military doctors and reform advocates like Acton successfully petitioned to expand the provisions of the Acts. The CDA would be revised again in 1866, and for the last time in 1869.⁴⁵ The 1866 version of the Act lengthened maximum detentions and required regular re-inspections. Unlike the French regulatory system, this version of the Act ordered moral and religious instruction for the incarcerated women, possibly in an attempt to pacify the Act's critics.

Regardless of a city's population size or its level of sex trade activity, this new Act remained military; non-military cities were never included in the CDAs. Thus London, Birmingham, and Manchester were among the cities not subject to regulation.⁴⁶ The civilian exclusion chagrined many supporters of regulation, who in 1867 founded the Extensionist movement.⁴⁷ Extensionists demanded the expansion of the Acts to include all large cities, regardless of military affiliation.⁴⁸ Their influence is reflected by the 1868 Select Committee of the House of Lords, which eventually reported that the first two Acts were successful and should be expanded,

⁴⁴ Spongberg, 63-64. Spongberg derides this first CDA as "hastily-drafted and ill-considered;" indeed, it had been so hurriedly adapted from existing agricultural legislation that the Bill contained the qualifier "not dealing with animals" (Spongberg, 60). This first form of the Act did not meet widespread protest.

⁴⁵ Judith Walkowitz *Prostitution and Victorian society: women, class, and the state* (Cambridge: Cambridge University Press, 1980), 73-76.

⁴⁶ Paula Bartley *Prostitution: Prevention and Reform in England, 1860-1918* (London: Routledge, 2000), 12. Yet London had no less prostitution than army towns, and ports followed in this list. Bartley outlines the relative density of prostitution as being highest in ports, military towns, and large cities (Bartley, 3).

⁴⁷ Taithe identifies regulation's supporters as including doctors, Anglican clergy, and military officers (Taithe, 158). F.B. Smith claims the Acts "were praised by the intellectual might of England: the Presidents of all the Royal Medical Colleges, the Warden of All Souls, Oxford and the Master of Trinity College, Cambridge" (Smith, "The Contagious Diseases Acts Reconsidered," 199).

⁴⁸ Yet many of these extensionists cited military interests, disturbed by the idea of unregulated women passing into inspected areas, bringing disease with them.

although not to civilian areas. 1869 brought the final incarnation of the CDAs, based on the Select Committee's suggestions. This last version had an even greater scope; it extended detention limits again, to nine months, and added six districts, bringing the total number of included districts to eighteen. The Extensionists criticized this as not going far enough. They demanded to have the Acts applied to civilian areas as well.⁴⁹

The year of the final expansion of the Acts, Acton published his second edition of *Prostitution Considered*. This version reaffirms his support for the CDAs. He emphasises their potential value for non-military areas and calls for more government financial support for their application; he demands generous government funding for the construction and staffing of more lock hospitals, to contain infected women until staff declared them healed.⁵⁰ It is this later edition that I compare to Parent-Duchâtelet's text, as both books advocate expanding existing systems. Both Acton and Parent-Duchâtelet praise regulation, and each author argues that the inscription system in his own country should be extended.

The authors defend regulation by citing its protective and rehabilitative powers. *Prostitution Considered* includes Acton's insistence that close regulation would aid the prostitute's moral and social ascent. Indeed, some historians have described Acton as one of the first Victorian writers to explicitly argue that working-class women's "respectability" was unfixed; he insists that most prostitutes eventually left

⁴⁹ Spongberg, 64.

⁵⁰ Despite what the name appears to indicate, "lock" hospitals were often, but not always, closed institutes of detention. Walkowitz cites the 1857 edition of Acton's *Prostitution Considered* to explain that the site of the Southwark lock hospital had been a medieval leper house. The inmates there had been restrained, but the term "lock" actually derives "from the French word *loques* signifying rags, bandages, lints." She also cites Theodor Rosebury's work indicating that syphilis and leprosy were not distinguished from each other until the fifteenth century (Walkowitz, 59).

the trade for another occupation, and possibly marriage.⁵¹ Other historians are less charitable to Acton and his admirers; Frances Finnegan cites the pre-1857 existence of hundreds of Rescue Societies and other such charities aiming at redemption. She notes that many before Acton had believed prostitutes could re-enter “respectable” society.⁵² Although not remarking on the historiography surrounding Acton specifically, Paula Bartley supports Finnegan’s observation when she notes that “preventative work has received even less critical attention than the [also historiographically-neglected] reform movement.”⁵³ Regardless, Acton’s idea of the re-integrated prostitute comes from Parent-Duchâtelet.

Women in the sex trade were not the only members of the urban working classes to attract the cynical attention of would-be reformers, yet their ambiguous legal situation made them particularly vulnerable to unwanted scrutiny and interference. Both doctors assert that working class prostitutes require the sobering influence of their social betters. Many historians of France have noted the post-Revolutionary middle-class zeal in lamenting the moral conditions of the poor,

⁵¹ A contentious historiography surrounds this point, and indeed Acton’s role as a social pioneer. Fryer describes Acton as “enlightened,” and “the first to seriously challenge the conventional parable that prostitutes necessarily rotted in ditches, died miserable deaths in workhouses, or perished hospitals” (Fryer, “Introduction” to *Prostitution Considered*, 1969 printing, 12). Amanda Anderson grants Acton and Bracebridge Hemming joint original British authorship on this point, but points out that Acton’s belief was based on his own experience, and that he “endorsed Parent-Duchâtelet’s claim that women were involved in prostitution only temporarily” (Amanda Anderson *Tainted Souls and Painted Faces: The Rhetoric of Fallenness in Victorian Culture* [Ithaca: Cornell University Press, 1993], 51-53).

⁵² Frances Finnegan *Poverty and Prostitution: A Study of Victorian Prostitutes in York* (Cambridge: Cambridge University Press, 1979), 3.

⁵³ Bartley, 14.

particularly women.⁵⁴ Family and reproductive issues were of particular interest to reform advocates.⁵⁵ Rachel Fuchs notes that in the nineteenth-century, French reformers commonly equated the quality of working-class motherhood with the interests of the state.⁵⁶ Philanthropists in England had similar concerns.

Judith Walkowitz describes Victorian-era Evangelical criticism of working-class immorality.⁵⁷ The Anglican church as well, observes Sarah Zedner, increasingly emphasised women's roles in the family. Throughout the 1830s and 1840s, it accentuated the importance of women—particularly in their roles as mothers—in regulating the morality of their families.⁵⁸ The upper classes did not recognise that the working classes obeyed codes of moral self-regulation. Françoise Barret-Ducrocq notes that the higher social classes would have been uneasy about working-class women's behaviour in the streets; they often wore clothing that was less clean and

⁵⁴ Lynn Hunt, for example argues in *The Family Romance of the French Revolution* that women bore the brunt of post-Revolution bourgeois anxiety about the social order. She asserts that this fear extended to restricting the freedom of all women; she notes that women's clubs were banned after the revolution (Lynn Hunt *The Family Romance of the French Revolution* [Berkeley: University of California Press, 1992]). Louis Tilly remarks on the unhappiness of Villermé, a medical doctor, as he made his 1830 observations on the health problems caused by urbanization and industrialization. Thirty years later, Jules Simon would pronounce, "that woman, become a worker, is no longer woman" (Louis Tilly, "Women and Work in French Cities," in *French Cities in the Nineteenth Century*, ed. John M. Merriman [New York : Holmes & Meier, 1981], 166-167).

⁵⁵ Lei Shai Weissbach notes that a variety of reform movements were "all...concerned with the moral developments of the middle classes" (Lei Shai Weissbach *Child Labour reform in Nineteenth-Century France: Assuring the Future Harvest* [Baton Rouge: Louisiana State University Press, 1989], 150).

⁵⁶ She asserts that "according to the reformers of nineteenth-century France, the well-ordered state depended on a well-ordered family; to have a well-ordered family there was a need to control women's sexuality and reproduction" (Rachel Fuchs, *Poor and Pregnant in Paris: Strategies for Survival in the Nineteenth Century* [New Brunswick: Rutgers University Press, 1992], 36).

⁵⁷ Walkowitz, 35.

⁵⁸ Lucia Zedner, *Women, Crime, and Custody* (New York: Oxford University Press, 1991), 13.

restrictive, and spoke louder than middle-class women.⁵⁹ Most disturbingly, they were often unescorted and spent much more time outside the home than other women.⁶⁰ Acton was particularly sceptical of the working classes.

Both doctors remain suitably distant from the women they studied. This preserved their own “respectability”—a necessity when writing on such an unsavoury topic. More important, it allowed them to maintain a delicate balance between depicting the women as pitiable beneficiaries of the legislation, and maintaining that they were alien enough to not be granted any rights. Acton—and even more so, Parent-Duchâtelet—prided himself on his personal research, so some personal investigation was necessary.⁶¹ While too much involvement would have been scandalous, distance and difference also would have made influential readers less likely to identify and sympathise with the regulated women.

Unlike his contemporaries who investigated working-class experiences through personal interviews and investigation, Acton turns to the findings of other social investigators:

If we consult the experiences of the clergy, who are the best authorities upon the social condition of both urban and manufacturing communities; or men who, like the Brothers Mayhew, have sifted to the dregs the lower orders in capital cities, and in this metropolis particularly, we find that female honour by no means holds its theoretical position in public esteem. In parts of the manufacturing and mining districts, again, where the infant labour produces an early

⁵⁹ Zedner, 13. Modern historiography addresses how this nineteenth-century concern about the working classes could be applied to individuals. Lucia Zedner observes that “middle-class reformers’ obsession with the condition of the urban slum arose less out of alarm about its insalubrity or the dangers of disease than from their perception of it as a breeding ground of disorder” (Françoise Barret-Ducrocq *Love in the Time of Victoria: Sexuality, Class and Gender in Nineteenth-Century London* [New York: Verso, 1991], 9-12).

⁶⁰ This is significant in light of the laws surrounding prostitution, which was not explicitly illegal. Rather, many of the associated activities—public loitering, riotousness, and solicitation—were strictly curtailed by laws such as the 1824 Vagrancy Act and the 1839 Metropolitan Police Act (Bartley, 202). As noted above, Jill Harsin offers an examination of similarly loose laws in nineteenth-century France.

⁶¹ He was always accompanied by a regulatory inspector or a police officer.

addition to the parents' resources, it is considered unthrifty and unnecessary to marry a woman who has not given evidence of fertility.⁶²

Phrases like “urban and manufacturing communities,” “manufacturing and mining districts,” and most powerfully “the dregs [of] the lower orders in capital cities” help to separate the subjects from both the author and the reader. This excerpt is thus an anthropological text; the working poor are alien. They seem so foreign to Acton that he need not regard their reportedly opportunistic and unsentimental family relationships with the horror Victorian middle-class commentators usually expressed about female immorality.

Parent-Duchâtelet uses social science methodologies as his distancing techniques. *De la Prostitution* reflects a commitment to quantification typical of the French public hygiene movement. Public health researchers studied health problems. They often identified groups—usually within the urban poor—and wrote about their health issues. Parent-Duchâtelet selected and classified his subjects by occupation. Hygienists researched populations and reduced them to statistics, all in the search of expertise. Prostitutes' hair colour, literacy levels, and hometowns appear amongst the charts and graphs Parent-Duchâtelet uses to quantify prostitution. He cites prison officials, hospital workers, and police officers, rather than quoting interviews with the women themselves. When he does not have archival or bureaucratic information, he speculates, and often guesses about prostitutes' motives, rather than asking them himself. This typifies his—and other doctors'—attitudes to women in the working classes.

This thesis compares *De la Prostitution dans la Ville de Paris* and *Prostitution Considered* in light of the extensive historiographical literature about the regulatory systems. Much of what is written about Parent-Duchâtelet deals with French public health and the Parisian system, while most writing on Acton describes the Contagious

⁶² Acton, *Prostitution Considered*, 47.

Diseases Acts and the resulting repeal movement. Both authors also appear in works analysing nineteenth-century attitudes to women, disease, and sexuality. Michel Foucault has influenced many writers on the above topics. *A History of Sexuality*, which describes supervision of sexuality as a route to “power,” has been particularly influential. However, Foucault argues that power is not monolithic and successfully centred in the state. Rather, it is:

the moving substrate of force relations, which, by virtue of their inequality, constantly engender states of power, but the latter are always local and unstable. The omnipresence of power: not because it has the privilege of consolidating everything under its invincible unity, but because it is produced from one moment to the next, at every point, or rather in relation from one point to another.⁶³

De la Prostitution and *Prostitution Considered* illustrate that Parent-Duchâtelet and Acton had visions of exercising power through scrutiny, and that each doctor sought to expand and strengthen an existing supervisory system of power by bringing it closer to the state. Secondary work dealing with their texts and regulation observe this, but without Foucault’s theoretical detachment.

Jill Harsin’s *Policing Prostitution in Nineteenth-Century Paris* is one of the most influential texts dealing with French nineteenth-century regulatory systems. While noting that many women in the system did in fact have more autonomy than others of their social class, the very existence of the regulatory system points to a convergence of class and gender that made these women particularly vulnerable. She observes that although comprehensive legislation may not have governed the regulatory system, that made little difference to the women subjected to it, for:

those who directed the regulatory system had far too much power, able by minor administrative changes to affect the lives of thousands of women and never called to account for their actions. It was almost inevitable that the system would become abusive.⁶⁴

⁶³ Foucault, *The History of Sexuality*, 93.

⁶⁴ Harsin, xxiii.

In short, supervision of these women's bodies and sexuality may not have come from a single source, but bureaucratic roots of regulation would have made little difference in how the women were treated.

Judith Walkowitz's *Prostitution and Victorian Society* examines Britain's Contagious Diseases Acts, which had a more precisely defined legislative authority than the Parisian regulatory system, even if the Acts lacked the longevity of the French scheme. Walkowitz's study "begins where Foucault's schematization leaves off; it will examine how sexual and social ideology became embedded in laws, institutions, and social policy. This study treats ideology as a 'child of social experience'; not as an abstract static system, but something more fluid, reflective of the power dynamics of Victorian society and responsive to changing historical circumstances."⁶⁵

In this thesis, however, I am more concerned with regulationist writings than actual regulationist practices. Thus *Discipline and Punish: The Birth of the Prison* is a more useful text for this study. *The Birth of the Prison* describes philosophies and methods employed for the punishment and rehabilitation of the criminal. Foucault analyses the resulting "disciplines," particularly criminology, created to achieve this goal. Parent-Duchâtelet and Acton did not want to make the prostitute abandon her trade. They wanted to amass information, while claiming to rehabilitate her socially and physically so that she would not damage the corporal or moral health of those with whom she came into contact. Foucault describes prisons designed to gather information and prevent recidivism; Acton and Parent-Duchâtelet's systems were to gather information and prevent contagion. Foucault explains that a prison system must:

Not only know the decision of the judges and to apply it in terms of the established regulations: it has to extract unceasingly from the inmate a body of knowledge that will make it possible to transform the penal measure into a penitentiary operation; which will make the

⁶⁵ Walkowitz, 4.

penalty required by the offence a modification of the inmate that will be of use to society. The autonomy of the carceral regime and the knowledge that it creates make it possible to increase the utility of the penalty....⁶⁶

The doctors had a similar goal for their supervisory systems; they wanted to keep registered prostitutes in their own regulatory schemes. They would be useful subjects for science and medicine, and society would endure them if they did not spread disease or engage in other anti-social behaviour. Unlike the prisons Foucault describes, the *maisons* of prostitution were not operated with the stated goal of preventing the recidivism of their inmates. Both the model penitentiary and Parent-Duchâtelet's ideal *maisons* were designed to collect information and ensure that residents behaved tolerably.

All of Foucault's disciplines use Jeremy Bentham's "panopticon." Criminological and other surveillance theories evolved from this architectural design allowing unrestricted observation and statistics gathering. This information brought power. While this thesis is not a strictly Foucaultian analysis of the *De la Prostitution* and *Prostitution Considered*, many of the themes in these chapters tie back to supervision, regulation, and (limited) reformation. I examine these two medical-social prescriptive works through close reading, extracting information, and locating it within historical context.

Chapter Two positions the two doctors within the medical profession and the field of public health. Parent-Duchâtelet's work was a set of instructions and justifications for protecting some sections of the populace at the expense of others. Acton draws from the French text but offers neither original research nor precise instructions. He borrows public health rhetoric. However, *Prostitution Considered* lacks the earnest dedication to statistics collecting that would distinguish it as a genuine work of public health research. While Parent-Duchâtelet researched and wrote on a

⁶⁶ Michel Foucault *Discipline and Punish: The Birth of the Prison*, trans. Alan Sheridan (New York: Vintage, 1977), 251.

range of public health issues that happened to include prostitution, Acton styled himself an expert on a variety of sexual issues, of which prostitution was only one.⁶⁷

Chapter Three is a study of prostitution's stated causes. Parent-Duchâtelet and Acton offer anecdotal accounts, historical details, and nature metaphors to argue that prostitution cannot be prevented. Parent-Duchâtelet catalogues reasons why women become prostitutes, and Acton repeats him. The chapter is an examination of how the doctors not only accept the existence of prostitution, they devote their rhetorical energies to naturalizing its existence to depict it as a result of female moral fallibility.

In Chapter Four I examine the declared benefits of regulation. This chapter contrasts Parent-Duchâtelet's enclosed model of the system with Acton's acceptance of prostitution's visibility and self-perpetuation. I also examine regulation's purported role in ameliorating the women physically and socially, and study the doctors' argument that monitoring clothing could limit prostitution.

In Chapter Five I look at the roles of those women who perpetuated the regulatory systems. Like all other agents of regulation, the women working directly with the prostitutes must meet Parent-Duchâtelet's rigid set of criteria. He writes of nuns as his rivals, and is particularly hostile in his description of organized religion. Acton has only a small place for "respectable" women in his system; they must help with the medical treatment of prostitutes, and help "civilize" and train them to the point that they will be acceptable domestic servants.

