[i] Quote passage re Parvin and the 1881 typhoid epidemic (ARR p. 49-50)
[ii] *The Medical Age*, Vol. IV, No. 3, February 10, 1886, pp. 49-51.
[iii] Quoted in "Clitoridectomy: A Nineteenth Century Answer to Masturbation," John Duffy; http://www.fgmnetwork.org/articles/duffy.php

[iv] Alexandra Stern, Professor at University of Michigan and an expert on the eugenics movement in California testified during hearings last year that doctors who performed sterilizations now and in the past view their work as "humane" and "cost saving." "One of the goals ... and this is critical to understanding the history of eugenics in California – was to save money: how to limit welfare and relief.... And sterilization is very much tied up in this."

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"The Most Virtuous Vagina in the United States of America"

Captive Patients: Female Slaves and Prisoners in 19th Century America

Anastazia Schmid

"The Most Virtuous Vagina in the United States of America" Captive Patients: Female Slaves and Prisoners in 19th Century America

Anastazia Schmid

The nineteenth century, Post-Civil war era in America was a time of economic change and social reform. Shifts in religious, medical and political power spawned a divide in class structure creating fertile ground for labeling individuals in order to impose varying sanctions of power and control over said individuals by the ruling elitist class. The founding of the Indiana Women's prison was a reflection of those changes, power shifts, and attitudes towards women of the time. Labeling women based on their sexuality, their ability to work, or choice of profession (as sex workers, often as a means of necessity for economic survival), religious beliefs and practices, their perceived criminality, and/or diagnosis as mentally ill/insane; provided justification for institutional placements and the right to impose power and control over those who were labeled by those who were in the ruling elite. Circles of power were filled with Reformer, professionals, or medical "experts" who operated under the perceived social humanitarian interest, often in the name of religious belief or science. Questions arise as to how these attitudes and labels of women factor into the purpose, practice, and subsequent results of institutions and the effects upon people held captive within those institutions. The influence of prominent person in positions of power, authority and expertise within the Indiana Women's Prison cannot be undermined when assessing operations within the institution and on society as a whole.

Dr. Theophilus Parvin IV, one of the preeminent physicians in the US in the post-bellum period, was the sole doctor at the Indiana Women's Prison for the first 10 years of its existence. His tenure there sheds intriguing light on treatment of the women and girls at the prison and on attitudes towards women and sexuality during that period.

Parvin was born in 1829 to missionary parents. His mother died within days of his birth, his father a few years later. The young orphan was raised in Pennsylvania by a Presbyterian minister. After graduating from the University of Pennsylvania Medical School he moved to Indiana. While holding a chair at the Indiana Medical College, he served as IWP's physician from the prison's opening in 1873 until he returned to Philadelphia in 1883 to assume the chair in obstetrics and gynecology at Jefferson Medical College, where he remained until his death in 1898.

In 1861, he was elected president of the Indiana Medical Society and, in 1879—part way through his tenure at IWP—he was elected president of the American Medical Association. Dr. Parvin wrote and lectured prolifically. His most famous text was *The Science and Art of Obstetrics*, published in 1886, just three years after he left the prison.

Parvin's contributions to the prison's Annual Reports were short but erudite. The prison (like the rest of Indianapolis) was built on swampy terrain, and malarial diseases were a constant worry. Much of the problem, he felt, was due to poor drainage, which he campaigned successful to have improved. (AR3, 29, AR5, p. 47) He advocated for the women and girls to have fresh air and exercise. (AR3, p. 29) His push for fresh milk led to the purchase of several cows. He insisted that all of the prisoners be vaccinated against smallpox, thus protecting them from a smallpox epidemic in 1883, and used the most up-to-date treatments for measles, pulmonary consumption (TB), dysentery, and typhoid.[1]

On the surface, such a doctor would seem to be a godsend at a woman's prison: the inmates of IWP were being cared for by the nation's leading gynecologist and the state's most eminent physician. Yet what better place to conduct experiments and formulate medical theories and practices than within a community completely controlled, outside of the public eye, and under the authority of other prominent, influential people within the same elite circle? Was there another, more sinister side of Dr. Parvin, one that was alive and well during his decade as head physician at IWP?

Gynecology was in its infancy at the time. To understand the role that Dr. Parvin played in the history of gynecology and of women's prisons, we need to start with a different physician, Dr. Marion Sims.

