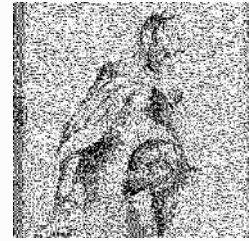


Spratt's Flaps: Midwifery, Creativity, and Sexuality in Early Nineteenth-Century Visual Culture

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Abstract

In 1833, an unusual book was published in London, Edinburgh, and Dublin. Written and illustrated by the surgeon and artist George Spratt, *Obstetric Tables* stood out among midwifery guides of the period for its coloured lithographic illustrations, mobilised by the construction of paper flaps. This article explores the way these flap prints contributed to medical pedagogy, but also looks much more widely at their cultural resonances. Through their interaction with wider visual cultures, Spratt's tables engaged not only with medical literature, but also with social anxieties over nudity and sexuality, midwifery and propriety, and the power of popular print. By studying Spratt's tables alongside comic and satirical mobile prints, obscene and pornographic prints, and "fine art" nudes, this article demonstrates how medical images can be addressed as rich and complex resources for histories that are medical, visual, and cultural.

Introduction

Under our eyes and hands, a woman conceives and grows pregnant; a foetus turns and turns again, presenting different body parts for birth; forceps are applied and an obstructed foetus is delivered; a vaginal examination is conducted; a pregnant corpse is dissected layer by layer. These are the actions users undertake when they view and handle George Spratt's *Obstetric Tables*: a slim, cloth-bound volume which presents a summary of midwifery knowledge in hand-coloured lithographic plates, most of which are mobilised and complicated by the construction of paper flaps (figs. 1 and 2). First published in 1833, followed up with a supplement in 1835, and then regularly re-issued for roughly the next ten years, this remarkable book had a short blaze of importance for British visual culture in the last years of the Georgian and the first years of the Victorian eras.¹ Cultures of midwifery, of print, and of sexuality were all undergoing change in these decades. Widespread social anxiety arose in response to: the increasing dominance of male obstetric practice; the proliferation of cheap and uncontrolled print; and the questions that both of these threw up about propriety and sexual continence. This article explores what Spratt's flap constructions have to tell us not only about this period's culture of medical illustration and pedagogy, but also about its cultures of print, and of bodies, much more widely.

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Images and Metadata made

Figure 1

George Spratt, *Obstetric Tables: Comprising Graphic Illustrations, with Descriptions and Practical Remarks; Exhibiting on Dissected Plates Many Important Subjects in Midwifery. Second Edition, Considerably Enlarged and Improved*, volume 1. (London: The Author, 1835). The University of Manchester (All rights reserved)

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Images and Metadata made

Figure 2

George Spratt, *Obstetric Tables: Comprising Graphic Illustrations, with Descriptions and Practical Remarks; Exhibiting on Dissected Plates Many Important Subjects in Midwifery. Second Edition, Considerably Enlarged and Improved*, volume 2. (London: The Author, 1835). The University of Manchester (All rights reserved)

Medical images can be interrogated as historic resources that chart the progress of medical and biological discovery. But they are also parts of visual culture, with complex relations to that which they represent, and when looked at as evidence not of abstract truths but of the cultures that produced them, they can speak in new ways.² Spratt's tables, as this article will demonstrate, can only be fully understood as images that worked both earnestly within the culture of medical pedagogy, and as wider and more subversive commentaries *on* that culture.

Looking at medical images as visual culture can be difficult—there is often little textual evidence for their wider cultural significances, framed as they were in the nineteenth century (and indeed today) by ideals of indexicality, objectivity, and truthfulness.³ But when we explore how such images actually sort, interpret, and represent information, as well as how they engage with the wider visual cultures and social preoccupations of the time, they become historical sources in themselves, that work outside of the texts that frame them. Artists, often not medically trained, turned an outsider's perspective on what they drew, even where they were directed by medical authors.⁴ They also produced outputs that were much more open to interpretation, adaption, and

misuse than medical texts. Exploring the variety of influences on and interpretations of a medical image can, therefore, give a much wider view of the place of medicine in a period's culture. With Spratt's tables, I aim to show that medical authors and artists often felt an ambivalence about the official ambitions and approaches of their profession, and that they were aware of the more critical and diverse ways in which medicine was perceived by non-professionals. Indeed, Spratt makes a particularly rewarding case study for this kind of history because he was both the author and the artist of the *Obstetric Tables*. As a surgeon-accoucheur and a lithographic artist, Spratt was both an insider and an outsider when it came to the medical establishment and its rhetoric. His work as an artist led him to comment with unusual frankness and criticality on the contemporary culture of medical midwifery. It is this cultural commentary that this article seeks to explore.

First establishing the context for Spratt's work—its production history, audience, and visual and material influences—I will then address a selection of the tables. This selection demonstrates the diversity of Spratt's output, and moves through the different ways in which his flap productions engaged with wider medical and body cultures: from anatomy and medical pedagogy; to popular and comic mobile prints; to the complex and intertwined issues of sex, nakedness, pornography, and the nude. Regarding these different contexts, this article demonstrates how culturally complex a medical image can be, and how it can be employed to knit together official medical knowledge with wider cultures of medicine, the body, and its representation.

This article constitutes only the second scholarly work to address Spratt's output, and the first to focus on his medical illustrations.⁵ Not known as a pioneer in medicine or lithography, he barely features in histories of obstetrics or print culture. Yet, the *Obstetric Tables* was popular in its time and has much to tell us about visual cultures of medicine in the nineteenth century. The last decades have seen increased interest among art historians in the visual cultures of nineteenth-century medicine, but the field is still new and by no means well covered.⁶ Particularly, the focus within art history has remained, in many cases, on famed practitioners and their interactions with the fine arts. Book illustrations, which make up the core of the period's medical visual culture, are most often treated peripherally. This study turns these trends inside out by placing the cheap, copied, "popular", accessible medical printed image at the centre of a visual culture study.

