

Texts and Documents

The Benefits of Psychological Surgery: John Scoffern's Satire on Isaac Baker Brown

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In her study of mutilating surgical operations on women, Ann Dally drew attention to a pamphlet, *The London Surgical Home*, by John Scoffern, concerning the activities of the London obstetrician, Dr Isaac Baker Brown.¹ As is now well known, Brown was the leader of a short-lived vogue for treating nervous diseases in women (especially epilepsy, catalepsy and hysteria), thought to be caused by “peripheral irritation of the pudic nerve” (masturbation), by means of an operation to remove the source of the irritation—that is, clitoridectomy. After enjoying a certain amount of celebrity in the early 1860s as the pioneer of an operation offering “a remedy for some of the most distressing cases of illness which [the clergy] discover among their parishioners”, as the *Church Times* enthused, Brown ran into stiff opposition from his fellow obstetricians, and was expelled in disgrace from the Obstetrical Society in April 1867. Earlier studies of Brown have tended to place him within a tradition of patriarchal contempt for women and seen his activities as part of a mainstream obsession with controlling female sexuality,² while later scholars have rather emphasized Brown's relative isolation within the medical profession and the rapidity with which his fix was discredited³—at least in Britain, if not in the United States.⁴ More recent studies have sought to place Brown within the context of a wider Victorian interest in

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¹Ann Dally, *Women under the knife: a history of surgery*, New York, Routledge, 1991, pp. 157–9.

²J B Fleming, ‘Clitoridectomy: the disastrous downfall of Isaac Baker Brown FRCS (1867)’, *J. Obstet. Gynaecol. Br. Emp.*, 1960, **67**: 1017–34; Andrew Scull and Diane Favreau, “‘A chance to cut is a chance to cure’”: sexual surgery for psychosis in three nineteenth century societies’, *Research in Law, Deviance and Social Control*, 1986, **8**: 3–39; Elizabeth A Sheehan, ‘Victorian clitoridectomy: Isaac Baker Brown and his harmless operative procedure’, in Roger N Lancaster and Micaela di Leonardo (eds), *The gender/sexuality reader: culture, history, political economy*, London, Routledge, 1997, pp. 325–34.

³Roy Porter and Lesley Hall, *The facts of life: the creation of sexual knowledge in Britain, 1650–1950*, New Haven, Yale University Press, 1995, pp. 147–8.

⁴In the USA Brown's ruin was deplored as a grave setback for scientific medicine. The *Medical Record* attacked the anti-clitoridectomy movement in Britain as emotional and unscientific and asked, ‘What now will be the chance of recovery for the poor epileptic female with a clitoris?’, cited in Frederick Hodges, ‘A short history of the institutionalization of involuntary sexual mutilation in the United States’, in George C Denniston and Marilyn Fayre Milos (eds), *Sexual mutilations: a human tragedy*, New York, Plenum Press, 1997, p. 21. A number of American authorities recommended routine removal of the clitoral hood as an aid to hygiene and chastity; see Robert T Morris, ‘Is evolution trying to do away with the clitoris?’, *Transactions of the American Association of Obstetricians and Gynecologists*, 1892, **5**: 288–302, and Belle C Eskridge, ‘Why not circumcise the girl as well as the boy?’, *Tex. State J. Med.*, 1918, **14**: 17–19. Even in recent times there are cases of girls being subjected to trimming operations in the interests of parental concepts of genital normality; for a disturbing personal account, see Patricia Robinett, *The rape of innocence: one woman's story of female genital mutilation in*

surgical solutions to mental and behavioural problems, and especially to show that he was seeking to apply to women the same theories of nervous illness that were already being deployed to justify surgery on the male genitals, and in particular to enforce circumcision of boys as a cure or preventive of masturbation and other disorders.⁵

With the recent rise of demands for preventive amputation (in this case, circumcision of adult males) as a means of controlling the spread of sexually acquired AIDS in under-developed countries,⁶ it is clear that the scientific and ethical issues raised by Brown's drastic methods are by no means dead. In this context it may be interesting, and perhaps instructive, to return to the professional reaction to Baker Brown, and in particular to Scoffern's pamphlet, one of the few commentaries on his programme to have been published outside a medical journal.

John Scoffern (1814–1882) has not left a deep mark in the annals of medical history, but he was the author of many books and articles on scientific and medical topics, and in his day a well-known teacher. He received his medical education at the Aldersgate Street school of medicine, one of several private medical schools which flourished in the early nineteenth century,⁷ gained his Licentiate from the Society of Apothecaries in 1837, and took an MB at the newly-established University College, London, in 1843. In his pamphlet on Brown, Scoffern describes himself as “Formerly professor of forensic medicine and chemistry at the Aldersgate College of Medicine”, a claim confirmed by the entry in Frederic Boase's *Modern English Biography*,⁸ and by the *Lancet*, which regularly published summaries of the courses offered at the various medical schools. In 1843 he was named as giving the course on chemistry (Thursday and Saturday at 10.30), and on forensic medicine with the barrister (Sir) William Hodges. He also lectured on chemistry at the

the U.S.A., Eugene, OR, Aesculapius Press, 2006. Brown's theories had a late blooming in the determination of Dr Henry Cotton to treat mental patients by removing points of “focal sepsis”, meaning mass extraction of teeth, colons and other internal organs. See Andrew Scull, *Madhouse: a tragic tale of megalomania and modern medicine*, New Haven, Yale University Press, 2005.

⁵Ornella Moscucci, ‘Clitoridectomy, circumcision, and the politics of sexual pleasure in mid-Victorian Britain’, in Andrew H Miller and James Eli Adams (eds), *Sexualities in Victorian Britain*, Bloomington, Indiana University Press, 1996, pp. 60–78; Robert Darby, *A surgical temptation: the demonization of the foreskin and the rise of circumcision in Britain*, University of Chicago Press, 2005, ch. 7.

⁶Robert Van Howe, J Steven Svoboda and Frederick M Hodges, ‘HIV infection and circumcision: cutting through the hyperbole’, *J. R. Soc. Promotion Health*, 2005, **125**: 259–65.

⁷The Aldersgate (Street) school of medicine was established in 1825, one of several private medical schools which arose during the period when the apprenticeship model of medical education was losing favour but before the hospitals had taken on the major

teaching role. The school flourished in the 1830s, posing a serious challenge to St Bartholomew's Hospital across the road, but declined in the 1840s as Barts and other London hospitals expanded their educational offerings. Among its distinguished teachers were Jones Quain, author of a standard nineteenth-century anatomy text, who left for University College in 1831, and John Snow (of cholera fame) from 1846 until the school's demise in 1849. Snow thought sufficiently highly of his appointment to describe himself as “Lecturer in forensic medicine at the Medical School, Aldersgate Street” in several papers published in the late 1840s. Information from Zachary Cope, ‘The private medical schools of London (1746–1914)’, in F N L Poynter (ed.), *The evolution of medical education in Britain*, London, Pitman Medical, 1966, pp. 89–109, on pp. 99–102; Peter Vinten-Johansen, et al., *Cholera, chloroform and the science of medicine: a life of John Snow*, New York, Oxford University Press, 2003, pp. 59, 62, 64, 100–1. A map showing the location of the Aldersgate and other medical schools was published in the *Lancet*, 24 Sept. 1834.