> Many of the prisoners, for the first time in their lives, find themselves in the role of important human beings. We say to them, 'You are important, we need you.' Once this is established, these guys will knock their brains out to please you. If the experiment does not pan out, they get depressed. They become emotionally involved in the project. The capacity to respond to love is greater than most people realize I feel almost like a scoundrel-like Machiavelli—because of what I can do to them." (39)

Is this not the same premise that Sarah Smith operated under when leading her (perhaps trusting) inmates into the hands of Dr. Parvin?

By today's standards, it is impossible to conceive of the president of the AMA being the head doctor at a prison. It leads us to question what Dr. Parvin's motivations really were. (Particularly when in his extensive curricula vitae and in every In Memorandum written about him by his esteemed colleagues, there is no mention of his decade of work within the prison. Why keep such an extensive time period of work at the prison hidden if it was a wonderful contribution to the field of medicine?) Perhaps the allure was ample opportunity to develop theories and practices in obstetrics and gynecology that would have been impossible with more empowered patients.

What might we learn from Dr. Sims treatment of female slaves, Dr. Parvin's treatment of female prisoners, and all the other men in positions of power, authority and influence over women?

First, it matters who determines what is "normal" or "appropriate behavior for women and their sexuality. The dictates of the patriarchy and "moral" elites were alive and well in the 19th century and within the confines of IWP and continue to reverberate today. Our institution was founded on a premise of rehabilitating its inmates into good, moral, working women of a quality good enough for marriage, and in many ways it retains this paternalism and premise of moral superiority.

Second, a "professional" or "expert" title is enough to claim anything as "truth" or "fact," and to limit the sources of information to the masses by holding the reins of control over what is printed or distributed to the general population. This still rings true regarding access to information *by* prisoners, and information *about* prisons and prisoners.

Third, the interconnected nature of the affiliation of those in positions of power, influence and authority further solidifies any claims that such people make. Any attacks on theory or practice by outside commentary is quickly thwarted when members of the elite circles stick together in their views and practices. Medical journals of the time are replete with written accounts buffered and backed by the same people within the circle of influence. They worked together, and backed one another, gaining strength and credibility and dominating both beliefs and practices. Legitimacy of claims often was derived solely from a practitioner's accounts and personal perspectives and beliefs.

Finally, prisons today are no more open to outside scrutiny than during Parvin's era. In the 1881 investigation, the Indiana legislature chose to discredit the testimony of the women and girls who came forward. The testimony of prisoners continues to be devalued and discredited.

Prisons as the primary response to crime is an American invention, and a relatively recent one at that. The US currently has 5% of the world's population but one-third of all its female prisoners; that disproportion is rising rapidly. Yet prisons, their origins, the people they confine, and those who confine them remain invisible not only to the public but also, it seems, to most historians. Vacillating back and forth throughout time to uncover histories hidden atrocities, esoteric practices and imposed oppressions against women, light is shed upon these forms of humanities darkness so that perhaps one day the *human* race may become enlightened enough the end these cycles of history repeating itself. What happens to us affects the rest of the world whether you recognize that or not.

or Class B offense. Class A is the most serious level of offense with which a prisoner can be charged short of committing an actual crime. Sanctions that can be imposed for such offenses include solitary confinement up to 6 months, loss of credit class (which results in serving additional time in prison), and loss of good time (also results in additional prison time). It is noteworthy that "sexual misconduct" is often punished more harshly than acts that are actually illegal, such as battery, theft and trafficking.

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In other words, in 2015 women in prison are still being punished for being sexual beings and harboring sexual desires, with punishments rendered unto them for such acts that indirectly affect all of society. If a woman is found guilty inside the modern prison system for any degree of sexual conduct (including behaviors most people would hardly classify as "sex" such as kissing, hugging and handholding), and is sanctioned by a loss of credit class or loss of good time, the end result is taxpayers spending approximately $53 a day to continue to house her for the additional days spent in prison. As for any woman who expresses her sexuality, she is ostracized to solitary confinement, which means being locked down alone in a cell for 23 hours a day, she loses any other program she may have been involved in, and is demoted in status within the prison which shuts her out of opportunities and targets her for further harassment and criminalization. Dr. Parvin might not find IWP 150 years after his tenure here to be such an alien institution after all.

