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Affectionate love: an autoethnographic investigation into a dark inheritance

Abstract:

This paper investigates an enigmatic past through autoethnographic research and writing devoted to nineteenth-century London surgeon Isaac Baker Brown and his family, with reference to the medical condition *vulvodynia*. The most obvious absence the article seeks to address is the identity of the dedicatee to whom Isaac made out, in 1866, with ‘affectionate love’, a copy of his book, *On the curability of certain forms of insanity, epilepsy, catalepsy, and hysteria in females*. Forms of disruption the paper explicitly investigates are twofold: ‘unintentional’ erasure as a consequence of information lost over time, with a focus on Isaac’s actions, and the fate of family members in Australia; and medical violation of English women through Victorian-era clitoridectomy. The article demonstrates how research on the peripheries of medical history might implicate the researcher and generate creative conjecture and writing, accounting for historical gaps and erasures, and interrogating the gendered wielding of power. It employs fictional interludes as an example of attempts to make sense of emotional and ethical ambivalence and to find appropriate creative form for research dilemmas. The paper illustrates the capacity of research and writing to draw attention to what remains unsaid about the historical perception and medical treatment of ‘disordered’ female bodies. Finally, the article reinforces the reflexive capacity of research by centralising the positioning of the author in relation to what is discovered, and gestures towards writing as responsibility and reparation.

Biographical note:

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A week into my study of the slight book, its hacked and seared women haunting me, asleep or awake, I found it. A hand-written dedication tucked away at the very front of *On the curability of certain forms of insanity, epilepsy, catalepsy, and hysteria in females* (1866), on a page that cowered against the cover as if afraid. First, the scrawled, indecipherable name of the dedicatee, and then the words that followed:

with the affectionate love,

The Author

‘The Author’ – Isaac Baker Brown, then – wrote in a flowing and purposeful hand that joined each word to its neighbour in a declaration of accomplishment, the script featuring several discrete curlicues, his own identity underlined in a confident sweep. The only anomaly was a strange squiggle, like a wriggling cut, above ‘affectionate’. Was it some kind of embellishment, or did the author’s hand slip as he wrote, the pen spilling its ink in a little gush? When I conjured the surgeon, he wrote with a fountain pen or a quill dipped in an inkpot by candlelight, but this was at the beginning of it all, when I knew little about the everyday of Victorian England, so the images were indefinite and shifting, their details obscure to me.

Affectionate love. It seemed inappropriate, even distasteful, this emotion; so wildly at odds with the book’s contents. Did it seem that way to the gentleman who received this gift? And who *was* that man? (We understand, I’m sure, that such a book would never have been dedicated to a lady.)

In the years that followed, the mystery of the message continued to trouble me and to exercise my imagination. I thought that if I could solve the riddle of this affectionate love, I might solve the riddle of the surgeon, understand why he did what he did, and consign him to history.

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It was 2007, and I had just picked up the book to which my life with, and research into, *vulvodynia* had carried me¹. My PhD was a kind of embedded sociological investigation; an autoethnography (2011). Searching for mentions of vulval disorder and painful sex I travelled backwards through history, via Sigmund Freud, to Egyptian papyri and the physicians of Ancient Greece, then forward again to the Victorian era, and there I became stuck in the world of hysteria for some years, immersed in the theories and judgements of nerve doctors and surgeons, frequently aghast at the mistrust of, and conduct towards, ‘disordered’ women. But I was also heartened at attitudes towards unaccountable genital pain, with many in the U.S. in the new field of gynaecology recognising it as undeniably physical. At least three gynaecologists detailed the symptoms of female patients, demonstrating a surprising trust in the verity of their accounts and responses: ‘the slightest touch with a feather or with a camel-hair pencil at the reduplication of the hymeneal membrane produced as severe suffering as

if she were cut with a knife' (Sims 1861: 360-361); 'even a cold and unexpected current of air produces discomfort; and any degree of pressure is absolutely intolerable' (Thomas 1880: 146); 'when, however, the examining finger comes in contact with the hyperaesthetic part, the patient complains of pain, which is sometimes so great as to cause her to cry out' (Skene 1892: 93).

More widely recognised is the treatment of 'hysterical' women in that era by physicians like Robert Brudenell Carter, who insisted that the patient be taken from her home and given over to the authority of the physician in his family home. As hysteria implied 'moral evil' (1853: 155), Carter's treatment involved 'wearing out the moral endurance of the patient' and taking away any means or motives for deception (Ibid.: 108). It concluded with 'moral training' (Ibid.: 139). In his book *On the pathology and treatment of hysteria*, Carter depicted the harrowing process as a battle, with the hysterical woman always the enemy, her imposture or simulation of symptoms to be exposed, and defeat via obedience the only acceptable result for her physician, the aggressor and ultimate victor: 'striking the first blow', 'length of the siege', 'traitor in the camp', 'admitting the enemy', 'weapons of defence', 'feeble resistance', 'yield some vantage ground', and so on (see Chapter 6). The pervasive mistrust and antagonism toward women, and the gendered history underlying it, is nowhere clearer than in Carter's statement that in the simulation of disease, the hysterical woman 'betray[s] the cloven foot' (Ibid.: 122).

