

MEDICINE AND MORALITY:
THE USE OF RHETORIC IN VICTORIAN MARRIAGE
AND CHILD REARING MANUALS

By

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CHAPTER I

INTRODUCTION AND HISTORY

Introduction and History

Historical research has been concerned with the supposedly constrained and unconventional attitudes toward sexuality in the Victorian era. Manufactured en masse during a transitional time where medicine, rather than religion, became the moral authority, marriage, sex, and child-rearing manuals were popular texts consumed by the masses. According to Waddell, the shift from a religious to a secular and medical authority aided in the validity of the manuals and their acceptance by the general public, as physicians first “use their authority as scientists to lobby for appropriate application of their work. And second, they can use their *knowledge* as scientists to inform the public about the potential risks and benefits of their work” (127). The public was generally accepting of the new form of medical and moral value systems produced by these physicians, as the religiously validated tenets and accepted social roles of the past remained intact, but were instead expressed under new, publicized means. One avenue where this is apparent is in the use of rhetorical devices selected by physicians when creating these manuals. The authors combined the rhetoric from past religious and medical texts to define and shape this form of sexual discourse. These devices persuaded the audience of the validity of a medicalized sexuality, creating a truth which reinforced preexisting social roles and values, through the

use of the religious confessional, plain language, and metaphor. While many scholars argue that the roles reinforced by Victorian society were repressive and prudish, the rhetoric use also indicates certain freedoms attained through their usage.

The Victorian era is regarded as a time of sexual repression and prudery, where sexuality was limited if not outright ignored by upright citizens. Most discussions, secular and academic, focus on the strict definitions of correct conduct, morality, and sexual repression, and argue that this era “thought in absolutes” in regard to what is correct and good for both the individual and society (White 5). Some argue that the Victorians were even “afraid of sex, particularly when it manifested itself in women” (Degler 192). However, contrary to the current notion that the Victorians were prudish people who covered piano legs for propriety’s sake, the Victorians as a whole were not set to eradicate sex from their lives, but instead to protect sex, sensuality, and themselves by establishing a set of communal standards and rules by which to live, including the relegation of sexuality to the private sphere. Foucault argues that at this time, “sexuality was carefully confined; it moved into the home. The conjugal family took custody of it and absorbed it into the serious function of reproduction. On the subject of sex, silence became the rule” (3). However, this silence was broken by medical professionals in the form of marriage and child rearing manuals.

From the mid-1800s to early 1900s, many changes took place in the West due to industrialization. Prior to the Victorian era, most individuals resided in small, close-knit communities, where young people lived with their parents until marriage. This made for easy surveillance of singles in the community. The ‘shame’ that dictated morality was based on a close-knit, small community setting, where “moral transgressions would be known and pressure brought to bear on recalcitrant individuals or couples” (Melody and Petersen 20). This sense of community helped maintain the social and moral values placed on individuals. Godbeer argues that in addition to their surveillance and diligence working to prevent premarital relations, these communities as well banded together to pressure men to stay with their pregnant lovers, or at

least be responsible for their offspring, as to not shame the woman and her family (265).

However, this system began to change as citizens moved from the safety of the secluded, homestead-oriented country for life in a city where unsupervised comingling with the opposite gender was common.

Urbanization went hand in hand with industrialization, and increased social mobility (Melody and Petersen 20). In order to make a living and become independent, more youngsters moved to the city to seek employment. This new workforce included both men and women, who took jobs as secretaries, store clerks, and factory workers (White 25). The new available careers and expendable income allowed both genders to acquire their own wealth and indulge in leisure activities together (26). These individuals were no longer under the watchful eyes of parents and community members, which led to a sense of autonomy. Singles no longer had to live with parents or close relatives, and parental authority eroded, as there were plentiful boarding houses and public cafeterias available to meet daily needs (Melody and Petersen 20). Politically, the government turned its attention away from creating and enforcing laws that mandated moral behavior. This group of young men and women had freedoms as never before, which led the more traditional members of society to fear an abandonment of family values and the institution of marriage, as cities were considered “hotbeds in which neuroses and low morality are bred” (Krafft-Ebing 27). For example, women were reported to learn about sexuality from coworkers on the job, which broke the common practice of keeping women innocent and ignorant of all forms of sensuality and sexuality (Perkins 61). Discussion on sexuality and the reproductive processes, whether serious or humorous, was believed to early awaken women to sexuality, and ultimately lead to corruption. The fear of sexual corruption and other urban influences led to the production of popular marriage and child rearing manuals.

While some marriage and child rearing manuals were previously published, the manuals of the Victorian era differed from their predecessors as the main authors of the Victorian texts were physicians, and these physicians placed moral ideas in terms of health and hygiene.

According to Michael Connor, prior to this era, marriage and child rearing manuals existed in all faiths and ethnicities, and most had religious tones (226). This remained the standard until political and economic influences pervaded sexual discourse in the nineteenth century. While there remained some religious publications for home management, such as Rev. Edward Lyttelton's *Mothers and Sons; or, Problems in the Home Training of Boys* and the anonymous *Marriage and Home*, most publications on home and family management were published by the medical community. While religion historically sufficed to control morality in the population, an insurgence of factors during this period led to the need for a sexual discourse not based upon morality, but on rationality. The isolation from family brought by the urban life diminished the moral authority of churches, and physicians steadily became a more prominent fixture in Victorian lives.

Historically, sexuality and reproduction were not openly discussed. Physicians challenged this, claiming that one must speak of sex publicly and not as a "division of the licit and illicit, even if the speaker maintained the distinction for himself... one had to speak of it as of a thing to be not simply a condemned or tolerated but managed, inserted into systems of utility, regulated for the greater good of all, made to function according to an optimum" (Foucault 24). Sex was not to be judged, but to be 'administered' by an educated voice, for the public's health and longevity. To do this, physicians produced these manuals. The question remains as to why these physicians were easily given the power to persuade the reader of their authority. The answer lies in their social authority as physicians. The ultimate acceptance of the physicians' tales as credible could also be linked to the established dominion of men in rhetoric. According to Sutton, rhetoric is "consecrated in and through the authority (kuron) of men (of a certain type). This type is citizen man for he is given exclusive authority (kurios) to deliberate, make decisions, and lead" (n.p.). Authority simultaneously reinforces who is allowed to speak and their position in the authoritative hierarchy (n.p.). As educated males, these physicians were given kurios to establish medical theory and speak of it in public, which broke the silence surrounding sexual discourse,

and allowed them to shape the rhetorical devices used in knowledge production. The authority granted to physicians on a social level granted them the ability to deliberate sexuality publically.

Victorian Marriage and Child Rearing Manuals

The manuals themselves vary in length and specialization. Many, such as Dr. Henry Hanchett's *The Elements of Modern Domestic Medicine* and its companion *Sexual Health: A Companion to "Modern Domestic Medicine"* focused primarily on the avoidance and curing of disease, while others such as Dr. O.S. Fowler's, *Maternity: Or, the Bearing and Nursing of Children* were arranged as a how-to guide of basic daily tasks for child raising.. These manuals focused on marriage, sex, and child rearing, including information on intimacy, relationships, spiritual transcendence, disease, and prevention (Melody and Petersen 20). Most focused on sexual self-control, which was considered a method to become a successful person, as "giving free rein to sexual emotions was not the sign of manliness but moral insanity," a theory which laid the foundation for the Victorian reputation toward repression (Bourke 429). Many reoccurring themes emerge in these manuals, no matter the physician's' purported focus. Regardless of the advice given or its form, these manuals reiterate the norms put forth by their religious precursors of chastity and sexual control, and maintain the normative social roles. As Smith-Rosenberg and Rosenberg argues, "would-be scientific arguments were used in the rationalization and legitimization of almost every aspect of Victorian life and with particular vehemence in those areas which social change implied stress in existing social arrangements" (111). The social roles discussed were those which defined the traditional nuclear family, with special attention paid to the reason-governed male and the procreative powers and erratic behavior of the female. There were biological explanations given for each action recommended by the physician; however, the new medical theories worked to maintain the earlier sets of values and norms. These manuals were produced to give medical reasons for maintaining specific traditions and social norms, in a state of social collapse.

Though some, like Walters, argue that no one has “yet found how to quantify sexual repression,” many authors agree that the most emphasis and restrictions defined in these manuals are placed on women, often for nefarious purposes (4). Smith-Rosenberg and Rosenberg, as well as others, argue that the social roles were directly related to economic changes, and these changes linked to women’s quest for independence. These scholars argue that the emphasis on women’s social roles created an environment in which “men hopeful of preserving existing social relationships, and in some cases threatening themselves both as individuals and as members of particular social groups, employed medical and biological arguments to rationalize traditional sex roles as rooted inevitably and irreversibly in the prescriptions of anatomy and physiology” (112). Other scholars argue that the medical community’s emphasis on morality and proper social roles was influenced by women’s’ new understanding and even rebellion of their social position and limitations (Leavitt; Smith-Rosenberg and Rosenberg; Haller and Haller). For example, Smith-Rosenberg and Rosenberg claim that it is the questioning of gender roles in this period which led men to establish and redefine the repressive roles of women through biological arguments, as to not upset the balance of power (112). Haller and Haller argue that as “the medical profession held itself responsible for the moral and spiritual, as well as the physical, health of the nation, doctors found it necessary to bring all their professional authority to bear against those elements which threatened the stability, if not the existence, of society” (xi). They uphold that one of the greatest threats to the status quo was the women’s rights movement (xi).

However, the social roles and standards dictated by these manuals should not be approached as an evil ploy to suppress the independence and power of women. While it is true that “women’s lives and health in the nineteenth century continued to reflect the gendered culture in which they lived as well as the evolving medical practiced of the period,” the manuals themselves focus on men and women, ascribing specific roles and duties to both genders (Leavitt 67). Creating a cohesive family unit in the hope of maintaining social order during societal change is emphasized. While these roles placed restrictions on both men and women, certain

freedoms were established for both genders through their prescribed roles. In order further establish these roles, marriage, child rearing, and other manuals on reproduction were published en mass, advocating the significance of sexual abstinence before and control of sexual urges in marriage, and correct approaches to marriage, family, and child bearing. Each gender had specific roles to fill which were believed necessary to maintain this family unit, and these manuals reinforced the proper social roles and etiquette to make this possible.

Rhetoric and Normative Values

This thesis argues that the rhetorical choices employed by these physicians to create a new form of medicalized, sexual discourse reinforced the Victorian's existent social values and norms. The shift to an urbanized economy in the Victorian era led the medical community to hold authority over morality and social role enforcement. Physicians interpreted their medical knowledge under the preexisting normative values of society, allowing them to validate these standards in terms of health and natural biology. Connell and Hunt explain, "the concern with the 'natural' and 'normal' has long occupied a central place in discourses of about sex because this link seems to provide a ready-made, even an automatic, legitimation and justification of conduct in the sense that what is natural is normal, and what is normal is natural" (n.p.). The normative behaviors advocated were not just utilized to restrict and confine women, but to maintain society through the regulation of both genders. Analysis of eight physician-authored marriage and child rearing manuals led to the discovery of several rhetorical devices used to form the new discourse. These rhetorical moves invoked pathos, differentiated between the sexes and social classes, and reinforced the sexually-determined roles of men and women within the marriage.

One of these rhetorical choices is the confessional, discussed in Chapter Two. Confessions, stories of personal experiences from anonymous sources, are often utilized to qualify the physicians' stated theories as fact. These confessions are the manuals' main source of pathos, invoking fear and melancholy persuade the reader to heed the advice of the physician, lest

the reader or his/her family fall prey to illness or corruption. As this form of persuasion has roots in religious doctrine, it was easily accepted in the new discourse form. Though most often used to establish medical fact, the confession was also reinforced established social truths and normative roles, such as correct marital matches and an expectant mother's need to stay in the domestic sphere for fear that she deform her child. While the medical theories established corresponded with common social restrictions, their use also allowed freedom from the constraints placed on the topic of sex and reproduction inherent at this time.

The manuals also utilize plain language and metaphor to establish knowledge, which, though common tools in medical discourse, has implications other than copying traditional form. For example, many of the manuals' authors profess to use terminology that the public can understand, in order to make the knowledge delivery easier and to create a professional tone to relay sexual and biological knowledge. Chapter Three establishes that two of the major terms utilized are *education* and *disease*, which reinforced social standards. For example, the metonymic use of *education* often refers to man's ability to govern the body with reason and notes the differentiation of the classes, while *disease* alludes to any disruption of the body from what is considered normal. These metonyms have further sociological implications, though not necessarily restrictive, including the reinforcement of an outdated class system, the role of men as the reasonable sex, and the inferior woman governed by her biological makeup, in need of a quiet life in the domestic sphere.

Metaphors involving nature further establish social norms, especially in relation to marriage and the male and female's fixed roles within the institution, as argued in Chapter Four. Biological theory dictated that men should be in control of mind and body, but women should embrace their natural biological role as child bearer, theories which are exemplified in these nature metaphors. These natural roles, believed to be based on physiology, corresponded to the roles of men and women within a traditional, heterosexual marriage. Therefore, it is argued that not only were the rhetorical moves applied in these manuals based on established religious and

medical texts, but were used to convey specific social standards, in order to support the existing moral and social principles.

