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MEDICAL PERCEPTIONS OF FEMALE SEXUALITY:

A LATE NINETEENTH CENTURY CASE

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Increasingly in recent years, historians, sociologists and psychologists have focused attention on sexuality. It has become accepted wisdom that sexual behaviour and roles have been and are culturally defined and that a study of them will reveal much about a society. Certainly, historians have been convinced of this and have pursued studies of sexuality in an attempt to come closer to social attitudes in the past.¹ But if historians believe that a history of sexuality is possible, they do not agree on what direction that history will take.

The nineteenth century is at the centre of the debate. For many years it enjoyed a reputation for espousing sexual repressiveness as normal and acceptable behaviour. Many theories were put forward to account for this, but a favoured one was economic. It took its lead from Freud who connected late nineteenth century repressive attitudes towards sexuality with the rise of the bourgeoisie.² Following this line, historians such as Peter Cominos have argued that 'continence in sex and industry in work were correlative and complementary virtues.'³ Sexual repression, then, was a prerequisite for the development of capitalism. Not surprisingly, such an interpretation did not go unchallenged. Michel Foucault in his pathbreaking work, *The History of Sexuality*, argues that the image of sexual repression is a misleading one and maintains that since the seventeenth century sex, instead of being hidden, has become a focus of attention. This being the case, it is difficult to perceive how sexuality could be both discussed and repressed at the same time.⁴

Certainly Foucault is accurate in perceiving that the discussion of sexuality was extensive in the late nineteenth century. And this does seem to contradict the image of Victorian repressiveness. But surely the quantity of discussion is not enough to prove his point. The nature of the discussion must enter into the evaluation as well. Discussion of sex there may have been, but it was not always open, even among the medical practitioners who, Foucault insists, were the source and authority of opinion on the subject.⁵

When the dialogue about sexuality is examined, revision of Foucault's interpretation is demanded. He is correct in maintaining that there was not a strong movement to repress sexuality, but there was a movement to control it. Controlling sexuality made sense for many reasons. If control could be individually internalized, society would not have to fear for its

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youth who were leaving parents and birth communities -- locii of external control -- in increasing numbers.⁶ Sexual control was also an ideology useful to such groups as the social purity advocates in their attempt to offset racial degeneration.⁷ And, on a more practical level, sexual control made good health sense for 'it was the only reliable prophylaxis against venereal disease.'⁸

If sexual control was useful within the context of late Victorian society, much of the historical literature which focuses on it emphasizes the degree to which restrictions applied to the female sex. Early studies felt that this reflected the subordination of women. Barker-Benfield, in his book *The Horrors of the Half-Known Life*, argues that the desire to keep the sexes separate was an important precept in male attitudes towards female sexuality:

By definition they have been linked to man's beliefs about sex and the position of woman, and his need to separate himself from and subordinate woman because she was the objective correlative of his own sexuality.⁹

Some feminist historians, while accepting the interpretation that Victorian society wanted to control sexuality, especially in women, have maintained that this should not necessarily be seen as repression since many nineteenth century women used the sexually passive ideology to their own advantage.¹⁰ The image of women for most of the nineteenth century was the domestic one. Morality and purity in women were seen as necessary attributes given their child-bearing role, and this formed the basis of their prestige and status in society. Clearly it would be easier for women to be moral if they were sexually passive or encouraged to be so. Strong sexual activity in women would admit aggression, a characteristic at odds with the domestic image. Women were able to use moral superiority to their own advantage, and they were able to do the same with sexual passivity. If stressing asexuality in women reinforced the image of women as morally superior to men, it also protected them physically.¹¹ Sexuality was physical, and the physical side of male/female relationships could only result in defeat for women and an emphasis on woman's weakness. And by denying a strong sex instinct within themselves, women could not be treated as sex objects.¹² Lastly, sexual passivity offered women another form of protection and that was against childbirth and the host of gynecological problems it often brought with it.¹³

Carl Degler, in his recent history of the American family, has added a new twist to this interpretation.¹⁴ He argues that not only did women take advantage of the sexually passive ideology but also that it was introduced for that very purpose. Sexual repression bolstered the image of woman as morally superior to man, but men gained little if anything from the concept. While certainly some health reformers and some women actively pursued the ideology of sexual repression and particularly sexual passivity in women, it is difficult to accept Degler's contention that the medical profession, which accepted the concept, was part of that movement. If it was, it was unwittingly so,

for it went against the very nature of the profession and its attitudes towards women.