George Spratt

Spratt was both the author and artist of the *Obstetric Tables*, but this does not mean that he worked in isolation. He drew heavily on existing sources for both text and images, in a process that was common in the period, but which has received little in-depth study since, either as a general phenomenon or in specific instances.⁷ Spratt borrowed images produced for the famed midwifery authors of the eighteenth century, as well as popular contemporary obstetric authors and others who produced flap anatomies.⁸ The plates were printed by G.E. Madeley and Charles Hullmandel, the former also undertaking some of the lithography. And while the drafting for the first edition of 1833 was done largely by G. Spratt, the plates from the 1835 supplement, which were incorporated into all later editions, are signed not only by G. but also by E., F., and W. Spratt. These other Spratts were most likely his children, who included William Henry Williams baptised in 1811 and Francis Edgar in 1814 in Blackmore, Essex.⁹ The family were in the printmaking line, with George's wife Maria illustrating and publishing at least one book in her own right, and their daughter Julia setting up an art school in the 1840s.¹⁰ George Spratt's status as both a medical practitioner and a professional artist, combined with his sharing of the work

with other artists who most likely had no medical training, allowed him to offer a particularly broad and creative view of early nineteenth-century midwifery.¹¹

While Spratt claimed to be a “surgeon-accoucheur” on the title page to *Obstetric Tables*, evidence suggests he was not a successful medical practitioner. His simultaneous work as an artist points to this, as do the listings of his bankruptcy in Northampton in 1824¹² and in Chelsea, London in 1828.¹³ Various scanty biographies of Spratt have suggested that he was a member of the Royal College of Surgeons or a fellow of the Linnaean Society, yet neither institution has any record of him. It is most likely, then, that he achieved no particular prominence within medicine and was one of that growing class of surgeons who struggled to make a living in what was becoming an increasingly competitive marketplace.¹⁴ He does seem to have made some headway as an artist, however, producing illustrations for several botanical compendia, toxicology wallcharts, and two series of popular composite caricatures.¹⁵

While many medical practitioners of the period could draw, learning as part of a liberal education or training themselves in order to publish, Spratt’s position is more unusual. Rather than being a doctor who drew, he made his living on the boundaries between medicine and art, cobbling jobs together in the simple pursuit of earning a living. As such, he was oriented not towards pioneering new medical knowledge, but towards producing works that would sell. His perspective on midwifery was both more representative of the profession generally than that of the more rarefied medical elite, and integrated an outsider’s perspective. As an artist—a caricaturist no less—he was closely observant, critically witty, and experienced in understanding what would appeal to a diverse audience. Because he was so embedded in the cultures of popular printmaking, his flap constructions are both unusually upfront about their wider cultural affiliations, and remarkably frank in their commentary on the nature of medical practice and its visual representation. Using existing texts and images, Spratt collected, combined, coloured, and mobilised them into a work that was, as I will argue, popular, enticing, and satirical as well as educational. As such, his work offers a remarkable case study for the intersections between medical and wider visual cultures.

Readerships

Spratt’s book, while it would have been enticing and interesting to many readers, was officially described as being intended for the “student in obstetric science, and the more inexperienced accoucheur”.¹⁶ *Obstetric Tables* was meant to provide these male, professional readers with a simple overview of the anatomy and practice of midwifery. The coloured and mobile illustrations were valued by reviewers for the way they helped students to decipher and remember medical knowledge. One reviewer for *The London Medical and Surgical Journal* recommended the volume to both students and practitioners, “for it instructs the former, and recalls [sic] to the recollection of the latter many most important circumstances, which it is impossible for the memory to retain in vivid and fresh colours”.¹⁷ The materially engaging nature of the book was expressed by one American reviewer who told their readers “It must be seen to be appreciated” and that “No single picture could ever convey the same ideas, and enable the student to understand the descriptions, but these dissected plates are almost equal to the manikin itself.”¹⁸ The book was characterised, therefore, as a useful revision guide, a summation of the information and demonstrations on manikins provided in midwifery lecture courses. It was often recommended to students, and characterised as moderately priced, but it was clearly also appealing to more established practitioners, and it certainly wasn’t as cheap as many other contemporary student guides. The actual price seems to have varied—between sellers and

depending on whether or not the copy was coloured—between £1 5s. and £2 5s.¹⁹ Given that even the much more comprehensive and heavily illustrated manual *An Atlas of Plates* by Francis Ramsbotham sold for only 18 s., it seems likely that at least the less financially secure among students and young practitioners would have balked at purchasing Spratt's book.²⁰ In fact, the list of subscribers printed in each edition indicates that the actual core audience was more established surgeons and general practitioners.²¹ They likely saw the book as both a serious medical study guide and more of a prestigious and beautiful medically themed gift book. Such a visually and haptically attractive book was likely intended to be both studied and shown off. Physicians and surgeons may have made their copies available to colleagues, pupils, midwives, and even patients.

Indeed, many of the same features likely made the work attractive to lay readers. In the 1830s, as I will discuss further, professional and popular medical texts were less distinct, and people also moved in and out of *being* medical professionals in the search for sustaining employment.²²

Interested lay readers with some money to spare might well have purchased such an intriguing book, or browsed in it at a bookshop or a friend's private library. Indeed, a review in the literary magazine *The Athenæum* indicates that this, as well as other medical books, were understood to be of interest to wider and non-professional audiences. However, this particular review also expresses a broader anxiety from the period: that books that were of value to students for their accessibility might also be too attractive to lay readers not trained to use and interpret them appropriately. So the reviewer noted of the plates, with distinctly faint praise: "We hope they may repay the author for the labour and pains he has evidently bestowed on them: their general accuracy, together with their moderate price, will recommend them to those who need their assistance."²³ The reviewer clearly takes a dim view of those who would need such a book, be they under-qualified practitioners or lay people, suggesting that for the accomplished practitioner, the effort Spratt put into creating the tables didn't equal their worth.

Going forward, therefore, we will assume that most early nineteenth-century viewers would have been excited and pleased, if not also puzzled and troubled, to get their hands and eyes on a book with coloured and mobile prints of naked women, female genitalia, and the mysterious unborn child. Indeed, I argue that Spratt produced his tables specifically for such a diverse audience—catering to the medical and the lay, the legitimate and the illicit reader.

Medical Pedagogy

Turning to the tables themselves, I will begin with what we might call a "textually sanctioned" reading of the tables as medically pedagogic, before moving on to address wider audiences and more diverse interpretations.

Table 11 shows the dissected body of a pregnant cadaver (fig. 3). It follows a long-standing format for exposing the abdomen using a cruciform incision and peeling back successive layers of tissue that was still, in this period, heavily associated with the plates from William Hunter's *The Anatomy of the Human Gravid Uterus Exhibited in Figures* (1774). The flap format is lifted from Edward William Tuson's *A Supplement to Myology* (1828), but the twin foetuses eventually uncovered are copied from Table 10 of William Smellie's *A Sett of Anatomical Tables* (1754).