CHAPTER II

THE CONFSSIONAL

Confession and Scientia Sexualis

One prominent rhetorical device used to create theory in the physician-produced manuals is the confession. Until the Victorian era, Western sexual discourse was repressed in the common communication system through Christian religious practices, according to the works of such scholars as Foucault and Perkin. The one exception to this rule was the priestly confession, where the minutia of one's sexual exploits was laid out in startling detail for the sake of one's soul. Over time, these frank and detailed confessions shaped their own discourse rules.¹ However, this discourse remained privatized, only discussed between the confessor and the clergy. In fact, religious confession was the only socially permissible form of sexual discourse for the Western, pre-Victorian upper class society. The confession was later utilized rhetorically in physician-written marriage manuals; ingrained in religious discourse, the confession used personalized, third-party stories as proof of specific medical theories. While these personal accounts, or confessions, can be considered the byproducts of the classic tradition that science is based on observable fact, there are social and religious justifications for their use in these manuals. These confessions were reminiscent of common religious practice and therefore the readers were

¹ Foucault names several discourse conventions for the sexual confessional, including specific, coined terminology, metaphor, and stark details of the acts themselves (whether real or dreamed). The confessor was urged to leave nothing unconfessed, as nothing is trivial when dealing with one's soul's purity or damnation. See *The History of Sexuality: An Introduction, Vol. I.*

accustomed to them, and they were embraced as a credible truth-making device, especially in the area of sexuality and reproduction. According to Foucault, there are two historically-verified cultural trains of thought which deal with sexual morality and its understanding—*ars erotica*² and *scientia sexualis* (57). The observations gained from the practice of *ars erotica* are reflected upon by an individual and artist, adding to one's own knowledge of sexuality, leading an individual closer to enlightenment. However, Foucault claims that Western civilization is one which lacks any *ars erotica*; instead, it is one of the only which practices *scientia sexualis* as a means of verification. The crux of the *scientia sexualis* is the confessional.

The theory of *scientia sexualis* centers on the practice of the Christian confessional, and Foucault argues that the confessional is “one of the main rituals we rely on for the production of truth” (59). Since the Middle Ages, confession, testing rituals, testimonial witnesses, and observational techniques have evolved into a staple of the West's process of truth production. Foucault surmises that confession is abundant in most aspects of society, including familial relationships, education, and the medical field, to name a few (59). An individual confesses his/her sins to loved ones, those in power, to oneself, or through autobiography, either by choice or forced through violence. As “western man has become a confessing animal,” the public has ingrained confession as a mode to establish truth to the extent that they no longer notice or combat it (59). The confession has become an accepted device in written discourses such as literature, religious doctrine, and scientific documents. As confession is so common in the Western conception of truth making, it is no surprise that confessions appear in these sex and marriage manuals, where the physician strives to establish his/her own ‘truth’ about sexual continence and biological necessity.

²According to Foucault, the *ars erotica* branches from an Eastern tradition, and utilizes erotic art to draw the truth “from pleasure itself, understood as a practice accumulated as experience, pleasure is not considered in relation to absolute law of the permitted and the forbidden, nor by reference to a criterion of utility, but first and foremost in relation to itself; it is experienced as pleasure, evaluated in terms of intensity, its specific qualities, its duration, its reverberations of the body and soul. In contrast with the Western *scientia sexualis*, the *ars erotica* embraces sexual imagery and thought to attain enlightenment.

Confessions in Victorian Sexual Discourse

In these biology and marriage manuals, the idea of the confessional often manifests itself as family-oriented and sympathetic tales, or horrifying snippets about personal experience, employed to establish a physician's claim. Waddell argues that denying emotion—pathos—in science increases the danger of manipulating the public. These authors use pathos effectively through the confession, adding emotion-evoking detail to their theories. One could easily overlook the pathetic aspects of these confessions; however, Waddell argues that one should not ignore the role of emotional appeal in science and in truth-making, as they are “essential to humane decisions” (128). This is true in these confessions, as the physicians utilize them to develop pathos in their scientific writing. For example, to establish that there is a psychological and sympathetic link between mother and child post-birth, Dr. Acton recounts the tale of a woman whose fingers swelled psychosomatically after her child's fingers were severed in his *Functions and Disorders of the Reproductive Organs* (477). This testimonial, given by another physician who reportedly witnessed it first hand, was used as evidence that there is an emotional, cosmic connection between mother and child, and is taken as ‘truth’ by the reader without the need to authenticate its validity. Dr. Guernsey, in his *Plain Talks on Avoided Subjects*, also invokes confessions to persuade the reader of his wisdom. In his argument to seek immediate professional help in cases of genital inflammation in boys, he writes “I will mention one out of many similar cases: ‘In spite of repeated washings every day, a fetid smegma was deposited in considerable quantity on my glans, causing a tiresome burning and itching.’ All such cases were utterly intractable by any amount of bathing” (n.p.). This confession shocks the reader with its repulsive imagery, invokes an emotional response, and reinforces that Guernsey's statement is valid, as he has witnessed it himself.

Confessions are not only used by physicians to prove medical theories, but are found in popular writing on love and courtship. For example, the “Shy or Shady” section of *The Love Book* is composed of confessional stories of love and despair. One such is the story of the Duke of

Wellington, who pledged to marry to his childhood sweetheart before embarking on a nine year stint as a soldier. He returned to find her scarred from smallpox, but married her anyway out of duty. Neither was happy in the union. Also reported is a dialogue between two girls about a broken engagement due to falsehoods on the part of the man—he was not writing his own love letters (Bodleian Library 8). These tales caution young women to the dangers of inappropriate, cunning husband candidates. The confessions found in popular publications are generally shorter in length with no mention of authentication, unlike those supplied by physicians. They also seem initially to function as a source of entertainment. However, they do maintain the same persuasive ability as those in the physician-written manuals. As opposed to using a confession to prove a specific, plainly stated medical theory, these tales reinforce a specific social standard. Victorian society stressed the importance of finding a good spouse, and most often laid this responsibility on women. Women must be especially careful in choosing a husband, not basing their decisions on infatuation and romantic love, but a “pure, sacrificing love” like that ordained by God, as marriage “is founded not on love but upon sexual instincts... given by the Creator, honorable in all” (Hanchett 62). If love was not an emotional response, but based on the sexual instinct to procreate, then a good citizen would rely on finding a compatible mate for reasons other than initial attraction and romance.

The Victorians at this time encouraged marriage and family not based on romance, but on correct decisions and compatibility, a theme that arises in both medical and popular publications. For example, Erbsen’s conglomeration of popular manuals includes a section of “How to Choose a Husband,” as it was a popular topic at the time. This section is more about what traits to avoid in a husband, including liars, drunkards, lazy and selfish men, and even geniuses, and the theme of avoidance is widespread in popular magazines (64-5). *The Love Book* published this gem:

A story is told of a Dutchman who presented himself at a registarie office recently to obtain a license for his approaching marriage, and who, on being

asked the name of the bride, was compelled to confess that it had quite escaped him, and he had to return home for the necessary information. (9)

The theme of correct husband selection, as well as others, is standard throughout the popular magazine confessions. These confessionals do not include metacommentary on what each confession means, like many of the physicians' manuals. However, the knowledge is implied through subheadings groupings and the social values which were emphasized at the time. The confessions which occur in popular publications reinforce the social expectation of choosing a solid marriage partner, as these confessions show the silliness of romantic courtship based on appearance and ardor.

Often, the sheer number of confessions in these medical manuals is used to enhance an author's claims as credible truth. While most physicians included one or two confessions per theory, Dr. Fowler, in *Maternity, or, The Bearing and Nursing of Children: Including Female Education and Beauty*, lists in succession 22 different cause-and-effect confessions, in order to prove the singular theory that a mother's food cravings, mood, or actions can deform and/or mark her child. Including one confession for every deformity and mark listed, he also included mental and physical deformities³. While most of these marks were established to be from food cravings or objects seen during pregnancy, there is also included hereditary actions, such as the tale of James Copeland, who despite having good, average intelligence parentage, was an "idiot" who "looked behind him while eating, probably fifty times each meal" (95-96). The mother confessed to have been paranoid during pregnancy of being surprised by the 'idiot' neighbor. If Fowler would have focused on just one example of a mother's influence on her unborn, such as woman who wanted strawberries so much that her child was born with a birthmark shaped as such, his argument could have been considered a coincidence. The multiple-confession format established

³ Fowler's 'Birthmarks and Deformities' list include the following brought on by food intake or cravings: strawberry marks, lobster marks, plum marks, cherry marks, wine marks, lack of nutrition marks, and a 'hankering' for gin; By actions/sights: amputated thumbs, turning black and blue, fire marks, marks of intoxication, menagerie marks, monkey marks, club foot, and mashed heads; By fright: mouse marks, idiotic marks, marks of fright, broken backs, cat marks, and dumbness (Fowler, 91-100).

the truthfulness of Fowler's theory—even the most minor actions of the mother have incredible influence over her unborn child, and she therefore must maintain a specific lifestyle. One can see where the application of sympathetic, emotion-inducing tales would be essential to persuade a female reader to accept her place as the normative social role of protector and producer of the next generation.

In a later discussion, Dr. Fowler argues that the mother's mind controls the child's, and gives reference to 12 separate instances where this has occurred. However, this time, as opposed to keeping with first and secondary tales from confidential, trusted sources like most of the manuals, some of these confessionals originate in the Bible, such as the story of Hagar and Ishmael and Mary and Christ, or history, such as James I and Napoleon Bonaparte (109-111). Fowler insists that these well-known stories prove his theory true, as in the case of the Biblical confessions, he argues that God would not waste precious pages on “mere narratives, devoid of moral bearing,” indicating that the one power higher than the physician is the All Mighty Creator (109). This proves the truth of these stories, as well as the truth of Fowler's argument—God inspired their record, and therefore they are true. These stories are paired with other, more common tales, including those from “A timid friend of the author” and “Mrs. D. and her children” (112-115). The more traditional, ‘common man’ stories are all the more credible because the theory has already been established through well-known sources, such as the Bible and historical records.

Aesthesis

Though the rhetorical form of the confession has its roots in religious doctrine, the effect these stories have on the intended reader lends itself to the classical Greek idea of aesthesis. In addition to its reference to the senses, Bourke argues that aesthesis is “a sensual reaction to external stimuli as well as an emotional involvement with the world” (420). Bourke's theory of aesthesiology—“the study of feeling or the history of bodily and emotional reaction to the

world”— it can be applied on several levels to the confession (420)⁴. First, the confession does work to elicit an emotional response in the reader, which is a primary reason for its rhetorical use. These are cautionary tales, usually supplying gruesome detail to invoke emotion, of individuals who did not follow the conventional medical wisdom put forth by the author. If one does not listen to the good doctors, chaos and heartache ensues. This is unmistakable in the arguments of Dr. Fowler. One section of Fowler’s work, much like the works of Drs. Alcott, Napheys, and Hanchett, discusses the “universally conceded” theory that all aspects of a pregnant woman’s life, including what she thinks, desires, and eats during pregnancy, can directly influence her child’s physical appearance and mental state (90). Fowler addresses “mothers frequently mark[ing] their children before birth” as a commonly accepted truth (90). This ‘truth’ has been established in the medical community—some children are born with visible birthmarks and deformities, which happen in the womb, and therefore a mother’s action must have caused them. As this theory has been proven true, according to Fowler, those women who do not heed his advice to stay calm and eat plainly will be burdened by disaster. One such example is that of a child born with a “Cat Mark.” A pregnant woman became “magnetized” with her cat, who she adored (98). Due to events, the cat had to be put down, which the husband did by “beating out his brains” behind the barn (98). When he arrived home, not only did his wife “see” it happen in her mind’s eye, but when the child was born, it “resembled a cat in the looks of a its head, with its brains knocked out, or head beat in, and died in a short time” (98). These confessions work to instill in the readers simultaneous fear for the situation and relief that such deformities are avoidable and within the control of the parents.

Another example is found in Guernsey’s work, which argues that it is imperative for parents to guard the “feminine charms” as a girl grows to womanhood. Specifically, parents must

⁴ Bourke applies the aesthesisologic approach to the study of male sexual aggression encoding in marital advice and literature and the marriage laws of the era, which led many women to fall prey to sexual abuse and violence by their husbands. The research found a shift in concern from men’s lack of control to women’s actual pain in these scenarios.

limit and monitor who a girl has contact with inside and outside the home, as the seeds of mental corruption are not innate, but come from other sources. One of Dr. Guernsey's rules is that children should never share a bed with anyone, including other children, and especially domestics. He follows this argument with a confession story, writing:

Not very long since a charming young lady wrote me from a neighboring city, that while sharing a bed with another girl, she experienced a very strange sensation induced by the improper liberties of her bed-fellow; and so persistent were these troublesome sensations, although occupying a bed by herself ever after, she thought it proper to seek my advice. (Guernsey, n.p.)

This confession not only describes a situation similar to the one Dr. Guernsey cautions against, but also shows that even 'charming' young ladies with impeccable pasts can fall prey to sexually stimulating situations in supposedly respectable homes, thus reinforcing the necessity of parents to follow his advice and keep vigilant. While instilling fear of corruption as Dr. Fowler did, these confessions often worked to reinforce the social role of the dutiful mother and homebound wife. Children, and even young adults, required constant vigilance from their mothers, lest they fall into the trap of impurity. Even the nanny or governess was not to be trusted with keeping children pure, especially girls. Therefore, to be a righteous, good mother, a woman must put all other tasks aside, especially those which took her away from the home. Again, a 'woman's place' was limited to the domestic sphere, or her children became corrupted and she failed at her ultimate, heavenly-ordained role as child nurturer and protector.