But worse was to come.

I can't recall how I first knocked up against Isaac Baker Brown's book on the treatment of hysteria through surgery, specifically, through clitoridectomy, but, appalled and fascinated, I immediately ordered his treatise. After I'd read the surgical cases which comprise the book, familiar by now with a medical era in which it seemed only men could speak about women's bodies, where only men might determine that they had been 'cured'; when I'd turned every single page, alert, as researchers become, to the stains and folds and stickynesses that murmur quotidian stories, I found the surgeon's dedication.

I became obsessed with that small page, convinced I was the first to see it after many lost years. I photocopied the dedication, flattening the open pages of the antique book with careful hands, and carried the photocopy around with me, in the car to uni, and by my bed at night, turning it to different angles, assessing it under various lights; trying to make sense of the illegible name, which took the form of an initial – probably an A – and two names. The first name looked like Boser or Bryer, even Bozec; something that did not look like any name I knew, anyway. The last name, though, definitely resembled Brown. *Affectionate love*... Was the person who once owned this book related to Isaac? Was he a brother, a son, a nephew? Was he a colleague?

How had this author-signed copy ended up in Australia, of all places?

*

I sometimes feel that I'm entitled to call Isaac by his first name, but really I know so little about his life.

Here are some easy-to-locate details (Frampton 2013a; Frampton 2013b; Roy 2004).

Isaac Baker Brown (1812–1873) was born in Essex, England, the second son of a gentleman farmer. He entered Guy’s Hospital in 1830 as a house pupil to an established surgeon, worked his way up the ranks, and from 1847 devoted himself entirely to the diseases of women. By the 1850s he was well considered in his profession, and appeared confident enough to practise risky and unproven operations. In 1858, he opened The London Surgical Home for the Reception of Gentlewomen and Females of Respectability suffering from Curable Surgical Diseases (Frampton 2013a), and in 1865 he was elected President of the Medical Society of London (Sheehan 1981). In March 1866, when *On the curability* was published (Sheehan 1981), Isaac must have felt invulnerable, but without medical training as we understand it, how had he reached this pinnacle?

In the United Kingdom at that time, medical men were divided into three orders: physician, surgeon and apothecary (see Peterson 1978, Mitchell 2009). If you had lived then and were ill, you would consult a physician to find out what was wrong with you, and he – at that time it was only a *he* – would prescribe medication according to his diagnosis. The apothecary might compound and supply your medication; he could also, from 1815, give advice and prescribe himself. So much for internal disease. If it was determined that you needed an operation, or if disorder was located on the outside of your body – broken bones, or a cut to the skin – your treatment was dependent on the surgeon. Each order had its own specific training: only the physician was university educated, whereas surgery was considered a craft, a skill that demanded strength, speed and knowledge. Surgeons were trained on the job, through apprenticeships. One only had to have enough money to be apprenticed to become a surgeon (Peterson 1978).

This all sounds neater than it probably was, and suggests that vocation was simply a matter of choice. In reality, social class also determined pathways in medicine, and a university degree denoted privilege. As I read more about the medical hierarchy in Victorian England, I came to understand that Isaac’s father’s status as gentleman *farmer* carried both class and implicit judgement in ways that might be hard to understand now. Was it this background that would determine Isaac’s ‘owdacious’ behaviour (The Obstetrical Society 1867: 403), and single him out from his colleagues?

*

Isaac likes to survey his certificates each day before leaving Connaught Square for the Surgical Home. Gilt-edged presidencies and establishment openings. Proclamations of achievement. And now there is the new book, further evidence of his accomplishments. He returns to the small stack on his desk, runs a finger over the spines, lifts the top copy and flicks the pages, smiling all the while.

Though spare of figure, Isaac has the look of a large horse harnessed to a plough. Somehow solid and unstoppable. Yet he has a yellow flower in his buttonhole, and his attire is spruce and spotlessly clean. What to make of him?

*Isaac’s full mouth purses and releases as he reads from *On the curability*, turning a page, nodding with satisfaction. Then a short exclamation – ‘Ah!’ – a deft tug on the fob below his waistcoat, and a glance at his pocketwatch. Isaac goes to replace the*

book on the stack, then hesitates. Yes, why not? He draws on his hat and his overcoat, and slips the slight book into an inside pocket.

*

In *On the curability*, Isaac Baker Brown proposed hysteria as the first condition in an eight-tiered physical and mental disintegration, which, unless interrupted, culminated inevitably in death. With ‘continual abnormal irritation of a nerve centre’ or masturbation (1866: 2), as he saw it, the cause, clitoral amputation, ‘by removing the cause of excitement’ (Ibid.: vi), became his solution². And Isaac wasn’t alone: then, and years later, small numbers of physicians and surgeons supported the procedure. English physician Edward John Tilt, for instance, sanctioned clitoridectomy if masturbation continued after the implementation of other measures, and when it appeared to exacerbate hysteria or epilepsy (1881: 91).