⁶⁷ In *The History of Sexuality*, Foucault writes that nineteenth century "Western civilization" seemed more concerned with the science of sex, rather than the art. He proposes that it was an erotic art through knowledge, "in this multiplication and intensification of pleasures connected to the production of the truth about sex. The learned volumes, written and read...in short, the formidable 'pleasure of analysis'...all this constitutes something like the errant fragments of an erotic art that is secretly transmitted by confession and the science of sex" (Foucault, *History of Sexuality*, 71). Although this could certainly apply to Acton's work, Foucault—who is sometimes a bit casual in his use of names and dates—appears to be referring to the psychoanalysts of the century's last quarter.

Ultimately, Parent-Duchâtelet describes a rationalized system with little opportunity for a woman to exit after being identified as a prostitute. His text advocates a fiercely secular dystopia in which regulation circumscribes every aspect of the prostitute's life. If she meets strict criteria she may leave prostitution. This rigidity expands to include all people within the system; Parent-Duchâtelet provides clear criteria for the selection and permitted actions of each agent of regulation. He justifies this as preventing the physical contagion of syphilis and the social contagion of immorality. Acton, in contrast, wants the system to facilitate observation and inspection, but the only contagion he wants it to prevent is physical. While he parrots Parent-Duchâtelet's obsession with contagion, Acton merely describes the social infectiousness of immorality. In *Prostitution Considered*, the very act of inspecting improves prostitutes' behaviour, making them less brazen. Other than enforced hospitalization for those considered infectious with venereal diseases, Acton does not advocate containment, just coerced observation.

The totally enclosed nature of Parent-Duchâtelet's model possibly reflects his confidence that he would face little protest. Acton's seemingly freer system—which he describes as enabling women to leave the profession healthy—is perhaps a result of his own rhetorical caution in the face of anti-regulationist campaigners. A thorough examination Parent-Duchâtelet's and Acton's intended audiences—and a qualitative study of how they received the books—is beyond the scope of this thesis. However I do study the doctors' efforts to balance their attempts to obtain power and information, with their recognition that their views would not be universally accepted. Parent-Duchâtelet does this while being both mindful of, and antagonistic toward, the Catholic Church and its followers. Acton almost ignores regulation's opponents, however vocal their campaign may have been. However he does temper his version of regulation by making it less confining.

CHAPTER TWO

RESEARCH SUBJECTS: STUDYING HUMAN SEXUALITY THROUGH SUPERVISION

Parent-Duchâtelet and Acton are among the many nineteenth-century social investigators who wrote that the urban lower classes required moral guidance. Moreover, numerous physicians argued that human sexuality required medical chaperoning, regardless of social class.¹ This scrutinizing supervision was as much for the sake of data collection as for paternalist guidance. With their already-tenuous position compounded by the ambiguous legality of their trade, prostitutes became subjects of extremely close, coercive enquiry.² In this tradition, both *De la Prostitution* and *Prostitution Considered* describe reforming and studying prostitutes as inextricably tied; legislation would ensure that the women participate. For Acton, however, the very act of publishing his opinions seems more important than access to research subjects.

Parent-Duchâtelet identified himself primarily as a public health official, relishing social inquiry, written explication, and policy suggestions. Typical of the public health movement he helped fashion, he describes his quantitative and qualitative findings with religious-like reverence. Modern historians agree that France was the European leader in public health inquiry. However historiographical controversy arises regarding the movement's influence. Catherine Kudlick argues

¹ Foucault offers one of the most influential works on regulating sexuality (Foucault, *The History of Sexuality*).

² Bertrand Taithe observes that the CDAs coincided with “a crucial time of consolidation for the Metropolitan Police and after 20 years of renewed medical work on venereal diseases. Most of this research came from Paris and presented regulationism as a fundamental sanitary measure on which the science of venereology rested” (Taithe, 158).

that French hygienists “had the full ear of the government” by the 1820s.³ Ann La Berge is much more cautious in her estimation of their influence. She identifies “the primary weakness of the public health movement: Hygienists were powerless to enforce decisions,” and not always able to persuade the wealthier classes of the value of their suggestions.⁴ In the case of prostitution, Parent-Duchâtelet’s suggestions would go unheeded by the French policy makers he clearly hoped to influence with his work. While he did not directly influence legislation, others who researched women in the sex trades would echo his work for decades. In short, Parent-Duchâtelet had an attentive audience, but it was not his hoped-for readership of malleable legislators.

Parent-Duchâtelet was a prominent hygienist, well respected by his peers. Later, Acton published works on topics relating to health and sexuality. He was not a full-time public health investigator, but a practicing medical doctor. He needed publications to boost his own profile as a medical practitioner. Historian Jeanne Peterson argues that Acton’s popular texts on issues such as prostitution and masturbation did more to draw the attention of paying clients than to influence contemporary medical opinions. This is plausible in light of Acton’s role model Philippe Ricord, a popular teacher of medicine in Paris. Claude Quézel notes that Ricord “became famous for his brilliant lectures...and soon had a classy private clientele queuing up at his private residence in the Rue de Tournon.”⁵ Acton would have witnessed the fame and fortune that a higher public profile could bring. Peterson refers to his denunciations of sexuality as atypical for the Victorian era, and claims that “his patterns of writing and thinking...reveal his deviant character as a writer and professional man.”⁶ *Prostitution Considered* shows he is less concerned than Parent-Duchâtelet with research. Nevertheless, Acton does assert that medical

³ Kudlick, 71.

⁴ La Berge, 313.

⁵ Quézel, 111.

⁶ Peterson, 586.

students should be allowed to examine prostitutes. Yet his text is a miscellany of borrowed journalists' writings, hospital reports, and police documents. Ultimately, the authors needed the prostitutes. They required research material and subjects for their medico-moral pronouncements, but in their books they describe legislation as benefiting women in the sex trade.

Acton and Parent-Duchâtelet describe the women as unable to care for their own clothing, cleanliness, or finances, and incapable of restraining their behaviour when in public. Sexual health, the doctors claim, most urgently requires monitoring. They also emphasize the necessity of protecting society from prostitution's ills, which they describe as including lesbianism, immodesty, and disorder. The women they wrote about could not have benefited from their proposed measures, as there was not yet an effective treatment for syphilis, a fact that discouraged many officials and medical practitioners.⁷ Although the texts purport to mitigate prostitution's ills for the sake of the prostitute herself, the doctors offer little more than methods for containment.

Despite these limits, *De la Prostitution* is certainly a work of public health. In *Prostitution Considered*, Acton employs the style, if not the earnest goals, of the public health movement. However, even Parent-Duchâtelet fails to advocate true health protection for the studied women. *De la Prostitution* and *Prostitution Considered* both go beyond historian Ann La Berge's description of public health as sermonizing. She asserts:

Moralization was the civilizing mission of physicians, a didacticism from the late eighteenth century—to teach the poor, peasants, and workers, by example and education how to improve their standard of living, health, and morals by learning and adopting middle-class habits. The civilizing mission was basically *embourgeoisement*, a key element of the broader mission of hygienism.⁸

⁷ Mercury was one treatment. It cleaned and dried syphilitic lesions, rather than curing the disease. It was, however, expensive. Doctors had acknowledged that it was dangerous by the eighteenth century (Lane, 152). For nineteenth-century treatments, see Quétel, 109-123.

⁸ La Berge, 42.

Parent-Duchâtelet and Acton certainly advocate moralization, but only as far as requiring prostitutes to publicly behave in a manner acceptable to the middle classes: quiet, contained, and accepting. *De la Prostitution* and *Prostitution Considered* also require they be disease-free and sexually accessible.

An earlier-defined vision of public health offers another point for contrast. In the early 1800s, Jean Noël Hallé taught an extremely popular hygiene course at the Paris Health School. Historian Dora Weiner notes that Hallé lectured on common people's "needs with respect to nutrition, shelter, exercise, the environment, and protection against contagion," and "analyzed the private and public aspects of his topic, traced its history since biblical and Graeco-Roman antiquity, and described the legislation, customs, and public health regulations of each epoch."⁹ These interests of Hallé's match the contents of Parent-Duchâtelet's and Acton's studies of prostitutes, with the notable exception that the studied population itself is not intended as the primary beneficiary of the medical enquiries.

If we consider how the doctors regarded the regulated woman as a cleansing agent and not a person to be protected for her own sake, then *De la Prostitution* does fit the above model of French public health. Parent-Duchâtelet's work follows in the Augustinian tradition of considering the prostitute an integral yet undesirable part of society. She is a safety valve for excess sexuality. In *De ordine*, Augustine opines that:

If one suppresses prostitutes, the passions will convulse society; if one gives them the place that is reserved for honest women, everything becomes degraded in defilement and ignominy. Thus, this type of human being, whose morals carry impurity to its lowest depths, occupies, according to the laws of general order, a place, although certainly the most vile place, at the heart of society.¹⁰

⁹ He lectured to packed halls. Friends of the lucky attendees copied their notes (Weiner, 289).

¹⁰ Cited in Alain, "Commercial Sexuality in Nineteenth-Century France: A System of Images and Regulations," *Representations* (1986) 209-219: 213-214.

Historian Alain Corbin notes that much of Parent-Duchâtelet's other public health works dealt with themes he considered unpleasant but necessary: cesspools, slaughter houses, and dissection tables.¹¹ *De la Prostitution* does contain many justifications that regulation benefits the prostitute herself. However, she is not only a beneficiary. If unsupervised, she threatens public health; if regulated, she is a useful tool for defending it.

Thus a standard model of French nineteenth-century public health studies inspires the authors. However they dilute the vision. Like Hallé in his lectures, Parent-Duchâtelet traces the history of public-health measures; *De la Prostitution* recounts centuries of official actions taken against prostitutes for the sake of disease prevention. Parent-Duchâtelet also adopts the more didactic elements of the public health tradition; while some public health writers were content to investigate and describe, his text prescribes roles doctors and other officials should play in educating and improving prostitutes. In *De la Prostitution*, he insists that his exhaustive research validates official codification of the regulatory system.

Parent-Duchâtelet unequivocally identifies unregulated prostitutes as society's source of syphilis:

Pour atténuer présentement les ravages de la syphilis et la faire disparaître probablement par la suite, la première, la plus indispensable des conditions est de surveiller la santé des individus qui se trouvent dans les conditions les plus favorables pour la propager: ces individus sont évidemment les prostituées¹²

Those who practice the trade must be accountable for their own and their clients' health. Parent-Duchâtelet accepts hospital records indicating that when married men

¹¹ Corbin, "Commercial Sexuality," 214.

¹² Parent-Duchâtelet, 370.

are infected with syphilis, “c’est presque toujours avec des prostituées qu’ils les ont contractées.”¹³ It would be irresponsible to not consider the disease’s innocent sufferers:

Est-il au pouvoir de l’administration d’arrêter ces hommes, de rectifier leur jugement, de leur montrer quels sont leurs véritables devoirs? On n’oserait soutenir une pareille proposition, mais l’administration doit voir derrière ces hommes leurs femmes et leurs enfans; et puisqu’elle ne peut empêcher les maris de faire le mal, elle doit, pour conserver la santé à des êtres innocens, la conserver également à des individus coupables.¹⁴

Parent-Duchâtelet asserts that regulation protects the clients’ families, emphasizing the suffering of blameless wives and children defends the system against possible arguments that vice should have physical consequences. Keeping “des individus coupables” healthy is an additional benefit of regulation. Following his claims that unregistered prostitutes are rarely found to be healthy and that unregulated *maisons* are sites of syphilis,¹⁵ Parent-Duchâtelet identifies prostitutes as requiring medical inspections to protect more respectable society from the disease. Thus he clearly identifies one section of the “public” as a health threat to many others.

If Parent-Duchâtelet detours slightly from the protective if condescending goals of the public health and social hygiene movement, Acton nearly abandons them. However, his writing does contain the public health ideals of moralizing, supervising, and reforming. He writes as if infection travels but one way: from prostitutes to her customers.¹⁶ Acton cites a Mr. Coote’s patient statistics from the 1854 *Medical Times*. He notes that of the venereal infection sufferers, “155 were males and 57 females,” leading Acton to conclude that “one female infected on an average

¹³ Parent-Duchâtelet, 372.

¹⁴ Parent-Duchâtelet, 372.

¹⁵ Parent-Duchâtelet, 303, 284.

¹⁶ Yet he rarely describes the medical problems of men who visit prostitutes. He does, however, deal with man hours the military lost due to syphilis. As noted in later chapters, the doctors avoid describing the medical sufferings of prostitutes’ civilian customers. They do, however, lament the sufferings of such men’s innocent wives and children.

three males.”¹⁷ He notes that inscribed women were less infectious, comparing the low disease rates of registered prostitutes to very high infection rates of unregistered prostitutes.¹⁸

Acton practised as a medical doctor and self-identified expert on “the most dangerous of specialities,” urinary and genital disorders.¹⁹ His field was at the bottom of an uneasy professional hierarchy. In the nineteenth-century, the medical field was yet to fully establish itself as a profession.²⁰ Acton was in a controversial specialization whose members went to great lengths to raise the field’s standing. Over the eighteenth and nineteenth centuries, the medical communities in both France and England were reinventing themselves in search of greater professional status and autonomy, while also being redefined by government. If the larger community had not recognised medicine as a respectable profession, doctors themselves had little esteem for specialists. They were rivals for both hospital patients—teaching and research subjects—and private, paying, middle-class patients. The *British Medical Journal* denounced medical practitioners who used “carefully got up statistics” to justify founding specialist hospitals for disorders that could be treated “in the old fashioned hospital close at hand.”²¹ Venereologists such as Acton were particularly suspect. By the nineteenth century it was especially difficult to find financial sponsors for venereal disease hospitals.²²

Historians such as Mary Poovey, Thomas Laquer, and Angus McLaren are among those who convincingly argue that doctors tried to increase the influence of

¹⁷ Acton, 54.

¹⁸ Acton, 113.

¹⁹ The renowned Dr. Paget would later make this comment (cited in Peterson, 574).

²⁰ Jeanne Peterson argues that he wrote to promote his own practice. She dismisses the medical value of his work, and denounces it as having been rejected by his more influential peers.

²¹ Lindsay Granshaw, “‘Fame and Fortune by Means of Bricks and Mortar’: The Medical Profession and Specialist Hospitals in Britain, 1800-1948” in *The Hospital in History*, eds. Lindsay Granshaw and Ray Porter (New York : Routledge, 1989) 199-220, 207.

²² Smith, *The People’s Health*, 294.

their own profession by portraying women as requiring medical supervision.²³ These historians cite reams of medical writing on the special physiological needs of women. However, neither French nor English contemporaries universally accepted the idea that doctors should have unlimited access to women. Women did not always trust doctors; many would have preferred that their doctors be female.²⁴ Some writers speculated about the respectability of having male doctors examine female patients.²⁵ Victorian pornographic writing included tales of surgeons' sexual adventures.²⁶ Less prurient writing also associated professional medicine with improper sexuality; at least one contemporary woman wrote of female middle-class patients being sexually molested by their doctors, and considering themselves without recourse against medical professionals.²⁷ The CDAs would have granted doctors access to the bodies of at least one group of women, despite any disinclination they may have had to seek medical advice for venereal infections.

This medical fascination with sexuality was not entirely prompted by a patient's gender. Historian Ellen Rosenman describes the bizarre, painful, and intrusive treatments middle-class men suffered to be rid of spermatorrhea. It was an entirely fictional condition, but seemingly very common. The "disease" existed for a

²³ Angus McLaren, *Sexuality and Social Order: The Debate over the Fertility of Women and Workers in France, 1770-1920* (New York: Holmes & Meier, 1983): 45. Mary Poovey *Uneven Developments: The Ideological Work of Gender in Mid-Victorian England* (Chicago: University of Chicago Press, 1988): 43-44. See also Thomas Laquer *Making Sex: Body and Gender from the Greeks to Freud* (Cambridge: Harvard University Press, 1990)

²⁴ Edward Shorter *Women's Bodies: A Social History of Women's Encounter with Health, Ill-Health, and Medicine* (New Brunswick: Transaction Publishers, 1991)

²⁵ Mary Poovey, "Scenes of an Indelicate Character," *Representations* (1986): 39. One author advocated permitting women to become medical doctors, not out of a sense of equality, but so that a female patient could remain untouched by any man other than her husband.

²⁶ Ellen Bayuk Rosenman, "Body Doubles: The Spermatorrhea Panic," *Journal of the History of Sexuality* 12/3 (2003): 379.

²⁷ Summers describes these encounters in reference not to venereal infection patients, but to those seeking relief from internal disorders brought on by tight-laced corsets. Regardless, the issue is the same; not all women trusted male doctors (Leigh Summers *Bound to Please: A History of the Victorian Corset* [New York: Berg, 2001]: 112-113).

few decades, and then cases stopped appearing.²⁸ Not surprisingly, historians of nineteenth-century medicine have difficulty distinguishing between the effectiveness of professional medicine and quackery. Perhaps because of the limits of nineteenth-century medical treatments, doctors were anxious to differentiate themselves from unqualified practitioners; moral and social pronouncements could allow a doctor claim to authority, even if medical science itself was still too crude to allow doctors to make demonstrable pronouncements on human health.²⁹ Thus doctors wanted access to the human body, and were not afraid to invent conditions. While the middle and upper classes sometimes made themselves available, they often did not.

Wealth determined the location and discretion of a nineteenth-century patient's treatment, but a doctor's curiosity or a patient's "morality" could help a poor patient obtain treatment. The middle and upper classes would have physicians come to their homes and the "deserving" poor went to a hospital or dispensary.³⁰ Both government and private fundraising sponsored medical care in England.³¹ Philanthropists also helped to fund the establishment and maintenance of independent specialty hospitals, buying supplies, and paying physicians' salaries. France's hospitals also required both government support and charitable contributions. Catholic orders or committees of philanthropists ran some French

²⁸ Rosenman, 365-399. Angus McLaren analyzes some French medical prescriptive writing for male sexuality and describes eighteenth and nineteenth-century fears that men could suffer physically if faced with either abstinence or sexual excess. "Some Secular Attitudes toward Sexual Behaviour in France: 1760-1860," *French Historical Studies* 8/4 (1974): 604-625.

²⁹ For more on this point see L'Esperance (Jean L'Esperance, "Doctors and women in Nineteenth Century England: Society and Role," in *Health Care and Popular Medicine in Nineteenth Century England: Essays in the Social History of Medicine*, eds. John Woodward and David Richards [London: Croon Helm, 1977]). See also Rosenman and Peterson.