⁸Frederic Boase, *Modern English biography*, 3 vols, London, Frank Cass, 1965, vol. 3, p. 445.

Charlotte Street medical school, Bloomsbury.⁹ Scoffern had left the Aldersgate school by 1846, when no less a figure than John Snow was appointed as the lecturer in forensic medicine, possibly as his replacement.¹⁰ That he also engaged in private practice as a surgeon or general practitioner is suggested by his report of a fatal case of sulphuric acid poisoning that he was called to attend in 1842.¹¹ Scoffern's main activity, however, seems to have been as an educator and popularizer of scientific knowledge: his textbook *Chemistry no mystery*, first published in 1839, went through several editions, followed by such titles as *Projectile weapons of war and explosive compounds* (1845), *The manufacture of sugar in the colonies and at home* (1849), *Outlines of botany* (1860), and *Stray leaves of science and folk-lore* (1870). Scoffern was also a regular contributor to journals: the *Wellesley index to Victorian periodicals* identifies twenty-three articles by him, on subjects ranging from 'Preadamite man' to 'Crinolines and whales', and the *Lancet* index lists eight communications between 1838 and 1880. In 1879–81 he was a frequent contributor of popular science pieces to the *Boys' Own Paper*.¹² Nor did his versatility end there: according to Boase, Scoffern travelled to France in 1870 to cover the Franco-Prussian War for "a morning newspaper", and was the only civilian in the palace of St Cloud when it was bombed by the French. For his efforts in tending the wounded, the Prussians awarded him the Iron Cross.

Considering Scoffern's less than reverential reference to "chief personages in the land" and "Right reverend bishops", it would be interesting to know more about his political and religious views. The private medical schools were noted for teaching the materialist anatomy of St Hilaire and Lamarck, stressing continuity of body plan among animals and transmutation in a progressive direction—principles regarded as dangerously French, subversive and atheistic by conservatives.¹³ According to Adrian Desmond, the Aldersgate school was "one of the most radical in London"; having close connections with the irreverent Thomas Wakley and employing such advanced teachers as Robert Grant, it was "a center of medical agitation and Parisian materialism".¹⁴ If Scoffern was going to pick up anti-clericalism anywhere it would be here, but it seems that, if he did, he must have given it away during the decline of materialist anatomy and the rise of Richard Owen and his theory of (divinely-inspired) archetypes in the 1840s.¹⁵ Scoffern became a popularizer of science rather than a critic of religion, and his two main outlets became the ultra-conservative *Dublin University Magazine* (founded in 1833 as an organ of the Protestant ascendancy) and the middle-class variety magazine, *Temple Bar*. The former was less politically committed by the time he came to write for it in the 1850s, leading the *Wellesley index* to comment that his pieces on military and mining technology "indicate how far the magazine had come from the political jeremiads of the [1830s and 1840s], with their focus on maintaining what was left of 'the good old days'."¹⁶ *Temple Bar: A London Magazine*

⁹ *Lancet*, 1842–43, ii: 926–7.

¹⁰ Vinten-Johansen, *et al.*, *op. cit.*, note 7 above, p. 100.

¹¹ John Scoffern, 'Case of poisoning by sulphuric acid', *Lond. Med. Gaz.*, 1842, 2 (NS): 352–4.

¹² Diana Dixon, 'Children's magazines and science in the nineteenth century', *Vic. Period. Rev.*, 2001, 34: 228–38.

¹³ Adrian Desmond, *The politics of evolution: morphology, medicine and reform in radical London*, University of Chicago Press, 1989, p. 8.

¹⁴ *Ibid.*, p. 164.

¹⁵ *Ibid.*, p. 13.

¹⁶ *Wellesley index to Victorian periodicals*, 5 vols, University of Toronto Press, 1966–1989, vol. 4, pp. 194, 206.

for *Town and Country Readers* catered for “the comfortable, literate, but ill-educated middle class which read magazines for pure entertainment and easy instruction”; the prospectus issued in 1860 announced that it would be “a domestic romance of English life and manners” which would “strive to inculcate thoroughly English sentiments—respect for authority, attachment to the Church, and loyalty to the Queen”.¹⁷ The magazine published the occasional article on the progress of science, some of which dealt gingerly with the dangerous ideas of Mr Darwin.

Such a milieu does not suggest that Scoffern was much of a subversive, but he was unusual among medical professionals in showing a cautious but sympathetic interest in *The origin of species* and the subsequent debate on the scope of evolution and the antiquity of man. An intriguing clue to the possible nature of his views is offered by the dedication of *Stray leaves of science and folk-lore* to the Earl of Derby, “out of respect for the advanced and generous sentiments conveyed by your Lordship’s public utterances”.¹⁸ Although a Tory and minister in the conservative cabinets of Disraeli and Lord Salisbury, Edward Henry Stanley (1826–1893), 15th Earl of Derby (from 1869), was certainly a religious sceptic and, in later life, rarely went to church. He was a keen reader of Hume, Voltaire and J S Mill, and particularly admired such contemporary freethinking texts as the Unitarian W R Greg’s *Creed of Christendom* (1851) and David Strauss’s *Life of Jesus*.¹⁹ Stanley was eager to promote scientific education, and when the question of honours and rewards for men of science came up in 1875, he recommended “the selection of Darwin and Owen, or of Darwin alone”, and that the latter should be offered a pension “and either a baronetcy, or, better, a K.C.B.”²⁰ Whatever the content of the utterances to which Scoffern referred, it would thus seem reasonable to conclude that there was a certain ideological sympathy between the scientist and the earl—politically conservative yet intellectually adventurous as both appear to have been.

Several of the articles published in *Stray leaves* suggest that Scoffern was an early, though guarded, convert to Darwinism, but that he was anxious to reassure his readers that acceptance of the theory of evolution need not mean abandonment of religion. The collection includes several sceptical pieces, including an essay on an English witch trial that criticized John Wesley’s contention that to reject belief in witchcraft was to give up the Bible;²¹ and another, ‘Preadamite man’, which questioned literal interpretations of the Mosaic account of creation and cautiously supported “the development hypothesis”. Here Scoffern proposed that “any complete mutation of species” during “countless geological ages” was an hypothesis upheld by “naturalists, who best should know, and whose judgment should be entitled to respect in the highest degree, following Mr Darwin”, though he rejected the “extreme” views of Lamarck.²² Scoffern defended scientific

¹⁷ *Ibid.*, vol. 3, pp. 386–7.

¹⁸ John Scoffern, *Stray leaves of science and folk-lore*, London, Tinsley Brothers, 1870. A facsimile was reprinted by Kessinger Publishing in 2006.

¹⁹ First published as *Das Leben Jesu kritisch bearbeitet* in 1835–6, English translation by George Eliot published in London in 1846.

²⁰ *Oxford Dictionary of National Biography*, Oxford University Press, 2004, vol. 52, pp. 191–8;

John Vincent (ed.), *A selection from the diaries of Edward Henry Stanley, 15th Earl of Derby (1826–93), between September 1869 and March 1878*, London, Royal Historical Society, 1994, Introduction, pp. 11–12; diary entry, 18 Aug. 1875, pp. 238–9.

²¹ Scoffern, *op. cit.*, note 18 above, ‘The Suffolk witches’, p. 485.