It is tempting to present this theory and practice solely as an example of men exerting power over women, and forcing them to conform to a Victorian model of femininity. But gendered power structures act upon all those who live within them. Carol Groneman, in examining a range of nineteenth century cases of ‘nymphomania’, notes that, on occasion, the patient herself demanded medical intervention, and even surgery (2001: 29; see also Shorter chap. 4). Women’s sexual desire and excitability may have been interpreted by men as a threat, but Victorian women, too, might have felt more comfortable adhering to social norms.

But would the countless women operated on by Isaac ‘express a most earnest desire to be cured’ if they were fully informed (Brown 1866: 21)? Would *anyone* agree to the brutality of this particular operation?

Two instruments were used; the pair of hooked forceps which Mr. Brown always uses in clitoridectomy, and a cautery iron such as he uses in dividing the pedicle in ovariectomy. This iron is made by Pratt; it is somewhat hatchetshaped. The clitoris was seized by the forceps in the usual manner. The thin edge of the red-hot iron was then passed round its base until the origin was severed from its attachments, being partly cut or sawn, and partly torn away. After the clitoris was removed, the nymphæ on each side were severed in a similar way by a sawing motion of the hot iron. After the clitoris and nymphæ were got rid of, the operation was brought to a close by taking the back of the iron and sawing the surfaces of the labia and the other parts of the vulva [...] which had escaped the cautery, and the instrument was rubbed down backwards and forwards till the parts were more effectually destroyed than when Mr. Brown uses the scissors to effect the same result. (The Obstetrical Society 1867: 407-408)

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My fascination with Isaac battled an empathetic identification with the forty-eight women represented in *On the curability*, treatment upon treatment, ‘cure’ upon ‘cure’. It is easy to see the feminine characteristics valued by Isaac, and Victorian society, in the post-surgical descriptions of women: they are variously grateful, cheerful, quiet, intelligent, tractable, sensible and modest. But it is the spirit and gusto discernible in case-note commentary on the women before surgery that won me over; the convincing rawness of their suffering that echoed in my own body. It seemed to me there were

sound reasons for these women to avoid intercourse or society, to abandon both work and sleep, to recline on the sofa or ‘spinal couch’ (1866: 34, 35), and I could think of explanations other than ‘peripheral irritation’ (masturbation) for their symptoms, including chronic infection, or neurologically mediated conditions like vulvodynia or interstitial cystitis.

Mrs. —, for instance, suffers an ongoing pain syndrome: ‘her bladder is so irritable that sometimes she has to pass her water every half-hour’; ‘for the last three years the act of coition has been accomplished without the least pleasure, but with pain’ (Case XIII; 1866: 30). She is aggressive toward her husband and is ‘subject to fits of violent excitement’ during which ‘she would fly at him and rend his skin, like a tigress’ (Ibid.). I couldn’t help wondering if the husband had continued to press her for intercourse, despite her symptoms.

‘Miss E. R.’ (Case XLIV; 1866: 72-75) is an affront to Victorian sensibility on many levels. At thirty-four she is still single and living with friends, and is described by the doctor who referred her to Isaac as ‘strange and eccentric’, and ‘exceedingly irritable and passionate’ (Ibid.: 72). She walks alone in the country for miles, and is ‘so forward and open’ at parties that men avoid her. She has ‘*never had an offer of marriage*’. She sees the faces of other people as ‘masks’ (Ibid.), and describes herself as feeling ‘dead’, ‘buried’, ‘lost’ and ‘changed’ (Ibid.: 73). Isaac presents her as a case of insanity, but it looked to me, from my modern perspective, as if her distress had been triggered by the death of her mother.

I barracked for her, and for the few women who resisted surgery, even though I knew I was over one-and-a-half centuries too late. On one occasion, when I read that Isaac’s diagnosis of peripheral irritation was ‘strongly contested’ by the family or doctor of a ‘young lady’, and the objection raised that the operation ‘might interfere with marital happiness’, I wanted to cheer (Case XV; 1866: 34). But my celebration was fleeting; even though he couldn’t counter the arguments, Isaac indefatigably ‘performed [his] operation in the usual manner’ (Ibid.).

Still, they remained insistent, these women, coming to me from the edges of things, snatches from the book insinuating themselves into the small spaces in my life: walking, driving, dreaming, the moments on first waking. I found myself deeply affected by what was reported.

Even more disturbing were the rare words from the women themselves, especially one entreaty that still sounds in my mind: ‘I would like to have my hands untied; I will be very quiet’ (Case XLVII; 1866: 81). Isaac had them restrained after cutting and scorching them, you see, to prevent that which had purportedly caused disorder in the first place.

My focus here is Isaac, and the generations that followed him, but it is impossible to consider the surgeon without taking into account the impact of his surgical solution on these women. I understand more fully, now, that in resurrecting Isaac in 2007, in researching the recipient of his affectionate love, I was trying to find the humanity in the man. I suppose I was searching for some way to mitigate the horror.