³⁰ The latter if in England.

³¹ London did not have as many hospitals as Paris; in London, dispensaries were more common, treating out-patients at lower cost. For a general European survey, see Brunton (Deborah Brunton, ed. *Medicine Transformed: Health, Disease and Society in Europe, 1800-1930* [Manchester: Manchester University Press in association with the Open University, 2004]).

institutions.³² The incarcerated and impoverished lacked the option of medical anonymity. Prostitutes were certainly objects of medical scrutiny, but they were not unique in being poor and thus subjects for physicians' research and training. British and French medical care was funded by a variety of sources; sponsors and hospital administrators could decide who received charitable medical care, and venereal disease patients were usually considered unworthy.³³ However doctors' teaching and research interests could override non-medical pronouncements of who "deserved" free medical treatment. They could waive admitting guidelines if they wanted to study the particular disease a patient happened to have.³⁴

Philanthropy brought social recognition to the donor from other members of the middle and upper classes. Moreover, doctors benefited from their contacts with the affluent philanthropists who sponsored the hospitals. The philanthropists and their social circles formed a lucrative private clientele upon whom doctors could practice medicine for a fee. Donors often had admitting rights for the hospitals they sponsored.³⁵ The size of their charitable contributions determined the number of charity patients they could have admitted each year. Both doctors and administrators denounced rare suggestions for comprehensive public funding and centralized administration in British hospitals; they feared losing influence over hospital operations.³⁶

³² Charity was secularized after the 1789 Revolution, but Catholic influence in hospitals slowly returned in the early nineteenth century. In 1806, the General Council enacted a law centralizing hospital funding and codifying the process of appointing physicians. Although charity was once again permitted and donors had hospital admitting and governing rights, private funds would go through the Ministry of Interior (Guenter B. Risse *Mending Bodies, Saving Souls: A History of Hospitals* [New York : Oxford University Press, 1999]: 308). For a general examination of ambivalent attitudes towards bureaucracies in early nineteenth-century France see Church (Clive H. Church *Revolution and Red Tape: The French Ministerial Bureaucracy 1770-1850* [New York: Oxford University Press, 1981] 254-306).

³³ For an analysis hospital's roles and funding in early nineteenth-century France, see Weiner.

³⁴ Irvine Loudon, *Medical Care and the General Practitioner 1750-1850* (New York: Oxford University Press, 1986) 223. See also: Smith, *The People's Health*, 252.

³⁵ Granshaw, 201.

³⁶ Smith, *The People's Health*, 282.

One motive for doctors wishing to maintain control of hospitals was access to patients as teaching and research subjects. Historian Guenter Risse notes that the Parisian model of medical training and research required close scrutiny of the diseases and symptoms of many patients.³⁷ A hospital patient received free or near-free treatment, and “in return...was prepared to be an object of medical observation, diagnosis, and treatment. His diseased body would be subjected to carefully organized physical examinations...[The poor patient’s] flesh was to become a teaching object, a valuable specimen...”³⁸ However, some pre-Revolution orders of French nursing sisters refused to treat patients with venereal diseases.³⁹ British medical eligibility was often determined in a similar manner, occasionally causing tension. Some British hospitals experienced strain between nurses and doctors for similar reasons.

Acton notes that Middlesex Hospital had the official—but not always observed—policy of only admitting patients for syphilis treatment if they pre-paid two pounds, because operators believed that “persons who contracted syphilis ought not to partake of a charity, intended for more deserving objects than the vicious and licentious.”⁴⁰ Doctors ensured this policy was rarely adhered to, partly due to “the limited number of persons who could afford to pay, [and] the protests of the surgeons, who were unable to teach pupils the treatment of syphilis.”⁴¹ Acton laments this practice because it lacks the England-wide coercion he advocates. He complains that the current hospital system is inadequate to prevent syphilis, as doctors “only admit the most advanced and interesting cases to use for research and teaching.”⁴²

³⁷ Risse, 328.

³⁸ Risse, 292-293

³⁹ Chapter Five of this work includes a discussion of tensions between nurses and doctors.

⁴⁰ Acton, 80.

⁴¹ Acton, 80.

⁴² Acton, 248-249.

Parent-Duchâtelet also sees inadequacy in the thoroughness of his country's system. Where Acton uses medical experience to justify his right to criticize, Parent-Duchâtelet bases his authority on public health credentials and his own meticulous research.⁴³ He denounces those who propose remedies for social problems, but offer only theories without concrete solutions. His obsessive regulatory urges make him lament social upheaval because of its interference with the supervision of prostitutes.⁴⁴ Gaps in census records, another unhappy product of social unrest, also upset him.⁴⁵ He boasts of “l'amour de l'exactitude, qui est chez moi une véritable religion” in his fact-finding practical work, insisting it assures his accuracy.⁴⁶ He rejects much of the information provided to him by others, particularly members of the lower classes. While he was satisfied to accept some observations made by regulatory workers, not all prison and hospital employees in direct contact with the prostitutes offered him information that he believed met his own precise standards.⁴⁷ He notes that he had initially attempted to gather information from imprisoned and hospitalized prostitutes themselves, but did not believe what they told him and lamented that “j'aperçues bientôt que quelques-unes me trompaient.”⁴⁸

This attitude was not unusual amongst nineteenth-century doctors, many of whom dismissed the idea that the lower classes would be able to describe their own symptoms; indeed, they often feared that their inaccuracies were due to dishonesty more than ignorance. Physician François Merat's 1818 *Dictionnaire de Sciences Médicales* article “Interrogation” suggests that doctors develop a set of “yes” and “no” questions to ask patients; thusly the patients would be able to communicate their symptoms, despite their lack of technical knowledge.⁴⁹ Other physicians shared his

⁴³ Parent-Duchâtelet, 15-16.

⁴⁴ Parent-Duchâtelet, 210-211.

⁴⁵ Parent-Duchâtelet, 212.

⁴⁶ Parent-Duchâtelet, 19.

⁴⁷ Parent-Duchâtelet, 19, 42.

⁴⁸ Parent-Duchâtelet, 41.

⁴⁹ Cited in Risse, 314.

cynicism, believing that patients concealed, exaggerated, and even made up their symptoms.⁵⁰ Doctors also suspected women of not being entirely trustworthy patients. In 1840, Thomas Laycock wrote in his *A Treatise on the Nervous Diseases of Women: Comprising an Inquiry into the Nature, Causes, and Treatment of Spinal and Hysterical Disorders*:

One of the most remarkable of the faculties developed during the generative nisus, and peculiar to the females of the higher classes of animals, is their artfulness; and this seems to be given them in place of those weapons of offence and defence with which the males are so generally provided. Indeed the less muscular power, want of defensive weapons, and exalted perceptive faculties of females, would naturally excite into action timidity and cunning. This is strikingly obvious in the human female in general.⁵¹

However if doctors did not feel they could trust women, they certainly still wanted to study them. If valuable research subjects were pathologically disposed to dishonesty, “timidity and cunning,” then the medical community would need to encourage legislation to maintain access to at least one group of women.

While many doctors saw women from the working classes as dishonest or unwilling patients and subjects, they certainly regarded them as readily available. Parent-Duchâtelet recounts the shock he had experienced as a medical student when a prostitute brought in for examination in front of a class had protested and tried to cover herself; he had not expected a prostitute to have any sense of shame.⁵² Acton does make small concessions to the modesty of female venereal disease patients when he advocates their use as tools for teaching. He generously advocates protecting these women’s privacy by conducting examinations “in a separate ward or behind a screen raised at the further extremity, and thus separated from the gaze of her fellow-sufferers, and that only a few pupils are allowed to be present at a time.”⁵³

⁵⁰ Risse, 314.

⁵¹ Cited in Poovey, “Scenes of an Indelicate Character,” 214.

⁵² Parent-Duchâtelet, 76.

⁵³ Acton, 81.

Both Acton and Parent-Duchatelet regard examining the women as clearly permissible, but their purposes appear to be quite different. Parent-Duchâtelet advocates supervision to amass knowledge; like his own data, this information will continue to justify and perpetuate the system. *De la Prostitution* fits the model Foucault assigns other eighteenth and nineteenth-century “disciplines”—research fields of applied coercion, such as criminology and education—in *Birth of the Prison*. These disciplines create power through panoptic, all-observing scrutiny of their subjects. Acton’s proposed system is less thorough and archetypically panoptical, but he still wants doctors and other regulatory officials to provide extremely close scrutiny. He does not have Parent-Duchâtelet’s commitment to research, but still wants medical access to women. He seems to value the system for its potential to benefit individual medical practitioners: he personally wants to write about prostitutes, and he also wishes to offer them to the medical profession as teaching cases.

Acton reveals his belief in the regulatory system’s value in providing medical students with women to study. As a venereologist whose training as an *externe* had included observing Paris doctors, Acton would have seen student access to patients as essential.⁵⁴ He is not as interested in prostitutes as research subjects for the amassing of statistical data. His paragraph praising St. Bartholomew’s hospital for its “noble prominence” in “alleviating the miseries of humanity” does not include mention of treatments available there, but does note that *Prostitution Considered* “may probably be traceable to the unequalled opportunities this noble institution afforded of seeing venereal affections in the commencement of my studies, and it still continues to devote more wards to the treatment of venereal cases than does any

⁵⁴ Brockliss, Laurence, “The New Paris Medical School and the Invention of the Clinic,” in Cross, Maire F. and David William, eds. *The French Experience from Republic to Monarchy, 1792-1824: New Dawns in Politics, Knowledge, and Culture* 24 (New York: Palgrave, 2000), 124. One French student at Salpêtrière described his *externe* posting there as “the marshal’s baton for a student of medicine” (Brockliss, 124).

other general hospital.”⁵⁵ It is as though St. Bartholomew’s value lies as much in inspiring doctors as in treating patients; he appears more loyal to his profession than to medical treatment or empirical research. Acton does not explain this hospital’s precise role in alleviating suffering. “A warm bath, rest in bed, and a little lotion” is the only treatment he mentions in this discussion of the hospital.⁵⁶

Rather than describing the effectiveness of treatment, Acton recounts inspection. He praises examinations in his paragraph about medical training, rather than in a discussion of diagnosis.⁵⁷ He describes St. Bartholomew’s “shortcoming” as its failure to use the speculum on every female patient in its venereal wards. Acton is optimistic that he will soon “be able to chronicle that every woman entering the venereal wards is examined with the speculum.”⁵⁸ He offers no explanation as to how these inspections will prevent the spread of syphilis—as the women are already entering the venereal wards, they and the authorities must have been aware of their suspected infection—but he seems confident that their being examined will provide some unspecified benefit. He does not mention inspections for male patients.⁵⁹ Acton also fails to comment on the behaviour of attending doctors and their students, who were notorious for smoking cigars and making jokes while conducting their rounds.⁶⁰

Perhaps to justify his proposed mandatory inspections for all women suspected of prostitution, Acton closely identifies London’s female venereal disease

⁵⁵ Acton, 81.

⁵⁶ Acton, 81.

⁵⁷ Acton, 81.

⁵⁸ Acton, 81.

⁵⁹ Acton’s only mention of inspections for men deal occur elsewhere in the text, and deal with the lower ranks of the military.

⁶⁰ Forty years after Acton’s final edition of *Prostitution Considered*, a woman in the Magdalen ward of St. Bartholomew’s complained about the surgeon and his students: “without any ceremony whatsoever, he orders us to show our disorders with our own hands, and thrusting forward his light he makes his remarks upon our cases... We seek all sorts of excuses to avoid this... exposure, and some of us think that the better-looking are more leniently treated than the rest” (Smith, *The People’s Health*, 265).

patients with prostitutes; he does this without specifically identifying any of the patients as having practiced the trade. He describes the “existing provisions for dealing with prostitutes in London,” and recounts the venereal disease treatment offered at various hospitals.⁶¹ He lists how many beds in each institution were reserved for patients identified as having venereal diseases. He describes London Lock Hospital as having “both male and female patients”, as well as “males and females.”⁶² King’s College Hospital contains “venereal females” and “males suffering from syphilis”, while St. Thomas’s Hospital has beds devoted to “venereal diseases”, which are either “females”, or “males.”⁶³ Acton identifies others as “women” or “men,” and quotes a hospital secretary who mentions “female venereal cases” and “male venereal cases.”⁶⁴ His mention of “government patients received under the provisions of the Contagious Diseases Act” does not even explicitly name these patients as prostitutes.⁶⁵ In his whole list of hospitals that offer “relief of prostitutes,” the only direct mention of the trade is a reference to their absence; he cites a clerk’s statement that “there are no beds set apart in this hospital specially for venereal diseases, and further, that syphilitic prostitutes are not admissible.”⁶⁶ Despite not otherwise mentioning the trades of the venereal disease patients, he concludes his discussion of London’s available hospital venereal beds with the assertion that he has “passed in review the existing provision for the control and relief of prostitutes in the metropolis.”⁶⁷ Acton thereby conflates venereal disease and prostitution. This equation associates all female venereal infection sufferers with prostitution, and thus deems them as needing institutionalization. These women, he asserts, require medical supervision, but the supervision offered in this excerpt does not include treatment. His terms “control and relief” do not indicate curing disease.

⁶¹ The Contagious Diseases Acts were never applied to London.

⁶² Acton, 78.

⁶³ Acton, 80.

⁶⁴ Acton, 81.

⁶⁵ Acton, 78-79.

⁶⁶ Acton, 79.

⁶⁷ Acton, 82.

CHAPTER THREE

CAUSES OF PROSTITUTION

Both Parent-Duchâtelet and Acton repeatedly assert that prostitution is inevitable; thus their books lack earnest consideration of how to prevent it. Indeed, neither offers any viable suggestions for protecting working-class women from material destitution, which both authors identify as a primary reason women enter the trade. Parent-Duchâtelet does express some sympathy for women's poverty, but he does not thoroughly examine the cause of it and ultimately accepts that many working-class women become prostitutes. His suggestions for prostitutes' physical amelioration involve medical intervention, and he offers few suggestions for their social improvement.¹ Acton appears to offer solutions but frequently contradicts himself. He also accepts that many impoverished women will enter prostitution. The doctors' resigned attitudes allow them to balance two seemingly incompatible premises: prostitution is dangerous enough to require action, but useful and harmless enough that it must continue. They claim that their regulatory systems make it less harmful to both the prostitutes and their customers.

This chapter identifies the doctors' shared belief that prostitution is a historical constant. Then I examine what Parent-Duchâtelet portrays as the reasons for prostitution, as he describes these causes unfolding at the level of individuals, particularly women. Next come observations of how he influenced Acton. Finally, I present Acton's heavily-borrowed consideration of the economics surrounding prostitution; he offers a bizarre blend of biology and social causes to explain the bases of the trade, while repeatedly describing it as self-perpetuating. They both

¹ By "amelioration" I mean improvement of their physical condition, not their leaving the trade.

allude to male lust without discussing male sexuality. However they downplay female sexual desire while simultaneously undermining female sexual innocence. Although Parent-Duchâtelet and Acton do not overtly argue that regulation must be a permanent system, they leave their identified economic causes for prostitution unexamined while stating that there will always be men who need to visit prostitutes. Both doctors explain that many women are destitute, but do not propose any systemic economic or social changes to eliminate poverty. Thus there is always a supply and always a demand. Ultimately, each author's offered explanation for prostitution corresponds to his suggestion for amelioration.

Both Acton and Parent-Duchâtelet are typical of nineteenth-century reformers who looked to resolve health and social problems by dealing with specific problems of target populations, rather than the system in which they lived. They shared the attitude that James Kay, senior physician at the Ardwick and Ancoats dispensary, revealed when he wrote in 1832 that the “evils” faced by the working classes “...so far from being the necessary consequences of the manufacturing system, have a remote and accidental origin, and might by judicious management, be entirely removed.”² In *De la Prostitution* and *Prostitution Considered*, Parent-Duchâtelet and Acton identify syphilis—not the situations that drove working-class women to prostitution—as an evil that “might by judicious management” be reduced. They both argue that prostitution is a necessary outlet for male sexuality, and that it is only dangerous when unregulated.

Parent-Duchâtelet notes the inverse correlation between the prosperity of *dames de maisons* and social stability. He observes that 1816, with its famines and invasions, brought increased rates of prostitution. The revolution of 1830 likewise increased *dames'* prosperity.³

² Cited in Mort, 29.

³ Parent-Duchâtelet, 34, 276.

Acton also cites history to equate social stability with sexual moderation. He encapsulates his view on politics and sexuality when he describes:

the licentious epoch of the Restoration, due itself to the national recoil from the abortive attempt of the Puritans to enact religion and morality, was succeeded by the austerity of the Roman Catholic James and the decorous court of William and Mary, and while the fixed and floating population of the capital was increasing with the facilities of travel, the growth of trade, and the general wealth, there is no doubt that long rampant immorality—incurable at short notice—was but held repressed, and compelled to hide its head. A remarkable impetus was therefore given to the decrease in adultery and overt concubinage which about that time ceased to be indispensable qualifications of the man of parts and fashion.⁴

Thus—perhaps thinking of nonconformists wishing to abolish prostitution—Acton denounces state-enforced Puritanism for being so restrictive that it inspired backlash. The return of a hereditary ruler, in contrast, brought corruption. Acton accordingly reveals his belief that only the political stability offered by a moderate parliament is conducive to moderate sexuality. Moreover, he notes that increased trade—and by inference the rise of the middle classes—simultaneously increased the need for prostitution and drove immorality underground; British society had become respectable enough that “the man of parts and fashion” could no longer flaunt his sexual immorality. However, both the “fixed and floating” populations had grown, implying that with them the market and the supply of potential prostitutes also grew. To connect not only prostitution, but also an entire nation’s sexual health, directly to social stability, Acton later notes that in France “an enormous increase of female sickness followed the Revolution of 1848, and that among the males after the troubles of 1850 is still more marked.”⁵ Thus commerce and trade are linked to increased sexuality, and sexual health is tied to social stability. This is also a warning: attempted prevention backfires, and prostitution becomes uncontrollable without middle-class—in Acton’s case, professional and bureaucratic—moderation.

