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Venereal Disease and Amputation: How Victorian Corrective Medical Technology and the Gendered Body Defined British National and Moral Identity

The human body is full of meaning whether medical, technological, political, or moral. In the Victorian age there were “diseases of the poor:” deformities and disabilities that challenged an individual’s ability to participate in society as an equal democratic citizen or adult with agency, and venereal diseases shrouded in gendered and moralistic symbolism. Illness is a complicated representation of society: “Disease is a language, the body is a representation, and medicine is a political practice” (Turner 209). Victorian technologies further complicate body discourses and anxiety around the fragility of corporeality. Medical discoveries and increased understanding should have de-politicized characterizations of the deformed body, but they often did not. Understandings of sanitation and preventative care should have changed the ideas of what were “diseases of the poor.” Gendered and ethnic moralizing of venereal diseases prevented realistic treatments. Ultimately, Victorian constructions of amputation and venereal disease, along with technological improvements such as prosthetic limbs, reinforced ideas of gender, morality, and nationhood.

As evidenced in Mrs. Garrett Anderson’s 1897 address on “The Progress of Medicine in the Victorian Era,” the Victorians viewed medicine as a forward trajectory of accomplishment compared to medical practices of the generation before: “Then the keynote was observation, which must precede the birth of real knowledge; in surgery the main note was manual skill, meaning by this rapidity, courage and perfection in doing surely and neatly. The keynote in medicine of to-day was precision; of surgery a sense of personal responsibility combined with attention to detail and patience” (1338). Victorian medical professionals saw themselves not simply as technicians but as people who had “the courage” to carry out their jobs correctly. This problematic understanding of medical professionalism is evident too in Victorian classifications of disability and disease.

Across many historical periods, disability and illness have defied boundaries and made the vulnerability of corporeality more apparent and real. The monster is all the more monstrous because it is both recognizable and alien simultaneously, in much the same way that the Victorians are recognizable and foreign to the present. The disabled body, particularly the disfigured body, is threatening because it shows the tenuous grasp on normalcy that the able-bodied possess. Disabled bodies are the ultimate outsiders: “Because disability is defined not as a set of observable, predictable traits—like racialized or gendered features—but rather as any departure from an unstated physical and functional norm, disability highlights individual differences… Disability is the un-orthodox made flesh, refusing to be normalized, neutralized, or homogenized” (Thomson 24). This difference and instability leads to an anxiety around disabled people. They become both the villains and victims—the vengeful and the tragically blighted. The irony is that while disability is profoundly individualistic, it is often used as a short hand for a larger and more generalized anxiety about inherent physical vulnerabilities in the larger population. Although there is no single way to be disabled, representations of disability are often used as benchmarks of social acceptability: “the disabled figure operates as a vividly embodied, stigmatized other whose social role is to symbolically free the privileged, idealized figure of the self from the vagaries and vulnerabilities of embodiment” (Thomson 7). The normative body could not exist without the abnormal body to juxtapose it against. Acceptable social structures and behavior could not exist without abnormal transgressors.

One can be born with a disability or acquire it later in life. Disability can be an “invisible” ailment or a jarring disfigurement. Disability is often read as a moral assessment of character (Goffman). If a person is guilty, he or she may be condemned physically. Disability is never without larger cultural meaning because, “disease is language, the body is a representation, and medicine is a political practice” (Turner 209). Disability disrupts the normal social order and creates stigma: “Disfiguring deformities… stigmatize because they break cultural conventions about what is acceptable appearance and behavior, while invoking other cultural categories—of what is ugly, feared, alien, or inhuman” (Kleinman 159). Disability breaks rules of decorum, particularly in the cases of those individuals who cannot live independent lives. Victorian disability, illness, and medical dilemmas cemented ideas of class. The Irish potato famine was viewed by much of the upper class in England as the inevitable outcome of a race of people who could not control their desires enough to control the population size and who did not have the work ethic to manage their farms effectively. Medical conditions, such as venereal diseases, of the urban poor in major English cities were seen as the inevitable outcome of moral vice, the responsibility of which was highly gendered.

Nowhere is this anxiety and stigma about the disabled or nonconforming body more apparent than in the Victorian freak show. Freak shows reached their greatest height of popularity in the nineteenth century. Prior to that time, precursors to freak shows had existed in some form in royal courts and collections of human curiosities (Semonin 76). With globalization in the early nineteenth century and World Fair exhibitions, the “other” became a popular spectacle. Early freak shows capitalized on global oddities such as disabled aboriginal people who were presented as more animal than human, including performers such as the “What is It?” who was marketed by P.T. Barnum as being akin to a tree dwelling monkey (Cook 148). These freaks were often dressed in ways that exaggerated their “savagery” such as grass skirts and bone necklaces, and were often given entirely fictional homelands filled with cannibals. Freak shows asserted the normalcy of the viewing audience by displaying the exotic “other,” and this other’s back story was almost always fictionalized for such an effect. The horror and intrigue disappear when a disability can be explained as the result of genetics. There is no such thing as a “freak” in the literal sense. “’Freak’ is a way of thinking about and presenting people—a frame of mind and set of practices” (Bogdan 24). A performer who was previously considered “small” could become a freak merely by being marketed as a “living doll” by a sideshow barker. Nothing had to actually change about the individual.