The medical profession may have been interested in increasing the prestige of women within the home, but this interest was in the hopes of decreasing it outside. This is apparent in physicians' opposition to women receiving higher education and entering professions such as medicine.¹⁵ Physicians wanted women to be wives and mothers. They were defenders of woman's role in the home, providing both biological and medical rationales for that role.¹⁶ Doctors, as part of their society, resisted any challenge to this role. As two medical historians have stated:

When the belief structure of the physician is threatened, even in fields outside of medicine, he often uses his medical expertise to justify his prejudices and in the process strikes back with value laden responses which have nothing to do with scientific medicine. Unfortunately, since he is assumed to speak with authority, his response, perhaps as he intended, has influence far beyond that of the ordinary man.¹⁷

If physicians wanted to bolster the prestige of women, they did so in a limited way. In fact, physicians lessened woman's involvement in a very crucial aspect of maternity -- the role they claimed was hers -- since the nineteenth century was the age in which male midwives took over the management of childbirth.

What the historical debate indicates to date is that the focus of the 'sex' problem in the late nineteenth century was female sexuality and that the medical profession was a significant source of the information. This paper will examine the attitudes of the medical profession toward female sexuality in late nineteenth century Canada.¹⁸ By doing so, we can perceive broader social attitudes toward women. As the medical profession gained in stature in the last decades of the century, Canadians increasingly looked to doctors for information on the human body. This meant that doctors' attitudes towards women were given the weight of scientific fact. This was especially so with respect to female sexuality, largely a consequence of the emergence of gynecology as a medical specialty by the late nineteenth century. In addition, these attitudes were given such authority that they often had repercussions on the social life of Victorians. For example, the way in which the medical profession recognized female sexual needs could affect the way in which they advised Canadians to approach sexual intercourse.

Many factors influenced Canadian physicians, the most important of which was care of the patient. However, care of the patient was also influenced by other factors and these are the ones with which this study is most concerned. Extremely influential was the domestic image of women. It can be argued that the domestic ideal led to an ambivalence about female sexuality. Attempts were made by the medical profession to ignore or explain away certain aspects and to emphasize others in order to conform to what was perceived as the proper social order. This

resulted in a distortion of the female sexual nature. A second factor was the desire of the profession to expand its influence. This led doctors to speak out on subjects not strictly related to medical treatment in an effort to become influential spokespersons in society. Thus physicians had their own reasons for promulgating particular attitudes towards female sexuality just as lay Victorians, both male and female, had reasons for accepting them.

The central problem in the various interpretations of Victorian sexuality has been their extreme nature. On the one hand, control of sexuality has been seen as repression and on the other, as a way of raising the status of women in a deliberate way. Control of sexuality was really a moderation of sexuality. Nineteenth-century medicine recognized the importance of sex. As one physician made very clear in the 1867 *Canada Medical Journal and Monthly Record of Medical and Surgical Science*:

The sexual relations lie at the very foundation of society; their aberrations are not the result of change, but of an efficient cause; when general and common, then, these are occasioned by habits and customs which rest directly upon the moral sense of the community.¹⁹

Physicians believed that physical love, as an expression of deeper spiritual love, was good and necessary. However, they believed sexual desire had to be controlled and moderated, not because it was bad in itself but because it was of benefit only in its proper sphere, that is, within marriage. Their concern was that people should not let their sexual instincts dominate them.

A difference exists between the sexual relations of Man and those of the lower animals. In proportion as the Human being makes the temporary gratification of the mere sexual appetite his chief object, and overlooks the happiness arising from spiritual communion, which is not only purer but more permanent, and of which a renewal may be anticipated in another world, - does he degrade himself to a level with the brutes that perish.²⁰

People were made of spirit, body and mind, and the desire of many Canadians--physicians included--was to see that the spirit and mind controlled the body. Central to this notion was marriage, for marriage was seen as a relationship which would moderate the sexual drive.²¹ It would encourage self-control through the consideration of the needs and wants of the loved one.

Self-control is at the root of all the virtues. Let a man give the reins to his impulses and passions, and from that moment he yields up his moral freedom ... To be morally free --- to be more than an animal --- man must be able to resist instinctive impulse, and this can only be done by exercise of self-control.²²

Control was a positive act, not a negative one. It was a way of helping both sexes not to go to extremes and overstimulate their minds and bodies, but to moderate themselves so that all senses could participate in whatever act they engaged.