²² *Ibid.*, ‘Preadamite man’, pp. 130–1.

method as based on experiment, observation and refusal to yield allegiance to authority, and criticized fads such as homeopathy and spiritualism as based on faith rather than experience: "Scientific testimony . . . is ever based on experiment; the conditions, limitations, and successive steps of which are fully set forth. All science is based upon the belief—justified by experience—that Nature's laws are immutable".²³ At the same time, however, he was careful to leave room for theistic belief by insisting that the laws of nature were an expression of the will of the Deity:

[T]he mysteries of science are . . . often *beyond* reason, but never *opposed* to reason. They are, moreover, fixed, unerring, and invariable. In their mystery they ever proclaim the cheering truth, that the God of creation is not a capricious God; that his physical laws are unalterable.²⁴

In an introductory essay to this volume, Scoffern applauded the rising interest in scientific matters, and insisted that it was perfectly consistent with belief in God and adherence to religion:

Whilst some persons deprecate the scientific spirit, associating it with some notion of irreligion, or at the least free-thinking, others foster the spirit as one calculated to elevate the mind to conceptions of the Deity such as the mind of an individual unacquainted with science can never aspire to. Meantime science advances, drawing within its ranks men of pure minds and high theological training.²⁵

Like Darwin himself, Scoffern had no desire to attack religion ("Let us not quarrel with any faith", he urged),²⁶ but in his determination that science should be free to follow its own procedures wherever they might lead, he gave religion only a minor place in life and was probably willing to leave it behind. It is significant that all his references to religion are of a general character and do not embrace anything specifically Christian, let alone recognizably Church of England. A reasonable conclusion might be that Scoffern was a minor player in the late Victorian accommodation between science and religion that allowed the agnostic T H Huxley to reach the pinnacle of educational policy making; the godless Charles Darwin to be buried in Westminster Abbey; and the Rev. Frederick Temple, a contributor to the heretical *Essays and Reviews* of 1860, to become Bishop of Exeter, declare in the Bampton Lecture of 1884 that there was nothing in the teaching of evolution that contradicted Revelation, and be made Archbishop of Canterbury twelve years later. Scoffern would be an interesting test case for Robert Young's contention that the Victorian debate on evolution culminated not in the rejection of theism, but in an adjustment of the relations between science and religion within a fundamentally theistic view of nature.²⁷

How far Scoffern's conception of science determined his contempt for Baker Brown is another question. By the time his pamphlet was published in 1867, Brown was already disgraced, so it would not appear to be a particularly controversial intervention; on the other hand, Brown had attracted a great deal of sympathetic interest in the first few years of

²³ *Ibid.*, 'Modern mysticism and modern science', p. 282.

²⁴ *Ibid.*, p. 286.

²⁵ *Ibid.*, 'Popular science', p. 1.

²⁶ *Ibid.*, 'Modern mysticism and modern science', p. 286.

²⁷ Robert M Young, *Darwin's metaphor: nature's place in Victorian culture*, Cambridge University Press, 1985, p. 16.

his career, and it is likely that Scoffern was moved to compose his attack at a time when he was enjoying considerable celebrity and it looked as though the medical fraternity might adopt his methods on a wide scale. Given his wide experience, varied accomplishments, and belief in scientific method, it is unsurprising that Scoffern should have been so scornful of Baker Brown's claim to be practising scientific medicine, and probable that he classified his cure for mental disease as yet another quackery along the lines of Thomas Beddoes' claim to cure physical disease by inhalation of gases.²⁸ It is thus fitting that such a prolific author should have been moved to compose a lengthy pamphlet on Brown's activities, and likely that Scoffern's early training at Aldersgate and subsequent teaching in forensic medicine had something to do with his scepticism. As Dr John Hall Davis explained at the commencement of the Aldersgate school's second session, 1847:

Forensic medicine treats of a great variety of points of deep interest and importance—the proofs of poison, the causes of sudden death, the state of mind in its various bearings, the evidences of imputed guilt, the subtle means of detecting crime; it affords us the means also of performing the very grateful office of clearing the innocent from unjust accusation.²⁹

It is a striking instance of Victorian optimism and the principle of innocent until proven guilty that Davis should name the happiest virtue of forensic medicine as that of clearing the innocent; unlike many Victorian medical men, however, Scoffern was willing to apply these attractive principles to the genital organs.

In his pamphlet *The London Surgical Home; or Modern surgical psychology* (1867),³⁰ Scoffern purports to reveal the rationale and nature of the operations performed on young ladies at Brown's private clinic. He does not mention clitoridectomy, or any of the other genital procedures in which the institution specialized, but instead describes its treatment for kleptomania, garrulousness and "gyromania" (the morbid desire to waltz excessively). All these social defects in young ladies were treated in much the same way: by a moderate surgical procedure, leaving little or no scar, to divide certain muscular fibres in the hand, the tongue or the legs, thus limiting a woman's capacity to steal, chatter or dance:

The London Surgical Home is an unpretending building situated in the Ladbrooke Grove, Notting Hill, or as pretentious people living in the neighbourhood are wont to call the region, Kensington Park. For some reason not easy to understand, a veil of mystery has been thrown round this beneficent home. It has been my lot to hear jeers, and even imprecations, launched against it. Thus has the custom been from the beginning of time. So surely as philanthropists set about doing a good work, so surely do evil-minded people begin to rail against the work. Generally one may say, that in proportion as an institution is abused, so is the real measure of its utility assured. This proposition is wholly demonstrated in respect to the London Surgical Home. [p. 537 below.]

... One lady of voluble speech and evil tongue may have had the operation of "glossodectomy" performed, which in plain English means a surgical operation upon the tongue, whereby its abnormal volubility is tempered. Another oppressed with the failing, not to be denominated crime, of kleptomania, or legerdemainlike abstraction of effects without payment, may have undergone treatment whereby the thief-like deed is made impossible henceforth. Another lady may have been

²⁸ Scoffern, op. cit., note 18 above, 'Modern mysticism and modern science', p. 279.

²⁹ *Lancet*, 9 Oct. 1847, ii: 392.

³⁰ London, published by the author. I am grateful to Hera Cook for making a photocopy of the copy held by the British Library. There is also a copy in

afflicted with the disease known as “gyromania,” a morbid desire to spin round and round, her waist encircled by a male arm. In such a case, a mild subcutaneous operation does all that has to be done. In short, the treatment pursued has reference to the abatement of abnormal functions, through the performance of mild surgical processes. [p. 537 below.]

Such extracts provide a good indication of the pamphlet's general tone and genre.