⁴ Acton, 27.

⁵ Acton, 122.

Both doctors cite history as evidence of prostitution being inescapable. In particular, they point to the existence of prostitution in all cultures, during all times. In only one of many such comments, Parent-Duchâtelet asserts that:

nos souvenirs vers les temps anciens et sur la barbarie du moyen âge, nous y trouvons partout les traces de la prostitution; il en sera de même si nous consultons les voyageurs modernes qui ont pénétré dans les parties les plus reculées de l'Afrique et de l'Amérique, où la civilisation est à peine ébauchée: partout ils y ont vu pulluler les prostituées, ainsi qu'on peut s'en assurer en consultant la relation que M. Auguste de Saint-Hilaire vient de faire de son voyage dans l'intérieur du Brésil.⁶

He thus links prostitution to the barbaric and primitive. Yet his description of its long continuation and worldwide existence also naturalizes it. Acton continues this argument that prostitution is a certainty in every society. To him, if prostitution is unavoidable, whether it is moral is irrelevant. He insists that prostitution is:

an inevitable attendant upon civilized, and especially closely-packed, population. When all is said and done, it is, and I believe ever will be, ineradicable. Whether its ravages, like those of disease and crime, may not be modified by unceasing watchfulness ... it will be my business to enquire in a future chapter.⁷

In this "future chapter," Acton asserts that regulation can indeed minimize its damages. He invokes science as he attempts to further buttress his claim for supervision. He employs biological similes to argue prostitution pervades society. It:

diffuses itself through the social fabric, though it is perceptible for a time only, as is the moorland stream which stains the bluest river. The masses I have spoken of, then, and those who to the third and fourth generation may have a concern in the actual harlot of to-day, are by far too great and important that they or their interests should be ignored or set aside...⁸

⁶ Parent-Duchâtelet, 67.

⁷ Acton, 3.

⁸ Acton, 48.

He thus likens prostitution to nature, to emphasise its intrinsic and inescapable character. He asserts that its impacts can, and must, be contained, opining that not regulating it will have consequences for generations.

Parent-Duchâtelet accuses any who deny prostitution's inevitability of impractical philosophizing. His extensive research and practical medical experience qualify him to comment on suitable methods for dealing with prostitutes.⁹ He also asserts that prostitution reflects the society in which it occurs: "la débauche publique alimente la prostitution publique."¹⁰ By thus emphasising the inevitability of prostitution, Acton and Parent-Duchâtelet free themselves from having to attempt to prevent it.

Parent-Duchâtelet identifies a list of motives for prostitution; while not overtly stating that most women are drawn to prostitution by their own lasciviousness, his argument quickly blurs into a subtle assertion that no prostitute is an innocent forced into the trade entirely against her will. He begins his exploration of "la cause première de la prostitution" with the caution that it is actually the result of a complex interplay of circumstances.¹¹ His usual self-proclaimed thoroughness follows as he identifies what drives women to prostitution. He lists everything from illness and poverty to debauchery and libertinage.¹² Ultimately, he asserts that low wages are the single largest cause of prostitution; indeed, he remarks it is not surprising women become prostitutes, when their wages are compared to the price of their virtue.¹³

Despite his recognition of the economic motives for women to become prostitutes, Parent-Duchâtelet seeks to carefully balance the women's responsibility in their choice of profession. Distinguishing between women from Paris and young girls from the country, Parent-Duchâtelet demarcates the former as contemptible and

⁹ Parent-Duchâtelet, 193.

¹⁰ Parent-Duchâtelet, 22.

¹¹ Parent-Duchâtelet, 62-63.

¹² Parent-Duchâtelet, 62-67.

¹³ Parent-Duchâtelet, 66.

the latter as pitiable. Vanity, he asserts, is a particularly common motive for Parisian prostitutes, while seduction and abandonment by libertines forces young innocents from outside Paris into the trade.¹⁴ Parent-Duchâtelet also concedes many women become prostitutes due to bad family influences and to help support them financially; they need the money to supplement other meagre incomes.¹⁵ However he reveals the limits to his sympathy when he notes that many inscribed prostitutes were not seduced innocents; *dames de maisons* recruited them from the venereal disease wards of hospitals, and they were often incorrigibly promiscuous by their early teens. He thus acknowledges the many difficulties working-class women faced, while placing a great deal of responsibility on the women themselves. He implicitly conflates being poor and a woman with being a prostitute.

True innocents do not become prostitutes, for "...[les filles] qui sont véritablement honnêtes, elles trouvent toujours des personnes qui s'intéressent à elles, qui leur procurent des places ou les moyens de retourner dans leur pays."¹⁶ By extension, then, Parent-Duchâtelet implies that any woman who becomes a prostitute was never truly innocent. These ideas combine to make an interesting argument; Parent-Duchâtelet appears to be balancing a variety of issues and disinterestedly listing women's motives for entering prostitution. However these arguments justify the regulatory system. If no authentically innocent women are lost, then the reader need not be concerned that naïve girls are forced into prostitution. The pure compel charity, so entering the trade reveals a moral flaw. The childhood sufferings and adult employment problems of the women earn them the readers' sympathies, without creating worry for the loss of true virtue. Yet the reader is probably intended to retain some concern for the fallen woman and her health; Parent-Duchâtelet invokes pity through his descriptions of the women's financial hardships. He thereby performs a balancing act: he cultivates pity and offers his own system to those who

¹⁴ Parent-Duchâtelet, 63-65.

¹⁵ Parent-Duchâtelet, 65, 67.

¹⁶ Parent-Duchâtelet, 65.

want to help the prostitute; he cautions with a moralizing concern about not regulating her; and he also inspires fear of prostitutes, as vectors of disease.

Parent-Duchâtelet offers additional social reasons for women becoming prostitutes. Particularly, he notes that prostitutes are socially unstable, thriving on change and excitement. With their short attention spans and need for instant gratification, they are unable to save money for their retirements; they are indifferent to the future.¹⁷ They love their mobility, and “...nulle classe de la société, on pourrait presque dire nul individu, n’apprécie autant la liberté que les prostituées: elle est leur unique richesse.”¹⁸ They also enjoy their freedom to move between classes.¹⁹ “Public women,” Parent-Duchâtelet informs, are so fond of their liberty that they shun written contracts. He also notes that they can have high incomes and still be impoverished, due to their feeble intelligence and shameful habits.²⁰ The regulatory system, however, improves and stabilizes them somewhat.²¹

Weakness for luxuries also contributes to prostitution. Older women with money and gifts lure girls into prostitution. Once in the trade, Parent-Duchâtelet tells us, the flighty pleasure-seeking prostitutes move from brothel to brothel, following reports about which madam offers sumptuous clothes, excellent food, and pampering treatment.²² The brothels, Parent-Duchâtelet tells his readers, are staffed with servants, who he describes as treated contemptuously by both *dames* and the prostitutes.²³ He claims that the *dames* encourage the prostitutes in this contempt. Thus he notes the prostitutes’ inappropriate social behaviour, implying that the *dames*

¹⁷ Parent-Duchâtelet, 117.

¹⁸ Parent-Duchâtelet, 260.

¹⁹ This social fluidity would probably have disturbed Parent-Duchâtelet, who clearly loved categories. His work belonged to the Foucauldian disciplines that “characterize, classify, specialize; they distribute along a scale, around a norm, hierarchize individuals in relation to one another...” (Foucault, *Birth of the Prison*, 223).

²⁰ Parent-Duchâtelet, 110.

²¹ Parent-Duchâtelet, 77.

²² He also notes the abuse that most *dames de maison* heaped on the prostitutes. Parent-Duchâtelet, 259.

²³ Parent-Duchâtelet, 275.

were further cultivating the prostitutes' love of luxuries that only brothels could offer them. However in another part of the text he describes prostitutes as a potential source of domestic labour. If we believe his depictions of prostitutes' pride and love of autonomy, then prostitutes would not make "suitable" domestic servants.

This ascription of responsibility to the prostitute herself continues in Acton's writing. He offers his own list of motives to explain why women enter prostitution. They are drawn, he insists, by:

... the vice of women, which is occasioned by

Natural desire.

Natural sinfulness.

The preferment of indolent ease to labour.

Vicious inclinations strengthened and ingrained by early neglect, or evil training, bad associates, and an indecent mode of life.

Necessity, imbued by

The inability to obtain a living by honest means consequent on a fall from virtue.

Extreme poverty.

To this black list may be added love of drink, love of dress, love of amusement, while the fall from virtue may result either from a woman's love being bestowed on an unworthy object, who fulfils his professions of attachment by deliberately accomplishing her ruin, or from the woman's calling peculiarly exposing her to temptation.²⁴

All of these causes appear in some form in Parent-Duchâtelet's listed motives. However, a close scrutiny of the text reveals that Acton grants meagre attention, and indeed credibility, to most of these causes. He actually uses them to reify prostitution. For example, he describes farming and manufacturing as "peculiarly exposing [women] to temptation," but barring women from these fields would return them to another cause, "extreme poverty." He describes domestic work as the

²⁴ Acton, 165. This formatting closely reproduces Acton's format, as reproduced in the 1969 edition of the text.

occupation best suited to women, while in other parts of the text he identifies domestic service as opening women to seduction by their employers and male servants. Ultimately, Acton's text, like Parent-Duchâtelet's, reveals an attempt to create a careful balance. He wants to distance the prostitute from middle-class empathy, which would potentially create abhorrence for the regulatory system.

Unlike Parent-Duchâtelet, Acton wrote at a time when male artisans had just gained suffrage and women from a range of social classes were protesting the regulatory system.²⁵ Where Parent-Duchâtelet is safe merely describing and assigning some guilt, Acton must make the prostitute seem more culpable—some enfranchised men may have opposed the CDAs.²⁶ However Acton must also temper this with sympathy, to make the prostitute worthy of the aid he claims regulation offers.²⁷ This depends on his argument that prostitution's damages can, and should, be mitigated by expanding the CDAs. To do this he must make prostitution seem potentially less repugnant, but only under his system. He must also persuade his readers that the women can potentially be helped to enter "respectable" society. He thus mentions, but does not emphasise, the rarity of "natural desire," "natural sinfulness," and "the preferment of indolent ease to labour." Acton thereby alternates between

²⁵ Men also fought to repeal the Acts, although it was primarily a movement of women. See Walkowitz, 137-147 in particular, and van Drenth.

²⁶ Any protection working-class men may have offered would probably have been motivated by a desire to protect female community members from being at risk of official identification as prostitutes, rather than a desire to protect those that the working classes saw as prostitutes. Nancy Tomes writes that while urban working-class communities often intervened when men assaulted "respectable" women—particularly women to whom the assailants were not married—prostitutes "were considered fair game for violence by working-class men" (Nancy Tomes "A 'Torrent of Abuse': Crimes of Violence between Working-Class Men and Women in London, 1840-1875," *Journal of Social History* 12 [1978] 328-345, 337). While physical and political involvement do not necessarily equate, this example does give some insight into who was considered worthy of protection by the community.

²⁷ A vocal anti-regulationist movement was active in England by the time Acton published *Prostitution Considered*.

sympathetic and condemning accounts of motives for entering prostitution. Acton's list of causes motivating women to take up the trade is a summary of Parent-Duchâtelet's findings.

Parent-Duchâtelet accuses anyone opposed to regulation of being irresponsible. Fear of the disease, he insists, is not powerful enough to discourage libertines; they will visit prostitutes regardless, spreading infection and harming society.²⁸ Male sexuality, he asserts, can be so powerful that inscription is necessary to protect innocent women. Lusty men who fear syphilis are more dangerous than those who do not. To avoid infection, such men will shun the syphilitic prostitute. A disease-fearing libertine will still seek sexual outlets and disrupt the respectable home:

pervertira vos filles et vos domestiques; les plus innocents, les plus vertueuses seront celles qu'il obsédera de préférence et contre lesquelles il emploiera tous les moyens imaginables de séduction; il mettra le trouble dans les ménages; il causera le malheur d'une foule de pères et d'enfants, et par suite celui de la société tout entière.²⁹

Regulation prevents immoral contamination, not only from the prostitute herself, but by the disease-fearing man who would otherwise be her customer. Prostitution is not only a necessary safety valve, but one that must be monitored to remain effective.³⁰ Interestingly, this example is unusual, in that Parent-Duchâtelet rarely examines male sexuality in his frequent assertions of the need for prostitution. Acton, in contrast, constructs an elaborate argument that cites natural male sexuality, but ultimately

²⁸ Parent-Duchâtelet, 371.

²⁹ Parent-Duchâtelet, 372.

³⁰ Robert Nye argues that prostitution was among the signs of French "national decline" that would concern commentators four decades later. Alcohol, pornography, and lower birth rates were other signs of French "degeneration." The Franco-Prussian war and German unification had many writers casting worried eyes eastward, making comparisons to the smaller—and, some argued, poorer quality—French population (Robert Nye *Crime, Madness, and Politics in Modern France: The Medical Concept of a National Decline* [Princeton: Princeton University Press, 1984]). Bertrand Taithe makes a similar statement, arguing that "the French practice of regulation was renewed and reinforced by the fears of national decline revived by the 1870-1871 wars against Germany and the Commune" (Taithe, 151).

blames the greed of women from all classes—be they the prostitutes themselves, or their customers' future wives—as important incitements to prostitution.

Acton explains that the unreasonable expectations of working-class women lead to their becoming prostitutes. Although he does not name this as a primary cause, he repeatedly mentions the refusal of some young working-class women to accept their social position. For example, he laments that not enough women learn domestic work; too many want to study sewing, an over-crowded but higher-status trade allowing greater personal autonomy.

Acton organizes his reasons for prostitution's indelibility around a gender-based economic model, founded on natural male sexuality and female availability. Mary Spongberg notes that “far from being a novel approach to prostitution and venereal disease, Acton's work is rather like a museum devoted to all the mythologies of prostitution fostered during the nineteenth century.”³¹ An 1850 *Westminster Review* article by W. R. Greg provided a British source for Acton.³² The piece is a particularly powerful example of Acton's contemporary influences; Acton uses his work as a starting point for a social explanation of prostitution. Beginning there, he elaborates on his belief that working-class women should serve the sexual needs of their male social betters.

³¹ Spongberg, 46.

³² The question of Greg's originality prompts contradicting historiography. Greg's work itself was not unique; Mary Poovey notes that the article “takes to its logical conclusion” attitudes towards prostitution that had evolved throughout the 1840s (Mary Poovey, “Speaking of the Body: Mid-Victorian Constructions of Female Desire” *Body/Politics: Women and the Discourses of Science*, eds. Mary Jacobus, Evelyn Fox Keller and Sally Shuttleworth [New York: Routledge], 31). However Spongberg writes, “W. R. Greg was amongst the first non-medical writers to affront the public with the question of the ‘great social evil’ ... The basis of his concern was that prostitution and venereal disease were one and the same” (Spongberg, 56). We must remember, however, that syphilis was *not* a new topic in genres such as poetry and drama. *The Revenger's Tragedy*, for example, written in London at about 1600, contains numerous allusions to syphilis in association with lechery. Other dramatists of the same era connect syphilis to bawds. Later, French novels and poetry contained extensive references to syphilis.

Acton is transparent about Greg's influence, and quotes freely from his writing. Mary Poovey notes that Greg's stated purpose for his article was to inspire upper-class sympathy for prostitutes, but the *Review* article ultimately justifies prostitution. Greg does this by arguing that women do not "fall" because of their own licentiousness, for in women sexual "desire is dormant, if non-existent, till excited; always til excited by undue familiarities; almost always til excited by sexual intercourse."³³ Women who eventually become prostitutes are vulnerable to their first seduction because of "a mere exaggeration and perversion of one of the best qualities of a woman's heart ... There is in the warm fond heart of woman a strange and sublime unselfishness which men too commonly discover only to profit by."³⁴ Greg pityingly describes the miseries of the prostitute whose "desire has, by this time, long ceased ... repetition has changed pleasure into absolute repugnance."³⁵ He thus makes prostitution a result of universally female traits. While working-class women fall due to "sublime unselfishness," and are henceforth driven to prostitution by their resulting exclusion from respectable society, women of better social classes save their unselfishness for the honourable realm of married motherhood. Poovey remarks that Greg thereby turns class difference—be it manifested in moral or material deprivation—into gender difference.

Greg denounces abolishing prostitution as futile; middle-class material standards prevent yet-to-be established young men from marrying, and their natural male sexual urges drive them to hire prostitutes. These men, he argues, are unable to marry until they have achieved their fathers' levels of financial success. Upwardly mobile but still unable to wed, they thus become a market. Dense urban populations

³³ Cited by Poovey in "Speaking of the Body," 33. The idea that desire is "almost always dormant till excited by sexual intercourse" is possibly a continuation of the medical belief that intercourse inspired ovulation. Ovulation, revealed by ovarian scarring found during autopsy, was considered evidence of sexual pleasure; it was brought on by sexual intercourse with a man. This idea lasted until the 1840s, and declined with the increasing nineteenth-century popularity of performing autopsies (Laquer, 184-188).

³⁴ Cited by Poovey in "Speaking of the Body," 33.

³⁵ Cited by Poovey in "Speaking of the Body," 32.

full of poor women provide prostitutes for these men's sexual disposal.³⁶ Greg denies that expanding women's employment opportunities would prevent this. He infers that any waged work makes women victims. Poovey notes that Greg's ideals of universal female traits—women's vulnerability, self-sacrifice, and natural role in the home—align prostitutes with moral upper-class women. While upper class women wait for their socially suitable marriage matches to earn fortunes, working-class women serve the sexual needs of these men. It is only syphilis, Greg alludes, that makes prostitution criminal. Yet he deliberately ignores the sexual aspect of its transmission, universalizing it while dramatizing its danger. It is “a malady more general, more constantly present, and more terrible than all other epidemics.”³⁷ Its ubiquity makes it more dangerous and its regulation more acceptable. In his demand for regulation, Acton seamlessly sews Greg's ideas onto his own. Like Greg, Acton writes of prostitutes as commodities for male consumption. He insists that “demand for prostitutes grows with the use of them.”³⁸

In his impressively-titled *The Functions and Disorders of the Reproductive Orders in Childhood, Youth, Adult Age, and Advanced Life, Considered in their Physiological, Social, and Moral Relations*, Acton offers his perception of male sexuality. Biology complements social factors in creating a need for prostitution, Acton explains, noting that women often distress their husbands by rejecting their sexual advances. He remarks that “the majority of women (happily for society) are not very much troubled with sexual feeling of any kind.”³⁹ Thus the absence of a sexual outlet—masturbation, he outlines elsewhere in the same text, is more harmful than abstinence—brings “serious illness” and “suffering.” Indeed, Acton was but one of many mid-Victorian physicians to treat his middle-class male clients for the potentially fatal “condition” spermatorrhea—lassitude, insanity, and eventual death brought on by sexual excess,

³⁶ As discussed in Poovey, “Speaking of the Body,” 35.