*

At first it is his black back inclined over a narrow bed. Then the woman's trussed body, and her eyes flicking left, right.

'I would like to have my hands untied,' she whimpers. 'I will be very quiet.'

His hand clamps her shoulder. His mouth opens to tell her why.

The Surgical Home. The beds, separated one from the other. The women with scared eyes and stricken bodies.

There is no affection here, I think. There is no love.

*

I continued my PhD, making contact with many more women living with vulvodynia, and interrogating the ways in which medical ideas and practices relating to 'disordered' women have leaked from the past into the present, especially in attitudes and treatments related to modern-day women with vulvodynia (Taylor 2011; 2012; 2013b; 2015; 2017).

I finished the PhD, but Isaac would not leave me alone. When, in a workshop at the beginning of 2013, I recorded a benign creative writing prompt, two men rushed into an unfolding narrative, which became a short story (2013a), and then the pivotal scene in a novel. The scenario? A Victorian man consults with Isaac Baker Brown as his wife robes in an adjoining room; Isaac recommends his operation. I was interested in the wielding of power in the context of severe and mystifying female suffering, unsure myself whether the Victorian man would assent to the surgery.

At first it was enough to discover this new man, his considered outlook on the world around him, his tender concern for his wife, his ambivalence towards the surgeon. But the identity of Isaac's dedicatee continued to worry at me, and at my short story's modern-day alter-ego, Alice. I returned to the riddle, considering the clues: Isaac's reference in *On the curability* to 'my eldest son, Mr. Boyer Brown, now practising in New South Wales' (1866: 13); the existence of this signed copy of the book at the University of Sydney; an Arthur Boyer Brown in *The Sydney morning herald* in 1867 ('Advertising': 1). I consulted death notices, sifted conflicting details, sketched mutating family trees, mulled over alternative identities. Everything pointed in the same direction: Isaac Baker Brown's son in Australia; the father proudly sending his book to that son, one in a list of 'gentlemen who have been led to adopt my views and treatment' (1866: 13) – or so the book claimed.

I tentatively filled in the gap.

A Boyer Brown

with the affectionate love,

of The Author

But it was not enough for me to speculate; I needed to know.

In October 2013 I emailed the State Library of WA, initiating an exchange with a family history specialist there:

I have a tentative little family tree and can send you that, if you need more info. I'm trying to work out who the dedication is made out to before Friday, when the short story I am working on must be finished. So I'm hoping you can help me! (Personal communication)

The librarian confirmed the probable identity of the dedicatee as Arthur Boyer Brown, Isaac's son. Our short email conversation, filled with pastes and links relating to Arthur's movements over time, nussed out some of his fate and pointed the way for my research, which continued in fits and starts over the following five years as I wrote the novel.

*

Isaac sits at a mahogany desk in his study, the slim volume opened at the first page. He dips his nib in the ink, taps it gently on the edge of the pot, and thinks for a moment. Then his hand swoops, lines flowing onto the page,

A Boyer Brown

with the affectionate

As he lifts the nib to cross the 't's in 'affectionate', ink wriggles upwards, a sinuous snake. He tuts at the unbidden flourish, thinks to blot it, then decides otherwise. He dips the nib again, writes his

love,

and declares ownership

of The Author

underlining the title with a confident sweep of his pen

The Author

*

Isaac's prominence was short lived (see Scull 2006). Even before *On the curability* was published in March 1866, critical voices appeared in the editorial pages of the *British medical journal*. Had Isaac signed and sent the book to his son in that brief window between concerns over 'a superfluous amount of self-laudation' ('British Medical Journal' 1866: 77), and the rapid escalation of complaints that began near the end of April? I imagined Isaac at his desk, composing his responses, carrying out his defence, indulging in a complex kind of mental double book-keeping in which he casts himself as victim, while doubts and criticism regarding this form of surgery were only eclipsed

by the outrage that grew over the surgeon's conduct in the *British medical journal*, including accusations that Brown had exaggerated the benefit of the operation; circulated, even advertised, harmful information; excited feminine curiosity when ladies should be protected from such material; injured society and brought discredit on the medical profession; described practices 'founded upon theories as wrong as they are filthy' (Harling and Greenhalgh 1867: 42).

Without a complete about-face, without the humility and shame demanded by his peers, Isaac's plummet was swift. He was expelled from the Obstetrical Society of London for unprofessional conduct at an excoriating meeting on 6th April 1867 (The Obstetrical Society), declared bankrupt by the end of 1868, and died almost destitute in 1873, with his death attributed to apoplexy (stroke), with old and fresh clotting, and a softening of the brain (Frampton 2013b; 'Obituary' 1873).

Medical historian Edward Shorter has suggested neurosyphilitic dementia as a possible reason for Isaac's surgical extravagance (1992: 83), but this is a dangerous leap to make without direct evidence. Maybe – less dramatically, less ironically – Isaac was simply a product of his background and a very different time. Perhaps his was a personality not suited to acting as an upright exemplar of the medical profession. He was a farmer's son, after all, and also determined, aspiring, misguided and rash in nature. But did that make him a bad man? A monster?