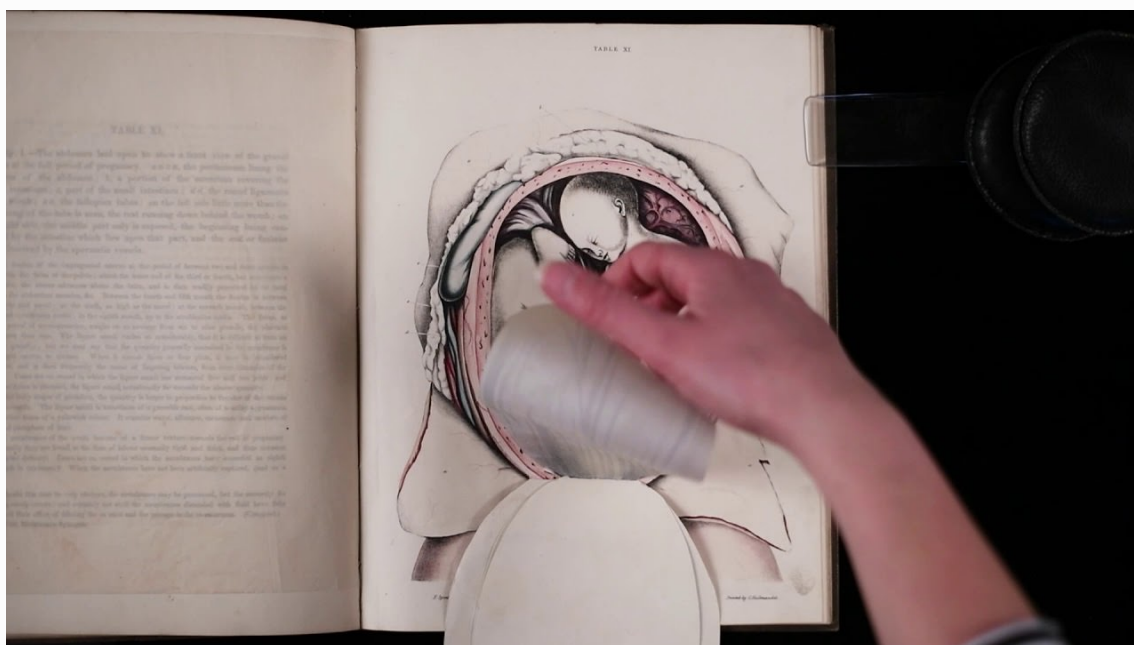


Figure 3

E. Spratt (draftsman), *Table 11*, hand-coloured lithograph, 283 x 222 mm (page), from George Spratt, *Obstetric Tables* (London: The Author, 1835). The University of Manchester (All rights reserved)

This is perhaps Spratt's most conventional flap construction: it borrows from existing texts on midwifery, demonstrating Spratt's comprehensive knowledge of the canonical literature and visual culture of the discipline. It also engages with the history of anatomical flap sheets. From the sixteenth century, printed anatomical flap sheets, sometimes called "fugitive sheets", became popular. They are described by Andrea Carlino as translating "on to paper the whole concept of anatomical dissection, mimicking the progressive unveiling of the body, from skin to guts".²⁴ These sheets provided anatomical information in a sanitised, bloodless, and reversible replication of the process of dissection.²⁵ The popularity of anatomical flap sheets waned from the late seventeenth century, but saw a resurgence in the nineteenth century. Some of the first of these were the large, intricate constructions produced for James Hogben in the 1810s and Edward William Tuson in the 1820s. Later in the century, this style of flap production was continued by Gustave-Joseph Witkowski and James Suydam Knox, among others.²⁶ These newly complex and delicate flaps describe the minutely detailed, austere anatomy of the nineteenth century.²⁷ While they were expensive, professional works, flap anatomies were also produced for wider popular audiences, by authors such as Achille Comte and Frederick Hollick.²⁸ Spratt's flaps sit somewhere between the technical professional and the accessible lay publication. He saw in the paper technology of flaps a potential for playfulness that attracted viewers; a three-dimensionality that allowed for the description of bodies and operations on them; and a materiality that inclined the constructions to self-referentiality.

In Table 11, what appears to be a quite straightforward paper reconstruction of uterine anatomy is also a meditation on materiality and representation. Moving through the uterine wall, the decidua, and the chorion, we reach the amnion, which is not represented by a hand-coloured lithograph on paper, but by hand-painted tissue paper. With this choice of material, the distance between object and representation is collapsed and the flap comes materially as well as visually to replicate the amnion—not only its translucency, but also its fragility. The care with which one

has to handle this layer, sliding a nail under the tissue and gingerly lifting, brings home the fragility of the membrane, and the importance in midwifery and in anatomical dissection of not prematurely breaking it. The tissue also creates a confusion between the image and the material framing of the book pages, as the same kind of tissue is used to protect the plates. The material assonance pulls viewers out of the act of interpretation, to question whether we see something inside or out of the image—bodily membrane or tissue paper. This enforced attention to material also tells us something about the membrane represented: like tissue covering a bookplate, it is fundamentally protective and yet in itself very fragile. All these material meanings in the tissue layer direct the viewer to a kind of reverence, a carefulness born of material and cultural knowledge, as we expose the foetus within.

Like Table 11, most medical flap prints in the nineteenth century and earlier employ the technology to represent bodily layers as they are peeled back during a dissection. But Spratt's flaps are much more diverse: they are remarkable not only for their self-conscious use of materials, but also for their modes of representation, most often showing not the anatomical body dissected, but the living body in movement or growth, or practised upon. The editors of the American edition of *Obstetric Tables* noted this, claiming that the book was "equivalent to a whole series of practical demonstrations" as well as obviating "the necessity of continual *post mortem* examination".²⁹ Essentially, the book was a surrogate for the demonstrations done on working models and living women in a midwifery course, as well as for anatomical dissection. It was a portable, re-useable, personal reconstruction of the more physical and temporal aspects of midwifery training.

Handling Table 10, for instance, the viewer does not move through the body, but cycles through different possibilities of foetal presentation (fig. 4). Seeing the foetus shift within the constant maternal body emphasises the variety of possibilities, and the difficulty of establishing presentation, during an actual labour. While in the first three flaps the membranes are broken and the foetus is moving through the cervix, in the final flap, showing the "funis presenting", we find another tissue membrane.³⁰ Here, the layer is not a flap—it is stuck down, permanently obscuring our view of the foetus, though we are allowed to glimpse the umbilical cord in some copies. Unlike the anatomical flap construction in Table 11, this "practitional" one emphasises the mystery of the unborn child, its inaccessibility, as well as the unpredictable dangers of an umbilical presentation.