According to late nineteenth century sexual theory, this control would be difficult for the male, since his body was dominated by 'vital force.' In a man the physical expression of this was semen. This seminal fluid could be secreted, generated, stored up, reabsorbed or ejaculated at regular intervals;²³ loss of too much of this liquid weakened man, while reabsorption of it strengthened him. Because man was dominated by a strong sexual drive, his challenge was to try and control it so as not to weaken himself or harm others.²⁴ According to one physician, writing in *The Canada Medical Record* of November 1889, this was not going to be easy since he believed that the sex drive of men was increasing through evolutionary necessity. It was a man's sex drive which led him to marriage and thus parenthood. Without a strong sex drive men would not be attracted to the married state but would focus all their energies on their work. If this occurred, the species would die out.²⁵ A popular health journal, *Searchlights on Health*, also claimed that women desired sexual vigour in men, not for the sexual satisfaction they would receive from it, but from the belief that healthier children resulted when a man was sexually energetic. Thus male sexual energy could overcome the influence of a sickly or weak mother.²⁶ Needless to say, B.G. Jefferies, the author of the manual, did not suggest that sexual vigour in women was necessary for healthy children.

Victorians were more ambivalent about female sexuality than about male sexuality. In the debate which ensued over the effects of ovariectomies, physicians debated not about whether female sexuality existed -- most acknowledged that it did -- but about whether it was important for it to exist. It was a question never raised with respect to men.²⁷ The vital force theory did apply to women, but because they did not seem to secrete as much seminal fluid as men it was felt they were not as sexually active. Certainly sexual desire was not necessary for women in order to attract them into marriage. The attraction was the opportunity of maternity, not sex.

Some physicians went so far as to deny the existence of sexual feeling altogether in women. An early nineteenth century study by William Acton on the reproductive organs in women, which was reprinted throughout the century, blatantly claimed that women had little sexual instinct and approved of the fact.²⁸ Admittedly Acton is not a dependable authority on female sexuality since many of his contemporaries were rather skeptical about his assertions.²⁹ Nevertheless, he was not alone in his beliefs. At least two textbooks used in Canadian medical schools viewed the female role in coitus as essentially passive.³⁰ Jill Conway has pointed out that in the late nineteenth century some scientists were

... convinced that sex differences should be viewed as arising from a basic difference in cell metabolism. The physical laws concerning the conservation

and dissipation of energy applied to all living things. At the level of the cell, maleness was characterized by the tendency to dissipate energy, femaleness by the capacity to store or build up energy.³¹

Thus, women were passive sexually because of their need to store energy. Others, such as Matthew Mann in *A System of Gynecology*, found evidence for a weak sex drive in women compared to men in the smallness of the clitoris compared to the penis.³² The latter, of course, is a spurious argument, as the size of the sexual organ has little connection with desire.

But physicians did not rely totally on scientific or pseudo-scientific reasoning. There were good social reasons to support the concept of a weak sex drive in women. After all, sexual restraint in women necessarily restrained that of men.³³ In this way, men were encouraged by their womenfolk to curb their own sexual tendencies. Women balanced men in this respect. It was also felt that the role of woman in society was a maternal one and that maternity was the female equivalent of the male sex instinct. As a popular health manual, *The People's Common Sense*, phrased it, 'The crown of wifehood and maternity is purer, more divine, than that of the maiden. Passion is lost -- the emotions predominate.'³⁴ One physician in the November 1889 *Canada Medical Record* took another tack. Instead of claiming that women had little or no sexual drive, he claimed that they had lost it due to its being repressed by societal attitudes. However, the author did not see that as a problem since sexual feeling in women was not necessary for them to perform their primary role as child bearers.³⁵ This notion was shared by others. Goodell, a leading American gynecologist, wrote in the 1894 *Canadian Practitioner* that menopausal women often experienced a decline in sexual feeling and this was not to be considered serious since such women were not longer able to procreate.³⁶ Clearly many physicians had a desire for women not to have a strong sexual nature. The desire must have been deep-seated, since they were arguing in the face of well-known medical facts. A discrepancy existed between reality and what physicians wanted reality to be.