Anybody acquainted with English humour will quickly realize that this is satire, though a somewhat lighter and more subtle variety of satire than the heavy-handed burlesques commonly encountered in humorous magazines from the Victorian period, or even in the sarcastic editorials of Thomas Wakley, where the possibility of irony could never be missed.³¹ Scoffern's style has more in common with the highly developed satires of the eighteenth century, especially Jonathan Swift's *Modest proposal* (famously suggesting that Irish poverty could be alleviated if the rich ate the surplus children of the poor), a solution taken literally by many of the targets of Swift's irony, who replied with cries of horror and disgust. At first I was puzzled, but on reflection it is not so surprising that Ann Dally should similarly have taken Scoffern's pamphlet literally as “paean of praise to Isaac Baker Brown” and accepted that the London Surgical Home really did carry out these crazy operations. As she writes:

Scoffern seems to have regarded Baker Brown as a kind of second Christ. Having quoted Jesus, “if thy right hand offend thee, cut it off”, he writes that 1850 years after Christ's death, “It remained for Mr Baker Brown to give the precept effect. . . . The book reveals some bizarre fantasies, apparently not limited to a small medical fraternity but supported by “some of the chief personages in the land”, who included bishops, princes and princesses. He praises “the masterly treatment of Mr Baker Brown” and his amazing effect on his patients.³²

That a published scholar should have been so grievously taken in is perhaps a tribute to the weirdness of pre-modern medicine: many of the theories cooked up by Victorian medical wizards now seem so bizarre, and their recommended (and often performed) treatments so appalling, that it is indeed very difficult to be certain whether a description is to be taken literally or as satire. A period in which doctors could treat “seminal incontinence” by cauterizing the urethra or sticking needles into the prostate, masturbation in boys by castration, and mental illnesses by extraction of teeth and lengths of colon (as practised by Henry Cotton in the 1920s),³³ was manifestly capable of almost anything. To my mind, however, there is no doubt that Scoffern, as his name implies, was scoffing.

Given the delicacy of discourse (outside the privileged space of medical journals) demanded in Victorian England, it is not surprising that Scoffern was not able to describe or even name what Brown really did at his surgery; any mention of or too direct an allusion to the genitals was taboo, and even in a privately printed pamphlet of limited circulation he was sailing close to the wind with suggestive sentences such as “Medical men, possessing special opportunities of examining ladies' tongues”. Yet there is evidence that his satire may not have been directed solely at clitoridectomy, but also at the promoters of male circumcision. Consider Scoffern's account of Brown's operation on the tongue. Although

the State Library of Victoria, possibly deposited by Baker Brown's son, who settled in the colonies.

³¹ ‘The system of English medical legislation explained to a Polynesian physician’, *Lancet*,

1830–31, ii: 665–7; Desmond, op. cit., note 13 above, p. 254.

³² Dally, op. cit., note 1 above, p. 157.

³³ Scull, op. cit., note 4 above, *passim*.

he mocked his “psychological surgery”, he accurately caught its essence: it was surgery intended to modify behaviour. Citing the biblical injunction, “If thy right hand offend thee, cut it off”, Scoffern praised Brown for recognizing the “connection between sinning and the organic cause of sinning”, and appreciating that “if a tongue resolutely bent on evil speaking be excised, that tongue can speak ill no more”. Glossodectomy was in order. Brown realized (like Jonathan Hutchinson and Edgar Spratling later admitted with respect to castration of unrepentant masturbators³⁴) that complete removal of the tongue was too extreme for English public opinion, but he had devised an acceptably moderate alternative that would curb its exuberance and keep it within decent bounds:

The patient being brought under the effects of chloroform, a very fine knife is run quite through the tongue and rapidly withdrawn. The result is that certain muscular fibres are cut; the mobility of the organ is . . . impaired—to the extent . . . of making continuous and violent objurgation impossible, but not of interfering with any temperate conversation. [p. 542 below.]

Scoffern had to admit that “even in its temperate state” the tongue was still a mobile organ, so that “perfect quietude of this member is impossible to attain, however much the patient may be willing”. Although the operation limited the capability of the organ, it did not prevent “the normal and legitimate limits of temperate conversation and agreeable singing”. The parallel with circumcision could hardly be more exact, and would be explicit if the word “conversation” were replaced with the synonym “intercourse”. Everything about this passage is as applicable to male circumcision as to clitoridectomy: although Brown’s opponents argued that the operation deprived a woman of all sexual feeling, he insisted that it was no more mutilating than circumcision and by no means unsexed those on whom it had been performed, as proved by the pregnancies of several of his patients.³⁵ Victorian doctors held very similar views on male circumcision, which was believed to moderate the sexual appetite and reduce pleasure, while leaving the reproductive function intact.³⁶

In this controversial context it is not surprising that there are divided views on whether John Scoffern’s pamphlet is to be taken literally or as burlesque. To allow people to make up their own minds, the full text of *The London Surgical Home* is provided here, along with explanatory notes where appropriate. Apart from the evidence it provides of professional attitudes to Brown, it offers many fascinating insights into Victorian values, such as the qualities thought desirable in young ladies, appropriate reading material and popular plays—or at least a glimpse into Scoffern’s rather cynical interpretation of them in this robust satire.

³⁴ Jonathan Hutchinson, ‘On circumcision as a preventive of masturbation’, *Arch. Surg.*, 1890, 2: 267–9; Edgar Spratling, ‘Masturbation in the adult’, *Med. Rec.*, 1895, 48: 442–3.

³⁵ Brown, ‘Replies to the remarks of the council’, cited in ‘Clitoridectomy and medical ethics’, *Med. Times Gaz.*, 13 April 1867, p. 391, note (a). Brown insisted that “clitoridectomy is neither more nor less than circumcision of the female; and as certainly as that no man who has been circumcised has been injured in his natural functions, so it is equally certain that no woman who has undergone the operation of excision of the clitoris has lost one particle of the

natural functions of her organs”. Whatever doubts there may be about his anatomical comparisons, Brown was at least consistent: so long as a male or female remained capable of impregnating or conceiving, neither had been mutilated by either circumcision or clitoridectomy. For an extended discussion, see Darby, op. cit., note 5 above, ch. 7.

³⁶For recent discussions, see Christine Mason, ‘Exorcising excision: medico-legal issues arising from male and female genital surgery in Australia’, *J. Law Med.*, 2001, 9: 58–67; Kirsten Bell, ‘Genital cutting and western discourses on sexuality’, *Med. Anthropol. Q.*, 2005, 19: 125–48.

John Scoffern's Satire on Isaac Baker Brown

THE
LONDON SURGICAL HOME;

Or,

Modern Surgical Psychology,

Being a popular statement of the
operations therein performed by Mr Isaac Baker Brown

By

JOHN SCOFFERN, M.B. LOND.

Formerly Professor of Forensic Medicine and Chemistry at the Aldersgate College of Medicine

LONDON:

PUBLISHED BY DR SCOFFERN, BERESFORD HOUSE,
BERESFORD TERRACE, KENSINGTON PARK, W.

To be obtained of him alone, and only through the Post on receipt of Thirteen Stamps.

1867

MODERN SURGICAL PSYCHOLOGY

There cannot well be a more interesting topic for discussion than the alliance, and mutual dependence[,] of crime and disease. It interests the physiologist, whose science brings him to contemplate normal functions; it interests the medical man of practical bent. It is a relation that cannot pass unregarded by the psychologist and the metaphysician; briefly, it is interesting to all.