³⁷ As cited by Poovey, “Speaking of the Body,” 37.

³⁸ Acton, 162.

³⁹ Cited in Peterson, 583.

especially masturbation.⁴⁰ Acton's views on male sexual needs are even more powerful when contrasted to his opinion of female sexuality. Indeed, some historians credit Acton with helping disseminate the idea that women were without sexual appetites. In *Functions*, he opines that:

As a general rule, a modest woman seldom desires any sexual gratification for herself. She submits to her husband's embraces, but principally to gratify him; and, were it not for the desire of maternity, would far rather be relieved of this attentions.⁴¹

This anecdote—published in an ostensibly scientific text—from his own experience practising medicine is part of Acton's attempt to prove men's need for sexual intercourse and women's apparent disinterest. As men require sexual activity, and prostitutes invade public spaces and incite lustful thoughts, it is natural for many men to be excited by the self-perpetuating temptation. Marriage was a respectable outlet for male sexuality. However, apparent female asexuality, as reported by Acton, barred its regular fulfilment.

Greg and Acton argue that even the limited sexual access of marriage was unavailable to many men. Acton laments the “unnatural laws of society” discouraging young middle-class couples from marrying before the man had a high income. He reprints letters to *The Times*, which accuse young women and their families of having too-high material expectations of potential husbands. He reprints “Why Women Cannot Marry: A Belgravian Lament,” which was supposedly written by seven wealthy mothers lamenting their daughters' dearth of suitable marriage prospects. The letter details the expense required to raise daughters properly and complains that only unfit—that is, less wealthy—men make marriage offers. The authors blame “the pretty horsebreakers”—courtesans—for their daughters' lack of

⁴⁰ For an account of Acton's views on the potentially fatal side effects of masturbation, see Rosenman who notes that Acton was but one of many physicians who helped foster “the spermatorrhea panic.” Jeanne Peterson offers an alternate historiography. She argues that Acton was in a minority in spreading fear of spermatorrhea.

⁴¹ Cited in Poovey, “Speaking of the body,” 177.

affluent marriage prospects, and fear that “an openly recognized anti-matrimonial element pervades good society.”⁴² Acton also reprints a letter in response, encouraging such families to modify their standards for suitors.⁴³ Young men, Acton argues, are driven to prostitutes by a dearth of women with realistic expectations about their suitors’ incomes. By thus depriving young men of wives—and therefore sexual access—upper and middle-class women drive their rejected suitors to prostitutes.

However in a subsequent chapter, Acton shows that he does not believe in early marriage himself. Responding to an anti-CDA suggestion that early marriage would discourage prostitution, he vehemently condemns the practice:

I thought that in the present state of crowded civilisation political economists had come to the conclusion that early marriage was an evil ... Austrian laws, for instance, both civil and ecclesiastical, have done all in their power to check the extension of population by forbidding people to marry who could not prove the pecuniary they were in a position to support a family... In a medical view I have elsewhere shown that early marriages are followed by the worst consequences for the rising generation.⁴⁴

Taken to their logical conclusion, Acton’s “objective” truths about social customs and disparate male and female sexual needs deem prostitution a medical necessity.

Descriptions of male sexuality are less refined when they relate to soldiers. Both Parent-Duchâtelet and Acton assert that where one finds the lower ranks of the armed forces, one also finds prostitutes. Parent-Duchâtelet pronounces that “il est dans l’ordre social une loi aussi constante que celles de la nature: c’est que partout où se trouvent les soldat réunis en certain nombre, là se rencontrent des prostituées...”⁴⁵ Both authors describe low ranking soldiers, and the prostitutes

⁴² Acton, 171.

⁴³ Originally from *The Times*, Acton offers no first publication date. Reprinted in Acton, 171-173.

⁴⁴ Acton, 244.

⁴⁵ Parent-Duchâtelet, 332.

who pursue them, as being among the most abject in their occupations. Consequently, regulation becomes an urgent necessity. Parent-Duchâtelet writes of the aggressive persistence of the *filles à soldats*. However he does not describe the soldiers' sexuality; prostitutes appear where there are soldiers, and these prostitutes are aggressive. Acton offers more of an explanation for soldiers requiring access to prostitutes. He writes that because soldiers are:

for the most part in the prime of life, in vigorous health, and exposed to circumstances peculiarly calculated to develop animal instincts, we may reasonably expect to find a large demand for prostitutes in all garrison towns, and may feel sure that there is always a supply in proportion to the demand.⁴⁶

He thus justifies the need for soldiers to patronise prostitutes; sex is a necessary outlet for their “vigorous,” “animal” masculinity. In the words of historian Frank Mort, Acton saw these men as “more animal and closer to nature” than their social betters, and thus lacking sexual restraint.⁴⁷ However, the mid-nineteenth century saw the British military facing enormous losses due to syphilis, as Acton notes throughout his text. While he justifies the need for soldiers to have access to sex, he also wants to assure their sexual health. Acton details the indignity of inspections, which “have produced disgust, and resulted in a general abandonment of the practice.”⁴⁸ Both soldiers and medical officers, he writes, abhor the inspections, which Acton himself acknowledges as “disgusting, offensive, demoralizing, and degrading.”⁴⁹ This leaves him needing to reconcile the first two requirements—for access to sex and for guaranteed health—with the men’s privacy and personal liberty. He thus recommends infrequent inspections, which “must be of a practicable nature, and such as can be

⁴⁶ Acton, 176.

⁴⁷ Mort, 61.

⁴⁸ Acton, 195. Florence Nightingale had campaigned for their abolition in the military.

⁴⁹ Acton, 195.

carried out without harassing the men.”⁵⁰ He recommends gradually phasing out his suggested rare mandatory inspections, eventually making the checkups voluntary.

Acton thus tries to protect male liberty at the cost of working-class women identified as prostitutes. Historian Amanda Anderson asserts that by the mid-Victorian period, fallen women were believed to lack “the autonomy and coherence of the normative masculine subject.”⁵¹ Acton’s descriptions of soldiers as near-beasts omits low-ranking soldier from the category of “normative masculine subject.” To Acton, the prostitute is the natural physical outlet for this crude form of heterosexuality. Since the prostitute will not care for her sexual health if unsupervised, Acton asserts that the CDAs official must bring responsibility and rationalism to their interactions.

⁵⁰ Acton, 192.

⁵¹ Anderson, 1. Her opening chapter examines social science, particularly W.R. Greg’s article, which influenced Acton and is quoted extensively in *Prostitution Considered*.

CHAPTER FOUR

THE BENEFITS OF CONTAINMENT

Parent-Duchâtelet and Acton both insist that regulation mitigates the harm prostitution causes women. They explain that the system protects against the excessive degradation of those who do enter the profession, and that contact with doctors calms regulated prostitutes. The supervisory system could even prevent some women from becoming prostitutes, Parent-Duchâtelet claims. He explains that the regulatory officials help some innocent girls return to their families when they first try to register themselves. Moreover, since women are attracted to prostitution by their desire for nice clothing, and then use the enticing garments to ensnare customers, enclosed *maisons* prevent fine clothing from drawing in potential clients or future prostitutes. For those who insist on seeking out the *maisons*, medical supervision prevents infection of customers and in turn their families. Parent-Duchâtelet further justifies regulation by arguing that the confined prostitute receives access to medical care and social amelioration.

Acton repeats many of Parent-Duchâtelet's claims. But where Parent-Duchâtelet wants to contain all aspects of prostitution, Acton's primary interest is in medical access, not enclosure. For example, while Parent-Duchâtelet wants to circumscribe the prostitute's dress to prevent the trade perpetuating itself through public visibility, Acton presents her finery as a reason to ensure she is healthy. Since her alluring garb makes her tempting, she should at least be a safe indulgence. It seems Acton would have been satisfied with Britain-wide legislation granting doctors the right to inspect and define.

To Parent-Duchâtelet, the inscription system could serve France by preventing the spread of syphilis to the wives and children of prostitutes' customers,

thereby preventing the degeneration of the population.¹ Parent-Duchâtelet gives emotive and pragmatic motives for inscription, with implications far beyond the actual prostitutes and their customers.² He demands his readers consider the innocents to whom the disease is passed, condemned by an uncaring and corrupt modern society. Inscribing prostitutes would protect “...l’innocence et la vertu la plus pure ne sont pas, dans nos sociétés modernes, à l’abri de ses atteintes: que de nourrices mercenaires, que d’épouses vertueuses, que d’enfans à la mamelle n’en sont pas tous les ans cruellement attaqués!”³ Those unmoved by infected innocents must consider the disease’s impact on the nation, particularly the strength of its citizenry and military. He is concerned that “...les malheureux qui en proviennent forment une race abâtardie, aussi improper aux fonctions civiles qu’au service militaire, et qui, en définitive, est un fardeau pour la société.”⁴

While Parent-Duchâtelet portrays clients’ future children as justifying intervention in prostitutes’ lives, Acton rationalizes supervision with a different vision of parenthood. In *Prostitution Considered*, Acton describes the prostitute’s own future status as mother as justifying regulation. Like Parent-Duchâtelet, he mentions protecting the innocent family members of the prostitute’s married customer.⁵ In addition, he sees respectable working-class motherhood as an ideal fate for many prostitutes. He cites this potential climb in respectability as a motive for regulating, and writes that because “the prostitute had a tendency to withdraw herself from the paths of vice, and to settle down into a gradually regular life, till she became often a

¹ This concern would become much more prevalent towards the end of the century, as French fear of Prussia justifiably increased. French social commentators would lament that the birth rate was too low and too many of the infants unhealthy.

² Thirty years later, French commentators would begin worrying about the population decline. Robert Nye argues that while the “French medical and scientific community was engaged in spirited discussions on the relative *quality* of the population; it was in this context that the notion of degenerescence as a social question were first raised. It was conceded that the French were less fertile than their neighbors and as a population significantly older, but were less willing to conclude that this signified any inevitable degeneration” (Nye, 141).

³ Parent-Duchâtelet, 369.

⁴ Parent-Duchâtelet, 369.

⁵ Acton, 73.

mother of a family [it] becomes still more important that the State interference interests itself on her behalf.”⁶ Thus “her behalf” is actually the interests of her eventual husband and children, potentially England’s future military recruits.

The health benefits of the doctors’ claims are limited, for there was no effective treatment for syphilis until decades after the publication of *De la Prostitution* and *Prostitution Considered*.⁷ Acton all but admits this when he states “on the very best authority whatever progress modern surgery might have made [between 1840 and 1857] against the intensity of venereal complaints, it had made none against their frequency.”⁸ Thus even the most confident self-assessment of Victorian medical efficacy can claim only reduction of symptoms; medicine itself is unable to offer a cure. Yet Acton implies that doctors have done their share by improving treatment quality, and legislators must now make their contributions by coercing prostitutes to receive treatment. However, he also confesses that medicine can only help reduce the “intensity” of symptoms. In the nineteenth century, moreover, the very notion of “cured” was quite different than how we use the term today. Its meanings included “cared for,” or symptom relief. In 1861 Dr. J. C. Steele attempted this definition:

With reference to the class designated ‘cured’ or ‘well’, it is well known to those accustomed to hospital practice, that the meaning intended to be conveyed is not an absolute and permanent recovery from disease in all cases, but that it includes a very large number of cases where a restoration to temporary health is the utmost that can be expected...The same remark [applies]...to the division ‘relieved’...Under this heading are included a large, perhaps the greater portion of the patients whose classification might, with equal propriety, have been inserted in the category of incurable, were it not the fact that they had received benefit from their temporary residence⁹

⁶ Acton, 245.

⁷ Siegel and Hoffman contributed to Schaudinn’s discovery of the syphilis microbe *Treponema pallidum* in the first decade of the twentieth century (Quétel, 140-141). Ehlich and Hata developed Salversan (arsphenamine), or “606”, in 1909, and the more effective Neosalversan (neoarsphenamine), or “914”, a few years later, but even this was not a guaranteed cure (Quétel, 142-143).

⁸ Acton, 55. The first edition of *Prostitution Considered* was published in 1857.

⁹ Cited in Smith, *The People’s Health*, 266.

Detaining infected prostitutes may have offered some protection to their clients, as the risk of transmission may have been lower when there were no sores. Primary syphilitic lesions disappear after the disease is first contracted, so mandatory confinement for those with visible sores could have potentially decreased infection rates. Yet a lesion need not be visible to facilitate transmission. Doctors would have observed sores diminishing as the disease progressed through its primary stage, and some physicians would have attributed this to their own actions. Thus doctors could conclude that their treatments—regardless of how ineffective or even dangerous they were—had caused the improvements.¹⁰ Both doctors complain that women’s mobility contributed to the disease’s spread. Lack of universal application—as in Britain—or codified, uniformed enforcement—as in France—allowed for movement between areas with enforced regulation. The system’s medical inefficacy aside, neither Acton’s nor Parent-Duchâtelet’s vision for regulation demanded the supervision of clients.

Parent-Duchâtelet and Acton do claim some benefits of regulation apply to the women themselves. Bureaucratic institutions associated with regulation, asserts Parent-Duchâtelet, introduce the women to a healthier lifestyle.¹¹ Unregulated women, in contrast, are frequently ill, with vermin covering their bodies.¹² The social disruptions these women cause diminish when they are confined; liquor and bad weather give public women raucous voices, but being inside buildings such as hospitals helps their voices to heal.¹³ He declares that women’s tantrums and convulsions become rare after long periods of detention.¹⁴ He also argues that prostitutes are more fertile than is widely believed.¹⁵ Other than their frequent

¹⁰ In 1857, Alfred Fournier began publishing his research. He would later discover the stages through which syphilis progressed.

¹¹ Parent-Duchâtelet, 17.

¹² Parent-Duchâtelet, 87.

¹³ Parent-Duchâtelet, 119.

¹⁴ Parent-Duchâtelet, 152.

¹⁵ Parent-Duchâtelet, 136.

venereal infections, they are healthier than more “respectable” women of the same class, he asserts.¹⁶ Being stronger than their “honest” counterparts, they rarely die from venereal disease. Parent-Duchâtelet suggests that women who have children while still in the trade can benefit from medical regulation; hospitalization, he argues, forces women to be better mothers.¹⁷ He also asserts that many prostitutes eventually renounce the profession, providing additional justification for protecting their health. Parent-Duchâtelet’s British follower parrots this list of potential benefits. Acton is less specific about regulation’s health benefits for women, but he makes very similar claims. He describes regulated prostitutes as learning to clean themselves and their clothes. Like Parent-Duchâtelet, he explains that prostitutes themselves do not die from syphilis.

Although the authors have similar views on the value of containment for the sake of physical health, they differ on the social value of inscription. Parent-Duchâtelet sees containing prostitutes as a way of protecting the morals, as much as the bodies, of “the innocent” from contagion. When healthy, the prostitute must be kept in the enclosed and supervised *maison*, and her clothing must be modest, so as to not turn uncorrupted minds to lasciviousness.¹⁸ When hospitalised, prostitutes must not only be kept away from “honest” women, they should be separated by category. He lists the groupings, by descending order of corruption: “les tribades, les pierreuses, les filles ordinaires, les debutantes dans le métier.”¹⁹ Lesbians, he informs, have a “tendance à pervertir les autres;”²⁰ supervision prevents them from acting on their unnatural urges. He recounts how inspectors found two women per bed in a *maison* upon its first inspection. They quickly remedied this shameful fact, but only

¹⁶ Parent-Duchâtelet, 162.

¹⁷ Parent-Duchâtelet, 94. Rachel Fuchs describes the limited and dangerous options for those who were indigent and pregnant in nineteenth century Paris.

¹⁸ See below for a discussion of clothing.

¹⁹ Parent-Duchâtelet, 467. I interpret “les pierreuses” as “hardened” prostitutes.

²⁰ Parent-Duchâtelet, 102.

changed the prostitutes' behaviour, not their inclinations.²¹ Parent-Duchâtelet accepts his doctrine that prostitutes cannot regulate their own actions; thus he creates and reaffirms the need for never-ending official supervision.

Parent-Duchâtelet credits doctors with the ability to quell institutionalized prostitutes' poor behaviour, "mais ce n'était pas connaître l'esprit et le caractère des prostituées que de les croire susceptibles d'une pareille vertu: n'avons pas vu dans leur histoire que l'imprévoyance et le défaut d'ordre sont justement une des premières causes de la prostitution?"²² He grants the women little ability to change. Due to cynicism about the prostitute's ability to adapt to bourgeois standards of behaviour, interest in keeping and expanding the regulatory system, or a wish to dismiss the efforts of Magdalene-house charity, Parent-Duchâtelet describes the prostitute as virtually irredeemable; she must remain contained. He did not face the vocal opposition that Acton eventually would, so he did not have as much need to make the regulatory system seem less permanent and oppressive. He also implies that regulation can dissuade some young women from becoming prostitutes.

Parent-Duchâtelet points out that policy requires a woman to register at the time she begins working as a prostitute, and to give the name of her hometown. Officials, according to Parent-Duchâtelet, then contact the mayor of the town, as well as the woman's family. He argues that this allows the families of young girls to find and reclaim them before they enter the trade.²³ Inspectors could thus be particularly useful for locating runaway minors.²⁴

Parent-Duchâtelet does not, however, advocate barring young girls from prostitution; instead, he argues that very young prostitutes will be protected from the immoralities of their trade if they are inscribed into regular contact with government authorities. He notes that the 1796 introduction of the regulatory system brought

²¹ Parent-Duchâtelet, 116-8.