Introduction and Refutation

In addition to its role as validation for medical truth and fear-inducement, Dr. Acton and Dr. Guernsey use the confession to address a new aspect of conversation and authenticate why a topic should and will be addressed in the prose. This is contradictory to most of the authors, who place the confession after establishing a theory, to back up the claims. For example, Dr. Acton

begins one section of his essay with a confession of a man who claims he lived a “perfectly content life” before marriage, stressing his reasoning ability and self-control, and the admission that Dr. Acton may find his contentment unbelievable (478). This confession is followed by Acton’s discussion over the merits of exercise, good diet, and mental fortitude necessary for an abstinent life. Dr. Guernsey also opens a discussion with a confession, stating “Nurses are known to quiet young children by gently exciting pleasurable sensations about the genital organs both of males and females” (n.p.). He uses this confession to openly discuss the importance of surveying nurses and other domestics, as they may awaken the “animal passions” in infancy (n.p.).

Some authors such as Drs. Acton and Fowler utilize the confession as a point of refutation, which seems in contrast with Foucault’s idea that the confessional establishes truth. For example, Acton prefaces a discussion over abstinence by claiming he has been told statements by (male) patients in the past about the benefits of sexual excess. This specific anonymous confession relates that after a long period of abstinence, two male college students lost their ability to focus on intellectual work; and:

In such cases, the self-prescribed remedy [sexual release] has been most effective, and sexual intercourse enabled the student at once to recommence his labours, the poet his verses, and the faded imagination of the painter to resume its fervour and its brilliancy; while the writer who for days has not been able to construct two phrases that he considered readable, has found himself, after relief of the seminal vessels, in a condition to dictate his best performances. (482)

Dr. Acton proceeds to refute the creative benefits of sexual indulgence, claiming with a bit more probing he could find other reasons for the recovery of artistic production, such as diet, vitamin intake, and exercise. In this case, Foucault’s notion that testimonial confessions define truth in Western society appears false, as Dr. Acton’s claim is that the confession is false. However, refutation, followed by demonstration to prove this falsehood, has been noted as a historical technique to establish new knowledge in the sciences (Graham 471). Graham argues Aristotle’s

most utilized elements of argument are that of refutation and demonstration (410). Using confession as a point of refutation is an established persuasive technique. In the standard application of the confession, the confession is used to demonstrate the theory, but in these type cases, the confession is used as a point of refutation after which discussion can occur, a historically established avenue for knowledge creation.

One can also surmise that perhaps it is the notion of an unsubstantiated confession that allows Dr. Acton to refute the testimony. If the confessions as a whole were solidly authenticated, not just argued to be so, this turn of the confession may not occur. The refuted confessions are not witnessed firsthand, but instead secondarily, and can be established as hypothetical hearsay or outright falsity, which allows Dr. Acton to reject the confession. There are also signs of this in Dr. Fowler's critique of the female dressing style. Dr. Fowler very briefly states that women's fashion is created to unconsciously attract men through enhancing and calling attention to the pelvis, because "it indicates a large female apparatus, which, all things being equal, of course contributes to the nourishment of the embryo" and the ability to carry a large child (59). Dr. Fowler then shapes his points on the topic as a refutation of common arguments, with a third person female voice supplying the confession. For example, he begins with the 'confessional' interjection "'All these things have their philosophy!' It is inquired. A rationale for all these fashionable accoutrements!" (60). He then refutes this claim—that there is no medical rationale for bustles, corsets, skirts, and so on—by arguing against their use, as while they mimic on many levels the physical signs of fertility and pregnancy, they do damage to the actual child-bearing organs. Though not a traditional confession, Dr. Fowler uses the commonly confessed idea that women believe their clothes are important for their well-being and posture to launch a discussion as to why this is not a true and how it is actually detrimental to their health. Thus, the confession as refutation can be used to supply new knowledge to the reader.

Credibility and Anonymity

Credibility is also given to these confessions by way of authorial ethos. During the shift from religious authority to medical authority, physicians and other medical experts were placed on a pedestal as the ultimate power of all things physical and mental. Much like the academic works published today, the mere fact such stories were included as evidence more than likely elevated their importance and credibility to the average reader. Many of these authors claimed to have witnessed these situations personally. For example, on the sexual knowledge in youth, Dr. Hanchett wrote:

The author has become personally acquainted with several cases, even in this enlightened State of New York, in which children of intelligent and Christian families, have accomplished things which would, if generally known, have shocked the community and shamed their parents. (114)

On other occasions, the confessions are second hand knowledge, usually from another professional, a relative, or a ‘friend of a friend’—though no means of authentication and evaluation are included. For example, Drs. Naphey’s and Alcott’s confessions are often attributed to professors and other physicians, while others, such as Drs. Hatchett, Guernsey, and Acton incorporate tales from professionals as well as common folk. This follows Gross, Harmon, and Reidy’s argument that one of the four steps in establishing scientific fact is that an occurrence should be observed “by a reliable witness” or more (374). Often, these reliable witnesses are the authors themselves, or other witnesses deemed reliable by the author—a.k.a., trusted family, friends, and other physicians.

Some credibility is established by the emphasis the authors place on their own roles and advice in personally witnessed confessions. For example, Dr. Fowler relates a confessional story of Mrs. G--- whom he advised to not attempt pregnancy, as her “vital apparatus was too weak to support even herself” (27). He gave the advice, “Never to become a mother; because you have barely sufficient vitality to keep even your own self alive—much less, enough to give birth to a

living child; and this extra drain would almost certainly jeopardize your own life” (27-28). When he found that Mrs. G--- was indeed with child, he contacted her to say that she and the baby could survive as long as she followed his advice: the key point of which was that she must hire a servant to reduce physical strain, to which she argued she could not afford. He replied “This is a case of life and death, to your child... YOU MUST DO AS I SAY, or you will surely MISCARRY and probably die yourself.” (29). When he checked on her close to the due date, she was working in a hot kitchen with no domestic help, which led to the death of the infant and herself (29). During the lengthy tale, the only direct, specific phrases—direct quotes encased in quotation marks—are the words of Fowler directly to Mrs. G---. The rest of the dialogue is paraphrased. This gives distinction and credibility to his words as a medical professional, as only his phrases are worth direct quotation. As well, Fowler used capitalization to call attention to the significance of his words and the faults of Mrs. G---’s character, including “YOU MUST DO AS I SAY”, “MISCARRY”, “CHILD-MURDERER” and “HER ONLY CHILD” (29). This draws the reader’s attention to his advice and the dangers of not following it, emphasized the horrible outcome of her ignorance, and highlighted the emotional responses these confessionals often lend to the topics.

One questionable aspect of confession’s credibility is the anonymity of the confessors. There are rarely names included- unless they are deceased victims of the wrongdoings of others, such as the tale of John Copeland, one of the only full names mentioned in any manual. Instead, generic descriptions such as “a charming young lady,” “A fellow physician,” or the Victorian writing convention of “Ms. M---- ” are used in place of names. While this convention does preserve the ‘innocent’ victims of tragedy who did not follow sound medical advice, there are several other reasons which could direct this choice. First, the anonymity could be to create a sense of the ‘everyman’ - by eliminating names, the reader can project themselves into the situations without bias due to ethnic or class distinction associations inferred by names.

The anonymity of the confessors could also be due the constructions of power in the era. Most of the confessions used in these manuals are from females. This is a logical persuasive selection. The target audience of these manuals were female, as they were considered the “necessary Angel whose moral influence in the home would reflect upon the nation” and the moral compass and main child care providers (Johnson 20). However, rhetorically, women were most often relegated to “the parlor,” as Johnson argues, and their public discourse opportunities were limited. The use of anonymity could be because the recognition of specific women in the male-dominated genre of medical texts would be ill received or even thought false, as the woman who “asserts her voice in public [is] the unfortunate consequence of a woman losing sight of her true nature” (51). The quiet woman who embraces her silence is the epitome of the well-bred Victorian woman, and a genteel woman’s testimony would be accepted as an element of truth creation more than the lower class, ill-bred woman. In this way, the ‘silencing’ of the female speaker actually worked to give her story credibility, as classical Aristotelian theory argued that women’s ability to persuade through deliberative rhetoric was “akuron.” According to Sutton, Aristotle argued that “women lack legitimate power or authority to deliberate and make decisions” (n.p.). Therefore, a woman placed in the authoritative, persuasive power of confessor and knowledge creator could usurp the credibility of the physician’s theory. In this case, the anonymous confessions allowed women to contribute their experiences to enhance medical arguments, but remain ‘true’ Victorian women through their silence. Viewed this way, the confession as well works not as a repressive element, but as a freeing rhetorical device.

Truth making, and specifically, the confession, is intrinsically linked with power. Whether it is a priest, judge, or physician, the one confessed to holds power over the confessor. Foucault explains, “confession frees, but power reduces one to silence; truth does not belong to the order of power, but shares an original affinity with freedom...truth is not by nature free—not error servile—but that its production is thoroughly imbued with relations of power” (60). He further explains that the confession “exonerates, redeems, and purifies” the confessor, and

liberates him or her (62). It is through this act that the confessor attains freedom from the burden of sexual indiscretion while also participating in the one socially acceptable means of sexual discussion, which is key in a society often identified for its repression.

Reversing Agency

One interesting variation on the confession format is found in Chavesse. Dr. Chavesse's *Advice to a Mother on the Management of Her Children and on Her Treatment on the Moment of some of Their More Pressing Illnesses and Accidents* in its entirety, with the exception of the prefaces, is structured in a question and answer format. Each chapter, and each sub-topic addressed in these chapters, begins with a question posed by a fictitious solicitor of advice, using a conversational tone resplendent with personal pronouns. For example, the opening of the work begins with this question posed: "I wish to consult you on many subjects appertaining to the management and the care of children—will you favor me with your advice and council?" (2). To this question, Dr. Chavesse explains his pleasure that he was asked, and that he will proceed to answer any and all questions put to him by the fictitious inquisitor. Most of the questions are simple requests for information, such as the causes and treatments of various ailments, and how to do specific tasks like proper bathing. There is a particular format to each section in regard to types of questions asked. Within each topical section, first a general question is posed, such as "Have you any remarks to make on the clothing of a child?" (123). Then, after Dr. Chavesse's explanation, which in this example focused on keeping infants warm, more specific questions are asked. For instance, the first follow up question in the clothing section is, "What parts of the body in particular ought to be kept warm?" which is followed by other questions about warmth and proper dress (124). The questions are fundamentally used to structure and categorize the information provided by Dr. Chavesse, allowing him to supply his advice.

Dr. Chavesse's format can also be considered as a series of questions and confessions, where the traditional positions of judge and confessor are reversed. The reader is the judge,

through the assigned questioning voice, and the author is the confessor, supplying his knowledge on the topic. This move is beneficial rhetorically, as it appears to relinquish control and agency to the reader. In the average confession usage, the physician retains control, as the authors of the manuals hold the authority over what knowledge is relayed. In most manuals, the authors appear to be the agents, as they are traditionally the “one who through conscious intention or free will causes changes in the world” (Cooper 421). In the case of Dr. Chavesse, this ‘change’ is knowledge creation and altering the actions of the reader through persuasion, placing the physician squarely as the agent for change. However, Cooper argues that “agency does not arise from conscious mental acts,” which is applicable to Dr. Chavesse’s use of the confessional (421). Dr. Chavesse, through reversing the common roles, placing the reader in the function of judge and himself as confessor, relocates the agency, as now the reader is the knowledge creator, whether the reader is conscious of their power or not. This parallels Foucault’s argument that:

The agency of domination does not reside in the one who speaks (for it is he who is constrained), but in the one who listens and says nothing; not in the one who knows and answers, but in the one who questions and is not supposed to know. And this discourse of truth finally takes effect, not in the one who receives it, but in the one from who it is wrested. (62)

Therefore, in the case of the common confession, the agent/physician appears to be the one with the power and dominion, as they are mere anonymous voices backing up the physicians’ theories. In the case of the reverse confession, by placing the reader in the role of the judge, Dr. Chavesse instills a sense that the agent in control of the truth-making and charge is the reader, as they impose the questions. This serves two functions. First, the reader, feeling his/her power as judge, will more likely take the advice of the physician, as they may unconsciously feel the advice is sound as it resulted from this/her own questions. Second, by placing himself in the position of confessor throughout his work, Dr. Chavesse has given up his domination and control of the knowledge to the reader, reinforcing the very basis of his publication—the reader, through

knowledge attained in his work, can control the self and the family by applying this newly acquired knowledge.

One reason these confessions were embraced as truth was the acceptance of the physician as an authority figure who broke through the “Conspiracy of Silence” surrounding sexuality. While religion had previous authority over morality and used the confession as a method of knowledge production, these confessions were still held in a realm of silence and mystery, as the only participants were the judge and the confessor. White argues that the themes of “continence and chastity in public pronouncements on virtue drew further strength from the ‘conspiracy of silence’ about sexuality. Discussion of sex might incite excessive curiosity about the subject” (White 6-7). This was a common theory among the religious authority, and public sexual discussions were generally taboo. However, the confession and sexuality in general was embraced by the physician authors, and sexual matters became publicized. This may have been quite freeing for the formerly repressed public. Foucault addresses this conspiracy in terms of freedom. He argues that individuals enjoy placing sex in the realm of repression, as if the confession is condemned from the public sphere, then openly discussing it appears immoral. Essentially, a person who speaks of such things places him- or herself outside the restricting power, upsets law, and is near freedom (6). He further argues that:

What sustains our eagerness to speak of sex in terms of repression is doubtless this opportunity to speak out against the power that be, to utter truths and promise bliss, to link together enlightenment, liberation, and manifold pleasures; to pronounce a discourse that combines the fervor of knowledge, the determination to change the laws, and the longing for the garden of earthly delights. (7)

Speaking about sexuality appears freeing to the public, as silence has been the previous norm. Breaking the ‘silence’ of confession and knowing the personal experiences and desires intertwined in the confessions were no longer off-limits, created a sense of freedom for the

reader, who in turn trusts the author in his/her bliss. This established the manuals' credibility. As well, the citizens were freed from the constraints of the silence place on sexuality; it is in this way the confession was a freeing element for all of Victorian society.