The great Founder of our religion—He who spake as man never spake—gave effect to the knowledge by Him, of this alliance, in some memorable words:—"If thy right hand offend thee," said Christ, "cut it off; it is better for thee to enter into life maimed, than having two hands to go into hell, into the fire that never shall be quenched."³⁷ Nevertheless, for eighteen hundred centuries and a half, and more, the divine truth was unregarded. It remained for Mr Baker Brown to give the precept effect. Strange that it should have

³⁷The exact passage is as follows: "And if thy right eye offend thee, pluck it out, and cast it from thee: for it is profitable for thee that one of thy members should perish, and not that thy whole body should be cast into hell. And if thy right hand offend thee, cut it off, and cast it from thee: for it is profitable for thee that one of thy members should perish, and not that thy whole body should be cast into hell" (Matthew 5: 29–30). The same sinister verses were

quoted, also inaccurately, by Dr William Pratt in yet another Victorian tirade against masturbation and other sexual indulgence on the part of young men: "Flee, therefore, this youthful lust. In the name of religion, in the name of soul and body, I ask you to avoid it. . . . Relinquished it is to be . . . though the effort be as painful as the cutting off a right hand, or the plucking out a right eye. Again, the greatest teacher has spoken these stern words: 'If

been otherwise! The most superficial thought makes known the connection between sinning and the organic cause of sinning; the alliance indicated by Christ. Put the case thus:—If a tongue resolutely bent on evil speaking be excised, that tongue could speak ill no more. For the sake of precision we may call it the “glossodectomic” method. Hereafter it will be shown that actual tongue excision is never performed in civilized countries, to the end of securing quietude. Such an operation would be altogether too barbarous. In Morocco it might pass—maybe in Bokhara,³⁸—but so extreme an operation would be repugnant to the feelings of advanced England. The triumph of psychological surgery is seen in this, viz:—mild, peripheral, and subcutaneous operations are made to produce the results aimed at, instead of amputation.

Again, if hands resolutely given to stealing were amputated, they could steal no more. This follows of necessity, and with no argument. In respect of this too, I need hardly observe that actual amputation would not be tolerated in English society, to secure any psychological or moral result whatever.

The illustration need be no further carried. The organic eliminative treatment, as it admits of being called, comprehensive, nay, universal. Of course the objection lies against this system, that mere inability to commit a crime does in no measure interfere with the power to imagine it. Granted; but systems of human polity can by no means take cognisance of imaginings. One man may imagine a liking for his neighbour’s wife; but society can take no heed of the thought. Another man may violently desire to lay hold of his neighbour’s cheque-book, his purse, his house, his ass, his maid-servant, or any other imaginable thing that may be his. Society can take no heed of aught but active sin. Until the last day, and the judgement, the latent sin must rest concealed; and resting concealed, unpunished.

These few remarks will suffice to place in evidence the valuable, or more properly speaking *invaluable*, labours of Mr Isaac Baker Brown, a metropolitan surgeon of celebrity; founder of the London Surgical Home. That beneficent institution numbers amongst its supporters some of the chief personages in the land. Right reverend bishops lend it their countenance:³⁹ princes and princesses condescend to insert their names on its honoured records. Higher proof could not be given of the soundness of the principles on which the establishment is based. It is but fitting that divines should have been amongst the foremost

thy right hand offend thee, cut it off, or if thy right eye offend thee, pluck it out; it is better to enter into life halt or maimed, than having two eyes or two hands to be cast into hell fire”—*A physician’s sermon to young men*, London, Baillière, Tindall, & Cox, 1872, p. 13. Ironically, the sermon in which Jesus utters these words is the one in which he declares, “Blessed are the merciful: for they shall obtain mercy.”

³⁸ Places where both male and female circumcision were known to be practised.

³⁹ A reference to the praise for Baker Brown’s initiative in the (Anglican) *Church Times*, which greeted the book with glowing enthusiasm for offering “a remedy for some of the most

distressing cases of illness which [the clergy] discover among their parishioners”; it reported that Mr Brown had discovered “a surgical remedy for certain forms of epilepsy” and related problems, and commented that readers would be doing a service “especially to their poorer parishioners” if they brought potential patients to the attention of medical men, “any of whom can . . . perform the operation with but slight assistance” (*Br. med. J.*, 28 April 1866, i: 456). It is unlikely that the editor of the *Church Times* had even seen Baker Brown’s book, let alone visited his surgery, and probable that he was relying solely on an advertisement put out by the publicity-conscious author.

to give practical effect to a precept of psychological surgery first indicated by Christ. It is natural that princes and princesses (God's own anointed) should be found on the same platform with reverends and right reverends; with parsons and bishops.

The London Surgical Home is an unpretending building situated in the Ladbroke Grove, Notting Hill, or as pretentious people living in the neighbourhood are wont to call the region, Kensington Park. For some reason not easy to understand, a veil of mystery has been thrown round this beneficent home. It has been my lot to hear jeers, and even imprecations, launched against it. Thus has the custom been from the beginning of time. So surely as philanthropists set about doing a good work, so surely do evil-minded people begin to rail against the work. Generally one may say, that in proportion as an institution is abused, so is the real measure of its utility assured. This proposition is wholly demonstrated in respect to the London Surgical Home.

The appreciation in which the London Surgical Home is held may be partly inferred from the comfort, nay, splendour, of the equipages which daily throng it. Carriages may be seen to draw up, and delicate girls descend, accompanied by their parents or nearest guardians; any day pale female forms may be seen to emerge, serene and tranquil. These are the patients who have been subjected to the masterly treatment of Mr Baker Brown, a gentleman whom the medical profession honours in hardly a less degree than princes and princesses, parsons and bishops. They go in, those patients, to be operated upon; they come out cured, few but themselves the wiser for what has happened: to so high a pinnacle of excellence is the eliminative surgical method carried in these days.

One lady of voluble speech and evil tongue may have had the operation of "glossectomy" performed, which in plain English means a surgical operation upon the tongue, whereby its abnormal volubility is tempered. Another oppressed with the failing, not to be denominated crime, of kleptomania, or legerdemainlike abstraction of effects without payment,* may have undergone treatment whereby the thief-like deed is made impossible henceforth. Another lady may have been afflicted with the disease known as "gyromania," a morbid desire to spin round and round, her waist encircled by a male arm.† In such a case, a mild subcutaneous operation does all that has to be done. In short, the treatment pursued has reference to the abatement of abnormal functions, through the performance of mild surgical processes. By and by the nature of treatment pursued will be stated *in extenso*. First, as regards the disease, kleptomania.

[Kleptodectomy]

Every reader of newspapers must have been shocked at the perusal from time to time of thefts committed by ladies not in the least degree pressed by adverse circumstances.

* An act that if done by common people is called theft. Theft and kleptomania have sometimes been confounded by superficial thinkers, yet the difference between the two is obvious. Kleptomania partakes more of the nature of disease than of crime. Theft is crime *pur sang*. Kleptomania always affects the rich and well-to-do people (mostly ladies of refinement and education). Theft only relates to the low, the vulgar, and ill-bred. Other distinctions might be drawn, but the preceding are sufficient.

† Query,—Waltzing?—*Printer's Devil*.

Usually it has taken the form of lace or shawl abstraction, though sometimes of other articles. Coarse-minded people have been heard to deliver themselves harshly concerning kleptomania. I have heard invectives launched at the perpetrators as though they had been any ordinary thieves. The man of science looks upon the matter in a very different light. He knows that kleptomania is not so much to be regarded a crime as a disease.⁴⁰ Rather does it occupy the obscure middle ground between crime *and* disease. It really comes within the legitimate scope of medical and surgical treatment. Any medical man admits this now to be, though it was reserved for Mr Isaac Baker Brown to demonstrate it originally.