²² Parent-Duchâtelet, 468.

²³ Parent-Duchâtelet, 213, 222-232.

²⁴ Parent-Duchâtelet, 296.

many underage prostitutes to the administration's attention. Increased intervention in 1804 resulted in inspectors discovering unregistered prostitutes as young as twelve. He emphasises the fact that many of the unregistered prostitutes were underage: "l'intervention de l'administration contre le nombre considerable de jeunes prostituées de douze à quatorze ans, *non inscrites*, auxquelles s'associaient des voleuses."²⁵ While tracing the history of the minimum age of prostitution as it rose and fell, Parent-Duchâtelet cautiously reveals his argument that very young girls should be permitted to work as prostitutes, and of course regulated as such. He asserts that it is difficult to determine how old the girls are, they are usually corrupted by the time of their inscription, and they are often incorrigible by the age of thirteen.²⁶ This rhetorical caution of Parent-Duchâtelet's could be a product of changing notions of childhood in the nineteenth century.²⁷ It could also reflect a concern with legislative shifts. In 1835, prostitution had been banned for those under the age of twenty-one. This drove them underground, as any minors in the trade could not be registered if they revealed their actual age.²⁸

Parent-Duchâtelet also argues that regular contact with inspectors allows the girls moral supervision and tutelage, protecting them from work in immoral unregulated houses, where they would be exposed to libertines.²⁹ The clandestine form of prostitution is the only real threat to young girls entering prostitution, he insists, because it fosters contagious immorality. He argues that regulated houses of prostitution do not corrupt young girls because police supervise the young prostitutes.³⁰ Most interesting is the question of how regulating young prostitutes protects them from immorality. As noted above, one of his moral concerns is

²⁵ Italics in original, Parent-Duchâtelet, 223.

²⁶ Parent-Duchâtelet, 223-229.

²⁷ Lei Shai Weissbach notes that the nineteenth century brought a "new, more nurturing attitude toward childhood that had already been widely accepted by the middle classes and was beginning to take hold among some workers as well" (Weissbach, 153).

²⁸ Quétel, 227.

²⁹ Parent-Duchâtelet, 226.

³⁰ Parent-Duchâtelet, 257.

lesbianism, which he cites as a reason to supervise prostitution; lesbianism will spread if the women go unregulated. He describes the lesbian prostitutes as aggressive and jealous, although he is satisfied that they make up less than a quarter of the prostitutes working in Paris.³¹ This is perhaps a moral danger from which Parent-Duchâtelet intends to shelter younger prostitutes.

Acton likewise asserts that supervision benefits prostitutes socially, by ameliorating their conduct. Most regulated women, he writes, appreciate the need to submit to medical authority. He reprints a police commissioner's assertion that prostitutes not only like the police, but that the women want habitual, scheduled medical inspections: "irregular examinations are objected to by the females themselves."³² Although he cites this to indicate that the women themselves believed in inspection's efficacy, another British case permits an alternative interpretation for the women's apparent enthusiasm. In 1873, Inspector Sloggett reported on a riot at the Royal Portsmouth Hospital, noting that the ringleader had been denied her medical inspection. Her protest could have been more from a desire to be declared cured, and then released, than a sincere belief in medicine's value. Sloggett later wrote that he "found that many are discontented at what they think is often an unnecessary detention after they are fit to be discharged. I have to believe that most of the riots in the Hospital originate in a wish to go out on the part of some one or other of the ringleaders."³³

To Acton, any insubordination is a symptom of the women's moral depravity. Drawing from his experiences at a French hospital, Acton writes that the few women who protest examination by speculum are "females of the most shameless and abandoned description."³⁴ He writes that lock hospital residents are calmed by the

³¹ Parent-Duchâtelet, 101-105.

³² Acton, 211, 210.

³³ Cited in Walkowitz, 215.

³⁴ Acton, 116.

presence of doctors. According to Acton, the hospital regime taught these women obedience, and allowed them to be “humanised little by little.”³⁵

He also offers British examples of happily-inspected prostitutes, inspired by the system to cleanliness, punctuality, health, and sobriety. He equates health with obedience when he writes that a woman falsely accused of infecting a man will voluntarily allow inspection, while a guilty woman must be forced to submit.³⁶ Acton reprints large blocks of text from the 1869 report of the Aldershot Lock Hospital, including Dr. Barr’s testimony that:

the majority of the ordinary prostitutes raise few objections to these frequent examinations. They are reminded of the day and hour of attendance by the police, and accordingly most of them are present. With few exceptions, they make a point of appearing in as cleanly a state as they, under their peculiar circumstances, are enabled; and on the day of attendance the morning is spent in washing, ironing, drying, and preparing what is often the only suit of clothes possessed by the owner. As a rule, they also come in a state of sobriety; the few exceptions, I invariably find diseased.³⁷

Medical supervision encourages good behaviour, while those exempted from the system offer an unpleasant contrast to medicine’s civilizing effects. The single woman who did offer Dr. Barr “an insolent remark at these inspections” was “a notorious gaol-bird who had come from London, and who was influenced by drink at the time.”³⁸ London, significantly, was never effected by the CDAs, so this unruly woman had thus been previously denied the beneficence of medical supervision. Dr. Barr kindly detained her, “and in a few days she was so completely subdued as to rank among the most quiet inmates of the wards.”³⁹

³⁵ Acton, 92.

³⁶ Acton, 93.

³⁷ Acton, 93.

³⁸ Barr, cited in Acton, 93.

³⁹ Barr, cited in Acton, 93.

The social benefits that regulation brings prostitutes are seemingly limitless; prostitutes require protection from the sexual partners they choose, and regulation helps them with that, too.⁴⁰ Regardless of age, all working-class prostitutes require officials to protect them from abusive lovers. The women's loyalty to their often-abusive partners is evidence of their inherent feminine loyalty and subservience, but these working-class lovers are so physically dangerous that Parent-Duchâtelet suggests the prostitutes would be safest living in regulated brothels. He describes their working-class lovers as appallingly abusive men, and Parent-Duchâtelet seems to see this as natural. Higher-class lovers of prostitutes, however, are degraded by their contact with the women.

The doctors' shared cynicism about the working classes is also evident in their limited examination of men. The prostitutes' customers rarely appear in either book.⁴¹ Even where the authors mention innocent wives and children as potential syphilis victims, the husbands' visits to prostitutes remain absent from the text. Where descriptions of men do appear, they are limited and unflattering depictions, portraying members of the lowest working classes.

Acton does not devote much of the text to working-class men, although his descriptions of soldiers illustrate his belief in male sexual health having a positive correlation with higher social status. His consideration of soldiers and sailors comes in the context of the CDAs. On the few occasions where Acton does advocate inspections for men, class determines the need for regulation. He laments the cessation of examinations for soldiers, and advocates its limited resumption until such men begin supervising themselves. Acton quotes a naval surgeon, and accepts his determination of infection rate; the surgeon does not even consider that the higher ranks are infected, and calculates diseased sailors only after "deducting

⁴⁰ While the regulated women may have made poor choices in the male lovers, Parent-Duchâtelet, as noted above, was not permitting them the choice of having female lovers.

⁴¹ Yet Parent-Duchâtelet does note that both married and single men patronise prostitutes. Parent-Duchâtelet, 81.

officers, boys, and those of the older, more respectable, and married men, who never exposed themselves [to prostitutes].”⁴² Thus the surgeon believes that respectability and military rank preclude infection, and Acton accepts and reproduces his statement. *Prostitution Considered* also quotes the 1869 Report of the Committee on the Contagious Diseases Act, which recommends that, “whilst it would be unadvisable to subject non-commissioned officers and married men of good character to such examination, it appears not unreasonable that, for the general good of the service, other soldiers would be periodically examined.”⁴³ Again, we can see a class-determined selection.

Parent-Duchâtelet’s depiction of soldiers is even more cynical.⁴⁴ The relationships between soldiers and prostitutes are a law of nature, he claims.⁴⁵ He recounts that only the very lowest class of prostitutes associated with soldiers, and that these women were even more bizarre and depraved than all other members of their trade. He blames their degeneracy on the soldiers’ influence.

Thus Parent-Duchâtelet and Acton claim that regulation contains physical disease and social disorder by monitoring the prostitute’s health and habits. Moreover, the authors assert that clothing is a powerful lure to immorality; it attracts women into prostitution, and men to the prostitutes themselves.

When prostitutes dressed well—or even tried to do so—middle-class commentators such as Acton and Parent-Duchâtelet cite their garb as frivolous spending. Mariana Valderde explains that “Acton wanted to see women as both

⁴² Surgeon Sloggett, from the Navy Report of 1865, cited in Acton, 65.

⁴³ Cited in Acton, 194. Elsewhere he deems inspection for soldiers should be voluntary, determining that men can be trusted to know when they need medical supervision.

⁴⁴ His cynicism in this text is not purely class-based; his contempt for soldiers contrasts with his high regard for sewer workers. Parent-Duchâtelet’s previous public health obsession had been the Parisian sewer system. He had high praise for the character and ethics of the working-class men who worked underground, in his then-favourite branch of hygiene. He respected the sewer workers for their important work, and admired their stoicism in working surrounded by unpleasant smells.

⁴⁵ Parent-Duchâtelet, 332.

passionless and sinful. He realized this goal through 'love of finery'."⁴⁶ According to both doctors, a vain love of fine clothing lured women into the trade. Prostitution gave women money to buy fine clothing, and their vanity and profligate natures prevented them from saving their earnings. Acton and Parent-Duchâtelet worried that prostitutes could use clothing to draw attention to themselves, yet the doctors were concerned it could simultaneously be used as social camouflage. Clothing's potential to both conceal and advertise made it particularly dangerous.

The doctors were not alone in being disturbed by the perceived social disruption of poor women dressing in clothes designed for their social betters. In the nineteenth century some women left domestic service to work in fields that permitted them more independence. Many former domestic workers abandoned the clothing styles their employers had dictated.⁴⁷ British ladies wanted their maids dressed in uniforms clearly marking their place in the household hierarchy, and would complain if a maid dressed too well. Indeed, members of the working and middle classes would often wear affordable versions of fashionable styles, made with cheaper fabrics and simplified designs.⁴⁸ Maids were not the only female workers reprimanded for dressing above their station. In 1860 Courtalds instructed its workers that:

The present ugly fashion of Hoops or Crinolines...is...quite unfitted for the work of our Factories...We now request our hands at all Factories to leave Hoop and Crinoline at Home.⁴⁹

The pronouncement is probably practical, but the remark on aesthetics suggests that it is also motivated by subjective personal response.

⁴⁶ Valderde, Mariana "The Love of Finery: Fashion and the Fallen Woman in Nineteenth-Century Social Discourse," *Victorian Studies* 32/2 (1989): 168-188, 174-175.

⁴⁷ Valderde, 182-183.

⁴⁸ Valerie Steele, *Fashion and Eroticism: Ideals of Feminine Beauty from the Victorian Era to the Jazz Age* (New York: Oxford University Press, 1985), 71.

⁴⁹ Cited in Steele, 75. Ten years later, Edward Munby would comment on the attractiveness and serviceability of trousers, as worn by women in such industries as brewing and pit mining. His admiration put him in the minority amongst those who investigated the lives of the working classes (Joanne Entwistle *The Fashioned Body: Fashion, Dress, and Modern Social Theory* [Cambridge: Polity Press, 2000], 166-168).

Both doctors enthusiastically classify prostitutes, creating hierarchies from the most glamorous courtesan down to the lowliest camp follower. Clothing was a potential key for entry into a higher strata of society. Acton and Parent-Duchâtelet's concern with prostitutes' clothing could be a result of wanting to prevent them from contaminating the "respectable" classes. Perhaps what they found most troubling was that clothing allowed prostitutes to move between classes.

Parent-Duchâtelet laments:

La vanité et le désir de briller sous des habits somptueux est, avec la paresse, une des causes les plus actives de la prostitution, particulièrement à Paris; quand la simplicité, et à plus forte raison le délabrement des vêtements, sont dans nos mœurs actuelles un véritable opprobre, faut-il s'étonner que tant de jeunes filles se laissent aller à la séduction d'un costume qu'elles désirent d'autant plus qu'il les fait pour ainsi dire sortir de la position dans laquelle elles sont nées, et qu'il leur permet de se mêler à une classe dont elles se croient dédaignées.⁵⁰

This is also a geographic assignment of guilt; in contrast to their vain Paris counterparts, prostitutes of rural origin are usually naïve girls, who are seduced and abandoned. The country girl who falls through her own gullibility is a less culpable—and thus more sympathetic—figure. She inspires the compassion required for the allocation of medical resources, while readers should feel contemptuous and punitive towards her Parisian social-climbing counterpart. This social mobility would have thwarted—or at least proven permeable—the established social hierarchy.

While denouncing the prostitute's vanity, Parent-Duchâtelet simultaneously acknowledges the practicality of her ostensible narcissism: fine clothing permitted her to move between classes, presumably to earn a higher income. This mobility was dangerous to the infiltrated classes. He warns that even the most attractive and

⁵⁰ Parent-Duchâtelet, 63-64.

elegant prostitutes, if not medically supervised, present a danger to public health. Describing the health of prostitutes who had not been regulated, Parent-Duchâtelet informs that:

la vermine de corps qui, en 1811 et en 1812, se remarquait chez toutes les prostituées, ne se voit aussi généralement; il n'en est pas de même de celle de la tête, qui est très commune chez les jeunes, *même des plus élégantes*. Quant à celle des parties génitales, la destruction en est si facile qu'on ne la voit plus que sur les filles de la classe la plus infirme et la plus dégoûtant.⁵¹

Thus the prostitute's finery, which enabled her to infiltrate the higher classes, did not indicate that she looked after her own health. Regulation protects customers that could be from any social strata.

Although the prostitute could use finery to infiltrate higher social classes, clearly identifying her would also be dangerous. Parent-Duchâtelet offers a history of prostitutes being required to wear uniforms.⁵² He denounces the practice, as costumes provide a visual indicator of prostitution, allowing it to infect the innocent in society. He announces that "il est maintenant reconnu qu'en donnant aux prostituées une marque distinctive, ce serait infecter les lieux publics d'enseignes ambulantes du vice, et indiquer à l'adolescent timide les personnes auxquelles il peut hasarder des demandes qui ne seront pas refusées."⁵³ Rather than wearing distinctive clothing, prostitutes should dress modestly.⁵⁴ Parent-Duchâtelet offers a negative model for controlling the prostitute's dress. He does not prescribe exactly what she should wear, but he maintains the right of administrative authority when he prescribes what areas of her body she cannot expose. He dictates that her occupation

⁵¹ Emphasis in original. Parent-Duchâtelet, 87.

⁵² Parent-Duchâtelet, 206-208.

⁵³ Parent-Duchâtelet, 209.

⁵⁴ Parent-Duchâtelet, 209.

should not be obvious when looking at her. Thus her profession is not indicated by her dress; that knowledge remains the privileged information of administrative officials.

Acton appears simultaneously troubled by, and appreciative of, the sumptuousness of dishonest women's dress. He praises the London Lock Hospital for humbling prostitutes through clothing. Upon admission, the women's garments are taken and they are issued sensibly modest attire. These are tied to the women's physical and behavioural improvements, as he describes that "the patients in each ward that I inspected seemed to be in good health, and were comely looking girls, appearing to great advantage in the hospital uniform. The demeanour of these women, as we passed along, was most respectful; there was no noise, no bad language, no sullenness, no levity."⁵⁵ Yet Acton's writing does not include serious suggestions to control what prostitutes wear on the street. He often seems to admire their fine clothing; he uses fabric choice to denote which women were prostitutes and which were not, and examining "the demeanour of London prostitution," he admits he "must unwillingly limit [him]self to the consideration of public out-door amusements."⁵⁶ Dresses become synecdoche for their wearers, "as calico and merry respectability tailed off eastward by penny steamers, the setting sun brought westward Hansoms freighted with demure immorality in silk and fine linen."⁵⁷ Lavish fabrics would have indicated some sort of material prosperity. Acton, like Parent-Duchâtelet, recognised that a prostitute's dresses were often rented from a *dame de*

⁵⁵ Acton, 91. This reflects Foucault's observation of nineteenth century penal interest in making the punishment suit the crime. He claims the prevailing attitude was, "if pride led to the committing of a crime, let it be hurt, let the punishment disgust it. Shameful punishments are effective because they are based on the vanity that was at the root of the crime" (Foucault, *Discipline and Punish*, 107).

⁵⁶ Acton, 17.

⁵⁷ Acton, 17.

maison, if the woman worked in a *maison*. Regardless of who actually owned the fine dresses, wearing them had the same ostensible motive—vanity—and the same stated result: social mobility, however temporary.

Unlike Parent-Duchâtelet, Acton does not seem sincerely concerned with containing prostitution; he repeatedly describes prostitution and publicly-flaunted immorality, but does not seriously propose any way of containing the outward display. Only physical infectiousness makes her truly dangerous. Acton recounts seeing a voluntary outpatient in a hospital. Due to lack of hospital resources and absence of a coercive policy, the syphilis-infected woman is not admitted for full, proper, treatment. Acton notes her because of the “superiority of her dress;” her appearance is deceiving because “in dress and bearing she was by no means a female of the lowest class.”⁵⁸ She is:

dangerous alike to the gentle and simple, the fast young man, or the tippy father of a family who might be attracted by her pleasing face, and utterly heedless how much she was protracting, perhaps aggravating, her own sufferings. How comparatively futile our morning labours! how (sic) inefficacious the eleemosynary drugs!⁵⁹

Acton laments that the hospital only patches the prostitute back up and then sends her out onto the street again, to do more damage to herself and others. Because she is left on the street, her fine clothing, attractive face, and refined mannerisms make her an unexpected hazard.

Acton asserts that this outward appearance of social mobility—through fine clothes—could have a contaminating effect on the “honest” working-class women who observed the material benefits of prostitution. The prostitute’s superior dress is but one way that her life is better than that of her “respectable” counterparts, and

⁵⁸ Acton, 247.

⁵⁹ Acton, 247.