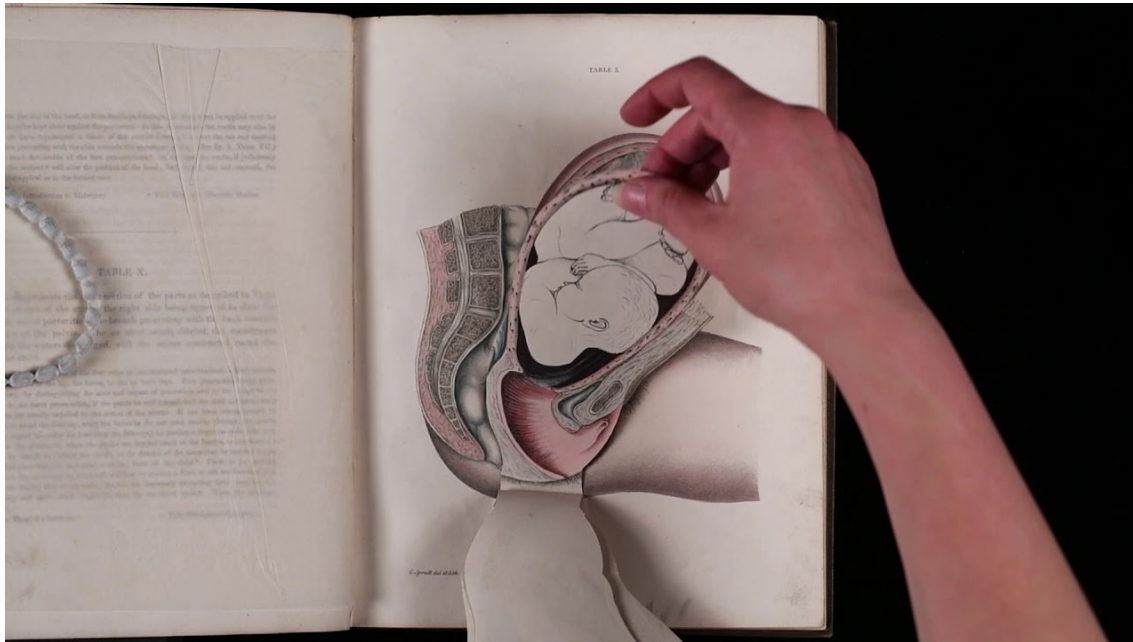


Figure 4

George Spratt (draftsman and printmaker), *Table 10*, hand-coloured lithograph, 283 x 222 mm (page), from George Spratt, *Obstetric Tables* (London: The Author, 1835). The University of Manchester (All rights reserved)

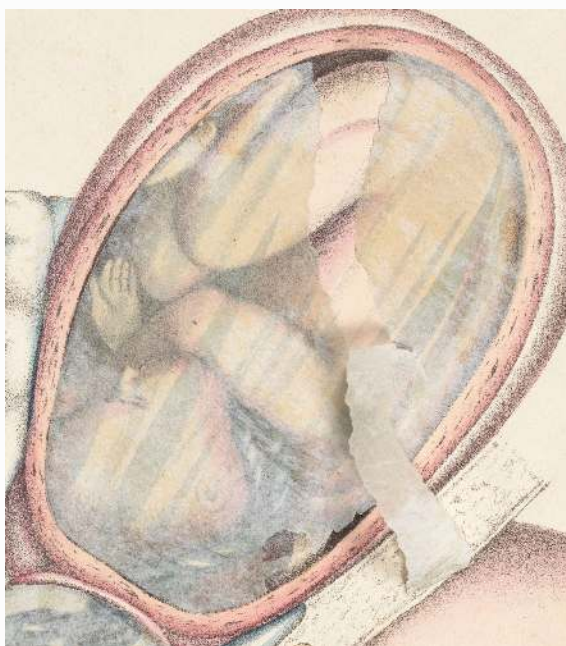


Figure 5

E. Spratt (draftsman), *Table 11*, hand-coloured lithograph, 283 x 222 mm (page), from George Spratt, *Obstetric Tables* (London: The Author, 1835). Digital image courtesy of The University of Manchester (all rights reserved).

Trained by the images to search for flaps to lift and explore, when I first encountered this image, I tried to slip a fingernail under the tissue layer and lift it, before realising with a shock that I couldn't and shouldn't. Spratt manipulates the viewer, encouraging us to lift and see, then denying us that power. He balances abstract knowledge with the paucity of that knowledge when attending an actual labour. There is something pointed about this permanent frustration of the desire to see, particularly as the lithograph underneath is detailed and coloured. The table becomes a physical reconstruction of the body, and a physical manifestation of the nature and emotional life of midwifery: the drive to know, the danger of exploring too much, the ultimate mystery of the bodily interior.³¹ This is perhaps shown most starkly in the copies where an over-curious reader has torn the tissue paper, leaving a permanent warning against rough handling and unwarranted curiosity when it comes to both books and the body (fig. 5).

Table 6 employs flaps in yet another way, describing the body changing over time as the cervix dilates, is examined, and as the foetal head emerges (fig. 6). In the final image on the paper ground, the uterine wall is cut away to show the foetus. But from the third edition of 1838, an extra flap was added, extending the image *below* the page as the paper ground was cut and another image inserted beneath. This flap is different: materially, the paper is finer and more fragile, the image too is sparser, more abstracted and diagrammatic. It extends the image not just materially but temporally, tracking the passage of the foetal head through the vagina. The folding is also different here, not simply turning down but unfurling with a motion that mimics the movement of the head it represents. The image of the foetus *in utero* is copied from Table 12 of Smellie's *A Sett of Anatomical Tables*, and the extra flap comes from Plate 8 of Maygrier's *Nouvelles demonstrations d'accouchemens*. Spratt's table brings these different visual knowledges together to offer a fuller picture of the process of birth. The unfolding of the flaps describes movement and change in a way that still images could not.