A clear indication that the late nineteenth century acknowledged sexuality in women was its obsession with masturbation. It was a habit vehemently opposed as being morally reprehensible and physically debilitating. Most medical pundits considered it a problem which the late nineteenth century had to face and so discussion of it abounded. The great disapproval it engendered probably stemmed from the fact that it was viewed as anti-social and outside the bounds of legitimate sexual expression which existed only in marriage. Focusing on it as a cause of disease was also a way for physicians to account for ill health when they had no other explanations. In turn, it was a way for patients to account for disease, which was more comforting to them than the idea of being struck down by mere chance.³⁷ But whatever the concern physicians and lay persons had about it, the acknowledgement that women masturbated was a recognition of female sexuality even if it was in a deviant form.

While most treatises on masturbation recognized that it occurred in both sexes, they were divided on the impact of that practice.³⁸ An early nineteenth century work, perhaps reflecting a more open period with regard to female sexuality, believed that women were less affected by it than men, although the author felt the need to mention that it increased their sexual desires.³⁹ The latter point was debatable. While some commentators agreed, others concluded the opposite, arguing that masturbation in women led to a dullness in the sensibility of the genitalia and thus weakening the enjoyment of sex. This was a problem not for the woman but for her husband who would find his wife cold and indifferent to him.⁴⁰ But the repercussions of masturbation went much further than its impact on the libido. According to various commentators, it could result in flaccid breasts, deafness, decreasing strength, loss of memory, leucorrhoea, melancholy, nervousness, paralysis, imbecility and insanity.⁴¹ Even when it was suggested that people exaggerated the evil consequences of masturbation, there was always an acknowledgement that difficulties could result.⁴² Reference was made to the painful operations which some physicians had devised so as to curb the habit in young girls.⁴³ What is important about the various discussions is not the actual debate over repercussions but the acknowledgement the discussion gave to the presence of a strong sexual drive in women. And this drive was not limited to the young, although the focus tended to be on them. Henry Garriques, in *A Text-Book of the Diseases of Women*, suggested that masturbation increased in women after marriage -- unlike in men -- because they were not being fulfilled sexually by the marital relationship.⁴⁴ What also emerges from the discussion is the primary role played by motivation. Masturbation was dangerous to health, not because it was a sexual act but because it was an anti-social sexual act. The motivation was self gratification, and the result was individual enjoyment. Marital sex was not dangerous for it was moral, focusing on *another* human being who was a loved one and was engaged in, as the paper will show, for procreation. It was an altruistic act. The idea that the body could distinguish between types of sexual acts and their motivations suggests that 'sexuality begins to be defined in terms of the mind as well as the body.'⁴⁵ The limits of sexuality had been extended.

The discussion about masturbation in women could be seen as reflecting the belief that when sexuality was expressed in women it took a deviant form since its existence in and of itself was deviant. This gains added credence when the belief expressed by many doctors about the limited nature of female sexuality is remembered. However, while physicians did not approve of masturbation and did view it as deviant, whether found in woman or man, and while some did not believe in a strong sex drive in women, most physicians acknowledged the existence of a healthy female sexuality.

Almost all the Canadian medical journals and textbooks used in Canadian medical colleges agreed that women had sexual feelings.⁴⁶ They also agreed that orgasm in a woman was centred on the clitoris.⁴⁷ However, female sexuality was not seen as a drive or as aggression. Man was still seen as dominant, for man was active and woman received her satisfaction from him.⁴⁸ But as

with much in the Victorian lexicon, too much or too little could be had. Moderation of sexual feelings in woman was what was needed in order to be healthy.⁴⁹ Although recognizing the sexual nature of women, many physicians really did not like to think of women having a desire for mere sexual gratification alone. To rationalize its existence in a way that was acceptable to them and society, some physicians claimed that women's sexual nature was necessary for a cause 'higher' than pleasure, namely conception.

This was an old idea going back at least to the second century Greek physician, Galen.⁵⁰ Many physicians strongly believed that orgasm, if not necessary for conception, helped it. Texts argued that there was an increase in sexual emotion in women at the time they were most fertile.⁵¹ For example, Galabin's book on midwifery argued that sexual feeling was greatest in women at the end of the menstrual cycle and that this was when conception was most likely.⁵² Underlying these beliefs was the feeling that without the possibility of conception, sex was not necessary. Certainly this is reinforced by some physicians' belief that sexual feeling in menopausal women decreased. Sex for many practitioners and Victorians was proper only for procreation. The idea of separating sexual intercourse from procreation would, for many, weaken the underlying basis of the family.