Disability often creates anxiety in the non-disabled because it draws attention to the lack of stability of non-disabled identity. The body is a machine, and that machine occasionally falls apart or is rebuilt. Ultimately, all identity is fluid, and this is most apparent with cyborg identities. Cyborgs occupy a middle ground of multiple, often conflicting, identities which simultaneously sever and bind. According to Donna Haraway, “A cyborg is a cybernetic organism, a hybrid of machine and organism, a creature of social reality as well as a creature of fiction… cyborgs [are] creatures simultaneously animal and machine, who populate worlds ambiguously natural and crafted” (149). There are many kinds of cyborg by Haraway’s definition, not simply the mechanical and organic binary. Disability is itself a kind of cyborg identity. Cyborgs challenge boundaries of identity and create new hybrid identities. Cyborgs challenge racial and class categories. They challenge physical norms. The disabled person with a prosthetic limb is a cyborg not only in terms of being part organic and part mechanical but in terms of having a simultaneously severed and combined identity. They are at once recognizably human and frighteningly disfigured.

Victorian amputation and prosthetic technologies demonstrate the same anxieties apparent in other diseases and disabilities but with the added complication of Harraway’s “cyborg identity.” Victorian prosthetic technology was a way for medical professionals to attempt to reconcile and correct damages done to the disabled body and an attempt to restore the established societal norms. Mid-Victorian writings on the subject of prosthetics show the class implications of such assistive technologies: “In an 1865 essay on amputation, the influential doctor Stephen Smith denounced a well-established surgical practice: the creation of different stumps for different classes of patients… He criticized surgeons who acted on ‘the belief that the poor man will either have no artificial appliance to his stump, or one of the rudest character, while the rich man will avail himself of the highest degree of art to compensate his loss’” (Warne 83). Prosthetics, or even crude stumps, were intended to restore a man but only so far as his class standing permitted. These prosthetics function as a kind of machine, and machines create anxiety, particularly when they are juxtaposed with human identity: “Machines have made thoroughly ambiguous the difference between natural and artificial, mind and body, self-developing and externally designed, and many other distinctions that used to apply to organisms and machines. Our machines are disturbingly lively, and we ourselves frightening inert” (Haraway 152). Mechanical imagery then becomes a shorthand of lost humanity, in much the same way that disability often is. The mechanical is often in direct conflict with the humane, but this simple dichotomy is complicated by amputation and prosthetics which use mechanical parts to restore the human body and humane viability.

The machine and human dichotomy offers multiple possibilities. The first is that the machine not only offers redemption and regeneration, the possibility of becoming something new, but that it also offers a further expression of selfhood: “The machine is not an *it* to be animated, worshipped, and dominated. The machine is us, our processes, an aspect of our embodiment. We can be responsible for machines; they do not dominate or threaten us. We are responsible for boundaries; we are they” (Haraway 180). In this way, the machine is a means to “redeem” the disabled body, offering the potential for bodily wholeness and independence. The prosthetic leg restores mobility and physical wholeness in a way that suggests virility (O’Connor). The other interpretation of the mechanical human identity is far more cautious. It becomes a question of control: “Having machines, or seeing oneself as a machine, is one thing. Controlling machines, and oneself, is another” (Gray & Mentor 221). It ultimately becomes a much larger question of whether or not prosthetics can restore identity.

Amputation and prosthetic limbs are gendered. Most amputations and of the Victorian era were from wars or factory accidents, and they were suffered by men. With the rise of factories, there was an industrial boom in the production of prosthetic limbs (Slavishak 367). Amputation deeply affected masculine self perception: “Victorian ideals of health, particularly of male health, centered upon the concept of physical wholeness: A strong, vigorous body was a primary signifier of manliness, at once testifying to the existence of a correspondingly strong spirit and providing that spirit with a vital means of material expression. Dismemberment… unmanned amputees, producing neurological disorders that gave the fragmented male body- or parts of it anyway-a distinctly feminine side. Thrashing, twitching, and suffering from phantom pains, stumps showed a deep-rooted propensity for theatrical malingering that rivaled that of the [female] hysteric” (O’Connor 744). Amputation becomes a symbolic castration because it reduces a man to female medical problems including complaints with vague or unobservable symptoms like phantom limbs. It also reduced a Victorian man to feminine medical treatments akin to the rest cure because amputation could make a man into an invalid or someone who was simply housebound. The prosthetic limb, therefore, can be read as a technology based attempt to restore manhood, albeit a new cyborg masculinity.