Kleptomania, scientifically considered, may be defined as an actuation of the palmar and digital muscles to theft, through the working of a depraved moral sense.⁴¹ Looking charitably on the matter, it may be conceded that many ladies are endowed with a condition of moral sense equally depraved with the most confirmed kleptomaniac; though never having committed the actual deed. Consideration will make this apparent. Should it so happen that in one individual the depraved moral sense (the desires for cashmeres, lace, ribbons and such like things) should be highly developed, in conjunction with a deficient

⁴⁰Victorian medical men themselves were possessed of a mania to characterize disapproved attitudes or behaviours as organic diseases, thus bringing them within their own field of responsibility. The classic study remains Thomas Szasz, *The manufacture of madness*, London, Paladin, 1973, esp. ch. 12. In the USA surgeons identified “drapetomania”: the morbid tendency for slaves to try to escape, as explained by Samuel A Cartwright, ‘Report on the diseases and physical peculiarities of the Negro race’, *New Orleans med. surg. J.*, 1851, 7: 691–715.

⁴¹A direct reference to Baker Brown’s contention that masturbation was more often the effect of a physiological or anatomical abnormality, and thus a disease susceptible to treatment by surgery, than a moral failing appropriately treated by admonition. If the “inhibitory influence” imbibed in early life did not prove sufficient to prevent “abnormal excitement” from unhinging the mind “from that steadiness which is essential to enable it to keep the passions under control of the will”, does it not follow that “cases treated by friends and spiritual advisers, as controllable at the will of the individual, may be in reality simply cases of physical illness amenable to medical and surgical treatment?”—Isaac Baker Brown, *On the curability of certain forms of insanity, epilepsy, catalepsy, and hysteria in females*, London, Robert Hardwicke, 1866, pp. 12–13. On this point he was aligning himself with the “hawks” in the Victorian debate on how best to treat masturbation, and following the suggestion of James Copland, who argued in his widely read medical dictionary that persons who lacked the willpower to restrain their immoral impulses were often really the victims of “physical conditions and local irritations”, meaning that vicious behaviour such as masturbation was

more the result of their physical make-up than a failure of reason and volition: “the occurrence of this vice is remarkably favoured by the physical condition of the male genitals, especially as regards the neglect of circumcision. I am convinced, that the abrogation of this rite among Christians has been injurious to them, in religious, in moral, in physical, and in sanitary [*sic*] and constitutional points of view,—that circumcision is a most salutary rite.” In suggesting that masturbators were badly constructed rather than naughty, Copland laid out the poles of the debate about its control which continued for the next century. Was it an ethical failing, requiring counselling and stronger will? Or was it a physical problem requiring medical (perhaps surgical) intervention?—James Copland, *A dictionary of practical medicine*, 4 vols, London, Longmans, 1844–58, vol. 3, pp. 442, 445. For more on the hawks and doves, see Alan Hunt, ‘The great masturbation panic and the discourse of moral regulation in nineteenth and early twentieth century Britain’, *J. Hist. Sex.*, 1998, 8: 575–615. Brown replied to the doves who urged reliance on the encouragement of self-control and attacked his surgical approach as unacceptably mutilating by accusing them of wilfully ignoring “impartial and scientific investigation” and restating his “physiological” position: “Who is there, of any experience, who has not met with a case of masturbation, in the male or female, in which no amount of moral reasoning has sufficed to put a stop to the habit? I myself have met with cases in which months and years of restraint, moral and physical, by medical and other advice—nay, with the utmost endeavours of the patients themselves, have not sufficed to overcome the habit. Are we, then, to forbid that ‘surgery shall come to the rescue, and cure what morals should have prevented,’ but, let me add,

muscular organism, then necessarily the overt act will not eventuate; and—*mutatis mutandis*—otherwise.

At this point we shall do well to direct some attention to the beautiful development of the human hand, whereby it is made competent to the performance of so many diverse functions.

“Some animals have horns, some have hoofs, some teeth, some talons, some spurs and beaks. Man hath none of all these, but is weak and feeble, and sent unarmed into the world. Why?—a hand, with reason to use it, supplies the use of all these.” Thus moralized old Ray;⁴² and since him thousands upon thousands of philosophers have descanted upon the manifold wonders of the human hand.

Common social intercourse with our friends, gives us numerous examples of the wonders the human hand and fingers may perform, under the discipline of use and experience. Piano playing is an exercise that would be calculated to fill the mind with wonder if it were not so common. Thimblerrigging⁴³ is another; but in the highest degree the legerdemain tricks of professed conjurors. “Upwards of fifty muscles (writes Sir Charles Bell) of the arm and hand may be demonstrated, which must all consent to the simplest action. The motions of the fingers,” continues that same distinguished man, “do not result merely from the action of the large muscles which lie on the fore arm: these are for the more powerful efforts. In the palm of the hand, and between the metacarpal bones, are numerous small muscles (lumbricales and interossei) which perform the finer movements, expanding the fingers, and moving them in every direction with quickness and delicacy. These small muscles, attached to the extremities of the bones of the fingers, where they form the first joint, being inverted near the centre of motion, move the ends of the fingers with great velocity. They are the organs which give the hand the power of spinning, weaving, engraving, &c.; and as they produce the quick motions of the musician's fingers, they are called fiducinales.”⁴⁴

He who would acquire a correct notion as to what those palmar and digital muscles are capable of, will do well to make friends with some conjuror, and induce him to show the

are so often impotent to stop?” (Brown, ‘Clitoridectomy’, *Lancet*, 3 Nov. 1866, ii: 495).

⁴² John Ray (1627–1705), the seventeenth-century naturalist and intelligent design exponent. The quote is probably from his book, *The wisdom of God manifested in the works of the creation*.

⁴³ “A sleight of hand game or trick usually played with three inverted thimbles and a pea, the thimbles being moved about and bystanders encouraged to place bets or to guess as to which thimble the pea is under” (*Shorter Oxford English dictionary*, 1993).

⁴⁴ Sir Charles Bell (1774–1842), author of numerous works on human anatomy and physiology. The reference here is probably to *The hand: its mechanism and vital endowments as evincing design*, one of the Bridgewater Treatises commissioned to illustrate “the Power, Wisdom and Goodness of God as manifested in the Creation”, published in 1833. See William H Brock, ‘The selection of the authors of the Bridgewater Treatises’, in *idem*, *Science*

for all: studies in the history of Victorian science and education, Aldershot, Ashgate, 1996, pp. 162–79. According to Desmond (op. cit., note 13 above, pp. 92–3), Bell taught anatomy on Paleyite principles, as evidence of intelligent design and divine benevolence, and was so appalled by the godless Lamarckian radicals at University College that he resigned from his post there in 1830. Although he might be having a little private joke, there is nothing to indicate that Scoffern is being sarcastic here. Indeed, many Victorian intellectuals were able to accept Darwinism only because they interpreted evolution in traditional Paleyite terms as illustrating the wonders of divinely ordained adaptation; even that great rationalist W E H Lecky was confident that discoveries about the mutability of species strengthened the case for a providential Supreme Intelligence; see his *History of the rise and influence of the spirit of rationalism in Europe* (1865), 2 vols, London, Longmans Green, 1904, vol. 1, pp. 288–9.

mechanism of his legerdemain tricks. One very common trick of legerdemain consists in picking up a ball laid on a table, by the wrist, and making it roll up to the tips of the fingers without sensible motion of the latter. Such is the function, and when the power exists, as it sometimes *does* exist in ladies, then, if actuated by a depraved moral sense, the result may be kleptomania.