Acton worries about the bad influence of her “flaunting it gaily.”⁶⁰ He is concerned that working-class wives in music halls and pubs will be influenced by the sight of prostitutes:

accepting all the attentions of men, freely plied with liquor, sitting in the best places, dressed far above their station, with plenty of money to spend, and denying themselves no amusement or enjoyment, encumbered with no domestic ties, and burdened with no children. Whatever the purport of this drama might have been, this actual superiority of a loose life could not have escaped the attention of the quick-witted sex.⁶¹

Acton describes this “mingling of vicious and presumably respectable women” as “a more evil influence on the public morals than the casino, as to these last the notoriously profligate only resort.”⁶² This danger is because the working classes admire anyone who is “well dressed” or otherwise has the appearance of affluence.⁶³ Acton thus strongly implies that finery tempts even married working-class women to become prostitutes. Prostitutes’ public displays of finery are powerful enough to lure presumably “respectable” women into the trade. Clothing thereby becomes more than a sexual lure to potential customers; it is also a material temptation to potential prostitutes. In this anecdote, the prostitute’s life is better than the life of her honest counterpart.

The central difference in the theses of the two texts is Acton’s contentment with any universal system; he wants to grant coercive inspecting and detaining powers to doctors and other regulatory officials, but he does not advocate complete enclosure of the overseen women. In contrast, Parent-Duchâtelet wants to codify the

⁶⁰ Acton, 23.

⁶¹ Acton, 23-24.

⁶² Acton, 24.

⁶³ Acton, 24.

system so precisely that individuals working within it will be guided by edict, not professional autonomy.⁶⁴ He advocates a fixed law, so that vagaries and discretion of individual officials do not compromise the regulatory system.⁶⁵

⁶⁴ Parent-Duchâtelet was particularly bothered that a change of police prefect could mean less rigorous supervision of prostitutes' health. His goal of specific roles for each member of the regulatory team accords well with Foucault's observation of compartmentalized judicial systems. The legal system was so broken down into precise roles that, "that none of them really shares the right to judge....above all, that others—the experts—intervene before the sentence not to pass judgement, but to assist the judges in their decisions" (Foucault, *Discipline and Punish*, 21). The regulated women were excluded from the legal system, and always controlled by experts.

⁶⁵ Parent-Duchâtelet, 219.

CHAPTER FIVE

UNEASY ALLIANCES: SUPERVISORY WOMEN AND THE REGULATORY SYSTEM

Parent-Duchâtelet's system required *dames de maison*—women who kept houses of prostitution—to be supervised by regulatory officials. These *dames*, in turn, monitored the prostitute. Acton opposed the presence of the *dames* and their *maisons* in England. Parent-Duchâtelet reserved his objections for nuns. However, both authors wanted to enlist “respectable” married women to help inspect and supervise prostitutes. Parent-Duchâtelet accepted and encouraged the supervisory participation of “charity ladies” who were upper-class wives or widows and had thereby proven themselves accepting of bourgeois domestic norms. Acton also wanted to include this group of “respectable” women, in his goal to gradually rehabilitate prostitutes into domestic servants.

In this chapter, I examine how each text deals with women who worked within the regulatory system.¹ In keeping with British and French practice of excluding women from positions of medical authority, the authors assigned very specific roles to the women within their regulatory systems. Both countries barred women from becoming doctors. Post-Revolutionary France circumscribed the power of experienced but devotedly Catholic nursing sisters. The professionalization of English nurses had started by 1870. Although Acton is unequivocal in his statements that women should not be trained in non-domestic fields, he lacks Parent-Duchâtelet's enmity to women who worked with the impoverished sick. As outlined in previous chapters, Parent-Duchâtelet and Acton tout regulation as reforming the

¹ This does not include an account of the CDAs repeal movement, which was largely organized by women. Acton does little more than allude to the movement's existence.

behaviour of prostitutes. Both authors advocate the social re-education of prostitutes—into quiet, humble women, with good personal hygiene—through their contact with doctors and other officials.² Neither Parent-Duchâtelet nor Acton hide this social objective of the regulatory system, but they are less transparent in their suggestions for other women’s roles when dealing with prostitutes. Both Parisian regulation and the CDAs focussed on supervising a particular group of working-class women. Although Parent-Duchâtelet and Acton describe regulation as a male prerogative, they sought the assistance of “respectable” women. This was probably to help legitimate their proposals. A closer examination reveals that they wanted women who were manageable because they did not have divided loyalties.

Dames de maison had more contact with the sex workers than anyone else in the French regulatory system. They were a source of rhetorical discomfort for those who had initially wanted to supervise prostitutes. In *Policing Prostitution in Nineteenth-Century Paris*, Jill Harsin writes that “the 1823 regulation, which can be viewed as the charter of the tolerance in Paris, had urged *commissaires* to establish bordellos in spite of their natural reluctance to do so.”³ She attributes this reluctance to the fact that regulation signified official endorsement of the system, making prostitution more than an example of female immorality; it became the overtly state-endorsed, systematic business of selling sex. *Dames de maison* are thus a source of tension in Parent-Duchâtelet’s work. Although he criticizes them for the high rents they charge the women who work for them, and denounces “la rapacité des dames de maison”, he argues that they still serve a useful function in society.⁴ Parent-Duchâtelet becomes an apologist for the *dames* when he claims that they do not recruit women until after the woman’s initial “fall;” rather than enlisting innocent women for moral and

² H. B. Smith accepts as accurate very similar reports made to a CDA Select Committee and to parliament (Smith, “The Contagious Diseases Acts Reconsidered”).

³ Harsin, 281.

⁴ Parent-Duchâtelet, 266-267.

physical pollution, the *dames* provide the fallen with supervised homes and careers. This assertion allows Parent-Duchâtelet to defend regulated prostitution as protecting the already-fallen, rather than spoiling the innocent.

He writes with approval that the *dames* were only permitted to operate a *maison* if they had a required set of character traits. Alain Corbin notes that Parent-Duchâtelet wanted the *dames* to be strong and masculine in their authority, as well as financially successful enough to make them independent; men in the *maisons* should be limited to clients and administrative officials.⁵ Perhaps more important than their masculinity and independence, however, is the fact that the *dames'* monetary success would have made them female beneficiaries of the system. In the 1830s, France did not yet have a powerful opposition movement attacking the regulatory system;⁶ Parent-Duchâtelet would not have faced the same anti-regulationist resistance as Acton. However Parent-Duchâtelet wanted to bar men—other than morally irreproachable officials—from benefiting financially from prostitution. Thus the sin of prostitution would remain exclusively female. Having the *maisons* run by *dames* allows state-selected administrative competence, while keeping vice's profiteers female.

Parent-Duchâtelet worries about the *dames* who escape the state's direction, or accept the guidance of rival male authority figures. He laments the existence of unsupervised brothels.⁷ When considering the roles of “des maris et des amans des dames de maison,” Parent-Duchâtelet denounces husbands of the *dames de maison*. He laments the disorderliness of these men, and notes that administrators dislike them;

⁵ Corbin, *Women for Hire*, 11.

⁶ Restrictive measures against prostitutes had sparked many pamphlets in the weeks leading up to the July Revolution. On 14 April of 1830 Police Prefect Jean-Henri Mangin had announced that “Prostitutes are expressly prohibited from appearing in public.” His ordinance also banned them from the popular Palais-Royal garden, and other gardens, passageways, and streets (Matlock, 12-13). Such protests seem designed to oppose geographic and social constraints, particularly for “honest” working-class women wrongly believed to be soliciting.

⁷ Parent-Duchâtelet, 247.

they are a rival influence in the regulated *maison*. They encourage *dames* not to comply with the regulatory officials.⁸ The *dames'* lovers, Parent-Duchâtelet explains, are not as bad as their husbands; this is because they have less influence, and are thus a less powerful rival to government authority figures.⁹

Where Parent-Duchâtelet sees *dames de maisons* as useful if despicable agents of regulation, Acton denounces them entirely. While Acton often parrots Parent-Duchâtelet's findings without question, the British text does include a key distinction: an emphasis upon prostitutes' rehabilitation and eventual re-entry into society. From the late 1860s through to the CDAs' 1883 repeal, British anti-regulationists denounced the Acts for their class and gender-determined oppression, and for upholding the sexual double standard of female sexual fidelity and comparative male liberty. Acton does not directly address all the repealers' concerns. However awareness of his opponents could have been a powerful motive for Acton to propose a more moderate system than that suggested by Parent-Duchâtelet. The enclosed *maison* lent the system a sense of finality and absoluteness that would have made the CDAs even less appealing to their critics.

Enclosed *maisons* would also have offered a few of the women an alternative career choice in a position of relative authority. However running a *maison* fits neither the supervised nor the gender-determined roles that Acton advocates for reformed prostitutes. He argues that prostitutes can be rehabilitated to "respectability," and integrated as servants into middle-class homes. He describes domestic work as the only suitable career for working-class women, including former prostitutes. This is hardly an occupation well-matched with the false pride, social ambition, and vanity that Acton identifies as being amongst the factors spurring some women to prostitution. Acton identifies a *maison* of her own as the goal of many prostitutes, but his ideals of feminine humility do not align with the traits Parent-Duchâtelet

⁸ Parent-Duchâtelet, 268-9.

⁹ Parent-Duchâtelet, 269.

describes as required in *dames*. Advocating regulated *maisons* would also require more women to become *dames*. His description of the “dress-house”¹⁰ keeper is both contemptuous and reminiscent of Parent-Duchâtelet’s ideal “masculine” *dame de maison*. Such women were:

mostly females of the extreme avarice, and often ferocious manners—the former sharpened by the unprincipled atmosphere in which they live, and the latter by the necessity of preserving discipline among their tenants and dependents.¹¹

Acton faced growing opposition to the CDAs. Even if he had supported enclosed *maisons*, he could not have admitted that they had any value. Moreover, living in an enclosed *maison* would have made it less difficult for a woman to deny that she was working as a prostitute. This would have made social re-integration more difficult.

Acton and Parent-Duchâtelet each reflects his country’s view on the value of *dames de maison*. While Parent-Duchâtelet wanted women in this supervisory role—of all the regulatory officials, the *dames* had the most direct contact with prostitutes—Acton was not willing to tolerate anyone, particularly women, seeking leadership roles in enclosed *maisons*. The doctors did have similar views on women’s career choices; expanding options was not an alternative to their entering prostitution. They were to be housekeepers or prostitutes. These attitudes reflect larger social perceptions of women; they were unfit for all but subservient or domestic roles. Parent-Duchâtelet and Acton advocate including “respectable” women in the regulatory system, as “visiting ladies” to coach institutionalized prostitutes on their conduct. Acton also

¹⁰ Acton, 13. Acton is pleased that she is less common at the time of publication than she had once been. He does not state why their numbers had declined, although its happening “during the last twelve years” would indicate that the CDAs were responsible (Acton, 12). Charging the prostitute for her clothing, food, rent, toiletries, and jewellery, she was probably the closest British equivalent to the French *dame de maison*.

¹¹ Acton, 13.

endorses having women skilled in domestic work train prostitutes. Like many in their profession, Parent-Duchâtelet and Acton were willing to use women as cheap labour or moral influences.

These roles fit well with widespread medical attitudes that wanted to bar women from any professional authority in the field. Female medical professionals found their acceptance greater when their authority was smaller. Legislators and doctors in nineteenth century France and England worked to exclude women from becoming doctors. In France, a law of 16 and 17 Ventôse (8 and 9 March) 1803 had reformed the licensing of French medical professionals. The law tried to address the need for doctors; for example, it allowed medical practitioners to receive credit for any medical education or experience that had been interrupted by the Revolution. However, all involved in the law's development agreed that women must be excluded from its practice. Chaptal, the Minister of the Interior, emphasised that medicine could not be practiced by “women, empirics, persons practicing another profession, or at public entertainments, [or] by men who are dishonoured or reproved by public opinion.”¹²

In Britain, the medical press worked to exclude women from the ranks of the field. Some women in 1850s Britain began campaigning for the right to become doctors. A *Lancet* article contained the bizarrely pathological argument that because they menstruated and gave birth, women could not be entrusted with human life.¹³ Doctors argued that women would become “indelicate” if they attended the lectures and dissections required to study anatomy.¹⁴ An 1859 argument that women be allowed to enter a few “suitable” fields was attacked in the *Medical Times and Gazette*,

¹² Cited in Matthew Ramsey, *Professional and Popular Medicine in France, 1770-1830: The Social World of Medical Practice* (Cambridge: Cambridge University Press, 1988), 77-85. One Sister of Charity applied for a licence after practicing as a health officer—a medical professional with less practical and academic training than a medical doctor—for seventeen years, but her request was denied. Ramsey, 86.

¹³ L'Esperance, 118.

¹⁴ Mort, 64.

where an article railed that "...it is mere womanish malice to cast any slur on women who seek men's aid in illness or childbirth. Women prefer the services of men...."¹⁵ Thus Parent-Duchâtelet and Acton were products and members of a profession whose defining codes and journals described women as legally unfit and pathologically unsuitable for medical careers demanding skill and authority. This fits well with the two authors' assignment of women to menial roles within the hospitals, and also with Parent-Duchâtelet's anti-clerical rhetoric, which marks his descriptions of nuns.

Parent-Duchâtelet claims nuns limit the success of work with prostitutes. His critique of their efforts is in accord with nineteenth-century French medicine's hostility to nuns. Pre-Revolution (1789), nursing sisters had been quite powerful in the French medical system. Their orders, activities, and influence had been curtailed under Louis XVI, and further restricted with post-Revolution secularization.¹⁶ Regardless of any goals to separate the church and state, officials recognised sisters from the nursing orders as experienced and inexpensive caregivers for the poor. The Bourbon Restoration accelerated their return.¹⁷ Not all doctors welcomed the nuns' re-entering hospitals. Although historians disagree as to which of the two professions held more influence in French hospitals, scholars are in accord that

¹⁵ Cited in L'Esperance, 115. Responding to the first woman doctors, the *Lancet* lamented "the advance guard of the Amazonian army" (cited in Mort, 63).

¹⁶ In 1780, Louis XVI appointed physician Jean Colombier as a prison and hospital administrator. He took administrative and practical influence away from the Augustinian nuns, transferring it to medical professionals. Before Colombier, the nursing sisters had been progressively taking on tasks such as blood-letting and wound-dressing, which positioned them as rivals to doctors. Conflicts arose between these groups, who Risse distinguishes as "religious women" and "medical men" (Risse, 296-298). Post-revolution secularization included curtailing the activities and seizing the property of many religious orders, including many orders of nuns.

¹⁷ Léonard, 25

tensions existed between doctors and nursing nuns.¹⁸ The Catholic Church permitted married women to have public roles outside of marriage. Nuns, more dangerously, made their only vows to the church. This prompted suspicion from anti-clericals.¹⁹

To Parent-Duchâtelet, religion is acceptable when it does not impede the supervision of prostitutes. True morality, he asserts, requires accepting the world as it is and trying to minimize the damages done to prostitutes.²⁰ He uses religion as a metaphor for naïveté and hypocrisy when he asserts that regulation's critics could only maintain their opinion by being isolated from the world:

Je conçois ce langage dans la bouche de ceux qui n'ont pas franchi les limites d'un cloître, ou qui, livrés dès leur enfance aux pieux exercices d'une vie religieuse, ont été assez heureux pour ignorer le monde et croire qu'il était possible aux gouvernemens de changer les inclinations des hommes et de les diriger à volonté dans la voie du vice ou dans le chemin de la vertu; mais, dans les circonstances tout-à-fait contraires, je ne puis la concevoir et j'appuie cette proposition sur ce qui va suivre.²¹

He thus conflates religion, hypocrisy, and anti-regulationism. Parent-Duchâtelet's description of prostitutes' habits is most revealing of his attitude to religion: he accepts it, but only when it is not enforced. He reports that the prostitutes, though quite ignorant about religion, do learn some religious beliefs from each other.²² The women are so scorned by the rest of society, Parent-Duchâtelet hypothesises, that

¹⁸ Jacques Léonard implies that nurses were a threat to doctors' already-tenuous authority when he notes that "the detailed rules and the dominance of the hospital directors left no room for dissension between...the sisters and the physicians (who in the nineteenth century suffered from their rather subaltern position as far as hospital regulations and management were concerned)" (Léonard, 32). Guenter Risse, meanwhile, asserts that "during the Bourbon Restoration, nursing had definitely taken a back seat to medicine" (Risse, 322). Claude Quélet notes that at the end of the eighteenth century, "...attempts to create military hospitals exclusively for victims of venereal disease still encountered much resistance, especially from the nuns, who exercised a tight control on anything which even slightly resembled a hospital" (Quélet, 102).

¹⁹ McMillan, 56.

²⁰ Parent-Duchâtelet, 370.

²¹ Parent-Duchâtelet, 370.

²² Parent-Duchâtelet, 71-72.

they must turn to religion.²³ They refuse to commit sacrileges such as meeting customers in church. Although they accept religious guidance when it is offered, they resist attempts to have religion forced upon them:

Veut-on, dans l'hôpital ou dans la prison, les forcer d'aller à la chapelle, elles s'y refuseront et s'y conduiront mal; mais si les portes de cette chapelle sont ouvertes, si on y chante des hymnes et des cantiques dans un idiome qu'elles puissent comprendre, on les verra toutes y accourir et s'y comporter d'une manière irréprochable, on dirait presque édifiante; à cet égard, j'ai vu des choses qui m'ont beaucoup surpris.²⁴

Prostitutes' religion could have possibly made them more sympathetic to those sponsoring medical charities or opposing measures seen as protecting them. The above passage also allows Parent-Duchâtelet to cite reformers' coercive zeal, rather than the prostitutes' antipathy to religion, as a cause of resistance to enclosure.

Despite his hostility to organized religion, Parent-Duchâtelet does make a limited attempt to rhetorically temper his criticisms of the sisters who worked with prostitutes:

Qu'on se garde bien de voir, dans cette manifestation de mon opinion, une attaque contre les religieuses qui sont à la tête de la maison dont je parle; je respecte trop leur vertu et j'apprécie trop leur dévouement ainsi que les services qu'elles rendent, pour me permettre d'affaiblir, pour quelques critiques, la reconnaissance qui leur est due; mais comme il s'agit ici de faire le plus de bien possible, il est de moins devoir d'indiquer les moyens qui me paraissent les plus efficaces pour parvenir à ce résultat.²⁵

This caution could be a consequence of medical discretion towards the religious. Jaques Léonard notes that, in nineteenth-century France, "a physician could not risk alienating himself from an important fraction of his clientele by statements or actions that were hostile to dominant beliefs; a conformist competitor would soon supplant

²³ Parent-Duchâtelet, 72.