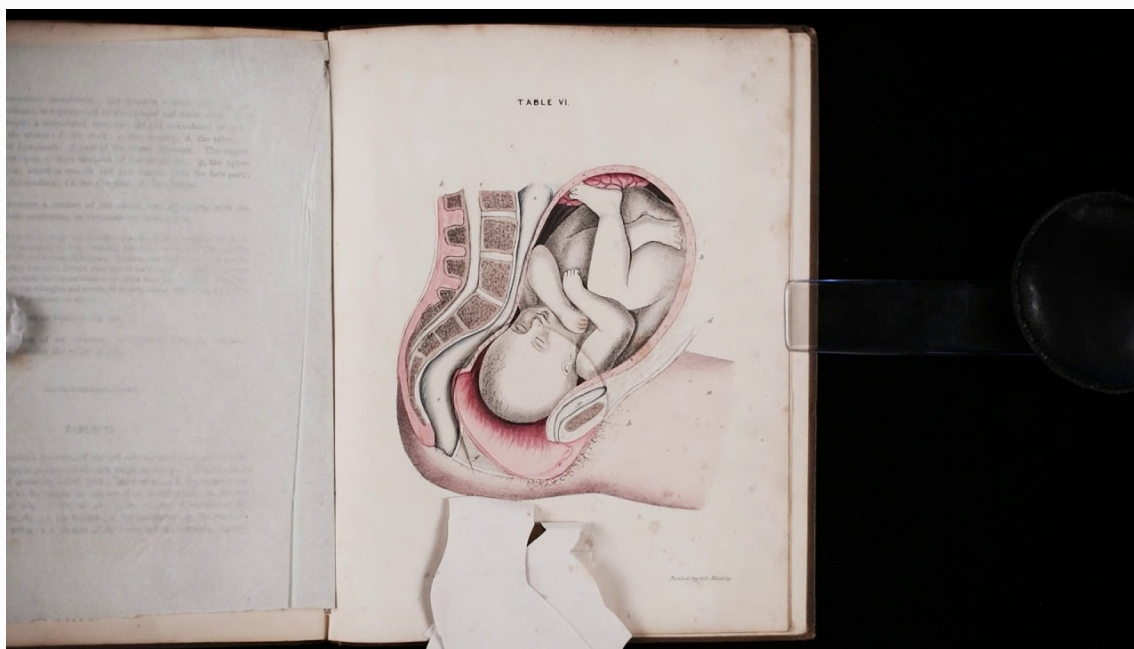


Figure 6

George Spratt (draftsman), *Table 6*, hand-coloured lithograph, 283 x 222 mm (page), from George Spratt, *Obstetric Tables* (London: The Author, 1838). The University of Manchester (All rights reserved)

By some measures, Spratt's tables are derivative, simply taking existing illustrations, layering them and adding colour. Copying in itself, however, was not the problem in the early nineteenth century that it would be today. In fact, collecting and reproducing existing illustrations was a completely naturalised and ubiquitous technique employed by authors to consolidate their authority and guarantee the usefulness of their books.³² On top of this, Spratt's acts of colouring and mobilisation were innovative and creative in their own right. They added to the source images in multiple ways: making them more pedagogically engaging and communicative; making them enticing and appealing to diverse viewerships; and allowing them to speak about and subvert medical rhetoric in a variety of ways. It is in such processes of copying and adaption, as much as in original invention, that medical knowledge and medical cultures of the period were constructed.

Comic Prints



Figure 7

M. Spratt (draftsman), *The Crown Imperial, or Victoria Lily*, circa 1837, hand-coloured lithograph, 26.3 × 20.5 cm. Collection of The British Museum (1902,1011.9680). Digital image courtesy of The Trustees of the British Museum (CC BY-NC-SA 4.0).

Spratt's tables were created in dialogue with other anatomical flap prints, but these were not the only mobile prints being produced in the early nineteenth century. This period also saw a surge in interest in comic or satirical mobile prints. Indeed, the Spratt family may have been directly involved in producing popular mobile prints: *The Crown Imperial, or Victoria Lily*, in which the head of the young Queen Victoria grows from a flower, is signed "M. Spratt del."—likely George's wife Maria (fig. 7). Such popular mobile prints used flaps, tabs, and volvelles in order to produce visual jokes.

Images that could change allowed artists to set up situations and then subvert or surprise the viewer's expectations. In this period, according to Sileas Wood, many such prints worked on the nuances of public and private life, and family intimacy.³³ Spratt's obstetric flaps work in

similar ways, dealing with issues of privacy and exposure, not of the domestic but of the bodily sphere.

Indeed, it is important to see Spratt's obstetric tables, on one level, as visual jokes. They often

surprise or misdirect the viewer, working creatively with medium as well as image to draw viewers in, and then to subvert expectations or to pull the viewer back into an awareness of the process of representation. In Table 6B, for instance, as we open the flaps, the movements of a podalic version are enacted—the practitioner inserts a hand into the uterus, finds the feet of a malpresenting foetus, turns it, and then delivers it feet-first (fig. 8). Opening the first flap, we see that, unusually, the reverses are also printed. With each fold, the whole picture plane is reformulated, extended downwards off the page. Again, the materiality speaks to the content: as we turn the flaps, the foetus slips down and out of the maternal body, and down and off the page. The table not only gives details of podalic version, it also expresses the wider significance of childbirth: the moving of the foetus from the secret inner world of the maternal body to the world at large. As we manipulate the flaps, the foetus seems to be repeatedly slipping out of our grasp, and we continually recalculate the image with each turn to keep him in sight. There is a self-consciousness about this construction, a joking that seems to come both from the artist, and the foetus himself, who gives us a little wave as he leaves.



Figure 8

George Spratt (draftsman), *Table 6*, hand-coloured lithograph, 283 x 222 mm (page), from George Spratt, *Obstetric Tables* (London: The Author, 1838). The University of Manchester (All rights reserved).

Midwifery and Obscenity

Comic mobile prints were not, however, Spratt's only point of interaction with wider print cultures. Print as a medium was becoming ever more pervasive, available, numerous, and diverse in its subject matter. Alongside its proliferation grew an anxiety about its uncontrollability and its potentially negative or corrupting influences. This anxiety was most manifest in discussions of what was coming, at this time, to be called pornography.³⁴ Prints with "obscene" content had a long history, but they underwent changes in both nature and number in the early nineteenth century.³⁵ They proliferated and they pervaded the spaces of the city—displayed in print shops and sold on street corners, they were seen as unavoidable, uncontrollable, and corrupting in a new way. No longer restricted to circles of wealthy men, obscene prints were not just cheap and available to everyone, they were also thrust on those who did not want to see them.³⁶ As Ian McCalman has shown, the older tradition of employing obscenity in political or satirical prints faded in this period, replaced by material that was more purely erotic.³⁷ These changes led to a middle-class moral panic about the corruption and sexualisation of women, children, and working people. Anti-vice societies sprang up to tackle the perceived problem, employing methods from entrapping potential buyers in the street to campaigning for stricter legislation.³⁸ This period saw the rise of the term "pornography" to describe this newly distinct and—according to its opponents—damaging form of print. And it was these very acts of definition and attempts at eradication that gave the genre its furtive, sinister, uncontrollable identity.³⁹ While the vast majority of this cheap printed visual material is now lost to us—neither kept by its original owners nor collected since—what remains indicates wider visual trends. Women who expose their own bodies by lifting skirts or loosing drapery, and who further expose their own genitalia with spread legs and forward-tilted hips, are familiar from the erotic prints of Thomas

Rowlandson, which have survived in decent numbers thanks to the artist's wider fame (fig. 9). Illustrations have also survived in obscene books, where the same themes of female self-revelation, exposed genitals, and pubic hair are in evidence (fig. 10). Some pornographic books also employed paper flaps, or played on the sexually suspect identity of the doctor (fig. 11).⁴⁰ Erotic "art" prints and obscene books were joined, in the period, by cheap single sheet prints which no longer survive, but which were sold in vast numbers in shops and by street vendors.⁴¹ This sheer availability, and the moral panic surrounding it, means that many people would have had at least a passing familiarity with such images. They would, in short, have been equipped to spot what I argue are intentional references in Spratt's tables.