CHAPTER III

PLAIN LANGAUGE

Plain language

Another common rhetorical device used by the authors of these manuals is the application of benign, non-scientific terminology. Scott L. Montgomery argues that one technique used to popularize technical and medical information is the usage of common language. Historically, “scientific ideas in ‘common language,’ especially in the media, have long involved the decanting of such ideas” to allow the public to comprehend them (146). This technique is evident in these manuals, as many of the authors claimed in their prefaces and introductions that the ultimate goals were to relate medical advice simplistically, with no confusing embellishments or scientific jargon. For example, Dr. Chavesse stated in his first paragraph, “I shall be happy to accede to your request, and to give you the fruits of my experience in the clearest manner I am able, and in the simplest language I can command—free of technicalities,” (2) while Dr. Guernsey titled his work *Plain Talks on Avoided Subjects* to instill the sense that the coming information would exclude confusing scientific jargon. Krafft-Ebbing gives the example of the Rev. Phillip Moxon’s 1890 speech, given to the YMCA—a speech where the topic was not one the Reverend wished to address. The Rev. Moxon stated that during his speech on sexuality, he would “fitly and plainly say what needs to be said without revolting those who hear from a subject which everyone of us would gladly drop into oblivion” (7). Additionally, Dr. Hanchett

prefaced his article with the notion of using “plain language unapologetically” to deliver his biological discourse., and Dr. Napheys’s preface prepared the reader that he would “plainly, yet delicately” discuss the rules which govern the female body in the three major stages of life (n.p.). Despite these claims, authors such as Hanchett often apply medical jargon, especially in reference to diseases names. However, the authors often listed the ‘common’ names of these diseases along with the scientific, and the accompanying discussions and treatments of the diseases use plain terminology.

While the use of plain language may at first appear a device to spoon feed the masses the medical standards advocated, there are additional rhetorical uses at play. By placing discussions on sexuality and reproduction in basic terms, the authors relate complicated medical theories to commonplace experiences, transferring the ideas into a “communal language” (Montgomery 146). The use of common, plain language allows the reader to synthesize medical theories and apply them to their own lives. In these marriage and child rearing manuals, the most obvious use of plain language is the application of the words *education* and *disease*. The terms *education* and *disease* are used in their common definitions, they are as well as applied as metonyms which take on a vast array of meanings, to influence the reader to embrace certain social and value systems.

Education

The use of *education* in these manuals is multiple, though many authors do use ‘education’ in the traditional sense—teaching new information to the reader, which justifies the publication of public sexual discourses. No longer is the minister yelling from the pulpit of fire and brimstone; instead, physicians are educating individuals to aid them in attaining a healthy lifestyle. Some authors, such as Drs. Guernsey, Fowler, and Hanchett, address biological processes such as embryo and child development stages, while others, such as Dr. Acton, present the publication as an educational text which frames a healthy marital relationship. However, there is often no discussion of actual sexual biological processes or procreation, or details about

sexuality in general. Most manuals, such as Dr. Acton's, engages in the significance of abstinence until marriage, the psychological repercussions of indulging, and the biological health of the upper class male. These subjects are framed so that *education* of the bodily functions and the elimination of excessive dalliance lead individuals to prevent destructive behaviors. This leads one to believe these manuals' aims are identical to their theological antecedents- policing sexual conduct.

The ideas of education in these manuals vary. Education is the ubiquitous reason for these manuals' conception; the authors all present knowledge on the different aspects of the marriage and child rearing theme. Dr. Acton wishes to educate the public on reproductive disorders and Dr. Hanchett on biological processes, common ailments, and medication, while authors such as Drs. Fowler, Chavasse, and Alcott attempt to educate the reader in the practical instruction for the care of children. In addition, Dr. Guernsey even states in the preface of his work that the young are undereducated, and then justifies his manual's publication as an education for parents on how to then educate their children for optimum mental and physical growth.

There is a certain level of disconnect between the authors' goals of education and the actual practice of it during this era. Many of the authors claim their goal as education of the reader, but in reality wish to keep education of the medical and biological functions to a minimum, especially in regard to children. For example, the focus of the public's education varies from author to author. Drs. Guernsey and Hanchett's advice on child care focuses on health and hygiene. They argue that cleanliness of both mind and body is a major form of prevention to any sexual feelings before the 'correct' time—marriage—and this repression leads to optimum health. However, while the parents are educated on how to care for children and prevent sexual awakening, they are not meant to educate the children in question on what is happening to them physically and mentally. While Dr. Guernsey does promote supplying a limited amount of education to children and adolescents when necessary, both Hanchett and Guernsey's chapters on

raising and caring for infants, children, and adolescents emphasize the need to *avoid* these topics, as well as the body parts directly related to them. For example, Dr. Hanchett states clearly that the sexual organs should be ignored except for cleaning and circumcision, as “the more completely they are let alone the better” (20)⁵. If these body parts are generally ignored, the body will remain disease-free. While he does recognize that the sporadic disease-like symptom does occur, such as the occasional spermatic discharge occurring in sleep, it is better to ignore such incidents unless they transpire habitually, as “frequent ‘wet dreams’ signify weakness of the sexual organs,” or, worse, they could be due to masturbation, which is still considered an indication of disease (21). The reader is educated that sexual desire and diseases of the mind can lead to physical illness, but simultaneously that one should not educate children on the true biological functions taking place. While claiming to advance knowledge by educating the public through their works, what the authors actually advocate, with the exception of Guernsey, is raising the next generation to remain ignorant of these processes, in the hope to keep the mind pure. There is some leeway in the pre-education of girls of their first menses; however, this education often takes the form of discussions of predestination, future roles as wife and mother, and a warning that it will occur, as opposed to the actual biological process. Dr. Guernsey argues that no girl should “be alarmed, as, owing to the negligence of her parents or guardians” on the topic (n.p.). He goes on to advocate that mothers supply information such as when to expect it and to reassure the girl of its naturalness, but nothing else. Too much time spent discussing biology and reproduction can lead to curiosity, obsession, and disease. This disconnect—the authors stating they wish to educate through their publications, yet not wanting many parts of the population to be educated—leads to the question of the authors’ actual goals for manual production.

⁵ There is debate among the authors over the procedure of circumcision. Dr. Hanchett believes the procedure is vital for boys to prevent sexual stimulation through fiction, as well as for hygiene. He advocates for the earliest possible date of the procedure, to eliminate the possibility of nervous disorders. Hanchett also believes that it can be an important option for some females, to prevent nervous or physical disorders. Others, like Guernsey, fundamentally disapprove of circumcision, as any outward symptoms could be easily tended to with the correct medicinal and hygienic routine.

Though the term education is used practically in these occasions, it is most often utilized metonymically. The use of metonym can be considered an extension of the use of plain language, as placing technical ideas in existent terms allows the reader to grasp concepts more efficiently. Most often when the term education appears in these manuals, the physicians directly correlate ‘education’ as knowledge and the ability to harness human reason to control the lower, bestial urges of sexuality, elevating the concept of *education* to a point of pride. For Dr. Acton, education is defined as the “training, drilling, directing, and, in fact, educating our sexual instincts, and the passions they govern” (484). This definition of education has roots in Greek philosophy, as it is what separates man from animal. It is the brain that exists to “govern and rule all below. It is the first organ formed and in an orderly life should control all the others” (Guernsey, qtd. in Melody and Petersen 36). Happiness and balance is not attained without the brain to govern the body; it is through ‘education’ of the brain that this control and reason is attained. As “proper self-denial in the gratification of the wants of physical love is a source of good, not only to the individual practising it, but to the community,” education and mental fortitude is vital to the maintenance of the social order as well as the individual (Napheys 100). This use of education identifies that only through utilizing the mind can a human stay healthy and rebuke unsanctioned sexual gratification. Dr. Guernsey is one of the few authors to admit this goal in his preface; however, he places the idea of ‘education’ in the hands of the parents, as many children “solely from their ignorance” ruin their lives through vice (n.p.). Therefore, the educated parent—by reading his manual—must educate the child—by teaching him/her about control. This emphasis is especially obvious in the author’s discussion of manly disease and afflictions, where an entire section is devoted to maintaining chastity in men, prescribing “a plain, nourishing, non-stimulate diet, physical exertion of any kind carried to exhaustion, and SELF CONTROL” (n.p.). This application of education as self-control reinforces the new reliance on the scientific paradigm, where knowledge is privileged. As the upper classes were those who were considered educated, they were the ones with the ability to control their urges.

The word 'education' was used to indicate the political and social constructs which surround the men and women involved at the time, especially in the area of eugenics and social order maintenance. Though 'education' was often invoked to apply restrictions on Victorian sexual urges, it was also used to grant freedoms to certain groups—the upper and bourgeois classes, as the metonymic use of 'education' often marked social class in these manuals. The educated are of the upper and bourgeois classes, while the non- or under- educated are of the lower classes, a concept which directly related to the popular theory of eugenics. Scientists like Francis Galton believed that, “science could systematically improve humans through selective breeding,” and it was the upper, educated classes which were believed to be worthy of such selective breeding (Serafini 198). According to Haller and Haller, those of the upper classes were so evolved mentally, through education, that they even had their own forms of mental illness, making the evolutionary trait of higher brain function through education appear unpractical. Side effects aside, the 'educated' classes were thought superior due to their education.

Applying 'education' to a group marked who was evolved and was used to connote who should and should not marry and procreate. The Darwinian and Larmarckian theories of evolution argued that selective breeding could lead to a more perfected race, as breeding animals with superior characteristics can lead to offspring with those desired characteristics. The same idea was applied to humans. As humans are physically perfectible, they were considered mentally and morally perfectible too, through “better breeding” and education (Accampo 353). It was a common notion by many eugenicists that the upper and bourgeois classes held superior characteristics that should be nurtured and proliferated. As Darwin explained in his *Origins of the Species by Means of Natural Selection*, in order to keep these desired characteristics and not tarnish the genes with inferior ones, a “facility in preventing crosses is an important element of success in the formation of new races—at least, in a country which is already stocked with other races” (n.p.). One must separate the superior and inferior 'races' in order to maintain the desired characteristics; therefore, it was imperative that the uneducated, inferior classes did not mix their

genes with the upper, superior classes. Subsequently, sexual urges could be “converted into a force of human betterment” through correct marriage and offspring, which, following Darwin’s advice to prevent cross-breeding, means marriage between the classes would be an evolutionary back step, and were discouraged (Walters 143).

In addition to mixing the genes of evolutionary greatness with mediocrity, if education marked social class, then a lack of education for one member of a couple was thought to lead to general unhappiness, once again reinforcing the idea that the classes should not intermarry. It was commonly acknowledged that one should “marry person who is your equal in societal position” (Hill 103). This idea was often argued in terms of illness and mental compatibility. For example, Dr. Acton relates a cautionary tale about premarital affairs. In the beginning, the affair is pure sexual entertainment. The affair progresses to a legal marriage. However, as only those females who are “beneath him in station and *education*” would agree to a premarital affair, after marriage both man and woman discover themselves in an unhappy union (481). The man is stuck in a legally binding agreement with a woman not his equal, while the ‘low class’ woman is sad and unable to enter high society, as “her imperfect *education* unfits her for her new position; she pines away, becomes cross tempered” (481). In this situation, the term ‘education’ is applied to reiterate that procreation and marriage should be limited to those of the same class, as education levels equate social levels. Some popular publications advocated that “if there by a difference either way, let the husband be the superior to the wife. It is difficult for a wife to love and honor a person whom she is compelled to look down upon,” the controlling cultural scientific paradigm relied heavily on science and education to prevent such intermarriage (Hill 130). Thus, this use of ‘education’ as a class distinction perpetuates the idea that the upper class must not taint their superiority with lower class blood. The wellbeing of society depended on the superior, educated class members to marry and procreate exclusively, to propel these superior traits to the next generation.

The education metonym was positively invoked to describe those with knowledge and on the correct steps on the evolutionary ladder; however, while education was advocated superficially as the route toward a happy life, education was simultaneously cited in most manuals as the downfall of women, especially those in the upper classes. Many physicians agreed that education brought on the “deterioration” of the female body and sanity; as it took away “vital energies” necessary to fully mature the reproductive organs of females (Smith-Rosenberg and Rosenberg 115). The physicians encouraged light home schooling, if any, of upper class and bourgeois females, as even the desks and chairs present in a traditional school were thought horrific for their delicate reproductive organs. Dr. Chavesse argued that all female education should be tailored to remind girls that “in a few years, [they] will be the wives and the mothers of England, and if they have not health and strength, and a proper knowledge of household duties to sustain their characters, what useless, listless wives and mothers they will make” (351-2). Education, in the scholastic sense, was not really a priority of the upper or middle class female, especially once her monthly fertility cycles began, as her most important role was that of future mother, and anything that could thwart that—in this case, education—was to be eliminated from her life. Upper and middle class females were therefore not actually ‘educated’ as much as one would believe based on the claims perpetuated by the educated class. Therefore, the term education as applied to actual learning is variable; it is a social label, not necessarily based on knowledge acquisition but on social status, as education was so often stifled for members of these classes.

Disease

Linked closely to the use of education in these manuals are the applications of the term *disease*. Manuals were generally written to educate the public on how to prevent and treat various common diseases, as “ignorance leads to vice, which leads to disease” (Melody and Peterson 21). Ignorance, in this example, often refers to a lack of education on the dangers of sexual excess as

well as ignorance of proper hygiene. Education of biological reproduction, of the self, and of diseases was the only ward against sexual dysfunction, and anything considered contrary to normative body function fell under the moniker. During this time, “sexual irregularity was annexed to mental illness; from childhood to old age, a norm of sexual development was defined and all the possible deviations were carefully described; pedagogical controls and medical treatments organized” (Foucault 36). This definition is particularly telling about the Victorian notions of what is normal and abnormal bodily function, as most of the diseases described in these manuals focused on the reproductive processes, whether mental or physical. The use of disease in Victorian texts refers to a number of things, and is especially problematic in its application to morality, biology, and society.