A few physicians took the need for sexual arousal in women further. Early in the century, one text had suggested that although women were not dominated by sexual feelings, the one exception was at the time of childbirth, as a form of compensation for the pain they experienced.⁵³ The *Canadian Practitioner* in 1886 went so far as to suggest that the state of sexual arousal in a woman determined the sex of the child conceived:

That at the generation of male offspring the mother must be in a higher degree of sexual excitement than the father. And, reversely, at the generation of female offspring the father must be in a higher state of such excitement than the mother.⁵⁴

Those physicians who did not stress the relationship between orgasm and conception nevertheless did not deny it. They simply stated that it was not necessary for conception, not that it would not help.⁵⁵ It would seem that for many physicians there was a strong ambivalence about the sexual nature of women. This ambivalence was most likely a reflection of their own feelings as men living in a society in which the dominating image of woman was as being more moral than man. As physicians they could not deny the biological facts of female sexuality, but, as men, many could and did link their sexuality to the primary social function of women -- motherhood. To encourage conception, sexual feeling became respectable.

Medical beliefs about the sexual nature of women and the distrust of sexuality generally would not be important except for the fact that physicians were helping to create a model of the ideal man and woman. Anyone transgressing the limits set out by the

model would be made to feel abnormal, in need of help. Indeed, when faced with such cases physicians often resorted to extreme measures. *The Canada Lancet* in 1894 reported the case of a physician who removed the ovaries of a woman who was afraid of being promiscuous since her sex feeling was so strong before her monthly periods.⁵⁶

Physicians pronounced on what they believed to be sound behaviour. This was part of the attempt by the profession to extend its prerogatives, its influence in society. Health manuals advised what the proper time was to engage in sexual intercourse. Napheys, in *The Physical Life of Woman*, believed the best time to conceive was in the spring since the children conceived then had a better chance of surviving. Thus it was in the spring that sexual activities could be indulged in with safety.⁵⁷ However, more physicians seemed concerned about when *not* to have sex. Austin Flint, in *The Physiology of Man*, explained that normal intercourse should occur when both partners were healthy and within a legitimate relationship but not during menstruation, nor during the greater part of pregnancy or before the menses when women, it was argued, had little sexual desire. Flint admitted that this would be difficult to achieve since 'so few men and women in civilized life are absolutely normal during adult age and since the sources of unnatural sexual excitement are so numerous.'⁵⁸ That many people were not sexually 'normal' should not have been surprising given the medical profession's own recognition of both male and female drives. What is surprising is that in the face of medical data on the sexual nature of *both* sexes, Flint was trying to put forward a model of 'normal' behaviour influenced by what his ideal of the norm ought to have been, but which had no basis in reality.

Other physicians, too, were concerned about when not to engage in sexual activity. One manual made it clear that 'sexual intercourse should be avoided after conception; it is useless to reproduction and is interdicted by moralists and physicians as prejudicial to the parents and their offspring.'⁵⁹ Too much sex was perceived to weaken the health of both sexes, and sex while the husband was drunk would 'produce idiots.'⁶⁰ The belief that the child would inherit whatever characteristics were exhibited by the parents while he/she was being conceived meant that sex should occur only when optimum conditions prevailed. If not, it was the child who would pay the price.

Even when physicians were sympathetic to women, it is clear that the sympathy was part of a larger attempt to control non-medical areas or at least redefine more aspects of life as medical. This is particularly true when the advice manuals explained to couples how to have sex and especially to new bridegrooms how to approach their brides. The author of *Searchlights on Health* advised men to approach their wives carefully and not to rush them sexually. If they did rush them, they would find that their wives would not respond to them. If they were patient, 'wife-torturing would cease, and the happiness of each one of all human pairs vastly increase.'⁶¹ The physician had become sex counsellor which, given some physicians' attitudes towards sexuality, could only bring frustration to many couples. For example, B.G. Jefferies, author of *Searchlights on Health*,

advised sexual relations take place once a month only.