He almost certainly would feel at home in the California prison system where up until last year inmates giving birth were routinely subjected to tubal ligations in violation of state and federal policies. An article by Corey G. Johnson titled, Female Inmates Sterilized in California Prisons Without Approval, July 07, 2013, states these operations fall under the eugenics principle in that, "Under compulsory sterilization laws here and in 31 other states, minority groups, the poor, the disabled, the mentally ill, and criminals were singled out as inferior and sterilized to prevent them from spreading their genes." It was noted that the California Institution for Women in Corona's state official informed the Senate Committee that, "**the prison system lacked records about sterilization.**" (emphasis added) And later testimony by Alexandra Stern, Prof. at University of Michigan and expert on sterilization further testified that, "she found in private hands and university archives evidence of 600 sterilizations at San Quentin State Prison prior to 1941 that were not included in official numbers, (and the sterilizers) consistently viewed their work as humane and cost saving...one of the goals...was to save money: how to limit welfare and relief." Dr. Parvin's counterpart at Valley State Prison for Women in California, Dr. James Heinrich, defended the cost of the surgery on at least 148 women. "Over a ten year period, that isn't a huge amount of money . . . compared to what you save in welfare paying for these unwanted children-as they procreate more."[iv]

Allen Hornblum, in his in-depth analysis of human medical experimentation on prisoners, *Acres of Skin*, highlights the many ways these experiments were justified and hidden from outsiders. One of the more remarkable was a study conducted around 1920 in which Dr. Parvin's counterpart at San Quentin tried to "revitalize" older inmates by implanting in them the testicles of animals and recently executed prisoners. (I am not sure what Dr. Parvin would have thought of this, but at least operations involving sex organs were not confined to women, yet it's interesting to note that doctors sought ways to *revive* virility in *men*, yet go to extreme lengths to *sterilize* women).

Prior to the Freedom of Information Act, Hornblum's book would not have been possible, and yet even within this study, much remains missing. Few details are provided about prisons in the 19th century. Hornblum states,

> By the mid-twentieth century, doctors were injecting prisoners with polio, tuberculosis, cancer cells; performing various burn and radiation studies; subjecting volunteers to an assortment of powerful hallucinogenic and psychotropic drugs; and smearing everything from powerful solvents and acids to dioxin on compliant, unwitting convicts. (intro. Xviii)

One can only deduce what occurred at earlier times. The head doctor of the Holmesburg prison experiments, Dr. Albert M. Kligman, made a statement that still rings true today regarding the ability to manipulate inmates into doing the biddings of an authority figure:

Medical historians recognize Sims as the "father of gynecology" in the U.S. At the time of his death in 1883 (the same year Dr. Parvin left IWP), he was eulogized as one of the three greatest men in American history.

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Though Sims attended Jefferson Medical College in Philadelphia in the 1830's, he was born and raised in the South, and opened his own hospital for women in Montgomery, AL in 1845. There he invented medical tools for use on female sexual anatomy (for example, the speculum) and developed groundbreaking surgeries that remain in use today, like the repair of vesicovaginal fistulas.

Yet Sims became a pioneer in female medical science and practice only through relentless exploration of the female sexual anatomy of black female slaves and the horrifically painful experimental surgeries he conducted on them without anesthesia. These were slave women he purchased specifically for this purpose and housed them in a makeshift prisonesque building in his yard (Barker-Benfield, pg. 96). He recorded 30 experimental operations on one of those slave women, known only as Anarcha, no fewer than 30 times. He and his apologists would have us believe that these women welcomed the torture. But I note that no white women with similar problems volunteered, and no record has been preserved to validate exactly what Sims did to these women and the actual results these surgeries had on their minds and bodies other than *his* word. This skewed *male only* perspective was par for the course among professionals and "experts," particularly with anything involving women.

Though the South lost the Civil War, and Sims lost his slaves, he didn't lose his standing in the medical community. Indeed, only a decade after the war, he was elected president of the AMA where he helped found the American Gynecology Society (a group consisting solely of men, all within the same elitist circle of influence). Over the next few years, the number of American periodicals devoted to gynecology doubled and the number of American gynecological societies increased from 6 to 11, more than all other countries combined. It was a grueling time of elitists in varying arenas of power vying for clout and "expertise," attempting to outdo one another for notoriety in their perspective arenas of influence.

Hence began the era of belief and practice linking every female disorder, psychological problem and insanity to a woman's sex organs, which could only be treated through the absolute control of knife-wielding male physicians by their invasive procedures. But on whom could they test their new theories and perfect their techniques?

Enter Dr. Parvin and the Indiana Women's Prison.