The term ‘disease,’ in its infinite applications, was a rhetorical staple in the new sexual discourse. For both male and female, disease refers to two main areas—mental and physical—and one often leads to the other in the Victorian notion of health. For example, one of the main arguments for the education, i.e., control, of sexual urges, rests on the idea that sexual indulgence anywhere but in the adult marriage bed leads to disease. There was a special attention placed on sexual impulses leading to diseases in children, as in a “state of health sexual impressions should never affect a child’s mind or body” (Guernsey, n.p.). The effects of desire and sexual stimulation could be physical and mental, and would lead to a lifetime of disease. One example is found in Dr. Guernsey’s discussion over male childhood priapism, which is caused by “undue handling of the parts or some morbid state of the child’s health” (n.p.). While a painful condition, the real problem, according to Guernsey, is that it can give rise to masturbation. Once the seeds of sexual acts are planted in the child’s mind, it leads to the impairment of the physical extremities, as boys will “pine away, lose flesh, and still continue to worry at the foreskin, till death has been known to result” (n.p.). The urge to touch the reproductive organ from the disease of priapism leads to the habit of mentally craving sexual feeling. This mental desire leads to pining away from single-mindedly pursuit of physical pleasure, and the physical repercussions are dire. As well, Dr.

Napheys in his *The Physical Life of Woman: Advice to the Maiden, Wife, and Mother*, agrees with Miss. Catherine E. Beecher of the perils of girls indulging in “exciting and indulging morbid passions,” as they lead “daughters to the grave, the madhouse, or, worse yet, the brothel” (39). Once again, pleasure has both physical—death—and psychological—the madhouse—ramifications. The brothel location can be considered a hybrid of both, as only the mentally deficient would prostitute, and the act of prostitution leads to sexually transmitted disease. There is often an inherent association between the mental and physical in determining disease for the Victorians.

The link between physical and mental disease and health is evident in writings for both men and women, and the focus of maintaining health through pure thought and cleanliness is similar with infants and children of both sexes. However, there is a divergence of the concept of disease in adulthood, where the term is applied differently to men and women. The diseases of both sexes often focus on the mental and physical dangers of sexual self-indulgence, but when the diseases of adolescence and adulthood are addressed, almost all male diseases are the external byproducts of sexual indulgence; often sexually transmitted diseases from extramarital sexual encounters. For example, Dr. Guernsey’s section “Adolescence of the Male” discusses first the new sexual feelings of the young male, then follows with the lengthy physical and mental disintegration which comes from syphilis and gonorrhea, including physical symptoms, insanity, and social ramifications of these actions later in life, such as transmission to future wives and children. As well, Dr. Hanchett spends a fair portion of “Sexual Health of the Male” discussing gonorrhea, clap, syphilis, pox, and chancroids (27-35). Oddly enough, Dr. Hanchett argues that these diseases are most threatening when engaged to be married for too long a period, and encourages a shorter engagement period to truncate the amount of time a man has to restrain his urges before he can be with his wife. This speeds the engagement period, and delivers the couple to the desired state—marriage—that much sooner. The emphasis on the physical illnesses of sexually transmitted diseases, as well as the other male health themes such as too frequent sexual

encounters with self or others, avoiding the “the temptress [that] lurks and bides her opportunity,” and completing the sexual act once began, all infer the idea that in men, mental disease, in the form of impure thought and lack of self-control, leads to physical disease, whether from internal or external sources (Hanchett 25). Men, as concluded, were to be governed by reason and education of the mind. If they do so, they can remain healthy, as disease appears to be the physical repercussions of slackened mental control. Therefore, any man can be healthy and non-diseased if in control of his reasoning abilities.

This varies from the application of the disease in relation to women. As many of the authors maintain, the “poor health of most our women is apparent to all, and the causes of most of their ills are connected directly or indirectly with their sexual life” (Hanchett 135). Once reaching the age of fertility, the female body was most often regarded in a perpetual state of disease. However, this disease differed from the male, as it originated from the physical and often had mental effects. Not only are the female diseases brought on from physical infirmity; they are all tied to the reproductive system, as “a woman is always preparing for, passing through, or recovering from her monthly period, and she is a different creature in the three states” (Hanchett 124). Authors argue that disease can be brought on by the mere onset of a girl’s first menses, as it is when “hereditary and constitutional diseases manifest themselves,” including tuberculosis, skin diseases, epilepsy, and insanity (Napheys 35). The simple ability to reproduce leaves a female susceptible to other, formerly dormant diseases. According to Hanchett, this is due to the “directing of unusually force and nourishment to the sexual organs,” such as in the case of Green Sickness (129). Additionally, during each monthly period, the woman is considered ‘diseased,’ having such symptoms as melancholy, irritability, sulkiness, and solitariness, and craving bizarre foods like chalk and slate pencils (129). The doctors urge specific treatments for these disease symptoms, such as lying down, hot baths, and taking supplementary medications. In addition, physicians believed that the worse types of disease were inflicted on women who never had children, including diseases of the nervous system and the ovaries (Smith-Rosenberg and

Rosenberg 113). These definitions of disease all reduce women to their reproductive capacities, which are related to the social role dictated by Victorian society.

The obviously ambiguous nature of ‘disease’ permeates most women’s health issues in the Victorian era, as they were inevitably linked to the female reproductive organs (Haller and Haller). In fact, “historically, women’s diseases, or women’s health problems, have been identified with women’s physiological differences from men—those associated with their reproductive organs. Asking ‘what makes women sick’ from a historical has usually generated a response that stresses female reproductivity” (Levine-Clark 177). From a social perspective, this trend reiterated that “these prescriptions stressed women’s inherent weakness and natural suitability for the private domestic sphere and unsuitability for work outside the home” (176). The use of feminine disease defined and reinforced the proper social role of females as homemaker, mother, and wife.

While it is evident that the disease metaphor in women is rationalized in terms of reproduction, there is one instance where disease is focused on the reasoning ability and choices made by women, the same as men’s diseases are considered —during pregnancy. During the lengthy passages dealing with proper pregnancy health and maintenance, the diseases addressed in these manuals deal with right and wrong cognitive decisions made by the mother for the unborn child. Much like male diseases, which were derived from a lack of control and reasoning ability, disease for a pregnant woman is from poor control and decision making, as “truly healthy women, whose female organs are healthy, and functions vigorous, have better health at this period than at any other” (Fowler 22). For example, Dr. Fowler argues that women who are weak, achy, and nauseous during pregnancy are so because they make the conscious decision to not eat enough to resupply her body with vitality (22). He believes disease is the opposite of vitality, or personal energy, and ample “vitality keeps diseases at bay” (26). Therefore, if one’s children are born sickly or small, or if the mother becomes ill during the pregnancy, it is because the mother did not purposely and consciously maintain her vitality, as a reasonable woman should, and that

she made specific choices to put her desires above those of her child and health. This contrasts with the usual label of disease placed on women, where the main source of disease is due to her very biological makeup, not her decisions on health matters.

These variations of the term 'disease' have many social and cultural implications beyond that of the reasonable male and erratic female. Women were viewed as the "product and prisoner of her reproductive system," while "the male reproductive system...exert[s] no parallel degree of control over man's body" (Smith-Rosenberg and Rosenberg 112-3). It was a common medical belief that the uterus was a central component of a woman's nervous system, and therefore the reproductive cycle influenced the entire body, both physically and mentally. In fact, one physician concluded that all the diseases of women were not separate diseases, but "the sympathetic reaction or the symptoms of one disease, namely, a disease of the womb" (113). Taken in this light, it is not perplexing that in general, feminine diseases were linked to their fertility cycles, while men's diseases were based on mental control. The male's seat of disease was mental, while the female's was physical. This does not account, however, for the shift from physical to mental-based diseases during pregnancy. It was widely believed that the sole purpose of women was reproduction, and "for married women of the Victorian era, motherhood is still seen as central to the construction of their identity" (Gordon and Nair 551). It is the woman who has the most important duty in "the fulfillment of this sublime obligation" of motherhood and procreation (Napheys 90). Propagation of the species was women's ultimate purpose, and pregnancy was considered a woman's natural state. Dr. Fowler reminds his female audience that their only goal is "simply to bear children" and propagation is "your only destiny as a woman" (46). If the only 'natural' and good state of the female body is while pregnant, then this could be considered the only time in which the body was not governed by the reproductive organs, which perpetuates the glory of motherhood in Victorian society. It is the only time a woman's actions could be based on reason because it was the only time the body was in a natural, balanced state,

just as the disease-free male. Men became diseased, but women began diseased, and the only cure was the state of pregnancy.

Victorian marriage and sex manuals, written for the upper class citizen, concede to the theory of reproduction as the crux of most female's ailments. The concept of disease is mutable, as "no biology to date has been able to define the idea of 'disease,' except in medical terms—meaning in moral terms" (Montgomery 155). Women's 'abnormal' reproductive organs made them prone to diseases, which exemplified the cultural stereotype that women were delicate and designed for the domestic sphere. The notion of disease carried the weight of not only physical abnormalities, but that of maintaining a prescribed social and political function. In essence, the 'disease' was not one at all, but a term coined to deal when disturbances in health. As the body, through sexual deviance or suppression, and society, moving toward a morally compromised urban life, were careening out of control, a connection can be made between how physicians promoted the belief that upper and bourgeois class women were debilitated by their femininity, and should be protected in the inner sanctum of the home. The external world was diseased by industrialization, new dating norms, and lack of morality; therefore, the disease metaphor applied to her dominant bodily functions aided a domestic female stereotype, as well as aided in excusing amoral acts the upper or bourgeois class performed.

While the use of disease reinforced gender roles in the era, certain diseases differentiated the classes, much as the term education did. Many of the common nervous diseases were relegated to the upper and bourgeois classes. One such is that of kleptomania, which was diagnosed as "a woman of some means and indeterminate years" who stole without necessity (Abelson 390). Kleptomania was regarded as a mental, compulsion-based disease caused by the physical and mental weaknesses of women, but only those of the higher classes were afflicted and diagnosed. Those women and men who stole out of need were criminals, while upper class women who stole what they could easily afford were considered legally and morally innocent, as they were inflicted with disease brought on by their physical makeup. This allowed the upper

class woman who stole to maintain her higher rank in society, as she was not at fault due to her delicate temperament and biological makeup.

The link between class and disease is also apparent in the popularity of other nerve diseases, such as neurasthenia. This ‘disease’ was diagnosed as a nervous disorder to explain a number of symptoms, such as headaches, nervousness, fatigue, and sexual listlessness (Haller and Haller). At the onset of this medical diagnosis, neurasthenia was diagnosed for men and women of all social classes. However, as the diagnosis gained popularity, the disease morphed specifically to an upper and middle class disease which indicated social status, as did the link between general women’s health and the ‘delicate’ nature of women due to reproductive biology. Being diagnosed with neurasthenia was a compliment. The condition was only diagnosed for high society members who reside in large cities in the United States—though later, cases of neurasthenia were reported in ‘civilized’ European countries such as Germany (Haller and Haller 6). Neurasthenia theorized to be due to an abundance of nervous energy, which was considered a direct byproduct of increased brain function through evolution. The malady was simultaneously a disease and point of pride, as though there were unpleasant symptoms, its diagnosis labeled the individual as a member of the upper crust. This led Social Darwinists and physicians such as George W. Beard to accept neurasthenia as evidence of the mental evolution of a city-dwelling, industrialized humanity (5-6). Darwin argued that one of the “remarkable features in our domesticated races is that we see in them adaptation, not indeed to the animal’s or the plant’s own good, but to man’s use or fancy” (n.p.). Though Darwin was not referring to humanity specifically, this argument led physicians like Beard to acknowledge a class-based, location-specific disease as a sign of the evolution and betterment of mankind, for mankind. Higher, evolved brain function equated evolutionary superiority.

Yet another class-based disease of this type is hysteria, which occurred in females “particularly in the higher circles of society, where their emotions are over-educated and their organizations delicate” (Napheys 38). Not only is hysteria consigned to upper and middle class

girls, it spreads easily to others of that group in the same social circumstances; however, according to Boerhaave, a “strong mental impression,” such as hot pokers and threats, had restored at least one group of hysterical girls to sanity (in Napheys 38). These nerve-based diseases further encouraged the notion of the evolutionary superiority of the upper class, as only those with educated, evolved brains would have such diseases. In this way, the disease metonym was utilized to convey a non-repressive concept—some diseases which were believed to be byproducts of evolved brain function was a point of pride, and allowed the upper classes, especially females, to gain additional freedoms over their lower-class counterparts.

Many of these diseases were not present in the medical records of the lower classes, especially those illnesses associated with brain function. In her 2002 study on the patient records at University College Hospital (UCH), Marjorie Levine-Clarke discovered a conflicting notion of disease between the bourgeois and lower class females. As has been established, the overriding theme of feminine health in the marriage and sex manuals is the link between reproductive differences and women’s health, which promoted the idea of a delicate, easily ailing female that required staying in the home, and only the upper classes had the well-educated, overcharged brains capable of neurasthenia and hysteria. However, according to Levine-Clark, the lower-class women who came to UCH for medical care described themselves as hearty, strong individuals who only mentioned reproduction if there were changes in monthly regularity and issues, citing “the women of the laboring classes stressed that their illnesses were produced by social, cultural, and environmental, as well as biological, factors that interacted with their own particular understandings of the body” (177). Consequently, less than 10% of the diagnoses in her study were linked to reproductive weakness, while the rest were environmental, such as bronchitis, broken bones, and rheumatism. There were no reports of nerve diseases or diseases linked to the delicate reproductive systems necessary for child bearing, indicating that these types of diseases were diagnosed only in the upper classes. What was or was not a disease was influenced by one’s class distinction.