Figure 9

Thomas Rowlandson (draftsman and printmaker), *Rural Sports or Coney Hunting*, circa 1790-1810, etching, 147 × 222 mm (trimmed). Collection of The British Museum (1977,U.570). Digital image courtesy of The Trustees of the British Museum (CC BY-NC-SA 4.0).

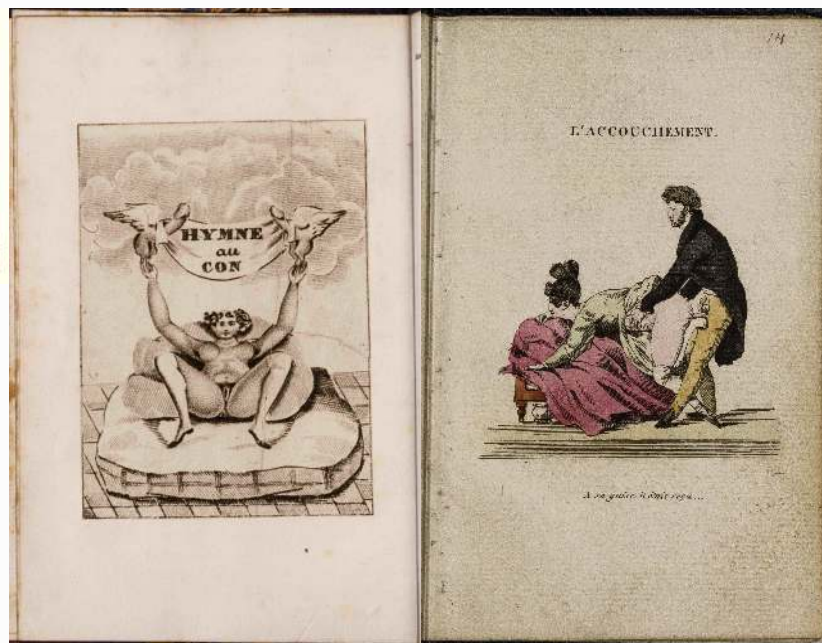


Figure 10

Anon., *Hymne au con*, etching, measurements. From Anon., *Chansonnier du bordel, ou veillée d'un fouteur* (1833). Collection of the British Library (P.C.31.a.30, p. [6]). Digital image courtesy of British Library Board (all rights reserved).

Figure 11

Anon., *L'Accouchement*, hand-coloured etching, measurements. From Pierre Jean de Béranger, *Mis en action ou choix de ses chansons badines* (1830). Collection of the British Library (P.circa 13.a.2, [facing p.26]). Digital image courtesy of British Library Board (all rights reserved).

Two tables in particular from Spratt's book play on these pornographic visual tropes. Table 3 shows a woman's body between belly and thighs, focusing on her genitalia (fig. 12). It includes two separate flaps, which represent the body in different modes: the upper enacts an anatomical cut, opening up to show the uterus and intestines beneath the skin; the lower describes the body not under dissection but under medical examination with two flaps representing the labia majora open like doors to expose the clitoris, labia minora, and urethral and vaginal openings. These flaps do not represent a cut into the body but a manipulable part of the body itself. As the illustration to *Hymne au con* demonstrates, the view of the female genitalia, with pubic hair, and framed by opened legs and the belly above was common to the medical and the pornographic

gaze (fig. 10). While in the pornographic print the depiction of the whole figure, the mattress on which she reclines, the flying phalluses, and the title all encourage erotic looking, in Spratt's table, the cropped view and lack of context goes some way to directing away from this kind of looking. Yet, the visual similarities cannot be completely denied, in Spratt's table we may say there is the potential for multiple kinds of looking. To open the flaps in Spratt's table might be interpreted as the enacting of a medical examination, but it might also have been understood as a sexual touching. Mary Hunter has noted the same potential for sexual slippage in the medical image, describing the finger present in some medical wax moulages of genitalia as both a masturbatory agent and a medical tool.⁴² When we handle Spratt's Table 3, we ourselves become this ambiguous agent.

Table 4 shows a woman in profile from head to mid-thigh. She wears a lace cap and holds up voluminous white drapery to expose her body (fig. 13). Lifting the flaps, we do not move inside her body, but rather observe her exterior as her pregnancy develops, before finally getting a glimpse of the fully gestated foetus *in utero*. This image is meant to describe for the practitioner the external signs of pregnancy, focusing on the belly and the nipples. But, of course, this kind of close looking at the naked body can also be erotic, and the contemporary pornographic iconography of the self-exposing woman would have guided viewers towards such a reading (see (figs. 9)](#rwhiteley-fig9) and 10). Spratt's text also seems to acknowledge the potential for erotic looking. He describes the figure in the first flap as a "virgin female":⁴³ providing the "standard" body to compare with the pregnant one, but also offering a narrative of defloration. While the presence of pregnancy and the ability to look anatomically within the body might direct the viewer to a more medical interpretation, there is wider evidence that images of pregnancy could, in this period, also function as erotic images.⁴⁴ For instance, the illustrations in Wooster Beach's *An Improved System of Midwifery*, published in New York in 1850, include copies of Spratt's tables, as well as some other even more highly sexualised medical illustrations.⁴⁵ Incorporating, too, some of the woodcuts from *Aristotle's Masterpiece*, the work is clearly in the vein of a midwifery guide/sex manual.⁴⁶ The frontispiece, for instance, shows a naked female figure lying on a luxurious couch, her expression somewhere between ecstasy and pain (fig. 14). That she is presented as a sex object, despite her anatomised pregnant belly, is as clear here as it is in the many "anatomical Venuses" produced in the eighteenth and nineteenth centuries.⁴⁷



Figure 13

G. Spratt (draftsman), *Table 4*, hand-coloured lithograph, 283 x 222 mm (page), from George Spratt, *Obstetric Tables* (London: The Author, 1835). The University of Manchester (All rights reserved).



Figure 14

Anon., *Reclining Pregnant Woman*, from Wooster Beach, *An Improved System of Midwifery*, 1850, hand-coloured lithograph, 29 cm (page height). Collection of The U.S. National Library of Medicine (WQ B365i 1847). Digital image courtesy of The U.S. National Library of Medicine (public domain).