This medicalizing of gender is perhaps most apparent in Victorian venereal diseases. Venereal diseases were highly moralized and gendered both in terms of their treatment and their classification. Symbolism in disease is a powerful component of the stigma that follows it. There are essentially three types of stigma related to venereal diseases: “Abomination of the body, blemish of individual character, and tribal stigmas of race, nation, or religion” (Goffman 56). All three of these stigmas are evident in The British Medical Journal’s 1897 “Departmental Report on Venereal Disease.”

This 1897 report on syphilis rates in British troops in India shows the complicated discourse around sexuality and diseases in Victorian Britain: “The Committee have executed their orders thoroughly, and spoken out manfully, for there can be no mincing of matters now on this lamentable subject. The evils disclosed call upon all honest and patriotic men to speak out without hesitation or reticence” (801). The use of phrases like “manfully,” “evils,” and “honest and patriotic men” show the gendered and moral lens through which Victorians viewed venereal diseases. The word “manfully” in particular seems to imply men are wrongfully inflicted by the disease.

The report continues with language showing an anxiety about global contact, as well as fears of what syphilis might indicate about British citizens: “[The Committee’s report] shows a steady and alarming increase of admissions… Next comes an account of a visit to Netley Hospital, and the horrible ravages of syphilis seen there, enough to make the angels weep. Then it touches on the grave dangers of the population at home, through the yearly discharge of large numbers of mean saturated with Indian syphilis.” (802). The name “Indian syphilis” suggests that the disease is inherently un-British in some way, as though it can only be contracted by exploring wild savage continents. This “Indian syphilis” seems to be characterized in the way malaria was as an exotic disease waiting to kill civilized white men who stepped ashore in a dark and savage place. Goffman’s ideas of venereal disease as an “abomination of the body” are evident in the description of hospital visits that could “make the angels weep.” Syphilis blinded newborns, caused mental retardation, and left physical scarring. Evident too are Goffman’s other characterizations of venereal disease: “blemish of the individual character” and “tribal stigmas of race and nation.” Syphilis is presented as a threat to British citizenry both because of the anxiety of contact with native populations of other countries and because of what the widespread presence of syphilis in the British army might suggest about the individual characters of British soldiers.

The report concludes with concern about individual character in the British military: “Finally [the Committee’s report] contrasts the prevalence of venereal diseases in our own compared with foreign armies; and shows that we suffered from them both at home and abroad from ten to twenty times as severely as Continental armies; a disgrace surely to a nation which prides itself on its humanity” (802). Victorian medical professionals describe syphilis as a “disgrace” to “humanity.” To be diseased is therefore to be somehow inhuman or less than a full human both in terms of biology and in terms of moral responsibility civil duty and citizenship. This is a common characterization of venereal diseases generally: “[venereal] disease occurs among those who violate the moral order… sexually transmitted diseases have been viewed as a fateful link between social deviance and the morally correct” (Brandt 155). This moralizing of medical problems has far reaching consequences.

These problematic categorizations of venereal disease are also evident in the ways that Victorians attempted to treat and respond to the conditions. Victorian governmental responses to the spread of venereal diseases included the Contagious Diseases Acts which were passed in 1864, 1866, and 1869 (Gange 166). These Acts, however, were highly problematic in terms of how they categorized gender and sexual responsibility: “The purpose of the acts was to reduce instances of sexually-transmitted disease among soldiers. While servicemen’s use of prostitutes was treated as a necessary consequence of the ban on their marriage, debilitating illness was seen as more problematic” (Gange 166). This conceptualization of disease justified pre-existing gendered behaviors. This is most apparent in how the acts were enforced: “After deciding that medical inspection of soldiers was degrading, the government instituted laws that permitted plainclothes policemen to identify women as prostitutes and arrest them. They would then be subjected to a fortnightly internal inspection… This method relied on the subjective observations of policemen and took illness as proof of guilt; in doing so, it failed to distinguish between prostitution and any other sex outside of marriage” (Gange 166). This solution situates responsibility with female sex workers. It takes no consideration of the male role in the exchange, nor does it condemn male encounters out of wedlock. Women are depicted as the dangerous contagions lurking outside of the domestic realm of respectability and propriety. In fact married women suffered greatly and often caught the disease from their unfaithful husbands (Savage 40).

The gendered spaces of Victorian amputation and venereal disease offer insights into the larger ways that Victorian society saw deformities and diseases as representations of personal and national identity. The ways in which Victorian medical professionals and reformers attempted to remedy these conditions further cements this vision. The construction of disability and disease in terms of political and moral meaning is common even today and limits a larger understanding of both those affected and the treatments that might be possible.

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