Over the next five years, as Isaac's peripheral yet pivotal presence in my novel persisted, I continued to find reasons to excuse him: Perhaps he was just an ordinary person. A father, like other fathers, who felt affectionate love for his children. A man who struggled, as we all do, men *and* women, through doubts, who made mistakes and hoped to better himself. An ambitious man who suffered for his success, who fell from a great height and was utterly broken.

Each time pity softened my heart, though, I was alarmed. What about the countless silenced women operated upon, many without their knowledge or consent; what about women suffering *now*? Was I betraying a trust by feeling sympathy for Isaac?

And what of the career of his son in Australia? Did he prosper away from his father?

Arthur crops up again in *On the curability*, this time in one of his father's case reports, dealing with a Mrs.—, a fifty-seven-year-old woman with undefinable yet florid symptoms, upon whom Brown operates (Case XLVI; 1866: 77-79):

A fortnight later she was quite well, being entirely free since the operation from maniacal attacks; but she complained to my son, Mr. Boyer Brown, that I had unsexed her. He answered that nothing of the sort had been done, but that the operation had prevented her from making herself ill. (Ibid.: 79)

It is unequivocal, her complaint: she had been unsexed. And the year the woman was 'treated': 1861, before Arthur's migration to Australia. On the face of it, Arthur's response to her was consistent with his father's theories on masturbation and disorder. But I reminded myself that Isaac wrote this report; and I knew by now that Isaac twisted 'facts' every which way to support his newly acquired honour and status. Did Arthur speak privately to his father on the matter? Did he ever query his father's methods?

If Isaac's words are to be believed, father and son were colleagues-in-arms, remaining in close contact after Arthur moved to the end of the world. So why did I continue to feel this odd bafflement? As if there was something just beyond my reach that, if I could just grasp it, would make this family's world clear. Why was I still so affected? So invested? It was all about the women wasn't it? Then why did I have this compulsion to find out more about the tragedy I sensed the whole family was brought to? Why did I also feel a sense of responsibility to *them*?

*

There is Isaac seated in the lamplight, breathing coal smoke, ink, tobacco and burning oil, that audacious hand poised above his book. He traces his paternal love on the page, smiling at an unbidden wriggle of ink, allowing himself a proud flourish beneath The Author. He leans back in his chair, leather squeaking, and hoods his penetrating eyes.

Isaac is picturing his son and his grandson: Arthur and Arthur Junior. Fanny calls their boy 'a little scamp', but Isaac imagines his grandson as a grown man – dexterous, daring and lauded, just like him. Another surgeon to continue the family tradition.

He folds the letter, cramped with family news – his practice, flourishing; the little ones, thriving – and Catherine's eager questions, her hand less definite than his own. He holds the sealing wax over the candle, setting its wick alight; suspends it above the join, guiding the hot fat drops into a circle; and stamps his seal, IBB Surgeon, into the enveloping wax.

*

I wanted to know more about Arthur; specifically, what happened to him in Australia. I recalled my own journey here as a 'ten-pound Pom', and the expansiveness that filled me on arrival; the enduring love for what immediately felt like home – so incongruous for a lily-white non-Indigenous settler. I imagined Arthur, a young man filled with hopes and ambitions; a man who dreamed of success in this vast, strange country. Did he bring his father's brutal methods with him when he came to Australia, and was he successful in his appeals to society? Did he, too, 'cure' disordered women, burning the most sensitive, sensate tissue on their bodies, cutting at their private site of pleasure? Were his patients a mixture, like his father's: insane or epileptic; dirty, dirt-poor, down-at-their-luck paupers; decent gentlewomen?

In 2016, I again took up the search, returning first to May 1867, and the creditor's notice for Arthur Boyer Brown, now determined to be Isaac's son, in *The Sydney morning herald* ('Advertising': 1). The notice suggested a sharp downturn in the young man's fortunes. I wondered if it was triggered by his father's plummet from the medical heavens in 1866; whether Arthur's medical peers turned on him, as they did with Isaac, stripping away his positions and condemning him to destitution.

Highflyer, it was called, the young Boyer Brown family's passage to Australia. Had they taken the name as a portent, Arthur and his wife, Fanny (Dorset Parish Registers 1862), as they climbed the gangplank to a new life, babe in arms (General Register Office 1863)?

In any case, the creditor's notice signalled a rapid unravelling. In the Maitland Gaol records, I picked out the entry for Arthur, the antique writing hazy on my computer (State Records Authority 1869). I saw him listed as 'surgeon'; described as five foot, eight and a half inches, of medium build and 'sallow' complexion, with dark hair and blue eyes. I read 'scar on left wrist'. '[I]t was not uncommon in this era,' noted a helpful librarian via email, 'to place people in such institutions for these reasons and their own presumed "safety"' (Personal communication). Even so, when I found that he had died in 1869, I wouldn't believe it. That would make him only twenty-nine or so; his son, Arthur Boyer Brown Junior, also Isaac's grandson, only six.

