Sex and quacks in the 18th century

Lesley Smith

Introduction
It is unusual for me as a medical historian to stray far away from my specialist area, the 16th century, but for this article, I could not resist sharing the phantasmagorical glories of quack treatment as ‘cures’ for sexual difficulties – they are just too wonderful!

18th century society
The 18th century was a very exciting time. Science was hugely fashionable, the Lunar Society of Birmingham (established by the likes of Josiah Wedgwood, Joseph Priestly, James Watt and Erasmus Darwin) had made its mark and the ‘Age of Enlightenment’ was upon us. In 1794, Erasmus Darwin of Lichfield (physician, poet, philosopher, botanist and inventor – one of the leading intellectuals of 18th-century England and the grandfather of Charles Darwin) published Zoornania (or the Laws of Organic Life) in which he expressed his evolutionary concepts and medical philosophy in verse, whilst taking a little time out to examine cadavers in his cellar. His neighbours and friends, Garrick and Dr Johnson (of dictionary fame) would have no doubt joined Darwin to observe over a glass of canary (a type of sherry). This is the time of mummy unwrapping parties when the powerful and wealthy would invite friends round for a buffet served in a room where a doctor unwrapped a mummy brought back to England by early Egyptologists.

Many believed the shackles of the early Church were struck away by the new scientists, and agnostics and atheists were no longer burned at the stake as heretics. Many new thinkers were, however, often metaphorically burned in the press. The presses were also busy with the huge rise in production of erotic literature, which flooded the streets or could be bought discreetly for as much as a guinea by those with experimental taste. Some of the literature in pictures and text would be viewed as explosive even today. Sadomasochism, buggery and even bestiality were homes for students but little prepared us for the Marquis de Sade (1740–1814). Despite its claims to strike away sexual restraint, the work also has a darkness about it that is positively chilling even to a psychologist to realise that these treatments often did regenerate the sexual organs into life again. One doesn’t have observed, with many believing this mighty tingle would startle the guests. Startled cries and leaping about were heard on September 15, 2023 by guest. Protected by copyright.http://jfprhc.bmj.com/ J Fam Plann Reprod Health Care: first published as 10.1783/147118908783332186 on 1 January 2008. Downloaded from
Women and men who masturbated were viewed as wasting their bodies and weakening their chances both of conception and carrying a fetus to full term. The idea of connecting poor eyesight and masturbation was published for the first time around this period, as far as I can tell, along with weak teeth, back pain and stooping shoulders.

Man-midwives, known as early as the 17th century, are by the 18th century even publishing advice books and helping directly with the birthing process. Midwives generally seemed to escape the worst insults thrown at quacks, but there are cases of witchcraft accusations even at this late time.

Contraception is written about as gut condoms, citrus fruit tops and abortion. Gynaecological health was dominated by sexually transmitted diseases, now rampant through all levels of society.

Concluding remarks
This article can only hope to give a hint of the hilarious range of treatments on offer during this period of history. What one can see, however, amongst the insane and desperate remedies of the time, are glimmers of the thinkers and the scientists we know today, like a light on the horizon.

Future articles
The next article in this series will be on the controversial topic of Mary Stuart’s miscarriage.

Author’s note
In my last article I asked if readers had knowledge of any published information they may have seen relating to female chastity belts. I would like to take this opportunity of thanking all of you who took the trouble to write to me with glimmers of information and some mind-boggling current designs for chastity belts. However, we still have no historical evidence of chastity belts for women.

A BETTER WAY OF WORKING
Raising interest in Contraception and Sexual Health: Special Study Modules for medical students

Christina Fey, Chloe Evans

The problem
Getting the balance correct in medical workforce planning, particularly in Obstetrics and Gynaecology (O&G), has been a problem for a number of years. Over the last 10 years, training numbers have varied and the balance between trainees qualified and number of consultant posts available has wavered. Bearing in mind the Government’s aims for a consultant-delivered service, and the need for future increase in senior posts (another discussion entirely aims for a consultant-delivered service, and the need for future increase in senior posts (another discussion entirely

Equity and integration in a speciality are key factors. A recent survey in the UK showed the future trainees are more likely to choose to work as consultants or non-consultant (general practitioner) grade doctors in O&G, which may be a reflection of the workforce planning committee reports on the need for a consultant-delivered service. However, it may also reflect the recent changes in O&G training which has been on the increase over the last 15 years.4

There is less time dedicated to O&G and a teaching block is often shared with other related specialties. There have been differences between different medical schools and choices committed to, the speciality. There were also noticeable differences between different trainees to fill anticipated posts. In particular, there are notably fewer trainees attracted to O&G, and we see parallel problems in recruiting to Contraception and Sexual Health (C&SH). Even now we have unfilled consultant and trainee posts throughout the country (see Workforce Planning Committee reports) and attracting trainees to our speciality remains a challenge.

A recent survey in the British Journal of Obstetrics and Gynaecology3 looked at the main career choices made by medical students and newly qualified doctors and ascertained what factors influenced choice of career. In the first year after graduation the most important factors were experience of their chosen subject as a student, a particular teacher or department, and a doctor’s enthusiasm for, and commitment to, the speciality. There were also noticeable differences between different medical schools and choices of career.

Higham, in another article in the same journal, noted changes in medical school curriculum planning over the last 15 years.4 There is less time dedicated to O&G and a teaching block is often shared with other related