We know a tremendous amount about Parvin's attitudes toward women and his theories linking women's sexual anatomy with behaviors he abhorred from his voluminous publications in medical journals esteemed by medical elites of his day. These "scholarly" articles are worthy of our attention.

In 1886, three years after Dr. Parvin left IWP, one of his clinical lectures appeared in *The Medical Age* entitled "Nymphomania and Masturbation,"[vii] two subjects on which he was considered a leading national authority. The article is worthy of our attention.

Dr. Parvin began by expressing disappointment that he was unable to bring before his audience a 42-year-old widow (unable to bring her before his audience because she was in prison) who

> . . . comes to us complaining of nymphomania. She has an excessive desire for sexual intercourse; she deviously seeks the company of men. . . . [I]n this poor woman we have the dual condition of nymphomania and masturbation, each terrible in itself, but together, forming a combination well calculated to wreck a woman's life. . . . By the time this woman was married, at seventeen (which is too young) . . . she was in the habit of having sexual intercourse 5 or 6 times a week, supposing, as she says, that she was just like other women. But, gentlemen, she was not like other women; in the name of woman, I protest that she is unlike other women. (49)

How did the good doctor know this? "If you read women as I do . . . you will agree with me that it is not natural for women to have a desire for sexual intercourse; it is submitted to as a duty." (50)

Dr. Parvin goes on to explain his methods of clinical diagnosis:

> When I subjected this woman to examination (in the presence of Dr. Morris), I found some peculiar phenomenon. When the finger was introduced into the vagina, as soon as the clitoris was barely touched, there were produced irregular movements of the hips and pelvis. As the finger was advanced the muscles about the vagina were thrown into a state of contraction, which it closed tight on the finger, and this caused a sense of gratification to the woman." (50)

A sense of gratification to the woman, yes, but perhaps we might be forgiven for suggesting that it appeared also to provide a sense of gratification to the doctor, at least in the retelling. Following on this passage, Dr. Parvin provided a description of a nymphomaniac that is nothing less than racially biased:

> In nymphomaniacs, we generally find a course skin, large lips, black eyes, black hair, dark complexion and a more or less rigid, contracted and prominent condition of the muscles; there is usually less fat and connective tissue, so that on the whole the body is more angular and less rounded than in the perfect woman. But there are no absolute signs of a nymphomania. This evil . . . may grow in the blonde, and the passion become so imperious as to master the whole woman. (50)

What, then, did the good doctor propose to eradicate this evil? Not marriage, as "it would hardly do to advise a woman whose disease was due to excessive indulgence to try matrimony as a remedy; this would be homoeopathic, but it would hardly be calculated to cure the disease." She becomes, instead, a "fit subject for an asylum"—or a prison.

Parvin's expresses beliefs about nymphomania's varying degrees with ludicrous notions,

> " There are three stages of nymphomania; the first where the woman has complete control over her erratic desires, and retires to loneliness to dream over her passions; the second, where she seeks the men, and by lascivious looks and gestures, maybe a partially uncovered person, give evidence of her terrible infirmity; in the third degree, the woman becomes truly a maniac and gratifies her desires, as some older writers tell us, by seeking connection with men and even with dogs. In some cases this condition is caused by local irritation, as by vagintis, or some uterine or ovarian disease may be the exciting cause." (p. 50)

So too did his predecessors classify such ailments of female sexuality,

> "It will be allowed by those familiar with the subject, that we have several classes of masturbators,-those who endeavor to relieve themselves from pain, those who endeavor to prevent pain, and those who endeavor to awaken or prolong a sensation of pleasure. All these conditions may, and frequently do, run into each other. The procedure, commenced as it were in self-defense, may easily verge into voluptuous self-abandonment, and sometimes pain and pleasure are so nearly identical that they cannot be contradistinguished." (Uterine Disease, p. 103)

The taboo of sex was saved for the medical community. (Comstock Law of 1873: all materials depicting sexual matters {including contraception and birth control information} were broadly defined as indecent, immoral, lewd, or lascivious, and forcefully prosecuted). An array of sexual abuses could be conducted by such, and thus concealed from the truth of the practice by doing such "experiments" in the presence of colleagues who had the professional ability to discredit what the "depraved" patient may claim had happened to her (often while under the influence of drugs). It is further quoted by one of Parvin's colleagues in Transactions of the Gynecological Society of Boston, Vol. 3, 1870's publication of Uterine Disease in H.M. Field's documents a no less shocking case study illustrating medical abuse,

And that is all we know. That, and the fact that Theophilus Parvin was the sole medical authority at a women's prison—an asylum—and that he was a leading advocate of ovarectomies and clitoridectomies for females of any age who self-abused and failed to act as "the perfect woman."

