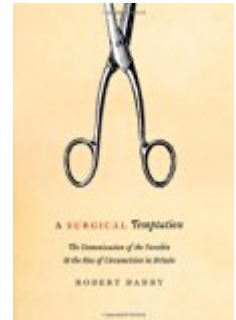


Robert Darby. *A Surgical Temptation: The Demonization of the Foreskin and the Rise of Circumcision in Britain.* Chicago: University of Chicago Press, 2005. xi + 374 pp. \$35.00, cloth, ISBN 978-0-226-13645-5.



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Between 1860 and 1950 male circumcision in Britain rose sharply, and then saw a swift decline. Robert Darby explains this phenomenon in the context of perceptions of male sexuality during the Victorian and Edwardian periods. He argues that physicians regarded the foreskin as a "source of moral and physical decay" (p. 4) and that their conviction persuaded parents to accept routine male infant and child circumcision: at its peak in 1930 the rate of circumcision was 30-40 percent of all males. Based on medical treatises, journals, and case studies Darby's book documents the emergence in Victorian Britain of male circumcision as a kind of therapy, based on its relationship to cultural attitudes toward masculinity, male sexuality, and the male body. He argues that beyond a clichéd preoccupation with female sexuality, Victorians in fact pathologized the male sex drive and masturbation in particular. Medical theories of nerve force promoted by physicians in what Darby terms an "antisensual age" blamed nervous illness, prostitution, venereal disease, and other health problems on male sexuality (p. 14) and at-

tributed to it an uncontrollability that many physicians, religious leaders, and parents believed only circumcision could restrain.

Darby argues that the movement promoting widespread circumcision was "generated by elements of both old and new medical theory and practice" (p. 18), but he considers the movement more as a part of the "old style of 'traditional' medicine" rather than a development of "the rising new style of 'scientific' medicine" (p. 317). His heuristic contrast of traditional and scientific provides a flawed frame for the book by reinforcing the sense that the two types of medicine diverged sharply and by asserting that modernity is a phenomenon that bears little resemblance to what came before it. Physicians would certainly have us believe that the two types of medicine are vastly different, but as many medical historians point out, this distinction was a deliberate strategy of the professionalizing project that Darby describes in his book.

Although Darby's project would fit well within the historiographical discussions of Britain and empire to which he refers in his introduction, he does not pursue these connections in the book. Instead he is concerned to contribute to the history of moral attitudes, the rise of modern medicine, and the history of the body, specifically male sexual function. With detailed descriptions of masturbatory practices and the variety of therapies such as cauterization, castration, and circumcision documented in physicians' case studies, Darby makes good on his promise to avoid a "disembodied account of mere representations" (p. 9), to "shine a searchlight onto the indignities forced on men and boys by misguided doctors in the name of health or decency," and to reconstruct the experiences of those men victimized by this "medical fad" (p. 21). Darby conveys all of this without a single photograph or drawing in his text.

The book's chapters proceed in a more or less chronological order. Part 1, "The European Background," reconstructs eighteenth-century attitudes toward sex and the shifts in the latter half of the century toward a more vociferous disapproval of masturbation. In part 2, "Medico-Moral Politics in Victorian Britain," Darby describes the emergence of Georgian and Edwardian sexual morals and medical theories of disease during the "antisensual age" which Darby, like other medical historians, attributes to the professionalization of medicine and the quest by physicians to distinguish themselves from quacks. Darby shifts the focus to circumcision with an examination of William Acton (1812-75) and his "insistence on the necessity for sexlessness in children and abstinence in young men, coupled with his belief in the pathological irritability of the foreskin" (pp. 128-129). Despite Acton's stance against general circumcision, Darby argues that he was "a pivotal figure" in the "acceptance of routine circumcision of male infants and boys" (p. 128). Darby's examination of the practice of clitoridectomy and the eventual rejection of the procedure and its prima-

ry proponent, Isaac Baker Brown (1811-73) by British physicians concludes with his assertion that the condemnation of clitoridectomy strengthened the case for male circumcision. Part 3, "The Demonization of the Foreskin," traces the process by which the foreskin was implicated as diseaseridden and the cultural and medical consensus that led to widespread circumcision of British boys by the turn of the century. In this section Darby discusses the panic about masturbation in public schools in the late nineteenth century and the not unrelated emergence of medicine's preoccupation with the diagnoses of spermatorrhea and phimosis. (Spermatorrhea was an affliction characterized by "mystifyingly involuntary" seminal loss while phimosis defines "the naturally nonretractable and adherent condition of the juvenile foreskin" as a "malformation" [p. 216]). Nineteenth-century physicians associated a range of diseases and secondary illnesses with both of these conditions. While more traditional treatments were available, circumcision emerged as the favored cure by the beginning of the twentieth century.

The lengthy and detailed descriptions of what physicians thought about these issues and how they arrived at the consensus in favor of circumcision contrasts sharply with Darby's lack of attention to the reversal of attitudes toward circumcision that led to the abandonment of the procedure among Britain's non-Jewish and non-Muslim populations. Of course, every study must stop at some point, but Darby provides only abbreviated explanations for the changes in the perception of male and female sexuality in the first part of the twentieth century and the foreskin's place in this history.

Darby's tone is often one of exasperation and his lack of patience with Victorian values seems to lead him into overstatement. For example, he characterizes Victorian attitudes toward sexual education and child sexuality as "an attempt to impose a totalitarian system of thought control on

sexual matters" (p. 93). Darby's generalizations about Victorian attitudes and his characterization of medical opinion as homogeneous, undifferentiated, and ignorant is belied by his own evidence, which often enumerates skepticism, dissent, and debate. Darby caricatures prevalent medical and scientific attitudes as socially constructed and devoid of scientific content as if this were a trait peculiar to the Victorian period alone. For example, he claims that "As so often with sexual issues in Victorian England, empirical observation tended to be interpreted in the light of received opinion" (p. 80). Anyone familiar with contemporary "debates" surrounding global warming or evolution might detect the same behavior and attitude by scientists and lay people alike. Despite trends in recent scholarship that argue the opposite, Darby treats the Enlightenment as a monolithic and generally irreligious age when attitudes towards sex were positive in contrast to the Victorian and Edwardian periods that he describes more negatively. This despite the fact that his own evidence demonstrates that more repressive attitudes toward sexual behavior became more common during the eighteenth century at the height of the Enlightenment and before the conservative reaction to the "excesses of the French Revolution" (p. 76).

The rise and fall of circumcision in Britain is a chapter of medical and cultural history worthy of study. Although it could have been rendered with more economy and organization, Darby's study sheds light on this intriguing question. This narrowly focused book contributes a medical perspective to the growing scholarship on Victorian sexuality and gender. Although the connections are not made explicit, scholars of a wide range of questions will find the book of relevant interest.

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