I chased up a death certificate, imagining Arthur taking his life – a successful slashing of the wrist, this time – decimated by the family's shame, but I discovered that his end was more prosaic, if startlingly similar to his father's: the certificate listed his occupation as 'surgeon', and his death was ascribed to 'chronic softening of brain' (New South Wales Registry 1869). Such localised softening of the brain tissue was attributed in the Victorian era to haemorrhage or inflammation. Arthur's chronic softening was noted as '4 months' duration, but at this distance, and without further research, the extent to which the condition was hereditary or environmental could only be speculated.

I continued into the family's future, driven still by a sense of compulsion. A 1918 war grave informed me of yet another Arthur Boyer Brown, Arthur Junior's son, dead at twenty-two (Find a grave 2010); and the State Library of WA family history specialist who had helped me in 2013 sent me an entry from 1925 that revealed the death of Arthur Junior, who had survived his own son, dying at the age of sixty-two (Personal communication). The beginnings and ends of three generations of Arthur Boyer Browns were now determined. But the historical documents often delivered more mysteries than they solved, and these branched and amplified, colonising my thoughts, and thrusting into my novel, where they began to displace the women I had wanted to represent.

Yet the nature of my chronic pain has always glued me to Isaac's women, and I wonder now if my investment in finding solutions to these Brown-family riddles was also a displacement of feelings too difficult to bear: terror, powerless fury, loss and grief, utter despair. I sensed, I think, that if I could pin each Brown family member to their place in history I would relieve myself of this burden and the ambivalence that drove me; somehow fulfil my responsibility to the suffering women in the past and in the present.

I found, though, that my disquiet grew as the history I was exploring passed into the twentieth century. I felt uneasy about potentially holding following generations to account for Isaac's actions; intrusive connecting a family to a past they might want to forget, even disown. After all, Isaac Junior, Isaac's own younger son, changed his name to Lennox Browne ('Obituary' 1902). The timing of this act tells me two things: one, it is probable that Lennox Browne did this to separate himself professionally from a terrible inheritance³; and two, that he cared enough for his father that he waited till after Isaac's death in 1873 to do so (see Woollings 1998: 35). I think a similar impulse drove me: I wanted to believe that Arthur was different to Isaac; I wanted – even needed – to quarantine that craziness. But, like a Greek tragedy, Isaac's actions ricocheted into his

son's, and the Brown family's fate spilled over any boundaries my novel might create for it, muddying the storylines, confusing the characters.

In 2018, I let go of Arthur Boyer Brown. He had unwittingly given his name to the Victorian man at the centre of my story, then my novel: Arthur Rochdale. Through this fictional Arthur I discovered other, more ethical ways in which a Victorian man might think and act. And maybe this was a form of reparation on my part – for myself, for Isaac's women, even for Isaac's descendants – but, if so, it was not deliberate. When this fictional character came to me at the beginning of 2013, announcing himself as 'Arthur Rochdale', the name of the dedicatee was still 'A Boyer Brown' in my thoughts. It was only months later that I took up the quest to have his identity confirmed, discovering that his name, too, was Arthur.

*

It is Catherine's domain really, this wrapping of parcels for Arthur, so far away, but he likes to set his fingers to a task, and this is to his pleasure, this creasing and folding, this twisting and knotting of twine.

Isaac draws the sheet of crisp brown paper towards him. Wraps the book and letter within it, pressing the paper's edges into a slender, definite package. Pulls tight the string with certain fingers. Weighs the slight heft and pictures his son opening it with delight. Rests for long moments in this singular, satisfied ambition: the achievement of the summit.

Then he measures the twine, determining its limits, lifts his scissors and snips it clean.

*

I carried out extended research because I wanted to know how to think about this man Isaac Baker Brown and his family. I needed to determine if there was something here that might be called blame or responsibility and, if there was, where, precisely, it lay; absolve someone of guilt, and convert ambivalence into emotional clarity. But in the end I mentally stop-ended the trail at the close of the century, with Arthur Boyer Brown Junior made good, climbing a golden ladder from bank agent to husband, magistrate, father (the next Arthur, born 1898), trustee of the botanical gardens, worshipful Master of Hume Lodge⁴. I chose to interpret the rise in fortune from such an unpromising beginning as transformation rather than repetition.

I never did discover if Arthur carried out his father's surgical 'cure' in Australia; I cut him from my novel, and tried to cut him from my mind. I never did allow Isaac to stray from the periphery of my novel into its centre, yet his presence slides its way into this essay, in tiny portholes onto an imagined life.

I try to feel fondly about the Brown family. But even as I feel compassion for Arthur and his two namesakes, and muddled, battling feelings about Isaac – think of the bonds between the family, and the yearning that must have been in their hearts at the gap of half the earth; imagine the dreams they must have had of each other, and the sacrifices they must have made to form such disparate lives; somehow ameliorate the surgeon's actions, and consider the terrible price that he and his son paid; remind myself that affectionate love can co-exist with ignorance, even malice – even then, they return to

me, the women. Mrs. —, with her disabling genital pain and fiery outbursts; the wonderfully wilful Miss E. R.; the ‘young lady’ and her troubled and protective family. And, always, always, the ‘usual operation’.