It becomes easy to dismiss an allegation when its claims are refuted by the person in a position of power and authority, yet often common sense can lead one to question the how and whys of situations that are brought to light occurring inside institutions. Take for example the following comment made by Superintendent Smith in the Indianapolis Journal, "A baby was found in the cesspool, and Dr. Parvin said it was not possible for any woman to have been delivered of that baby. He told the coroner that no woman in the institution could have been its mother. It was a very fine nine pound baby, and it did not belong to anyone in the institution." (p.3) Where did the baby come from, found in the cesspool inside the women's prison?

Reading history backwards helps us glean valuable insight into the past. In an article on line titled Shut It Down: After Two Decades of Rampant Sex Abuse, it's time to close down Tutwiler for women, dated January 20, 2014, the following statements were made to validate related points from the past, "At least one prisoner gave birth to a child after being raped by a prison employee...a third of the staff has been identified as having sex with inmates, more than half of the staff has been involved in some type of sexual misconduct with inmates, in at least one case, an officer fathered a child with an inmate."

Ambiguity in early documentation, or complete lack of statistics, and/or mental etiological descriptions of inmates/patients and their treatment (including the records from the early years of IWP, leads to the questioning of the hidden agendas of those in positions of power, and as to the actual reasons behind the admissions or chronic captivity of many inmates. Vague allusions to details in record keeping opens doors to questioning the truth behind the women negatively labelled and how they were actually treated. It is also noteworthy that testimonies of those in positions of power and authority, if and when they are questioned about their practices, will attempt to discredit the claims of atrocities they have committed against those in their charge or within their institutions, as well as discredit the claims made by their patient/inmates. The latter proving a simple feat since inmates are notoriously viewed by the public as inferior human beings, believed to possess non-virtuous qualities such as deceit and manipulation, or any other vice or character flaw that would undermined what they had to say. A statement or testimony made by a black, uneducated, poor woman of ill-repute for instance, would have little, if any, clout.

What ought we to make of all this?

Viewing Dr. Parvin (and Sim's) theories and practices regarding female sexuality in the context of the nineteenth century Victorian mentality, his beliefs, practices, and theories on women, sexuality and their treatment would not have been viewed as out of the ordinary. Thus the *New Orleans Medical and Surgical Journal* published an editorial in 1856 about the grave danger of masturbation by women and concluded that "neither the plague, nor war, nor smallpox, nor a crowd of similar evils have resulted more disastrously for humanity, then the habit of masturbation: it is the destroying element of civilized society." And in 1889, a prominent physician in Louisiana declared not only that masturbation led to "hopeless insanity," but that it could also be transmitted as hereditary insanity to the masturbator's children. Male dominance in the arena of women's health and sexuality continuously led to erroneous conclusions with only other men to confer. Such beliefs could easily have been used as the justification for sterilization.[iii]

The significance of these findings directly correlates to modern belief and practice of these antiquated views of women's sexuality. So before we judge Dr. Parvin's beliefs and treatment of women too harshly, we should take a look at the continuing views of masturbation and sexuality of female inmates in the US today. For example, the Indiana Department of Correction Disciplinary Handbook for Offenders classifies masturbation as a Class B sanction (at least until recently under the category of "self-mutilation", which also includes cutting and tattooing). There's to be no benefit of cocaine suppositories for female prisoners in this day and age. While sexual conduct (including but not limited to hugging, kissing, handholding, sexual gestures, acts of penetration, and oral sex), as either a Class A

Any attacks on medical theory or practice by outside commentary is quickly thwarted when members of the elite circles stick together in their views and practices. Medical journals of the time are replete with written accounts buffered and backed by the same people within the circle of influence. Legitimacy of claims were often derived solely from a practitioner's accounts and personal perspectives and beliefs. On matters of masturbation (self-abuse), Prof. H. M. Field is quoted in the article as stating,

> "the habit initiates from no normal or abnormal longing of the woman's own heart, from no endeavor to stimulate previous sexual intercourse had with husband or lover, but from manual caresses conferred by some half-timid man, or from the measure injudiciously or too frequently employed, however honestly, by a **medical attendant**, or from certain legitimate and very common employments of life, such, for instance, a sewing machine. (1870, Uterine Disease, p. 100-101) (emphasis added)

Prof. Fields opinion was that self-abuse may not solely be of vice, yet may result from physical causes. Yet his accounts remain consistent with much of what Parvin and other within the medical community believed and practiced at the time. Many of these male doctors abused their positions of power and authority by digitally masturbating their female patients in order to develop their "theories." Male domination in the arena of women's health and sexuality continuously lead to erroneous conclusions with only other men to confer. Sexual deviance/sickness was frequently linked with female criminality.