Mr Isaac Baker Brown was the first, or at any rate *amongst* the first, to perceive that kleptomania was not to be suppressed by convictions, harsh sentences, and imprisonments. He was the first to refer the act to its true motive cause; to look upon it as a disease rather than a curse in any human sense. He argued thus:—

“The extreme development of the palmar and digital muscles so necessary to conjurors, is not necessary to any lady. The faculty is a dangerous faculty,” reasoned he. “In what respect can a lady be better—more agreeable, more elegant, more happy—because she is endowed with performing tricks of legerdemain? Would our daughters, our wives, our sisters, be one whit more estimable members of society because they severally might be endowed with the faculty of taking up any small thing without visible motion of the fingers? Might it not end in their sliding a cashmere or piece of lace dextrously away from a tradesman’s counter—in short, kleptomania? The faculty is dangerous (he argued). Destroy the faculty, or at least moderate it to safe proportions.”

At this point the real genius of the philosopher is seen. A man less perceptive than Mr Baker Brown would have perhaps amputated a right hand, or at any rate the right hand fingers, or a thumb. Though there be scriptural warranty for this, yet so great is the imperfection of our notions that such an operation would never be tolerated in modern civilized society. Who amongst us, having a pretty wife, would not rather see her degenerate into the most inveterate shawl-lifter (to put the case as strongly as it can be put), than permit the amputation of even the top joint of a finger? It stands to demonstration that whatever the abstract merits of the thing—whatever the amount of scriptural warranty—no operation would be tolerated save under the one condition of its results being invisible.

The kleptodectomic method consists in partially dividing the palmar and digital muscles by a fine small knife, passed under the skin. The operation is bloodless, gives little pain, and, when performed, the resulting scar is almost invisible. Few of us can be much in society without encountering ladies who have dwelt for a season in the London Surgical Home; they having gone there with the special intent of being operated upon kleptodectomically. If the right palm of one of the fair patients is examined closely, certain little white punctures will be seen on the inner aspect of each finger—the marks corresponding to the places where the knife entered and emerged respectively. It requires some close scrutiny to perceive these marks. The eye has to be brought very close, and even then if the observer’s nose be beyond a certain length, it may interfere with that propinquity of vision which the occasion requires. Glasses must then be had recourse to:—not always effectually.

These remarks will serve to make known the extreme refinement of surgical skill manifested. Practically speaking, there is no scar, no disfigurement: nothing whatever is visible. A lady’s hand will *look* as well, *glove* as well, serve for any honest purpose as well as though the operation had never been performed. In certain respects it will even look better. The reader will agree with me that in proportion as a lady’s hand seems more listless and unimpulsive by so much will it seem more refined. What on earth does any refined man expect of a lady’s hand more than that it shall wave gracefully, glove well, and in extreme

cases play the piano moderately well,—play the piano up to a certain point of excellence, that is to say? Nothing can be more vulgar than the acquisition of such a degree of executive dexterity as might confound the lady with the professor!

When first Mr Baker Brown proposed to combat the cashmere-abstracting disease crime—whichever one may elect to call it—*kleptomania* that is to say, by surgical treatment, he was met by the objection that the music of domestic society would suffer—that the faculty of piano playing would be lost. That was an error—a most grave error. I do not go so far as to assert that a certain mechanical dexterity is not sacrificed; but what I do assert is, that, for all practical purposes, the piano playing of ladies operated upon is sufficient. As a *per contra*, or set-off, objectors who take the above line of argument would do well to ponder the following fact. It is most significant. Taking young ladies as they come, where one delights us with her piano playing, a hundred excurciate us. Guided by this consideration alone, it would be quite worth while to perform the invisible palmar section on thousands of ladies not in any way addicted to kleptomania.⁴⁵

[Glossodectomy]

It is not to be imagined that the advantages of the London Surgical Home are restricted to the treatment of kleptomania by the palmar section, as already indicated. Another striking exemplification of the principles embodied in Mr Baker Brown's philosophy is seen in the *glossodectomic* operation, already adverted to in a passing and casual way. Commonly does one hear it affirmed of certain ladies that their tongues are too long. This is a mere figure of speech. Volubility of utterance in no degree depends on mere length of tongue, but on such a development of the lingual muscles as promotes rapidity of motion. There are tens of thousands of silent women not one whit less inclined towards scolding, curtain utterances, and scandalizing, than the veriest talkers. I have no doubt that the deaf and dumb, could they hear and speak, would be found amongst the direst backbiters, veritable Xantippes⁴⁶ to many an excurciated Socrates. The mere inability to speak much without languor often insures peace when the desire of war is present. The problem, then, which the Surgical Home surgeon proposes to himself in such cases is this,—Given a woman who pours forth objurgations continuously, without pause or languor, to reduce that woman's power of utterance to a normal state by partially dividing some of the lingual muscles. On this point considerable misapprehension, out of medical circles, prevails. Some I have heard affirm that the over-garrulous female patients enter the London Surgical Home to have a piece of their tongues cut *off*; others affirm that the operation consists in slitting. It is neither the one nor the other. In the course of a somewhat active professional career the writer has—he need hardly state—occasion to see many human tongues, both male and female. He most emphatically asserts that on no one occasion did he ever meet with a

⁴⁵ Compare Erichsen's Surgery: "Every child who has a congenital phimosis ought to be circumcised; and even those who, without having phimosis, have an abnormally long and lax prepuce, would be improved greatly in health and morals by being subjected to the same operation. It would be well if the custom of eastern nations . . . were introduced

amongst us." John Erichsen, *The science and art of surgery, being a treatise on surgical injuries, diseases and operations*, 7th edn, 2 vols, London, Longmans Green, 1877, vol. 2, p. 931.

⁴⁶The wife of Socrates, proverbially portrayed as a shrew and scold.

female tongue either partially amputated or wholly or partially slit. In point of fact, the lingual operation is the precise analogue of the palmar operation, already noticed in detail. The patient being brought under the effects of chloroform, a very fine knife is run quite through the tongue and rapidly withdrawn. The result is that certain muscular fibres are cut; the mobility of the organ is in some measure impaired—to the extent, namely, of making continuous and violent objurgation impossible, but not of interfering with any temperate conversation.

Medical men, possessing special opportunities of examining ladies' tongues⁴⁷ may, in most cases, discover the traces of operation in the shape of small white marks. Confessedly, however, the case is more difficult than when the palms of the hand are concerned. Not only does the cave-like formation of the mouth interfere with that free access of light so necessary to close ocular investigation, but the tongue, even in its tempered state, is always a mobile organ. Perfect quietude of this member is impossible to attain, however much the patient may be willing. A small mirror placed in the mouth is generally a valuable aid, by reflecting light upon successive small surfaces. Near-sighted eyes are more adapted to this scrutiny than long-sighted ones; myopia is a condition better than presbyopia. A long nose in the observer is a most serious drawback, as may readily be imagined, if all the conditions of experiment be well borne in mind.