Had my concern for the Brown family been easier to bear than the imagined fate of these women?

Sometimes at night I come to with a voice sounding, and I am reminded.

I would like to have my hands untied; I will be very quiet.

Endnotes

1. *Vulvodynia* is chronic unexplained vulval pain – burning, knife-like on contact – lasting three months or longer (Chalmers and Moseley 2016; Sadownik 2014). Studies suggest that up to sixteen percent of all women experience vulvodynia at some point in their life (Harlow and Stewart 2003; Harlow et al 2014).
2. Connecting masturbation to mental health was not uncommon during the era of Victorian medicine. Carroll Smith-Rosenberg notes of the American experience: ‘Throughout the nineteenth century, physicians believed that masturbation was widespread among America’s females and a frequent cause of hysteria and insanity’ (1985: 206).
3. Perhaps to the benefit of his own career: Lennox went on to become a prominent specialist in diseases of the throat (‘Obituary’ 1902).
4. Sources for each item of information: ‘Singleton Police Court’ (1884); ‘Family Notices’ (1892); ‘No Title’ (1896); ‘Family Notices’ (1898); ‘Cycling Notes’ (1897); ‘Hume Lodge, Germanton’ (1899).

List of works cited

- Advertising 1867 *The Sydney morning herald* 17 May, at <https://trove.nla.gov.au/newspaper/article/13146146> (accessed 15 October 2013)
- British Medical Journal 1866 *The British medical journal* 20 January, at <https://www.bmj.com/content/1/264/74> (accessed 20 March 2013)
- Brown, Isaac Baker 1866 *On the curability of certain forms of insanity, epilepsy, catalepsy, and hysteria in females* London: Robert Hardwicke
- Carter, Robert Brudenell 1853 *On the pathology and treatment of hysteria* London: John Churchill, at <http://books.google.com/books?hl=en&lr=&id=HxUDAAAQAAJ&oi=fnd&pg=PA1&dq#PPP1,M1> (accessed 23 May 2008)
- Chalmers, Jane and Lorimer Moseley 2016 ‘Does your vulva hurt? You could have vulvodynia’ *The conversation* 2 June, at <https://theconversation.com/does-your-vulva-hurt-you-could-have-vulvodynia-55038> (accessed 22 June 2016)
- Cycling notes 1897 *Albury banner and Wodonga Express* 29 October, at <https://trove.nla.gov.au/newspaper/article/99424044> (accessed 18 February 2016)
- Dorset Parish Registers 1862 ‘Reference: PE/SY: RE 2/12, 2/15, 3/1-3/2’ *Marriages and banns 1813–1921*
- Family notices 1892 *The Maitland mercury and Hunter River general advertiser* 10 May at <https://trove.nla.gov.au/newspaper/article/19009692> (accessed 18 February 2016)
- Family notices 1898 *The Australasian* 9 July, at <https://trove.nla.gov.au/newspaper/article/138601428> (accessed 18 February 2016)
- Find a grave 2010 ‘Sgt Arthur Boyer Brown, 5 Nov 1918’, Plot V. A. 44. (ID 56590644), Abbeville communal cemetery extension, Departement de la Somme, Picardie, France, at <https://www.findagrave.com/memorial/56590644/arthur-boyer-brown#source> (accessed 18 February 2016)

Frampton, Sally 2013a 'How to make a Victorian villain (or the tale of Isaac Baker Brown) part 1', at <https://uclhistoryofmedicine.wordpress.com/2013/01/17/how-to-make-a-victorian-villain-or-the-tale-of-isaac-baker-brown-part-1-3/> (accessed 9 March 2013)

Frampton, Sally 2013b 'How to make a Victorian villain (or the tale of Isaac Baker Brown) part 2', at <https://uclhistoryofmedicine.wordpress.com/2013/01/26/how-to-make-a-victorian-villain-or-the-tale-of-isaac-baker-brown-part-2-2/> (accessed 9 March 2013)

General Register Office (UK) 1863 'Birth index: BROWN Arthur Boyer', *England and Wales civil registration birth Index 1837–1915*, at https://www.ancestry.com.au/interactive/8912/ONS_B18632AZ-0153/34449325?backurl=https://www.ancestry.com.au/family-tree/person/tree/87993146/person/42561758590/facts/citation/283743694857/edit/record (accessed 14 January 2016)

Groneman, Carol 2001 *Nymphomania: a history* London: Fusion Press,

Harling, Robert, and Robert Greenhalgh 1867 'Clitoridectomy' *The British medical journal* 12 January, at <http://www.jstor.org/stable/25206326> (accessed 19 February 2014)

Harlow, Bernard L, Christine G Kunitz, Ruby H Nguyen, Sarah A Rydell, Rachel M Turner, and Richard F MacLehose 2014 'Prevalence of symptoms consistent with a diagnosis of vulvodynia: population-based estimates from 2 geographic regions' *American journal of obstetrics & gynecology* 210 (1), 40.e1–40.e8