These views extend from and through his predecessors in this field, much of which deriving from Dr. Parvin and his studies. H.M. Field's went on to say,

> "the views I shall present are the result, not of thought alone, but of many hundreds of confessions, and many years observation of sick women. I acknowledge freely that the statements of woman concerning sexual matters are often to be received with extreme caution;...**a single positive case out-weights very many negative ones.** With reference to the frequency of habit to which I am alluding, it is as with a somewhat co-relative question of the frequency of criminal abortion." (Uterine Disease, p. 101 Emphasis added)

But what does the lecture on nymphomania and masturbation and many others like it by Dr. Parvin tell us about the women and girls at IWP? Nowhere in his voluminous writings does he mention experimenting or operating on anyone at the prison, yet through researching his writings in medical journals and his clinical lectures many of the "patients" he chronicles can absolutely be linked to IWP. We do know that those in power at IWP were obsessed with "self-abuse." Solitary confinement was absolutely used for this "affliction" (AR 14 pg. 18). According to Sarah Smith, waterboarding was used exclusively for this affliction. Dr. Parvin clearly approved. He testified at the 1881 hearings that "no punishment has come under my notice which I think was cruel," though he went on to disclaim that he, personally, had not "prescribed that there should be an application of water upon prisoners for certain diseases."

Never once in his Annual Reports to the prison does he mention operating on the women there, though he does mention in 1877 that another doctor performed eye surgery on two of the women (AR6, p. 24). (An interesting notion because there was no other doctor in the prison at that time, and Parvin considered being at ophthalmologist after being a resident physician at the Wills Eye Hospital c. 1852). Yet, in the 1881 inquest, we have tantalizing testimony, never contradicted by Mrs. Smith or Dr. Parvin, from 45-year-old Mary Jane Schweitzer. Mrs. Schweitzer was clearly a hellion (at least that's what they would us believe). She was sent to IWP in 1877 "on suspicion of committing arson." According to the *Indianapolis Journal* (1/25/1881), she recalled of her two years there: "I was punished very frequently. For most of one year, I was not allowed to speak with any other person. Was kept in solitary confinement for one month, fed on bread and water, ducked, and had no clean clothing." She stole bread and was locked in her cell with no clothes, and drenched with the hose. After describing repeated altercations and an unsuccessful appeal to Mrs. Coffin, Mary Jane recalls:

> I was visited by Dr. Parvin. I was very sick, and he was to **examine me with instruments**... Mrs. Smith on that occasion dragged me out of my bed and into another room. I told her what I thought of being treated that way. Dr. Parvin said I was to lie in bed for several days **after the operation.** [emphasis added]

> "One of these patients is a young child, now seven years old; of a very respectable stock, with hereditary taint of mental disturbance or excessive carnal desire...The little child when less than six months old, was observed to be constantly directing her hands towards the pudenda; mittens and straps to the arms, were resorted to without avail. The habit has steadily increased,....that it has been necessary to keep her alike from school and from society." (Uterine Disease, p. 103)

Restraints have been common practice with women in medicine and psychiatry, as well as in institutional practices (as stated in the 1881 investigation of IWP), this being but one example that no age or class of female was exempt to such treatments. Classifications of women with these "problems" easily targeted specific groups with the labels, or created varying degrees of problematic behaviors to justify progressively harsh treatment of women and girls.