The social mores of Canadian society influenced the medical profession with respect to its attitudes towards sexuality in general and female sexuality in particular. Men and women were to complement one another. Thus if men were sexually active, women had to be less so. Since this conformed to the ideal of women being morally superior to men and reflected well on the sanctity of their maternal role, it was difficult for Victorians to view women as being on a par with men sexually. Indeed it was in their own interest not to be. What is intriguing is how much this went against the medical knowledge of the day. Clearly facts were meaningless until interpreted, and the interpretation given to the existence of female sexuality conformed to the social role of women in late Victorian society. More significantly, some physicians felt obliged to suggest suitable behaviour to coincide with this idea of normalcy. While apparently not influential in this regard, it did not stop them from continuing to speak out. In fact, throughout the late nineteenth century they continued to do so. The result was a constant expansion of the role of physicians and a pushing outwards of the limits of what was deemed medical. Michel Foucault describes this tendency best:

Medicine must no longer be confined to a body of techniques for curing ills and of the knowledge that they require, it will also embrace a knowledge of *healthy man*, that is, a study of *non-sick man* and a definition of the model man.⁶²

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NOTES

1. For historical studies on sexuality see Lois Banner, *American Beauty* (Chicago, 1983); G.J. Barker-Benfield, *The Horrors of the Half-Known Life* (New York, 1977); Vern Bullough, *Sexual Variance in Society and History* (New York, 1976); Vern Bullough, *Sin, Sickness and Sanity: A History of Sexual Attitudes* (New York, 1977); Sidney Ditzion, *Marriage, Morals, and Sex in America: A History of Ideas* (New York, 1969); Anita and Michael Fellman, *Making Sense of Self: Medical Advice Literature in Late Nineteenth-Century America* (Philadelphia, 1981); Michel Foucault, *The History of Sexuality* (New York, 1980); Peter Gay, *The Bourgeois Experience; Victoria to Freud, Vol. 1: The Education of the Senses* (New York, 1983); John and Robin Haller, *The Physician and Sexuality in Victorian America* (Urbana, 1974); Stephen Kern, *Anatomy and Destiny: A Cultural History of the Human Body* (Indianapolis, 1975); Raymond Muncy, *Sex and Marriage in Utopian Communities* (Bloomington, Indiana, 1973); William O'Neill, ed., *The American Sexual Dilemma* (New York, 1972); David Pivar, *Purity Crusade; Sexual Morality and Social Control, 1868-1900* (Westport, Conn., 1973); Thomas Szasz, *Sex: Facts, Frauds and Follies* (Oxford, 1981); Reay Tannahill,

Sex in History (London, 1981). In addition to these books an entire literature has developed on birth control.

2. Mark Poster, *Foucault, Marxism and History: Mode of Production versus Mode of Information* (Cambridge, 1984), 122.
3. Peter Cominos, 'Late Victorian Sexual Respectability and the Social System,' *International Review of Social History* 8 (1963), 37; Daniel Scott Smith, and Michael S. Hindus, 'Premarital Pregnancy in America 1640-1971' in Vivian Fox and Martin Quitt, eds., *Loving, Parenting and Dying: The Family Cycle in England and America, Past and Present* (New York, 1980), 206.
4. Foucault, *op. cit.*, 17-49; Poster, *op. cit.*, 128; Jennifer Stoddart, 'Feminism in Paris: A Review Article,' *Canadian Newsletter of Research on Women* 7: 1 (March 1978), 64.
5. Poster, *op. cit.*, 133. In 1899 a Dr Lewis presented a paper entitled, 'The Gynecologic Consideration of the Sexual Act' before the American Medical Association. However, the journal of the Association refused publication of the article on the grounds that it did not publish that 'class of literature.' M. H. Hollender, 'The Medical Profession and Sex in 1900,' *American Journal of Obstetrics and Gynecology* 108 (1 September 1970), 139.
6. Daniel Scott Smith and Michael S. Hindus, 'Premarital Pregnancy in America 1640-1971: An Overview and Interpretation,' *Journal of Interdisciplinary History* 5: 4 (Spring 1974), 549-51.
7. Carol Bacchi, 'Race Regeneration and Social Purity. A Study of the Social Attitudes of Canada's English-Speaking Suffragists,' *Histoire Sociale/Social History* 9: 22 (November 1978), 470.
8. Kern, *op. cit.*, 42.
9. Barker-Benfield, *op. cit.*, xiii; Mary Jane Sherfey, *The Nature and Evolution of Female Sexuality* (New York, 1973), 138-40; Carol Christ, 'Victorian Masculinity and the Angel in the House,' in Martha Vicinus, ed., *A Widening Sphere* (Bloomington, Indiana, 1977), 147.
10. See Nancy Cott, 'Passionless: An Interpretation of Victorian Sexual Ideology, 1790-1850,' *Signs* 4 (1978), 219-36; C. Christ, *op. cit.*, 152; Marion Goldman, *Gold Diggers and Silver Miners: Prostitution and Social Life on the Comstock Lode* (Ann Arbor, 1981), 47.
11. Bacchi, *op. cit.*, 473.
12. *Ibid.*
13. This may be the case given the high incidence of maternal mortality in Canada. In 1871, 10.8% of deaths among women