If it be inquired whether the operation of *glossodectomy* do not injure the female utterance within the normal and legitimate limits of temperate conversation and agreeable singing? I unreservedly answer, No. On the contrary, according to my opinion, it imparts a charm in which scores of female utterances are deficient—the charm, to wit, of the very slightest *souçon* of a lisp, than which nothing can be more agreeable to refined ears. It, moreover, does away with a certain metallic sharpness of speech, which, when heard, mars the charm of female beauty, just as the slightest smack of acetic acid (vinegar) impairs the excellence of otherwise excellent wine.

[Gyromania]

The Surgical Home discipline is made subservient to yet other ends. One of the most remarkable cases I have heard of is the following. A young lady, Miss ——, aet. eighteen, of excellent family and superior education, was in all respects but one a perfect woman, almost literally, so to speak. Handsome, accomplished, of irreproachable manners and conversation, she was universally called an ornament to her sex. Retiring of disposition, dignified, and modest, she would listen to the most venomous whispered dowager scandal without affecting to understand one word. In her reading she was choice. Of Ingoldsby she had perused the 'Jackdaw of Rheims' and 'The Little Vulgar Boy',—no more.⁴⁸ Of Byron[,]

⁴⁷ A highly risqué remark, probably sufficiently suggestive to have got the pamphlet banned. It was not only ladies' tongues to which the medically qualified had privileged access, and the right to view, examine and cut.

⁴⁸ *The Ingoldsby legends* by Richard Barham (1788–1845) were published in early Victorian

magazines and reissued in 1840. The stories included grotesque or comic treatments of medieval legends, and they were extremely popular, though charges of irreverence were made against them as the Victorian age became more strait-laced. Scoffern's reference suggests that 'The Jackdaw of Rheims' was one of the safer stories.

the 'Prisoner of Chillon'. She could not understand the rest.⁴⁹ She wrote a delicate hand, devoid of all masculine firmness. You might have thought she had dipped a spider in the ink, and sent the arachnoid [*sic*] crawling. She would loll on the sofa for hours together in the most approved fashion of female insouciance, could sit out Dundreary⁵⁰ without a laugh, and gaze without a tear on the smothering of Desdemona. She played a little, drew a little, sang a little, but in neither art aimed at the vulgarity of rivalling professionals. She could crochet and tat, and work fancy robes for meek-eyed curates, but no sort of plain sewing⁵¹ ever disgraced her coralline fingers. She knew Debrett by rote, and never vexed her papa and mamma by admiring younger sons. You would have said she had no emotions, they were held so much in check. Perfect in all respects was Miss — save one. She had a disordered rage for waltzing. Once on her feet to three-four time, once her slim waist encircled by a male arm, and she would waltz up to half an inch of death's door. The fabled cork leg which ran a Dutch merchant to death, and then danced away with his skeleton,⁵² was hardly more mobile than Miss — under the circumstances indicated. Not only did she induce heart disease in herself, but she sent to Kensal Green⁵³ more than a dozen promising young men who had stood in the relation of waltzing partners. She had become a pest—this otherwise charming girl. Remonstrances and persuasion were tried and thrown away. As well might her well-wishers have whistled to the winds as tried to stop her fatal gyromania. In this emergency the Bishop of — was consulted, with the intent of bringing his moral suasion to bear. The right reverend divine was wise in his generation. Not relying overmuch on his moral power, he invoked the aid of surgery. It seems that the Bishop of — had perused in the *Morning Herald* newspaper a letter written by one Dr Kidd,⁵⁴ specifying that the waltzing mania, like certain other manias, might be cured by a mild peripheral operation. The Bishop of — thereupon placed himself in communication with Dr Kidd, and Dr Kidd recommended the London Surgical Home. To that beneficent institution Miss — went, and having undergone a slight peripheral operation came out cured. She is now, I learn, as complete an ornament to her sex as any charming woman can well be.

The case having struck me as very remarkable, I made it my business to inquire of one of the medical officers of the London Surgical Home relative to the exact nature of the operation. "The simplest thing imaginable," he said; "division of a few fibres of the

⁴⁹ Byron was a byword for immorality and indecency; most of his poems were considered highly unsuitable for well brought up ladies.

⁵⁰ Lord Dundreary was the indolent and brainless peer in Tom Taylor's comic play, *Our American cousin* (1858). Not to have laughed at it, along with not weeping at the fate of Desdemona in *Othello*, suggests a chronic lack of affect.

⁵¹ Probably meaning the innocent practice of "needlework that does not involve embroidery or ornamental work" (*Shorter Oxford English dictionary*, 1993), though it is interesting that the expression is also found in twentieth-century homosexual slang as a term for mutual masturbation.

⁵² A comic song about Mynheer Von Clam, "the richest merchant in Rotterdam", who had failed to

assist a needy relative. See http://traditionalmusic.co.uk/song-midis/Cork_Leg.htm

⁵³ London's oldest surviving cemetery, situated in west London and incidentally bounded on one side by Ladbroke Grove, the street in which Scoffern locates the London Surgical Home.

⁵⁴ There was a Dr Kidd active at this time, and he was cited by Baker Brown as an authority for his own procedures: "as Dr Kidd has stated, in cases of epilepsy, which 'may originate only in irritation of bad teeth acting on the brain, or worms irritating the nerves of the stomach, and so on as to other peripheral irritations; the chief skill being to find out the spot from which the irritation radiates'." (Baker Brown, *op. cit.*, note 41 above, p. 6.)

glutæi and gastrocnemii muscles, no more.” For the benefit of laymen it may here be stated that the gastrocnemii muscles are situated on the posterior aspect of the lower leg. They constitute the calf of the leg, in point of fact. As for the glutæi, they lie higher up, on either side of the pelvis.

[Conclusion]

Perhaps this, for the public and non-professional, is as much as is desirable to be written concerning the London Surgical Home and the operations therein performed. There are yet others, but to specify them would be tedious. Enough to state that the system pursued is founded on the Biblical precept of cutting away offending members to promote well-being. The practice marks an epoch of surgical psychology. It remains to be seen whether a practice inaugurated on the higher class may not be successfully extended to the lower. It remains further to be seen whether the excisive treatment of these cases, the characteristic of which is that they do not involve the idea of crime so much as that of an affliction, may not be extended to actual crime. May it not be that the time shall come when our entire prison discipline shall be remodelled under the lights evolved by Mr Baker Brown’s experiences? May it not be that actual theft, from petty larceny to garrotting, shall be treated by the Brunonian methods? I put the question for the public to answer according to *their* lights, as I am already able to answer it to self-satisfaction according to mine. This is a wondrous world—a passing phase of sin and suffering, mingled with some bright day-dreams! That the period of human existence can be rendered the more happy in proportion as we moderate excesses and check active sin, is a time-worn truism. All people who have sorrowed over the imperfection of human laws and human lawgivers, who have seen the guilty escape and the innocent suffer; all who have sighed at the thought that human punishment should commonly fall, not on the doing but the discovery, will know how to value, according to its worth, the surgical eliminative method. Honour, then, to the princesses and princes, the peeresses and peers, the bishops and the parsons, who uphold this method! Double praise, profit, honour, emolument, peace, happiness, more services of plate—everything that talent can merit and gratitude bestow—to Mr Baker Brown!