²⁴ Parent-Duchâtelet, 74.

²⁵ Parent-Duchâtelet, 649.

him.”²⁶ However Parent-Duchâtelet had abandoned medical practice and devoted himself to public health research by the time he completed *Prostitution Considered*. As an influential member of the French public health movement, he probably would not have felt personal insecurity for his own social position.²⁷ Still, medical care amongst the poor required wealthy patrons, so it would have been unwise for him to alienate any devotedly religious philanthropists. Perhaps most importantly, Parent-Duchâtelet’s love for data could have been the cause of such fear; many nuns and administrators at the Hôtel Dieu, for example, denied the Royal Academy of Sciences access to their registers.²⁸ Parent-Duchâtelet could have been torn between his anger at anything that came between social science and data, and his desire to not alienate the religious any further.

Parent-Duchâtelet devotes his final brief chapter to describing a house of reform. From this section’s outset, he stresses the need for professional, state-endorsed involvement. Parent-Duchâtelet describes forced reformation as ridiculous, citing accounts of fifteenth-century reformers so fervent that their absurd interventions forced parliament to intercede:

A cette époque de zèle et d’enthousiasme religieux, on voyait des particuliers sans mission former des maisons semblables et, de leur autorité, y faire enfermer les filles de mauvais vie qu’ils voulaient forcer à se convertir; les choses, à cet égard, en vinrent à un tel point que le parlement fut obligé d’intervenir et d’arrêter ce zèle indiscret.²⁹

As he cites history to illustrate the inevitability of prostitution, he also draws on the past to find examples of sober public administrators intervening in the feverish

²⁶ Léonard, 31.

²⁷ Ann La Berge notes that prominent public health physicians—and Parent-Duchâtelet unequivocally fits this category—were “respected members of the medical profession at both the national and local levels” (La Berge, 302).

²⁸ Risse, 297.

²⁹ Parent-Duchâtelet, 637.

reforming zeal of moralists. Continuing his favourable comparison of secular to religious influence, Parent-Duchâtelet describes married or widowed women as better suited than nuns to reforming prostitutes:

En parlant de la prison, je n'ai pas caché mon opinion sur les avantages immenses que les femmes mariées ou veuves avaient sur les religieuses de profession, pour engager les prostituées à faire des réflexions sur elles-mêmes et les ramener à des sentimens meilleurs, et j'ai déduit les motifs sur lesquels je fondais cette opinion; ce que j'ai dit sur la prison s'applique à la maison du Bon-Pasteur: si les instructions y étaient faites pas des dames mariées ou veuves, elles auraient une tout autre efficacité; si ces dames y commandaient et s'y trouvaient la majeure partie de la journée, plus de prostituées y entraient et moins chercheraient à en sortir.³⁰

These visiting wives and widows would have already proven their allegiance to the institution of marriage. By becoming wives they would have abandoned any possibility of legal autonomy. In nineteenth century France, women gained domestic authority when they married.³¹ Parent-Duchâtelet probably saw married women as helpers who brought respectability to the reform efforts, without challenging physicians' authority as nuns did. Women's religious orders grew in the first half of

³⁰ Parent-Duchâtelet, 649.

³¹ Enlightenment ideas on the role of women are beyond the scope of this work; for a positive interpretation of Enlightenment prescriptions of women's roles, see James McMillan. He writes that "Rousseau's model of femininity stirred many women into a positive re-evaluation of their own roles as wives and mothers. Some were clearly attracted to the thesis propounded in *La nouvelle Héloïse* that the role of the family in the moral regeneration of the citizen was crucial: Sophie was therefore a role model not of feminine inadequacy but of the enormous potential of motherhood as a social influence on the next generation" (McMillan, 12-13). He notes that this idea continued throughout the nineteenth century. See page 37 for his discussion of the legal restrictions that the *Code Napoleon* placed on married women, and pages 50-51 for his discussion—which he bases upon etiquette manuals and popular literature—of women gaining respectability through marriage. McLaren argues that doctors did not see women as naturally fulfilling this role, when he asserts that "...French doctors, unlike their Anglo-Saxon counterparts, rarely described women as nurturers. The state of motherhood was scarcely praised; rather it was perceived as something to be inculcated in a young woman as a moral, social, and civic duty. Discussions of the affective, spiritual benefits of motherhood were infrequent" (McLaren, 63).

the nineteenth century, after Napoleon repealed the previously-existing ban.³² Those already suspicious of the clergy had their fears heightened as the number of nuns rose.³³

Prostitution Considered does not contain the same hostility towards religion. It receives occasional mention, but Acton rarely dwells upon it or attributes it with causing much damage to the regulationist cause. Acton does acknowledge the religious rhetoric used by some of his opponents, when he states that “true religion” would not deny prostitutes the benefits of regulation.

Acton is more tolerant of nurses than Parent-Duchâtelet is of nuns, probably because nurses in Britain were not yet as entrenched as the French orders of nursing nuns. British nurses in 1869 did not have the same authority that their French counterparts had had in 1836. In 1840, Elizabeth Fry had established the protestant Institution for Nursing Sisters in London; historian Elizabeth Van Drenth describes this institution’s founding as “the first attempt to reorganize and modernize nursing in Britain.”³⁴ Some of the women trained there joined Florence Nightingale in the Crimea, and their return hastened the field’s increasing professionalization in England. By the late Victorian period, some nurses had more personal authority. Several came from higher social backgrounds than the doctors they worked with, causing increased tension. Historians offer differing accounts as to when in the nineteenth century doctors started to view nurses as irritants and rivals, but concur that doctors’ complaints about meddling and insubordination increased with nurses’

³² McMillan, 55. McMillan speculates that celibacy itself may have helped entice women to enter Catholic orders, as childbirth and venereal diseases had the potential to be so dangerous.

³³ McMillan, 56.

³⁴ Annemieke van Drenth and Francisca de Haan, *The Rise of Caring Power: Elizabeth Fry and Josephine Butler in Britain and the Netherlands* (Amsterdam : Amsterdam University Press, 1999): 60, 206. Anne Summers also describes the founding of this institution, particularly its initial mandate of visiting the sick to bring them physical and spiritual health (Anne Summers “The Costs and Benefits of Caring: Nursing Charities, c.1830-c.1860,” in *Medicine and Charity Before the Welfare State*, eds. Jonathan Barry and Colin Jones [New York: Routledge, 1994]: 133-148).

education and influence. The *British Medical Journal* commented that “one of the great dangers in affording ladies such an amount of professional knowledge that can only be gained in a hospital will be that they may be tempted to take too much on themselves and intrude upon the special providence of the medical man;” the same journal praised Zepherina Veitch’s *Handbook for Nurses for the Sick* (1870) for recognising that “obedience is the hallmark of a good nurse.”³⁵

Doctors did not want uppity nurses, let alone competition from women trained as doctors or midwives, but they did want help from otherwise uneducated women with the practical skills to look after the sick poor.³⁶ Historian F. B. Smith also notes the interest of doctors in preventing nurses from receiving any training that would encroach on their own positions. He explains that by the end of the century, doctors were complaining about nurses’ insubordination and increased responsibility.³⁷ The CDAs demanded that nurses help indoctrinate institutionalized prostitutes into acceptable middle-class standards of public behaviour. Judith Walkowitz notes that nurses from working-class backgrounds often failed to perform the civilizing goals set out by the CDAs’ administrators; the nurses did not exhibit the moralizing zeal perceived as necessary for working with institutionalized prostitutes. In some hospitals, however, respectable “visiting ladies” from the upper classes were supplanted by male chaplains, especially as anti-CDAs agitation increased.³⁸ Regardless, Acton attributes any real skill, authority, or responsibility in the hospitals to men.

Prostitution Considered reveals one of Acton’s fundamental beliefs: all women, regardless of class, should practise humility, simplicity, and subservience. Women are to adhere to prescribed class and gender roles, remaining content and humble. Prostitutes, he argues, could ameliorate themselves by obeying and, to a limited

³⁵ Cited in L’Esperance, 121

³⁶ L’Esperance, 60, 61.

³⁷ Smith, F. B. *The People’s Health*, 260, 261.

³⁸ Walkowitz, 222.

extent, emulating, their social betters. They could then move out of their depraved state and gain some respectability. In the section of *Prostitution Considered* outlining alternative prevention techniques, Acton dismisses these rival strategies for preventing women from becoming prostitutes; he also refutes all other suggestions for helping prostitutes re-enter “respectable” society.³⁹ His suggestion for amelioration has the women turning from sexual to domestic service. He envisions philanthropic homeowners training hospitalized prostitutes in housework, in exchange for free domestic service. The women’s training in submissiveness and order, as begun by doctors, could be completed in middle and upper-class homes. These women would have given the CDAs a tinge of respectability.

By the 1869 publication of *Prostitution Considered*, anti-CDA agitation was gaining wider public acceptance. Few “respectable” bourgeois women made philanthropic “visits” to the Government Hospitals used in the CDAs’ administration.⁴⁰ Quite rightfully, many Victorian women—and historians ever since—denounced the Acts.⁴¹ Many women’s reluctance to participate as “lady visitors” would have been motivated by the Acts themselves, not an unwillingness to deal with prostitutes. This is shown by the existence of philanthropic houses of reform for prostitutes, as well as some women’s willingness to work with female prisoners.

While Acton grants doctors the skill and strong characters to calm institutionalized prostitutes, nurses and other women are mentioned almost

³⁹ By this I mean in the same social ranks as “unfallen” working-class women.

⁴⁰ Frances Finnegan *Do penance or perish: Magdalen asylums in Ireland* (Oxford: Oxford University Press, 2004): 2. Finnegan offers this as an example of women’s blamelessness in the administration of the CDAs, in contrast to the culpability—indeed, cruelty—of nuns in Irish Magdalene asylums. As noted above, Walkowitz describes the presence of male chaplains in the Government Hospitals—rather than “visiting ladies”—as the deliberate exclusion of women (Walkowitz, 222).

⁴¹ Smith is a notable exception. He offers a point-by-point attack on the CDA-repealers’ platform (H.B. Smith, “The Contagious Diseases Acts Reconsidered,” *Social History of Medicine*, 3/2 [1990]: 197-215).

exclusively as housekeepers, or trainers of housekeepers.⁴² He does not describe nurses performing any specialized medical duties, although he does praise them for the wards' cleanliness.⁴³ The head nurse, however, may turn her housekeeping skills to specifically medical tasks; she is granted the privilege of cleaning and oiling the doctor's speculum between examinations.⁴⁴

This accords well with his insistence in assigning occupations by gender. For women to be in employment other than housekeeping is "a curse to both sexes and a hindrance of the purposes of our Creator."⁴⁵ When women enter any other trade or profession, he argues, they compete with male workers, driving down the cost of labour. This leaves men unable to marry. Machinery, in turn, helps decrease women's wages. With men unable to marry and women unable to support themselves on their own wages, the latter, "wearied of the useless struggle against capital, too honest yet to steal, too proud yet to put up useless prayers for nominal relief at the hands of the community, and having sold even the last but one of her possessions, takes virtue itself to the market."⁴⁶ To prevent this disgusting solution, he argues that working-class girls must be taught housewifery.⁴⁷ Girls from parish

⁴² Elizabeth Fry's work with woman prisoners pre-dated the Contagious Diseases Acts. For a fascinating historiographical contrast of modern responses to containment motivated by philanthropy versus containment motivated by state regulation of prostitutes, compare Van Drenth to Corbin. Van Drenth praises Fry for enclosing woman prisoners as they were transported for deportation to the settlement colonies. To van Drenth, Fry's 1818 system is an improvement on open wagons, which had been "humiliating to the women and the cause of street riots," until Fry accompanied the women herself in closed carriages (van Drenth, 58). Corbin, meanwhile, paints an ominous picture of enclosed transport when he describes Parent-Duchâtelet's 1836 description of "the new enclosed carriage, to which Parent-Duchâtelet attached great significance, and whose use...preceded that of the police van." Hiding the women prevented "spontaneous demonstrations that, in a way, tended to celebrate illegitimate sexuality" (Corbin, *Women for Hire*, 10). While Fry had more noble motives than Parent-Duchâtelet, an orthodox Foucaultian analysis of the two situations would conclude that both were illustrations of power being exercised over sexuality.

⁴³ Acton, 85.

⁴⁴ Acton, 85.

⁴⁵ Acton, 296.

⁴⁶ Acton, 296.

⁴⁷ Acton, 295.

schools should be taught domestic work in homes of the better-off. In one admirable institution:⁴⁸

The patients were employed when convalescent in laundry and kitchen work, under the superintendence of a paid laundress and cook... Many of the women, on admission, are found to be totally ignorant of ordinary domestic duties; but great pains in this respect are taken with them during the period of their detention, so that on leaving they are generally found to have become decent needle and washerwomen, and to have acquired sufficient knowledge of cooking to enable them to dress plain joints and vegetables. The good done by this means has been shown in more than one instance, where a woman so benefited by instruction, has taken service, almost directly after receiving her discharge from the hospital.⁴⁹

Again, the regulatory system, with women in house-keeping roles, can rescue the fallen. Acton cites with approval a French case as evidence that the upper classes can help save the labouring classes from themselves:

The inmates of the Lourcine are employed—for employment is the mainstay of morality as idleness is the handmaid of evil—under the direction of the lady visitors and at certain very trifling wages, about the entire household service, washing and needlework of the institution⁵⁰

The “lady visitors” save these girls, for “idleness is their besetting sin.”⁵¹

Thomas Laquer argues that in the late nineteenth century, doctors had a mission “to free women’s bodies from the stigma of clerical prejudice and centuries of popular superstition and, in the process, to substitute the physician for the priest as the moral preceptor of society.”⁵² Parent-Duchâtelet clearly wanted to substitute the public health official for the nun “as the moral preceptor” of the prostitute. Acton appears not to have been as concerned about religion, offering only a half-

⁴⁸ Acton, 296.

⁴⁹ Acton, 91.

⁵⁰ Acton, 116.

⁵¹ Acton, 116.

⁵² Laquer, 214.

hearted parroting of Parent-Duchâtelet. He wanted the prostitute to serve the sexual, then the housekeeping, demands of society; his only concern is with remanding women in purely domestic roles, be they nurse, prostitute, or “lady visitor.”

CHAPTER SIX

CONCLUSION

De la Prostitution dans la Ville de Paris and *Prostitution Considered in its Moral, Social, and Sanitary Aspects* outline systems that would have allowed doctors and regulatory officials unlimited access to inspect and circumscribe all aspects of the regulated women's lives. Parent-Duchâtelet and Acton both use a careful rhetoric to rationalize that their programs protect society from syphilis and the prostitutes from their own folly. They argue that regulation teaches prostitutes how to behave better in society. Both doctors want to create prostitutes who spread neither disease nor disorder. Most importantly for Parent-Duchâtelet, the women were also to provide a constant source of research material.

Parent-Duchâtelet, and to a lesser extent Acton, write following the basic tenets of the public health movement. They describe their systems as protective of public health needs for the military, the "respectable" home, and the prostitute herself. However, they really want the regulated women to become safe forms of release for male sexuality. Parent-Duchâtelet in particular sees the inscribed woman as little more than a piece of the public health infrastructure, as useful-yet-unpleasant as part of a sewer system. Acton, meanwhile, is less interested in sexuality as a component of public health. He wrote on prostitution because it was a topic that brought him some recognition.

The texts' real and intended audiences can only be touched upon here, and I do not even attempt to examine how these books were received. However the doctors do recognise the controversial nature of their topic and craft justifications for the supervisory systems. They do this by explaining that prostitution cannot be

prevented and by making prostitution a female failing; greedy would-be brides drive suitors away to prostitutes, while the prostitutes themselves are drawn to the trade by their vanity, greed, and instability. Both doctors do describe poverty as a frequent motive, but they also hint that truly innocent women never reach that level of desperation.

Although they assert it cannot be eliminated, the doctors insist that prostitution can be contained. Parent-Duchâtelet argues that hiding women in regulated *maisons* would prevent their appearance from drawing innocent men into sin. While Acton does not want enclosure's most extreme structure—the *maison*—in London, he does repeat many of Parent-Duchâtelet's other beliefs. The doctors explain that fine clothing lures women into the trade and this clothing can be a form of social camouflage, permitting prostitutes to infiltrate higher levels of society. To Parent-Duchâtelet, this is justification for total physical enclosure, but to Acton, this is only another reason that prostitutes must be healthy. Parent-Duchâtelet also wants regulation within the *maisons* to protect the women from corrupting each other through lesbianism.

All women in the proposed regulatory systems had to meet strict codes of behaviour, and the women who were to help doctors and civil servants with inscription also had specific roles to play. Ultimately, the criteria could all be distilled down to one required feature: obedience to secular male authority. While “visiting ladies” should certainly have some religion, a Catholic order was too powerful a rival for the regulatory officials. Seemingly on the other end of the spectrum, *dames de maison* could not be wed, because then they would be less obedient to supervisory officials. The *dames* serve the valuable role of profiting from prostitution's spoils; respectable bureaucrats' salaries are to reward the male regulatory officials, while the *dames* profit directly from vice.

Perhaps this is a shadow of the anxiety that is much clearer in the writing of Henri-Joseph Gisquet, a police prefect in 1830s Paris. He noted that if prostitution entered the court system, officials would lose their direct authority and:

One of the greatest disadvantages would be the insubordination that this state of affairs would create among the women. From the moment the administration would have no direct control over their conduct, and the punishment would not immediately follow the crime, they would mock all recommendations, injunctions, and prohibitions made by the police; then they would offer on the public thoroughfares the disgusting spectacle of their turpitudes; it would be impossible to assign a limit to their outrages. The salutary curb that maintains them in this absolutely necessary condition of dependency would be broken, and the contagion could extend to a greater number of persons of their sex.¹

¹ Cited in Harsin, xxi.

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