One of the few mental and reproductive diseases which originated in the lower class was psychopathy. Later applied to lower class men and women who disrupted the moral order, psychopathic behavior originally labeled the ‘hypersexual female’—women who were “abnormally sexually aggressive” (Lunbeck 229). While this disease was first applied only to delinquents and prostitutes to give a medical motive for their behavior, it was later applied to working-class females who were not under the supervision of their immediate family due to their occupations. These diseased, psychopathic women were also placed in the role originated by the prostitute, “blamed for slack sexual mores; men were at best unwilling of their unwanted attentions” (229). There was no such equivalent for this disease among the higher classes, which follows the social preconceptions of the time. All women were apt to mental and physical ailments. The upper class female’s nerves manifested themselves mentally, as a sign of the evolutionary superiority of the upper class, while the lower class and working female’s neuroses were rooted in baser, more animalistic tendencies, reaffirming her low placement on the evolutionary ladder.

Some upper-class diseases are also caused accidentally by a ‘diseased’ lower class, specifically those of a sexual nature. Dr. Guernsey warns mothers that nurses and other domestics have reportedly excited infants by manually tickling their private parts, in order to quiet them easily, planting the seeds of mental illness (n.p.). As well, a lowly dressmaker entrenched sexual thoughts in a small boy when she lay on her bed not fully dressed, an act which colored his disposition negatively into adulthood. Though Dr. Guernsey argues the uneducated staff may do this unaware of the mental and physical damage they are inflicting, he argues that parents must be attentive to prevent this type of mental disease at all times. Even while pregnant, disease can be caught from the uneducated servants. Dr. Fowler tells the story of the “impudent, lying, thievish” servants which so aggravated their employer that it lead to her giving birth to a bad-tempered child (132). Disease in this case was inflicted by socialization with the lower classes, which

reaffirmed the social construct that women should be in the domestic sphere, surveying and raising their children.

There are few mentions of purposeful or overt physical acts of the lower classes leading to disease; instead, many authors focus on weeding out the worst offenders, to lessen their effect on children. Dr. Chavesse lays out particulars to look for in wet nurses and child care nurses to prevent the spread of disease, but does not mention actual instances of abuse or illness. However, there are some other examples such as “foreign” nurses who break an infant female’s hymen, which can lead to physical and physiological complications (Hanchett 36). This appears to be due to a lack of education, not an overt evilness, in these tales of disease-inflicting servants. The only lower class individual painted as purposefully spreading disease is the prostitute, through her wicked, slovenly ways. The literature on this topic still puts the burden of reason on the male; however, lack of chastity leads to brothels which leads to “the hidden poisons” which never quite go away mentally, physically, or morally (Guernsey n.p.). Dr. Hanchett warns that the “temptress lurks and bides her opportunity,” and every man of 20 has been tempted several times by these wily women (25). It is up to the man to stand strong in the face of temptation and the disease inherent in the lower class.

The only manuals which mention thwarting diseases in the lower classes for their own benefit are those which supply set-by-step guides to health, such as those by Drs. Chavesse and Alcott, though often these comments are secondary. For example, among his discussions of proper bathing, ventilation, and nutrition, Alcott instructs the reader that one important aspect of hygiene is the daily changing of underclothes, and, if a day clothes are to be worn several days in a row without washing, separate night clothes are essential. He does acknowledge that this can be difficult for the lower class poor, as “they have neither the time nor the means to attend” the regular washing of clothes or affording a night dress (n.p.). However, Alcott dismisses these notions as excuses and demands that the poor must use their sense to reallocate funds from some

other part of their lives. Sacrifices must be made by the lower class to ensure proper health and hygiene like the middle and upper classes, and lack of finances is no excuse.

It is apparent that there is a rift between the lower and bourgeois classes' notions of feminine disease and reproductive health. It is this very rift which defines the Victorian notion of disease, as dependent upon social class. Culturally, the upper-class female was limited to familial and internal household functions by her physical differences to a male. In contrast, lower class women, who society deemed fit to reside in the external world to add to the family income, had no such boundaries due to their internal organs or general reproductive health. These lower classes, though lacking in similar diseases, could induce disease in the upper classes through their own ignorance of hygiene and vice.

Plain Language and Value Systems

The use of plain language and terms such as *disease* and *education* indicate more than just illness and knowledge. By decanting the complex medical theories into plain language, the authors allow the intended readers to comprehend this knowledge and apply it to their daily lives. The terms 'disease' and 'education' follow this path, as they were commonplace to the average middle class citizen. By utilizing these terms in place of medical jargon, the readers were able to associate their understanding of disease and education with the complex medical theories presented. This was especially important to this discourse form as the target audience was the bourgeois female housewife, who most likely had limited traditional education, based on the feminine educational standards at the time. As well, biological theory backed up the notion that women should avoid complex reasoning, as it was not achievable or could limit their reproductive capacities; thus, utilizing plain language and accessible concepts was a logical choice for these authors.

The ideas of disease and education were easily understandable concepts to the average reader. Plain language simplifies complex theory; in this sense, applying disease and education metonymically is a rational rhetorical choice to explain theory. Though these medical theories were new concepts, these theories reinforced the preexisting social roles and values, such as that of the woman incapacitated by her biological makeup and the upper class's superiority over the lower classes due to evolved brain function. The medical applications of plain language allowed the reader to synthesize these theories in terms of their own experienced, and connect the functions to understood moral and social values.

CHAPTER IV

NATURE METAPHOR AND MARRIAGE

In addition to redefining terminology to impart scientific meaning, the Victorian physicians speak to the physical and mental capacities of the genders in terms of the natural disposition of women and the reasoning power of men. To do so, the authors utilize the nature metaphor in many of their explanations of the physical and mental capacities of the genders. Montgomery argued that, “as elsewhere, the power of metaphor lies in its ability to create images or even whole image systems” (137). This is evident in the case of the nature metaphor, which supplanted the previous religious framework around the concept of marriage and the roles of each gender within it. Instead of utilizing religious metaphor or invoking spiritual righteousness to encourage the proper roles of the heterosexual couple, nature metaphors conceptualized ideas of the male and female role both in the marriage and in society. The physicians at this time created biological theories which enhanced these norms, as being a perfect wife or husband was no longer a moral or religious decision, but a biologically predetermined one that followed the natural order.

Metaphor in Scientific Writing

Montgomery observed that one widespread device that shapes medical discourse is the

metaphor⁶. Throughout history, medical discourse has been resplendent with metaphor, though the metaphor is often absorbed into the field and loses its original meaning. Montgomery quotes Nietzsche, who claimed “the metaphors of the past become the truths of the present” (134). What once were metaphors with complex images, full of secondary associations and used to create understanding, are now considered medical terminology without external links. Montgomery explains that “the evolution of metaphors into hypotheses, theories, even ‘facts’ is something that involved a change of habituation, a loss of origins. Over time, the repetition and standardized usage gradually obscures the original figurative character of an image or term” (134). As these metaphoric words and phrases’ meanings are restricted, they are absorbed into the specialized lexicon and become the jargon of a specific field, as the repeated use of specific wording restricts its meaning. The metaphor’s original meaning is erased, and it is now only linked to the new context. Montgomery gives the examples of cell, nucleus and force, which are now considered to have no historical connection outside of science, but have origins as metaphors.

The actions of men and women were believed innate during this era. Conway argues that many scientists believed in “biologically determined masculine and feminine temperaments” (151). Certain characteristics were concluded to be derived from the biological variances of the genders, such as the rational, cerebral male and the emotive, innocent female⁷. One such of these normative characteristics determined to be a product of biology was intellect and the capacity to reason. The Victorian physicians surmised that a woman’s reproductive role was the main

⁶ Montgomery focuses his study on the military and war metaphors used in contemporary medical discourse, arguing that the metaphor used—that of a ‘war’ against illness and the ‘war’ illness wages against humans—invokes panic and terror, while also allowing individuals to feel that a person can ‘defeat’ the illness (139-156).

⁷ While physical, inherited gender-specific traits were a generally accepted by the scientific community during this time, there were different theories as to how this occurred. For example, Towheed argues that while some believed in the theory of inheritance, it “threatened to eliminate the variability of differentiated populations groups that the mechanism of natural selection needed in order to function” (35). Therefore, more theories emerged such as Darwin’s theory of ‘pangenesis,’ where living cells shed granules or atoms, which circulate within the body’s system to become cells with traits like their host. In humans, these granules run through the circulatory system of offspring, and combine both parents’ traits (36). The variations which occur were based on what granules were active or dormant.

difference between men and women, which these physicians believed the factor which determined the irregularity of feminine biology. It was maintained that a woman's monthly cycle consistently expended her vital energy as the body prepared for pregnancy, and then more energy was spent in resetting itself if no pregnancy occurred. Biologically, a woman's body automatically directed energy first to the reproductive anatomy, as this was believed to be the most important aspect of her biological makeup. As women expend their energy so often to maintain reproductive ability, a woman's body was unable to spend ample energy in other areas, such as reasoning, education, and general brain function. Thus, due to biology, men were thought to have a larger capacity for intellect than women and "had greater independence and courage than women, and men were able to expend energy in sustained bursts of physical or cerebral activity" (146). Men had more reasoning power, as their role in reproduction was limited to a solitary, occasional act, and they were therefore able to be active mentally and physically the majority of the time, while women were "patient because of their passivity and the need to store energy" (147). This theory was addressed by multiple physicians. Showalter and Showalter give the example of Dr. James MacGrigor Allan, in his address to the Anthropological Society of London 1896. In reference to women during their menstrual cycles, he believed:

At such times, women are unfit for any great mental or physical labour. They suffer under a languor and depression which disqualify them for thought or action, and render it extremely doubtful how far they can be considered responsible beings while the crisis lasts... Michelet defines woman as an invalid. Such she emphatically is, as compared with man... In intellectual labor, man has surpassed, does now, and always will surpass woman, for the obvious reason that nature does not periodically interrupt his thought and application. (40)

It was determined by these medical professionals that the capacity to reason was biologically determined according to physical makeup, with men receiving the natural ability to do so, while women did not.

Applied to the Victorian elite, the theorized biological capacity to reason reinforced the traditional roles of husband and wife within the marriage. Though, as Smith-Rosenberg and Rosenberg explain, role definitions “exist rather as a formally agreed upon set of characteristics understood by and accepted to a significant proportion of the population,” the Victorians based these standards on biological fact (111-112). These roles include the dutiful, pure, often submissive wife in the home and the mobile, hard-working, dominant husband who makes the important decisions about the family’s welfare and finances. These roles had historically been defined by religion, especially the Christian doctrine which argued that the male should be the head of household and the female should be the submissive child bearer. These same roles now had biological explanations, according to the medical community. Therefore, one can conclude that these roles are first and foremost social constructs which have been given credibility through first religion, then medicine, in order give a rational explanation for their existence, though “in the absence of certainty, in the absence of an objective foundation upon which to base relief, we must accept both *rational* and *appropriate* are social constructs” (Waddell 141). These constructs are abundant in this type of discourse.

Overcoming Nature

In these manuals, a rationalized argument of ‘biology as destiny’ appears in many situations; however, one prevalent example of this phenomenon in relation to the wife and husband dynamic is the nature metaphor. For men, these metaphors were often used to designate man’s need to separate himself from the beasts to attain higher morality and, as a direct correlation, higher social standing through respectability. As in the religious manuals which came before, unchecked passion and sexuality was considered taboo, as “love unbridled is a

volcano that burns down and lays waste all around it” (Krafft-Ebing 24). The only redeemable sexual process was in marriage; and even then, it was to be controlled and focused on precreation. Connell and Hunt argue that in this era, sex “was identified with the lower order of animals as something inescapable but needing to be brought under conscious control” (n.p.). However, while both men and women were to follow the socially-constructed laws of chastity before marriage and restraint within, physicians focused on the male’s ability to reason as a main deterrent to sexual deviance, using sheer force of will. The common belief was that “Man puts himself at once on a level with the beast if he seeks to gratify lust alone, but he elevates his superior position when curbing the animal desire he combines with the sexual functions ideas of morality, of the sublime, and the beautiful” (Krafft-Ebing 23). As reason is what separates man from animal, he must utilize his reason to separate himself from the animalistic urge to fornicate. Through doing so, he transcends the level of animal for higher ideals.

In shift from religious to medical authority, biological theories were conceived to instill this essential lesson. Physicians theorized that a man’s sexual desire stemmed from his cerebral cortex, based on the male ability to “inhibit the occurrence of erection and cause it, when present, to disappear” (Krafft-Ebing 45). As the seat of men’s sexual instincts were believed to be cranial, men’s anatomy allowed them to constrain their sexual urges, and thus preserve the marriage, an idea reiterated in these marriage manuals. Dr. Guernsey encouraged young men to remember the purpose of the brain—“Here reside the knowledge and the power to govern all below it” (n.p.). Many other authors, including Drs. Hanchett, Napheys, and Acton, stressed the importance of refining the mind as sexual desire should only flourish when appropriate, which was claimed to improve overall health. In addition to the belief that restraint leads to health, the ability to control the mind also had social contexts. White argues that men who could not “control their primitive urges and instincts threatened the social equilibrium,” as uncontrolled urges led to incessant masturbation, affairs, and children out of wedlock (6). This idea is seen in Dr. Hanchett’s writing, as he asserted, “Teach him that his early inclination to seek such pleasure is one of his

opportunities to test and strengthen his character; that the grade of his manhood is established by the amount he can overcome, and his value in the world depends much on the question as to whether he will rule his body, or his body him” (16). The social expectation was control; Men had the ability to control themselves due to anatomy, as long as they were taught by their parents and educated on the importance of restraint. To not practice restraint was to become a pariah, as a man was respected for his control by the community at large.