These visual associations invite the viewer to sexual looking, and force them to consider the slippages between the medical and the pornographic. Indeed, in their mobility, these tables forcibly implicate the viewer. Responding to the demand for manipulation from the print itself, the viewer becomes an actor in the medico-erotic realm of the image. It might be tempting to

deny the sexual in such images, to argue that they are purely medical, intended to be looked at by a specialist trained in objective dispassion. But to do so would be an act of anxiety-induced disengagement, particularly because, in the nineteenth century, to say something was medical did very little to dispel its sexual potential. The two were bound up with each other, and inextricable. In the eighteenth century, debate had raged in both professional and public print over the propriety of men attending women in labour. So-called “man-midwives” were often looked on with deep suspicion not only as medically incompetent but also as sexually predatory. This did not, however, stop the spread of their practice.⁴⁸ By the late nineteenth century, man-midwives, now called “obstetricians”, had established the propriety of their attendance on women in childbirth; the necessity of physical and visual examinations; and the legitimacy of their work as a medical specialism. Slowly, obstetricians gained what Roy Porter has termed a “professional right of entry”, allowing them to touch and look at the body in ways that, outside of medical frameworks, were deeply inappropriate.⁴⁹ While, by late in the nineteenth century, this right had been established, it did not do away with all fears. Indeed, increased access and trust granted to doctors went hand in hand with an increased potential for abuse and raised the spectre of what McLaren calls the “murdering mad doctor”.⁵⁰

Earlier in the nineteenth century, while the “right of entry” was still being established, the acceptability of medical access to the female body was under active debate. Increased drives within medicine to closely examine patients were butting up against hardening notions of bodily modesty, propriety, and sexual continence, particularly for middle-class women.⁵¹ Professional authors of the period sometimes expressed ambivalence over examination, wavering between an ideal of medical access and the reality of dealing with actual women. Francis Ramsbotham, for instance, argued both for the importance of manual intervention and visual examination, but also for not unduly exposing “the patient to the inconvenience of an ocular inspection”.⁵² And while some practitioners had increasingly intolerant attitudes to their patients’ scruples, texts that denounced all male involvement in childbirth as “a disgrace to morality and Feminine Dignity” continued to be published.⁵³ An anonymous pamphlet published in 1826 explained that it was “unquestionably *indelicate* and *unnatural* for a *surgeon* to assist at a child-birth”, particularly because women’s modest “aversion to disclose”, combined with men’s “*natural forwardness*” meant that sexual misdemeanours could be easily committed and concealed by medical men.⁵⁴ These concerns were not restricted to a few vocal polemicists. The idea of the sexually suspect doctor appears in many aspects of culture, including contemporary pornography. In the illustration “L’Accouchement” (“Childbirth”) from *Bérangiana* (1830), the medical and sexual touch are explicitly linked, and the caption, which translates as “As he pleased, he was received”, points too to the easy slippage between kind and attentive doctor, and the wily seducer (fig. 11).⁵⁵

While commentary and debate raged in many spheres of culture, what is clear is that by the 1830s most women who could afford it did call a male attendant when they were in labour.⁵⁶ But what is equally clear is that the access granted to such practitioners was tenuous, variable, and always subject to negotiation and worry.⁵⁷ In untangling these complex medico-social relations, medical images remain an under-used and often overlooked resource, yet as Elizabeth Stephens has demonstrated, they can be interrogated not simply as “medical representations of sexual bodies”, but also as expressions of the “sexualization inherent in the construction of medical knowledge itself”.⁵⁸ Spratt’s Tables 3 and 4, in the context of medical and public debates over access, and visual cultures that associated doctors with philanderers or sexual predators, must

have presented most viewers with the troubling closeness of medical examination with sexual looking and touching (figs. 12 and 13).

Spratt and Sexual Slippage

The entangling of medicine and sexuality was a public and important issue in this period, as the proliferation of pornographic prints became associated with a new genre of “popular” medical literature.⁵⁹ Higher literacy levels and cheaper printing costs saw publishers finding new markets in pamphlets and books aimed at educating a wider readership in all kinds of scientific subjects, including medicine. Before the mid-century, the kinds of information and images that went into these cheap and accessible works were relatively unpoliced and often included information on sex and generation. But, as with pornography, anti-vice societies and the medical establishment felt moved to intervene. As demonstrated by the trials of Frederick Hollick in America in the 1840s, doctors wanted to keep medical expertise in-house, out of the hands of charlatan authors and the paying public alike.⁶⁰ And anti-vice groups worried over the moral and social implications of giving people information about sex and generation. By mid-century, popular medical books were largely sanitised of such content and professional works became increasingly inaccessible to lay readers. Popular books that did contain prohibited information were characterised as obscene and indeed were often sold alongside pornography.⁶¹

A similar pattern has been traced by Sam Alberti and A.W. Bates with regards to medical museums. Early in the century, they were popular and widespread, providing a paying public with medical facts, frightening them with gory specimens, and arousing them with supine and ecstatic female anatomies. By the end of the century, such museums had largely been shut down on the grounds of obscenity, or made private, accessible only to medical students and professionals.⁶² Those in power felt that the general public could not cope with, or react appropriately to, the collections in these museums.⁶³

Spratt’s *Obstetric Tables* has a specific place in this cultural moment: before professional and public had more fully separated, and before medical and legal institutions had settled on what constituted obscene content. His book was able, in the 1830s and 1840s, to cater to professional surgeon-accoucheurs; to students, apprentices, apothecaries, and midwives; to curious lay people; and to those looking for either (or both) medical or sexual content. The text uses technical language and references many canonical obstetrical works, but is also brief and typographically accessible. The tables too are less technical, detailed, and difficult to read than those produced in many specifically “professional” works. I argue that the tables tread joyfully all over the ambiguities of audience and propriety of medical content that only existed in these decades between the 1820s and the 1850s.

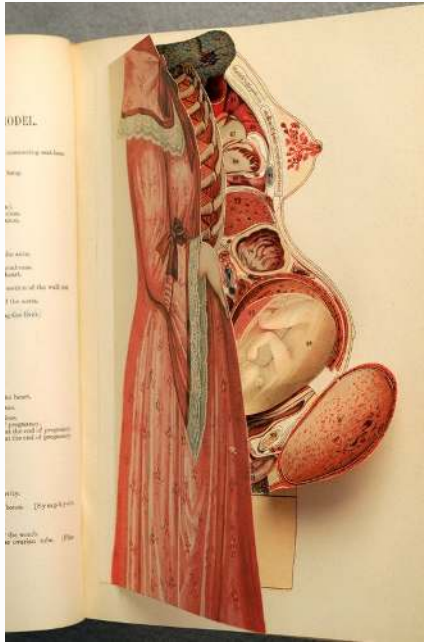


Figure 15

Anon., *Anatomical Female Model*, from Frederick Hollick, *The Origin of Life* (Philadelphia: David McKay, 1902), colour lithograph, 26 cm (page height). Collection of David M. Rubenstein Rare Book & Manuscript Library, Duke University (RC881.H73 1902 circa 1). Digital image courtesy of David M. Rubenstein Rare Book & Manuscript Library, Duke University (All rights reserved).