Whether inside or outside an asylum, women possessing sexual desires deemed as deviant were also prime candidates for forced mutilating operations. Dr. Parvin mused,

> "The question of removing the ovaries is to be considered, and we must ask the question whether we can thereby cure the disease. This operation is becoming so extremely fashionable that I imagine that after a time but a small portion of our women will be child-bearing." (Nymphomania, Parvin, pg. 50)

Perhaps that was the point: eliminating a portion of the gene pool from reproducing, the premise behind eugenics. We also wonder if it is coincidence that his wife's brother— an eminent penologist— Amos Butler, "instigated the official sterilization of defective people" in Indiana, a state that then became a leader in forced sterilization. More than a century later, forced sterilization of female prisoners is still alive and well, a subject to which we will return. (On the other hand, he was, according to one source, "without manual dexterity and had less experience as an operator than many of his contemporaries." And intriguing thought considering many of his writings refer to surgical procedures he alludes to performing). Dr. Parvin continued:

> "I would say that in some cases this operation [ovarectomy] might relieve the inordinate desire, but it is an operation of mutilation that must be well considered before it is undertaken; it is easy enough to remove the ovaries but once they are gone they can never be restored. . . ." (50)

And if ovarectomy is contraindicated or unsuccessful? "Clitoridectomy might do good in some cases. . . . [W]hen all other means have failed, **we would be justified in resorting to it.**" (50-51, emphasis added)

Clitoridectomy, however, was not the fate of his patient, the 42-year-old widow. Instead, the doctor resorted to perhaps the most surprising treatment of all.

> "When, in this case, we noted the irritability on the introduction of the finger, already alluded to, we applied muriate of cocaine to the clitoris, and I can assure you the effect was wonderful, **the vagina at once behaved as well as the most virtuous vagina in the United States.** We also ordered **suppositories of cocaine** once or twice daily." (51, emphasis added)

So now she was not only a sex addict, but also a drug addict.

Parvin wrote and publically addressed many forums of people and colleagues throughout his career which elevated him to the level of esteem and expertise he became known for. These writings and speeches clearly defined his views of women and a physician's role in society which became the dictates of such for others. In The Subjective Utility of Medicine, Parvin quotes and agrees with the sentiment of Mr. Buckle's lecture on Influence of Women in the Progress of Knowledge, in stating that,

"asserts what every intelligent person must confirm, that women naturally prefer the deductive method of reasoning, while men, on the other hand, arrive at the results by the slow process of induction. There are several reasons why women prefer the deductive or ideal method. And among these are: 'they are more emotional, more enthusiastic, and more imaginative than men, they therefore live in an ideal world, while men, with their colder, harder, and more austerer organization, are more practical, and more under the domain of facts, to which they consequently ascribe a higher importance." (Parvin, Subjective, p. 15)

Parvin went on to agree with Buckle in being, "against the admission of women to the medical profession, medicine-so we are daily taught-being purely an inductive science, while woman is a deductive reasoner. " (Parvin, p. 15) To claim that women were incapable of reasoning and mental capacity required to be a part of the medical profession allotted the strict license of their care and treatment to solely fall in the hands of men. Such declarative statements concurred with by the majority of prominent influential men set blanketed views of women's general capacity as human beings deemed as inferior. When this becomes the common belief within society, and an intluential profession at large, it sets the arena for an array of comparable treatment of that specific category of individuals.

Dr. Parvin had duel credentials of influence, which doubled his clout and "expertise." Not only was he a highly educated medical doctor, he was also a graduate of seminary. His theological background furthered his authoritative backing in whatever claims he professed. Throughout all his writings an underlying theme of physician paralleling the influence of God can be noted. This gives him not only the esteemed intellectual expertise, but also, divine author and influence with his theories, beliefs and practices. Parvin notoriously repeatedly combines the two stating,

" remembering the indissoluble bonds which our intellectual and moral natures in the unity of the human soul., truth and virtue are intimately connected-right thinking and right doing, correct knowledge and correct action; while, on the other hand, an intellectual befogged with ignorance, beclouded by sophistries, inevitably misguides and corrupts the moral nature." (Parvin, Subjective, pg. 17)

Who decides the dictates of the intellect and moral natures of the human soul? Society looks to its influential authorities, those who uphold the standard through the influence of their knowledge and position. Parvin goes on to confirm,

"We next inquire into the legitimate influence of medicine upon the individual's moral culture. The promotion of virtue-virtue in the heart and in life- may be accepted as evidence and the end of such culture...a great truth which should vitalize every medical life. We speak of different manifestations of virtue...we specify, among others, temperance, chastity, charity, benevolence, philanthropy,...as moralists assert, there is nothing virtuous or vicious in any appetite, desire, instinct, or emotion, or in a certain physical act, in themselves considered; it is the object which evokes them, the purpose in kind, or in degree, which invests them with moral qualities. "(p. 19-20)

Parvin was impeccable at quoting an array of sources to provide him the authority to justly dictate the claims he upheld further declaring, "An undevout physician is mad!"
Many believed this could be achieved through rigid religious practices, such was the responsibility to be taught by those in positions of caretaking. Parvin states, "If there is any one thing more important than another in the care of boys and girls it is to keep their minds pure." (Parvin, pg. 2) Could keeping children at IWP help instill "pure" principles of mind and prevent future sexual deviance? Keeping with the principle of "purity of mind" also would allow for restriction in written materials, preventing any text not of Biblical origin.

