The Georgian prostitutes: exotic and erotic

Lesley Smith

Society prostitution
Logic, science and a whole new range of philosophies arrived in Great Britain alongside George I who ascended the throne in 1714. There were more than 50 Catholics who had a greater right to the throne than George, but Britain would not tolerate another Catholic – however close to the throne. The non-English-speaking German was less interested in intellectuals than in gunpowder, cannons and his two mistresses, one of whom was tall and the other as round as a barrel. This new king was hugely entertaining to the general public, it seems, and somewhat alarming to the English Court. However, the libertine behaviour of many courtiers was widely known. In fact, Georgian society was probably when prostitution was at its most prolific. This is a period when courtesans could become duchesses and some of all being the work of William Hogarth (1697–1764). Another artist, William Humphrey (1740–1810), depicts prostitution in his work, The Whore's Last Shift, in 1779. Flagellation seems to be very popular, particularly enjoyed by the Bishop of Bath and Wells. Whipping frames had red leather masks were worn by those too greatly disfigured to be tolerated in general society. These poor creatures would tell us the colour of the clergy ribbons.

In portrait paintings one can see the idealised beauty of the day. Not rather pug-like as in Charles II’s time, but instead the Hapsburg chin can be observed in portraits hanging in many an art gallery and stately home. The perfect mistress or wife would be petite, doe-eyed and childlike. Emma Hamilton is a classic example of this perfect mistress or wife would be petite, doe-eyed and childlike. Emma Hamilton is a classic example of this childlike. Emma Hamilton is a classic example of this. She was described as “twopenny bunters”, offering their bodies in the streets of London, where they would be tolerated in general society. These poor creatures would tell us the colour of the clergy ribbons.

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Sex and art
A great deal of published evidence of sexual activity in the 18th century can be found in books, songs, poems and a large number of sketches and engravings, the most famous of all being the work of William Hogarth (1697–1764). Another artist, William Humphrey (1740–1810), depicts prostitution in his work, The Whore's Last Shift, in 1779. Flagellation seems to be very popular, particularly enjoyed by the Bishop of Bath and Wells. Whipping frames had red ribbons for the army and blue for the navy. History doesn’t tell us the colour of the clergy ribbons.

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Medical remedies
Mercury, known at that time as “quicksilver”, was still the only form of treatment for syphilis and it was used in a number of ways both topically and taken orally.

Abortion, both surgical and from the ingestion of poisonous compounds, was a common occurrence, and again we see Hogarth prints depicting drunken women in the London slums with their babies falling unheeded from laps, reminding us of the tragic life in the gutter, literally.

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Future articles
The next article in this series will be on "Alexander Gordon: Women’s Doctor of Aberdeen".

Acknowledgement
The author would like to thank Dr G Williams, British Museum, London, UK for his help and advice.

Sources
1 A Harlot’s Progress (also known as The Harlot’s Progress) is a series of six paintings (1731, now lost) and engravings (1732) by William Hogarth. The series shows the story of a young woman, Mary (or Moll) Hackabout, who arrives in London from the country and becomes a prostitute. http://en.wikipedia.org/wiki/A_Harlot%27s_Progress [Accessed 10 February 2010].
3 The British Museum has a fantastic range of prints and paintings from the Georgian period that can also be viewed on their website (www.britishmuseum.org).

Bibliography

Phase 1 testing for herpes vaccine
A herpes vaccine has begun phase one testing at Chelsea and Westminster Hospital in London. Two healthy volunteers have been given the vaccine, in a safety trial which will involve 42 people. Simon Barton, a consultant in genitourinary medicine at Chelsea and Westminster Hospital, who is running the study, said that a genital herpes vaccine would have important benefits. “For many of the people with genital herpes I look after, the big issue is having a way of protecting their partners”, Dr Barton said. “They can reduce the risk of transmission by using condoms and taking antiviral drugs every day, but these are far from ideal and they do not reduce the risk to zero.”

BioVex, a biotechnology company, has designed the ImmunoVex HSV2 vaccine based on a live but weakened version of HSV2, which has been engineered to silence four genes that help the virus to hide from the immune system. This should allow it to generate an immune response capable of preventing infection. The initial Phase 1 trial will evaluate whether the vaccine is safe in healthy volunteers, and whether it generates a good immune response. If the results are positive, it will go on to be tested for efficacy on the partners of people with herpes.