in Ontario between the ages of 15 and 40 were from childbirth. For a discussion of female health problems see Edward Shorter, 'Women's Diseases Before 1900,' unpublished paper given before the American Historical Association, 1978. Also Shorter's 'Maternal Sentiment and Death in Childbirth: A New Agenda for Psycho-Medical History,' in P. Branca, ed., *The Medicine Show* (New York, 1977), 77, suggests that women may have been hostile to their children because of dangers in childbirth. See also Regina Morantz, 'Making Women Modern: Middle Class Women and Health Reform in 19th Century America,' in Branca, *op. cit.*, 110. Also Goldman, *op. cit.*, 47.

14. Carl Degler, *At Odds: Women and the Family in America from the Revolution to the Present* (New York, 1980), 269-72.
15. See W. Mitchinson, 'Historical Attitudes Toward Women and Childbirth,' *Atlantis* 4: 2 (Spring 1979), 20-21.
16. Lois Banner and Mary Hartmann, eds., *Clio's Consciousness Raised* (New York, 1974), viii.
17. Vern Bullough and Martha Voight, 'Women, Menstruation, and Nineteenth-Century Medicine,' *Bulletin of the History of Medicine* 48 (1973), 66.
18. The research for this paper is based on an examination of Canadian medical periodicals and medical textbooks used in Canadian colleges.
19. *Canada Medical Journal and Monthly Record of Medical and Surgical Science* 3 (1867), 228.
20. William Carpenter, *Human Physiology* (London, 1869), 826; R. Pierce, *The People's Common Sense Medical Adviser in Plain English* (Buffalo, 1882), 214. Victorians had difficulty in associating sexual passion with love for a pure spouse. F. B. Strong, 'Sex, Character and Reform in America, 1830-1920,' (Unpublished PhD dissertation, Stanford University, 1972), 86.
21. Eugene Becklard, *Physiological Mysteries and Revelations in Love, Courtship and Marriage* (New York, 1842), 69.
22. B. G. Jeffries, *Searchlights on Health* (Fredericton, 1894), 13-14. The idea of control dominated mid to late nineteenth century society. This was reflected in the increasing institutionalization which was occurring in society. Schools were established to control young people, insane asylums for the insane and prisons for the criminal. The desire on the part of physicians and others to control sexuality was part of this trend.
23. J. Buchanan, *The Eclectic Practice of Medicine and Surgery* (Philadelphia, 1867), 714.
24. *Canada Medical and Surgical Journal* 5: 9 (March 1877), 415; *The Canada Medical Record* 9: 3 (December 1880), 53.

- Hamilton Ayers, *Ayers' Everyman His own Doctor...* (Montreal, 1881), 461-2.
25. *The Canada Medical Record* 18: 2 (November 1889), 29.
 26. Jeffries, *op. cit.*, 127.
 27. See W. Mitchinson, 'A Medical Debate in Nineteenth-Century English Canada: Ovariectomies,' *Histoire Sociale/Social History* 17 (May 1984), 133-47.
 28. William Acton, *The Functions and Disorders of the Reproductive Organs in Childhood, Youth, Adult Age, and Advanced Life, Considered in their Physiological, Social and Moral Relations* (Philadelphia, 1894), 210.
 29. F. Barry Smith, 'Sexuality in Britain 1800-1900: Some Suggested Revisions,' in Vicinus, *op. cit.*, 185.
 30. Carpenter, *op. cit.*, 696-7; Matthew Mann, *A System of Gynecology* (Philadelphia, 1887), 442.
 31. Jill Conway, 'Stereotypes of Femininity in a Theory of Sexual Evolution,' *Victorian Studies* 14: 1 (1970), 50.
 32. Mann, *op. cit.*, 106. Some have suggested that women in the past were not aware of their sexuality to the point that it did not exist overtly. Lillian Faderman, in *Surpassing the Love of Men* (New York, 1981) makes such an argument throughout her book on close female relationships which she maintains were not sexual.
 33. Jeffries, *op. cit.*, 434.
 34. Pierce, *op. cit.*, 196.
 35. *The Canada Medical Record* 18: 2 (November 1889), 29.
 36. *Canadian Practitioner* 19 (July, 1894), 495; *The Canada Lancet* 26 (January 1894), 142.
 37. A. N. Gilbert, 'Doctor, Patient, and Onanist Diseases in the Nineteenth Century,' *Journal of Medicine and Allied Sciences* 30: 3 (July 1975), 223-5.
 38. Vern Bullough, *Sex, Society and History* (New York, 1976), 121-2; Becklard, *op. cit.*, 100-101; Smith, *op. cit.*, 196; Ayers, *op. cit.*, 221; Pierce, *op. cit.*, 291.
 39. Becklard, *op. cit.*, 100-101; Pierce, *op. cit.*, 748.
 40. Pierce, *op. cit.*, 751.
 41. *Ibid.*, 749-50; *The Canada Medical Record* 11: 11 (August 1883), 255; George Hapheys, *The Physical Life of Woman* (Toronto, 1890), 35.