Within these manuals, the authors utilize nature metaphor to instill the significance of reason to separate man and from beast. For example, Dr. Acton began his prose with an anonymous quote which stressed sexual urges. After a mystery author asserted that sexual urges are so prevalent that often humans succumb to them rather than suffer, Acton refuted such a theory, stating “had the writer of these paragraphs been speaking of the animal creation, we might have been able to agree with him; but notwithstanding all the force of the sexual instinct, Man, we must not forget, is furnished with reasoning power...in this he differs from the beasts that perish” (475). Dr. Guernsey also stressed that proper training of the mind is crucial for young boys, as “they have the power of mind to *choose* so also have they the power to *refuse*. The human race is created above the animal so that we are something more than mere animals” (n.p.). These nature and agricultural metaphors do not act so much as to compare man with beast, but to emphasize what separates them—the ability to reason. In this sense, men being natural and giving into the natural impulse to fornicate is not for the betterment of society.

The station of man over beast is further exemplified in Dr. Acton’s prose. Later in his discussion of halting children’s sexual exploration, he stated, “All breeders of cattle have long since ceased to raise their stock from either young males or females. The frame of the sire or dam must be perfected before their owners can call on the procreative functions to be discharged” (475). Acton followed with an argument that boys must become men—and, consequently, married—before indulging in sexual behaviors, for personal and societal advancement. Even farmers know not to use young animals for breeding, as their offspring will not be desired. This

eugenically-oriented livestock metaphor allows Acton to state freely his theory that when animals are governed by human reason, a.k.a., a farmer in this metaphor, even they follow the biological need for abstinence until mature enough to produce proper heirs. This echoes the Victorian's theories on the perfect age for marriage. The Victorian physicians encouraged marriage to take place after puberty. However, this age is much later than many of today's standards. For example, Guernsey believed puberty ends for male at the age of 25, and women, 21, while Naphey's argued that the perfect marriageable age to be 21-25 for women and 23-33 for men (n.p.). Some, such as Dr. Fowler, do not suggest a specific age to marry, but argued that "no female should become a mother till fully matured. Till her own organs are formed, and her growth completed—till she has spread, filled up, and became consolidated—and her life power overflows" (79). This is because a woman must have enough energy to sustain both her and the child in utero, and an immature mother cannot supply enough nutrition to the embryo (79). These physicians believed that both the physical and mental characteristics of an individual must be fully mature, and in special relation to men, they must have the monetary assets to maintain a wife and children (Napheys 75). At the same time, Acton insinuated in his metaphor of the farmer and young beasts that even a simple, lowly farmer has reason and control in breeding livestock, and therefore reason should be easily attainable by the upper class male. It is easy to separate oneself from the beasts through man's natural ability to control.

Embracing Nature

The nature metaphor applied to the roles of women were significantly different than those applied to males; however, these metaphors still worked to reinforce the standard social roles and place these roles within a medical context. As has been well-documented, women were often relegated to the private sphere of home and family (White 7). Within the home, women were to maintain the household and be the primary caregivers for their children. Women as well were to be the "very beholders of the moral order" in relation to their husbands' sexual desires (8). While

the notion of women as the “guardians of sexual virtue” was not a common idea until the late 1700s, this social norm was well established by the Victorian era (Godbeer 266). Perkin argues that there were two main stereotypes for the upper and middle class woman, and they were differentiated by sex. The male fantasy stereotype was a “decoratively idle, sexually passive woman, pure of heart, religious and self-sacrificing” while the female stereotype was a woman who could run an efficient household to contribute to the family and be the morally loftier family member (86-7). While these roles differ from one another, the stereotypical superior female lies somewhere in between, and is secured by the medical theories of the era.

While there are many characteristics associated with Victorian women’s temperament and duties, the prevailing medical theory contended that a woman’s primary function was motherhood, or the potential for motherhood. Almost all medical diagnoses and diseases stem from her ability to potentially bear children. These biological theories work to “exalt moral motherhood and to convince of it primarily in relation to its moral and educative responsibilities to children” (Gordon and Nair 552). This reiteration of religious norms manifests itself in the use of nature metaphor, much as with males. However, in reference to men, nature is something to be conquered and risen above, while with women, nature is an inevitable reminder of her womanly duties as a potential mother and child bearer. Nature is discussed somewhat as a personified deity who bestows her gifts of procreation on womankind. For example, Dr. Hanchett argued that women should regard menstruation not as a burden, but as “Nature’s way of reminding them of their life-work, in preparing for which they cannot by any possibility spend too much time or thought!” (42). Nature provided women their physical attributes and role in reproduction, and therefore those processes should be embraced. This ties directly to the theory of the maternal instinct, a common concept during the era, which proclaimed that all women wished to have children. This instinct was considered the main, if not the only, reason women acquiesced to the sex act. As many, such as Degler, have noted, women were often believed to be devoid of sexual impulses by physicians, the most notorious and often quoted of which was Dr. Acton. However,

he was not alone in his theory. For example, Dr. Theophilus Parvin was quoted as stating, “I do not believe one bride in one hundred, of delicate, educated, sensitive women, accepts matrimony from any desire for sexual gratification; when she thinks of this at all, it is with shrinking, or even with horror, rather than desire” (in Degler 192). If women had no natural sexual desire, then there must be some other physiological motivation for women’s willingness to marry and partake in the act. This desire was labeled the maternal instinct. However, while, “denials of strong female sexuality formed part of an image of woman that ultimately proved confining, even degrading... in the nineteenth century there were no necessarily pejorative implications to statements that women possessed less erotic energy than men” (Walters 67). In fact, this was often considered a point of pride for the upper class woman, as a woman was not a slave to her sexual feeling.

Linda Conner argues that in a system which often denied the sexual impulses of women, the maternal instinct was cited as the primary reason a woman submitted to her husband (255). This drive was considered the equivalent to the male sexual drive, as both urges led to sex and procreation, and it was believed that the “two instincts were seated in analogous parts of the brain, or soul” (255). There were splinter groups that advocated a female sexual drive and acknowledged that there were women who did not wish to conceive children; however, the dominant medical theory was, regardless of women’s physical sexual desire level, the maternal instinct was the counterpart to the male sexual drive which kept the species reproducing. If physicians conceived that woman’s primary urge—that of maternity—was a natural, biologically-induced impulse, then the physician could encourage women to embrace this normal instinct. The nature metaphor thus exemplifies this state, which coincides with the roles of women encouraged by society—a domestically-based mother figure with a pure and sacrificing heart.

The personified Nature figure was also invoked to prevent certain actions in women, such as marrying at an age and using birth control, as any action which thwarts the natural biological order of motherhood led to unwanted consequences. For example, Dr. Fowler openly addressed

the unscrupulous practice of early marriage. He blamed children dressing in ‘adult’ clothing to mimic a full-grown body. He chastised girls—and their mothers—who are “not content to wait for the natural appearance of that function which transforms them from the girl to the woman, [and] use every means to hasten the event” (80). Arguing that these types of dress are not only false advertisement, he believed that certain actions could create an earlier onset of the reproductive years, which could then lead to their early disappearance, as the medical community believed there was only a set amount of time available for child production. He recommends that girls:

Wait and GROW, before you attempt to ripen. Let nature choose her own time; yet better late than early, because the later before this function appears, the later before it takes its final departure, and leaves you a superannuated, wrinkled old woman, exchanging the rich foliage of young beauty for the sear and yellow leaf of withering age. (80-81)

If one impedes Nature’s plan, she will be punished by sickly offspring and premature aging.

These types of arguments against thwarting the natural plan also extend to the infrequent mention of birth control and abortion in these manuals, where Fowler threatens that “retribution is soon to follow such gross violations of nature’s laws” (189). Fowler follows with confessional tales about infertility and death following purposeful miscarriage. In these instances, Nature operates as an avenging angel figure, punishing the wicked who do not embrace the natural order.

The dangers disregarding the nature order had previously been, especially in relation to birth control issues, a religious idea; however, there are societal corollaries. Though birth control was snubbed, limiting births was encouraged by many physicians in these manuals, as fewer children equated better health. This was due to multiple children leading to more financial strain and stress on a mother’s body due to childbirth, especially in the lower classes, where expendable income and healthcare were limited. In fact, the Neo-Malthusians argued that the bourgeois had

more power because they had more money and better health, due to having fewer children. They believed the anti-birth control advice of the day was a conspiracy where the upper classes “hypocritically advocated higher birth rates among workers so that the supply of labor would remain high and wages low, so that the military would have ample populations from which to recruit soldiers, and so that bourgeois men would have an endless supply of cheap female labor, prostitutes, and mistresses” (Accampo 353). Therefore, threatening women with tales of the evilness of birth control forms could have been a ploy to ensure adequate lower class workers for the future of society. As well, according to pro-eugenicists such as Geddes, evolution led to declining fertility rates. The bourgeois or upper class mother’s energy was used for other activities due to her evolved mental and physical state, which did not leave as much energy for the creation and development of new life. A decline in fertility rates in the middle and upper classes were expected, as more energy was spent on “individual human development” (Conway 148). As the only the upper and bourgeois classes were considered to be evolving, their fertility rates were considered essentially lower, and the upper class, reasonable man would be able to use his mental control to abstain until procreation was the goal. And, as women were often thought to have no sexual impulse, all these factors combined to create lower birth rates in the upper classes automatically. Therefore, some may argue that the anti-birth control movement was a social maneuver to keep the classes intact and separate through income, as the upper classes would not necessarily need external aid in lowering birth rates.

The nature metaphor is also invoked in discussions of women and marriage. Dr. Fowler argued that the only reason for marriage was, “Nature brings them together in wedlock, SOLELY that they may unite in propagation. Nature’s only end in instituting love is propagation, just as much as the ultimate end of eating is nourishment. Neither love nor marriage have any other natural adaptation” (54). Fowler used this metaphor to impart the medical theory that there is no such thing as romantic love, but biological process—and that process is breeding, which is a

woman's main and only purpose in life biologically. Fowler uses nature metaphor to explain to the female reader their purpose in life as well, arguing:

“Thus the fruit of the tree is the mother of those seed-bearing fruits which reproduce their kind, while the pulp, or edible portion, is to the seed, what its mother's milk is to the infant animal—a deposit of nutrition, to feed and moisten it till it can take root, so as to take root, so as to sustain independent life. (11)

To physicians like Fowler, the female of any species, whether animal or plant, had the sole purpose of nurturing and carrying the next generation, and women must first comprehend this, and second, follow the rules set forth by nature to complete this lone goal. By using nature metaphors, the physicians reestablished this theory, a theory which happened to correspond with the traditional notion of a female's worth to society.

The perception that men must rise above their natural tendencies, while women should embrace them, has several implications. First, the prevailing notion that women's existence is based on procreation often leads to the assumption that the social and biological roles impressed upon women are purely sexist and in place to stifle them. However, many of these authors encourage women to take pride in their ability to produce offspring, such as Fowler, who proclaimed, “For what were you created a woman as such? Simply to bear children, AND FOR NOTHING ELSE. Then why be ashamed to be seen while fulfilling your destiny—your ONLY destiny as a woman? (46). He advises that a woman should not hide indoors while pregnant, but rather go about her normal health routine of fresh air and light exercise. These physicians exalt the ability of women to conceive and produce offspring, and encourage women to not be ashamed of natural processes. However, this could in itself be a ploy to urge women to embrace a possibly unsatisfactory role as mother and wife.

The notion of embracing and shunning nature also encourages responsabilization for the wife and husband. Connell and Hunt explain that most discourse contains a suggestion as to what

is considered normal, as well as a “normative judgment” that reinforces that normalcy (n.p.)⁸.

They extend this theory further, arguing that “discourse imposes some specific responsibility on individuals for their own conduct, speech or demeanor” (n.p.). The theory of responsabilization is applicable to the manuals, which were indeed written to give the knowledge to readers to enhance their health, after which they must make the decision to be responsible and apply it to their daily lives; however, it is especially applicable to the male and female roles reinforced through the nature metaphor. In the case of the nature, the man must choose to divide himself from the natural desires, while a woman choose to embrace the natural, biological drive to become a mother. The key factor is that of choice—both men and women had to choose to conform to these role—and by making this choice, the couple takes on the responsibility doing what is healthy biologically and what society deems as appropriate actions for both individuals.

The physicians’ encouragement for women to embrace their ‘natural’ impulses also enforced the idea of woman as the moral arbitrator of the home. Godbeer argues in his discussion of sexual politics in Revolutionary America, one popular theory preceding the Victorian era was that women were blamed for their husbands’ philandering. Authors such as William Byrd discussed at length the deception of women during courtship. Byrd believed that women dress and act in a way to deceive men of her actual attributes and disgraces. After marriage, the man is disappointed and disenchanted to see the real woman behind the lies, and seeks other women for his pleasure (in Godbeer 270). Therefore, women were to blame for their husband’s cheating, as they were false in the presentation of their goods. This could be why physicians such as Chavasse and Fowler address the health issues inherent in the wearing of corsets, long skirts, and other figure-enhancing accoutrements. Though argued in terms of embracing the natural female form, these devices create deception which leads men to cheat, regardless of their self-control and reasoning ability. But more so, often these physicians encourage women to embrace what is

⁸ Connell and Hunt focus on their study on how what is “normal” and “natural” translates to an internal responsabilization of gender role duties within the marriage, such as ‘normal’ sexual acts, the tutor/pupil relationship, and the moral power and sexual innocence in women.