Source: http://www.timesonline.co.uk/tol/news/uk/health/article7049246.ece

Sexual Health in Holland in the Spring
May 2010 saw the 11th Biennial Congress of the European Society of Contraception (ESC) held in The Hague, The Netherlands. Over 2000 clinicians from all over Europe and beyond, including 80 or so from the UK, came together for 3 days. Highlights included sunshine; trips to the bohemian delights of Scheveningen beach – once trams were mastered; meeting colleagues that we only see every other year; catching up with old friends; as well as attending some interesting and informative sessions at the light and airy congress building. One session that stuck a chord with many delegates was about women requesting hymen reconstruction for fear of repercussions from future spouses and families. This was particularly emotional and moving. There were a number of contributions by UK delegates including Dr Audrey Brown and her colleagues who won a prize for a free communication.

A minor, but nevertheless significant, event took place late on Friday afternoon at The General Assembly, namely the voting of representatives onto the ESC Board. Member countries are allowed one or two representatives depending on the number of ESC members they have. On this occasion Sarah Randall was stepping down as one of the two UK representatives (and as Secretary General) and Shelley Mehigan was elected as the second UK representative – the first non-doctor to be elected to the ESC Board. [NB. Shelley also serves as Nurse Representative on the Journal of Family Planning and Reproductive Health Care.]

Drug resistance in gonorrhoea
At the Society for General Microbiology’s Spring meeting in Edinburgh, Professor Catherine Ion from the Health Protection Agency (HPA) reported growing resistance to antibiotics in gonorrhoea. Current drugs are still effective but signs of emerging resistance mean treatments may soon need to be revised with combinations of drugs. The HPA has been keeping a close watch on antibiotic resistance among strains of gonorrhoea for some time and says there is an urgent need for the development of new treatments. If left untreated, gonorrhoea can lead to pelvic inflammatory disease, and women can become infertile or have ectopic pregnancies. The current treatment to use is either ceftriaxone or cefixime. These antibiotics are administered as a single dose.

Professor Ion said: “Choosing an effective antibiotic can be a challenge because the organism that causes gonorrhoea is very versatile and develops resistance to antibiotics very quickly. Penicillin was used for many years until it was no longer effective and a number of other agents have been used since. The current drugs of choice, ceftriaxone and cefixime, are still very effective but there are signs that resistance, particularly to cefixime, is emerging and soon these drugs may not be a good choice. If this problem isn’t addressed then there is a real possibility that gonorrhoea will become a very difficult infection to treat.” The risk is that if several doses of treatment are required and patients do not finish the course, multi-resistant strains may emerge.

The HPA says there is no need to change treatment at the moment, but it is important for doctors to be vigilant. It says the high number of cases of sexually transmitted infections (STIs) such as gonorrhoea reinforces the need for people to use condoms with new and casual partners. Jason Warriner, Clinical Director at the Terrence Higgins Trust, said: “As levels of STIs continue to rise, we will see drug-resistant strains develop. This just shows how crucial it is for those who have been at risk to go for regular sexual health check-ups. We recommend people who are sexually active get checked out at least once a year. Most modern tests involve a simple urine sample or self-administered swab. They are quick, easy, and a good way to achieve peace of mind.”

Source: http://news.bbc.co.uk/1/hi/health/8593366.stm

READERS’ CONTRIBUTIONS INVITED ON ‘A BETTER WAY OF WORKING’

The Journal publishes occasional ‘A Better Way of Working’ articles, the purpose of which is to disseminate service delivery suggestions likely to be of interest and relevance to the Journal’s readership. Readers are invited to submit suggestions based on their own personal experience for consideration by the Journal Editor. Contributions normally should not exceed 1000 words and should be written in a standardised format responding to the following four questions (or similar): Why was change needed? How did you go about implementing change? What advice would you give to others who might be considering a similar course of action? How did you show that the change had occurred? All contributions should be submitted via the Journal’s online submission system at http://jfprhc.allentrack.net.