Harlow, Bernard L and Elizabeth Gunther Stewart 2003 'A population-based assessment of chronic unexplained vulvar pain: have we underestimated the prevalence of vulvodynia?' *Journal of the American medical women's association* 58, 82–88

Hume Lodge, Germanton 1899 *Albury banner and Wodonga express* 5 May, at <https://trove.nla.gov.au/newspaper/article/99726041> (accessed 18 February 2016)

Mitchell, Sally 2009 *Daily life in Victorian England* 2nd ed. Westport, CT: Greenwood Press

New South Wales Registry of Births, Deaths and Marriages 1869 'Death certificate: Arthur Boyer Brown (Reg. No. 4934)' (received 8 March 2016)

No title 1896 *The Corowa free press* 10 April, at <https://trove.nla.gov.au/newspaper/article/234897421> (accessed 18 February 2016)

Obituary: Lennox Browne 1902 *The British medical journal* 8 November, at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2402286/?page=1> (accessed 18 October 2013)

Obituary: Isaac Baker Brown 1873 *The British medical journal* 8 February, at <https://www.bmj.com/content/1/632/158.2> (accessed 20 March 2013)

Peterson, Mildred Jeanne 1978 *The medical profession in mid-Victorian London* Berkeley: University of California Press

Roy, Judith M 2004 'Brown, Isaac Baker' *Oxford dictionary of national biography* Oxford University Press, at <http://www.oxforddnb.com/view/article/50268> (accessed 9 March 2013)

Sadownik, Leslie A 2014 'Etiology, diagnosis, and clinical management of vulvodynia' *International journal of women's health* 6, 437–449

Scull, Andrew 2006 *The insanity of place / the place of insanity: essays on the history of psychiatry* London: Routledge

Sheehan Elizabeth 1981 'Victorian clitoridectomy: Isaac Baker Brown and his harmless operative procedure' *Medical anthropology newsletter* 12 (4), 9-15, at https://www.jstor.org/stable/647794?seq=1#page_scan_tab_contents (accessed September 2007)

Shorter, Edward 1992 *From paralysis to fatigue: a history of psychosomatic illness in the modern era* New York: The Free Press

Sims, J Marion 1861 'On vaginismus' *Transactions of the Obstetrical Society of London* 3, 356–367

- Singleton Police Court 1884 *Singleton argus* 18 June, at <https://trove.nla.gov.au/newspaper/article/82597190> (accessed 18 February 2016)
- Skene, Alexander JC 1892 *Treatise on the diseases of women: for the use of students and practitioners* 2nd ed. New York: D Appleton and Company
- Smith-Rosenberg, Carroll 1985 *Disorderly conduct: visions of gender in Victorian America* New York: Alfred A Knopf
- State Records Authority of NSW 1869 Arthur Boyer Brown, *Maitland gaol description book*, 329–330, at https://www.ancestry.com.au/interactive/1783/40799_294164-00450?pid=342439&backurl=https://search.ancestry.com.au/cgi-bin/sse.dll?dbid%3D1783%26h%3D342439%26indiv%3Dtry%26o_vc%3DRecord:OtherRecord%26rhSource%3D1779&treeid=&personid=&hintid=&usePUB=true&usePUBJs=true March 1869 (accessed 14 January 2016)
- Taylor, Josephine 2017 ‘Mark my words’ *Southerly* 76 (2), 199–225
- Taylor Josephine 2015 ‘A conversation with the enemy’ *Outskirts* 32, at <http://www.outskirts.arts.uwa.edu.au/volumes/volume-32/josephine-taylor> (accessed 31 August 2019)
- Taylor, Josephine 2013a ‘That hand’, *Other voices: a collection of short stories* Joondalup: Peter Cowan Writers’ Centre, 22–31
- Taylor, Josephine 2013b ‘Vulvodynia and the ambiguous between’ *Axon* 3 (1), at <https://www.axonjournal.com.au/issue-4/vulvodynia-and-ambiguous-between> (accessed 31 August 2019)
- Taylor, Josephine 2012 ‘The lady in the carriage: trauma, embodiment, and the drive for resolution’, *M/C journal*, 15 (4), at <http://journal.media-culture.org.au/index.php/mcjournal/article/viewArticle/521> (accessed 31 August 2019)
- Taylor, Josephine 2011 *Vulvodynia and autoethnography* PhD thesis, Joondalup: Edith Cowan University
- The Obstetrical Society 1867 ‘Meeting to consider the proposition of the council for the removal of Mr. I. B. Brown’ *British medical journal*, 6 April, at <https://www.bmj.com/content/1/327/395> (accessed 19 February 2014)
- Thomas, Theodore Gaillard 1880 *A practical treatise on the diseases of women* 5th ed. London: Henry Kimpton
- Tilt, Edward John 1881 *A handbook of uterine therapeutics and of diseases of women* 4th ed. New York: William Wood & Company
- Woollings, Barbara 1998 *The Browns of knights* rev. ed., self-published, ISBN: 100952197413