42. Henry Lyman, *The Practical Home Physician and Encyclopedia of Medicine* (Guelph, 1884), 539-40, 901.
43. Napheys, *op. cit.*, 35.
44. Henry Garrigues, *A Text-Book of the Diseases of Women* (Philadelphia, 1894), 290.
45. Poster, *op. cit.*, 132.
46. Garrigues, *op. cit.*, 35-36; P. Cazeaux, *Theoretical and Practical Treatise on Midwifery* (Philadelphia, 1837), 67; *Canadian Practitioner* 12 (June 1887), 180; Becklard, *op. cit.*, 74; Pierce, *op. cit.*, 279. William Tyler Smith, *The Modern Practice of Midwifery: A Course of Lectures on Obstetrics* (New York, 1858), 58; William Tyler Smith, *Parturition and the Principles and Practice of Obstetrics* (Philadelphia, 1849), 67; Alfred Galabin, *A Manual of Midwifery* (Philadelphia, 1886), 54.
47. Smith, *op. cit.*, 74; Cazeaux, *op. cit.*, 60-1; Austin Flint, *Physiology of Man* (New York, 1874), 336; Francis Ramsbotham, *The Principles and Practice of Obstetrics, Medicine and Surgery* (London, 1841), 54; Fleetwood Churchill, *On the Practice of Midwifery* (Philadelphia, 1843), 48; Garrigues, *op. cit.*, 39; Theophilus Parvin, *The Science and Art of Obstetrics* (Philadelphia, 1886), 49; William Playfair, *A Treatise on the Science and Practice of Midwifery* (London, 1880), 42-3.
48. Mann, *op. cit.*, 444; Alexander Skene, *Medical Gynecology* (New York, 1895), 82; Garrigues, *op. cit.*, 120. Carl Degler in 'What Ought to Be and What Was: Women's Sexuality in the 19th Century,' *American Historical Review* 79: 5 (December 1974), 1467-90 has suggested nineteenth century women had an active sex life. Even if true, it does not negate the fact that sex manuals and medical texts frowned on this and suggested if women did have sex drives, they were much less than man's and should be less than man's.
49. *Canadian Practitioner* 12 (June 1887), 180; Napheys, *op. cit.*, 78.
50. Edward Shorter, *A History of Women's Bodies* (New York, 1972), 12.
51. Smith, *op. cit.*, 95; Galabin, *op. cit.*, 55; Carpenter, *op. cit.*, 696-7; Becklard, *op. cit.*, 44; Napheys, *op. cit.*, 77; *Canadian Practitioner* 12 (June 1887), 181.
52. Galabin, *op. cit.*, 55.
53. Smith, *op. cit.*, 128.
54. *Canadian Practitioner* 11 (January 1886), 43.
55. Galabin, *op. cit.*, 54; Smith, *op. cit.*, 67; Alfred Galabin, *Diseases of Women* (London, 1893), 498.

56. *The Canada Lancet* 26 (1894), 143. One text commended the actions of a physician who refused to treat a woman until she stopped practising birth control. William Goodell, *Lessons in Gynaecology* (Philadelphia, 1890), 556.
57. Napheys, *op. cit.*, 80.
58. Flint, *op. cit.*, 333.
59. Ayers, *op. cit.*, 303.
60. Lyman, *op. cit.*, 959; Garriques, *op. cit.*, 115; Pierce, *op. cit.*, 223; Napheys, *op. cit.*, 83.
61. Jeffries, *op. cit.*, 206.
62. Michel Foucault, *The Birth of the Clinic: An Archaeology of Medical Perception* (New York, 1973), 34.