"It is sadly true that the study of the classics calculated to breed and foster immortality. Virgil, in immortally beautiful language, really makes arrangements in favor of onanism and pederasty... I would favor the banishment of the classics from college course, for they have the tendency to sow that terrible seed about which I have spoken. Remember that one cannot touch pitch without being defiled. We must begin at the foundation and keep the minds of our boys and girls pure; no matter how they learn these "forbidden fruits," whether from classic poetry or from some rude companion." (pg. 6)

These statements by Parvin and others in positions of authority and "expertise" set the bar for society, and for the protocol for institutions as to what is acceptable for the masses. Would such beliefs, held by the attending physician at IWP not provide the catalysis of an array of practices to instill upon the inmates, as well as provide the justification for operative and other sexual experimentation?

Reading Parvin's many written documents illustrates a blend of philosophy, religion, medicine, science, psychology, politics, and literature. The combination of vast intellectual realms of thought not only elevated his level of expertise, it provided a mask for contradictions in personal belief and practice. His intellect gave him a clout of superiority, which was both respected and despised. At least one such publication illustrates some of his colleague's belief in his pompous exaggerations. An article titled Victorian Tomfoolery, Or, the Bawdy in Question! In the online University Archives and Special Collections, highlights a perfect illustration of Parvin supporting a document as fact through his "expertise" that then influenced the beliefs of others for years to come. The article reveals a medical hoax committed by one of Parvin's colleagues, Dr. William Osler who also served as a member of the editorial board at Philadelphia Medical News. Osler concocted a counterfeit letter "officially" signed by the fictious "Egerton Y. Davis, Ex. U.S. Army/ Caughnawauga, Quebes, 4 December, 1884," (a mere "official" sounding title attached to a writer was then proof enough of "fact" and authenticity, perhaps something that remains to be noteworthy in today's day and age).

Osler recounts the details of his letter in the same pufferd vernacular Parvin was accustomed to using in order to draw him into not only believing the hoax, but then printing it in the Philadelphia Medical News as a case cited for evidence of the phenomenon of "penis captivus," human couples unable to uncouple during coitus due to a painful spasm of the vagina "grasping" the penis and holding it "captive." Perhaps Parvin 's ludicrous notions of the powerful capacity of a woman's vagina to hold a penis captive, provide grounds to hold women themselves captive. The article states, "the letter itself appears to reflect the Victorian male's castration anxiety and the feared power of the female sexualized body. Nineteenth century society forbade the open discussion of sexual matters except through the learned dialog among medical gentlemen...the lurid description of the hapless servants (in) the letter fits neatly into this sub- genre of taboo medical literature."

Despite there being no verified cases of "penis captivus" this medical hoax case study was cited as evidence of the phenomenon for the next century. A fine example of the way thoughts, beliefs, practices and treatment of others is dictated through the very limited (often erroneous) writings and declarations of the minority elitist few within the upper echelons of power and authority.

In the Transactions of the Gynecological Society of Boston Vol. 3 1870 in an article on The Relations of Mental and Uterine Disease, compiled beliefs of thought and practice are confirmed among such colleagues in a note included in the article by Dr. Storer who states,

"in 1867, at the request of *Prof. Theophilus Parvin*, of Indianapolis, probably the most accomplished gynecologist of the West, I prepared a paper upon 'Self Abuse in Women,' and published it in his Journal, I was assailed in several quarters by a torrent off invective, as though I had done a very improper thing. I was told, that granting the truth was as I had stated it, it should not be told. Till now I have made no answer. Since Mayer, however, has followed the leadthen given, and his experience is found to be identical, I may refer to the fact that an authority of equal weight, Prof. Brown-Sequard, took occasion at the time to assure me that they were in no sense overdrawn or exaggerated, and shortly after to refer to them in own of his own contributions to neurological science." (p. 99-100) (emphasis added).