‘natural’ in the bedroom. In contradiction to Dr. Acton’s often cited idea that women have little-to-no sexual feeling, authors like Dr. Napheys refute this. In fact, Napheys attempted to encourage women’s enjoyment of the act, as “it is a false notion, and contrary to nature, that this passion in a woman is a degradation to her sex” (96). Medical knowledge on the physiology of women has proven this, argues Napheys, and within a marriage, “there should be no passion for one that is not shared by both” (97). Napheys urges women to accept themselves as a sexual animal, and to counteract the years of sexual repression, when appropriate—in the marriage bed. While he does believe that sexual acts and procreation should be a conscious decision between the couple, he encourages women to be responsive to their husbands. This connects to Byrd’s idea that women lead men to cheat, as often, repression—or even disdain for—the sexual act is argued to lead men to seek gratification outside the bedroom. Therefore, a woman’s responsiveness to natural sexual impulses is essential to maintain a monogamous relationship, according to Victorian social norms.

This contrasts with men, on whom much time is spent encouraging them to thwart their natural tendencies, though often these urges are referred to as a natural part of life. In a sense, the differentiation of men and women’s relationship to what is natural and what should be overcome is indicative of the social roles expected of the sexes: Men must be reasonable and controlled, and women must succumb to their role as child bearers, in order to achieve maximum health as well as maintain the social status quo. This theme was essential throughout the Victorian’s marriage and child rearing manuals, whose overarching goal was to maintain social regularity through marriage and procreation.

Marriage as Civilization

While one could argue that the Victorian emphasis on marriage was merely a standard based on the dominant religion, there are deeper psychological roots to consider in this emphasis. Cominos argues that “chaste behavior was the foundation of the social system of relations and

actions known as the genteel family” (156). One must remain abstinent before marriage, and remain monogamous in marriage, in order for the Victorian social structure to prevail, as “happy marital sex was not only a personal benefit but also contributed to social stability” (Connell and Hunt n.p.). The Victorian social and economic structure was based on the nuclear family, traditional marriage, and the family unit, and these manuals worked to maintain this structure. However, the Victorian’s emphasis on monogamous marriage structure reaches further than a religious or social convention.

Richard von Krafft-Ebing penned his “Medico-Forensic” study, *Psychopathia Sexualis*, in 1866 to describe the current sexual pathology and mental disorders popular during the era. While Krafft-Ebing was German, he hoped his work would reach his contemporaries across Europe, which is why he composed it in the unofficial language of medicine—Latin (7-8). Krafft-Ebing explains that there is a connection to a higher order in establishing complimentary social and sexual roles within the family unit. He argued that “sexual life no doubt is the one mighty factor in the individual and social relations of man which discloses his powers of activity, or acquiring property, of establishing a home, or awakening altruistic sentiments toward a person of the opposite sex, and toward his own issue as well as toward the whole human race” (23). Krafft-Ebing argues that women were traditionally considered as chattel, viewed as objects to be given, received, and as “a vessel for sexual gratification” (24). However, as civilizations evolved, the female transformed from an object to an actual, individual person, though still socially inferior to men, who had rights and privileges (25). The most important of these privileges is her selection of a singular mate, which caused males to compete and woo for female affection, as opposed to the days of old where a woman was taken at will. As couples begin to pair off in modern marriage-like arrangements, a “woman is conscious of the fact that her charms belong only to the man of her choice. She seeks to hide them from others. This forms the foundation of modesty, chastity and sexual fidelity so long as love endures” (Krafft-Ebing 25). The woman becomes modest to

all other but her chosen mate, as she has made her choice. This action was the initial steps of female modesty and decorum. The stereotype of the virtuous, chaste female evolved from the expectations of a woman in a monogamous relationship, seen as a signal of evolution and civility, as only progressive civilizations had monogamous relationships. These monogamous pairs also led people to rebuke the nomadic lifestyle and develop cities as their permanent residences.

Krafft-Ebing argued that due to this evolution, the mere presence of marriage in a society, marked it as civilized, as the less-evolved cultures still treated women as objects for sexual release (25). These ‘civilized’ groups associated virtues such as fidelity, chastity, and modesty with necessity, and believed these qualities were crucial to maintaining a life-long pairing. Monogamy was therefore exemplified to further separate the civilized from the uncivilized. Bourke argues that “sexual desires constitute one form of emotion-work through which people are sorted into positions within the social hierarchy” (420). While this applies to the male and female dynamics at play in the Victorian society, it also extends to Krafft-Ebing’s theory, as the harnessing of sexuality leads to monogamy, which in turns leads to social and moral superiority over other societies. The societies which participated in exclusive marriage were able to claim superiority—specifically the Western, Christian peoples of European descent—over those of other religions and creeds. Applying this theory to the emphasis on marriage roles in these manuals, Krafft-Ebing’s emphasis on chastity and sexual restraint as a division between civility and hedonism creates more meaning than the original arguments. These roles did more than pacify men, repress women, or even ensure propagation of the species. Instead, sexual feeling is the heart of ethics, and successful marriages are simultaneously a sign of higher civilization and gave that civilization the ability claim superiority over others. With these issues at stake, maintaining the complimentary roles of husband and wife is crucial.

CHAPTER V

CONCLUSION

The sex, marriage, and child rearing manuals of this era work to do more than just relay practical advice for the management of children and oneself in relation to health and hygiene. Framing these recommendations in medical knowledge, it was most likely the physicians' intended goals as well to break the conspiracy of silence which surrounded the topic of reproduction, sexuality, and other bodily functions, which were not deemed appropriate topics for much of Victorian society. While the publications of the manuals aided in bringing sex and reproduction to the forefront of conversations, most of these authors went the extra mile to make the public comfortable with discussing biology and health openly. For example, Dr. Hanchett went so far as to publish his *Sexual Health* as a companion piece so that those who did not wish to delve into sexual biology could avoid the scandalous topic and still benefit from his information and instruction in *The Elements of Modern Domestic Medicine*. Many, such as Dr. Fowler, prefaced their editions with discussions of the 'propriety' of the topic (iv-v). These physicians as a whole wished to break through the existing taboos to impart their knowledge to the masses for the public's benefit. These manuals did just that, as most went through multiple publications, such as Napheys, who sold 150,000 of his manual in the first three years alone, while Chavasse published his ninth edition in 1868 and Fowler's "Second Thousand" was released in 1853. While some of the earlier versions of these works predate the Victorian

time frame, the content was constantly modified in each edition to reflect the new scientific knowledge available at each reprint. The silence surrounding sexuality and sexual health was effectively broken by medical professionals in these manuals, which allowed for more knowledge to be sought and developed.

While these manuals did in fact impart medical knowledge, such as the processes of reproduction, how to care for and raise children, and how to take care of the self, they as well acquired the duty of establishing and reinforcing the moral codes and social standards which existed prior to this era. This was not necessarily a conscious move on behalf of the medical community, though some physicians, like Dr. Guernsey, did relate health to society, as “those who conscientiously read and faithfully apply its teaching to life cannot fail to become wiser, better and happier members of the home circle and of society at large” (n.p.). These preexisting social and moral standards of the era were dictated previously by the clergy, individual families, and communities. These values and standards were considered innate, and therefore the medical community sought and evaluated their medical knowledge under these standards. This led to biological theory which secured these roles, such as the center of the nervous systems in men and women dictating their station within the marriage and the outside world, the relation of the lower classes to the upper classes through evolution, and the necessity of women to produce offspring.

In order to mollify the audience and aid them in accepting their advice as recognized truth, the physicians established a new form of sexual discourse complete with rhetorical standards and specific devices used in most of these manuals. Graham argues that “sometimes scientific imperative and rhetorical expedience prove inseparable” (470). The rhetorical devices selected were purposeful, incorporating elements of both scientific and religious writing standards. One such device was the use of the religious confessional, most often the tales of ‘common people’ which establish or introduce a physician’s medical advice. These tales rhetorically supplied pathos in medical knowledge creation, in the form of sympathy or fright, to persuade the reader to follow the medical advice given. As well, the authors often use plain

language and metaphors which were easily understood by the reader, such as the metonyms of disease and education, and metaphors of nature.

These devices also reinforced specific cultural roles, and often these roles were restrictive. For example, the confessional was often applied to medical theories on pregnancy and child rearing. Dr. Fowler uses multiple confessions to instill the fear that any action a pregnant mother takes, any stray thought or shock, could irreparable mark unborn children, while Dr. Chavasse included a confession about a pregnant woman who did not follow his medical advice, leading to the death of both mother and the child. The prevalent medical theory was that since the blood of the mother is shared with the child for nine months in utero, with no influence from the father after conception, the child would be born most like the mother. Her traits could easily overcome those of the father, especially those traits which are undesired (Fowler 12-14). Therefore, the mother's influence over the child was paramount, and no good mother would unduly influence her child negatively. Women needed to remain calm and sacrifice their own desires for the child's welfare, and the safest place for this shelter was the home. This corresponds with the Victorian female role of loving, altruistic mother, and reinforced that a woman's proper place was in the home away from stimuli in the exterior spheres. The confession used other women's experiences of birth defects and mutations to stress this idea, as there was irrefutable 'fact' that a woman should adhere to the domestic angel role.

Plain language was utilized to aid the connection of medical theory to the readers' experiences. The term *disease* does refer to disturbances in health in these manuals, but disease is applied differently to men and women. For example, men's diseases were often external, physical symptoms brought on from lack of reason and control of the mind, while women's diseases were often mental impairments brought on by the physical limitations placed on her by her reproductive organs. This reinforces the preexisting roles of men and women in society. Men were to be in control of their brains, and by extension their entire bodies, while women were generally assumed to be out of control and limited intellectually and physically by their

femaleness. This differs from the application of *education*, as it was used most often to differentiate the classes, and encouraged class separation in all matters, especially on the topic of intermarriage. This recalls the notion of proper marriage roles and procreation, as intermarriage was considered a step toward unhappy unions. As well, in the case of procreation in these unions, the uneducated lower classes' genetics could overpower the evolved, superior traits of the upper classes. The differentiated roles in the marriage are further witnessed in the nature metaphors applied. Women's nature metaphors encourage her embracing what is natural and shunning what is unnatural—most often in relation to the naturalness of marriage and pregnancy, and unnaturalness of birth control and education. This differs from the male, to whom nature is invoked to encourage the necessity to be intellectually isolated from nature, as he has the ability to reason.

While the Victorians have a distinct reputation for repression, especially in the area of sexuality and reproduction, not all of the rhetoric used to shape this discourse form was repressive. The manuals and the theories presented in them were indeed focused on establishing and enforcing normative behaviors in sexual matters. These roles included propriety, modesty, and especially chastity before marriage, which led to a monogamous, heterosexual marriage with children and the quintessential happy home. Within a marriage, males and females had specific roles in which to fill, including the male as the head-of-household and provider for the family, and the domestic, pure, loving wife who maintained the home and instilled these standards in the next generation. While many, especially the roles of women, did work to suppress sexual behaviors, this was not the case for all of the normative behaviors advocated for in the manuals. For example, the confession allowed women to contribute to the creation of knowledge through their recorded confessions. As well, applying *disease* to certain behaviors allowed the bourgeois to claim superiority over the lower class, and the term *education* indicated a higher state of evolution. Also, embracing the theories presented through nature metaphors allowed the Victorians as a whole to be uplifted and freed from the stigma associated with underdeveloped

nations, as those societies with monogamous partnerships were believed superior to other nations. The Victorian social order in its entirety was reestablished under the guise of medicine, which allowed for a conversation on sexuality that was previously excluded in common circles. This permissive sexual discourse advocated for the social roles to remain constant from the preceding eras; however, there was now concrete biological proof of these roles' importance, which aided in cementing the social order.

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VITA

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Scope and Method

During the Victorian era, industrial and political upheaval led to social changes. The Victorians feared a rift between the immoral, urbanized youth and traditional family values and social roles, as youth moved to the cities for work. Religion and family's lack of effectiveness in policing morality led to a shift where the medical community became the new moral authority, which led to the publication of sex, marriage, and child rearing manuals written to instruct the bourgeois and upper classes on matters of health, hygiene, and child management. These physician-authored manuals still argued for traditional social and familial roles, but with medical explanations. Eight physician-authored manuals were analyzed to ascertain how and why specific rhetorical devices were utilized to create this type of sexual discourse. These rhetorical elements were categorized into three main categories: Confessions, plain language, and nature metaphors.

Findings

These three categories shaped the new discourse in specific ways. Positioned to convince the readers of the physicians' credibility and to create truth, these rhetorical staples invoked pathos, differentiated between the sexes and social classes, and reinforced gender norms—all to support the previously determined roles of men and women within the marriage and society. However, while the rhetoric did reinforce these normative roles, these norms were not all necessarily repressive to the Victorian citizens but instead granted a certain amount of freedom for the bourgeois class.

Conclusion

While the roles of Victorian individuals, especially women, are argued to be extremely restrictive, this was not the case for all of the normative behaviors advocated through the rhetoric of these manuals. The confession allowed women to contribute to knowledge creation through their recorded experiences, while some *diseases* allowed the bourgeois to claim superiority over the lower class, and *education* distinguished the upper classes as mentally evolved, for both genders. As well, embracing the traditional gender roles found in monogamous relationships, framed within metaphors of nature, allowed the Victorians to position themselves above underdeveloped nations, as monogamy was believed to be the determining factor between civilized and uncivilized societies.

ADVISER'S APPROVAL: Dr. Ron Brooks