That medical images at this time, and particularly Spratt's tables, had the capacity to accommodate multiple interpretations can be seen by comparing Spratt's Table 4 to a flap print that accompanied a 1902 edition of Hollick's *The Origin of Life* (figs. 13 and 15). Where Spratt's figure is irrevocably naked, Hollick's flaps move from full clothing straight to the bodily interior, skipping the naked skin of the woman entirely. Hollick's print provides only appropriate views of the female body, while Spratt's forces us into an awareness of the potentially inappropriate nature of medical looking. Popular for a short period, I suspect that only a few decades after its first release, the *Obstetric Tables* had gone from a useful medical work to a collectible curiosity; and from one that was intriguingly risqué, to definitively obscene. In fact, Spratt's work not only had its moment in this specific milieu but was also popular then because it commented knowingly on the ambiguities and anxieties of that culture. To modern eyes, it may seem confusing that a book ostensibly for medical professionals would also deal with the sexual problematics of their discipline, and even provide pornographic

content. Yet this confusion arises partly from our own culture's strict separation of professional medical content from wider cultures of sexuality. What Spratt's book shows us is that in the decades before 1850 there *was* a market for this kind of multiplicity and ambiguity, indeed it is borne out in many illustrated books of the period. For contemporary medical viewers, it was acceptable, and even attractive, for a book to be medically pedagogic, culturally commentative, and potentially pornographic. All three functions were, after all, as interesting to doctors as to anyone else.

Spratt was not alone in producing images that trod the line between medical and obscene, indeed, I argue that this tension infused all medical visual culture of the period. What does make Spratt different is his willingness to directly engage with the issue. His flap constructions do not defuse or deflect, they tackle the sexual in the medical and force us to examine it. This can best be seen by comparing Spratt's images to one of his sources—the illustrations produced by Antoine Chazal for Maygrier's *Nouvelles demonstrations d'accouchemens*. Table 3 in *Obstetric Tables* is an amalgamation of Maygrier's Plates 9 and 10 (see Figs. 12, 16 and 17). With the flaps closed, Spratt's table looks like a coloured copy of Maygrier's Plate 9 (fig. 16). In both, the sitting posture, the sheet covering the legs, and the fact that no anatomical cut has been made indicates that the woman is a living patient. While she is just as naked in Maygrier's version as in Spratt's, in the original, the labia majora are closed over the rest of the vulva, turning the female genitals into a neat cleft. This image, Maygrier declares, represents the female genitalia "in the natural state, and perfectly approximated".⁶⁴ He associates the biologically ideal female body with a

naturally modest, hidden vulva. Plate 10 shows the vulva under examination, after the labia majora have been “slightly separated” (fig. 17).⁶⁵ But while Maygrier acknowledges that a separation of the labia majora is something a doctor might enact on a living patient, the image shows what is clearly an anatomical specimen. The pins stretching out the sectioned skin indicate that we are looking at a body *part*, separated not only from a cadaver but more broadly from the idea of a person. Visually, the social problematics of vaginal examination are denied, replaced by an abstracted, intellectualised body which is fully the property of the surgeon/dissector.⁶⁶



Figure 16

Antoine Chazal (draftsman), *Plate 9*, from J. P. Maygrier, *Nouvelles demonstrations d'accouchemens* (Paris: Béchét, 1822), 1822, lithograph. Collection of The University of Manchester Library. Digital image courtesy of The University of Manchester Library (All rights reserved).

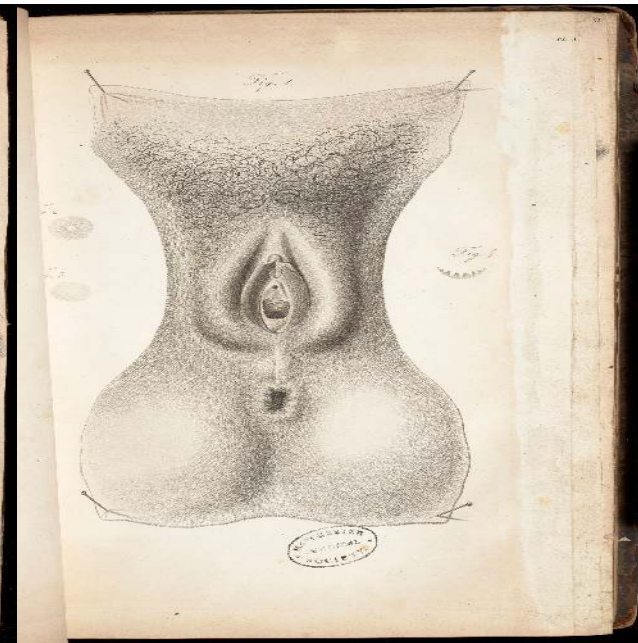


Figure 17

Antoine Chazal (draftsman), *Plate 10*, lithograph, from J. P. Maygrier, *Nouvelles demonstrations d'accouchemens* (Paris: Béchét, 1822). Collection of The University of Manchester Library. Digital image courtesy of The University of Manchester Library (all rights reserved).

Even the “naturally modest” image of the female genitalia in Maygrier’s Plate 9 seems to have been powerful and troubling. It has been removed from many copies of the work for reasons, we may suppose, both erotic and censorious. How much more confrontationally shocking did Spratt make his version then, in relocating the entire vulva and the physical act of splaying back onto the living body of the patient. Spratt makes explosive where Maygrier and Chazal attempted to defuse. He doesn’t allow the world of abstract medical knowledge to be separated from that of medical practice, nor does he allow the specimen to be something different to the living body. The turning of the closed labia in Maygrier’s Plate 9 into openable flaps seems a direct challenge to Maygrier’s partial depiction—Spratt not only exposes what is left hidden, he also forces the viewer to acknowledge the action and consequences of exposure.

A similar process lies behind Table 4, which is modelled on Chazal and Maygrier’s Plate 26 (see (figs. 13)](#rwhiteley-fig13) and 18). In Chazal’s version, the body in profile is repeated four times, growing increasingly pregnant. The crucial difference in Spratt’s version is not so much the layering of these bodies, as their re-personing. Spratt gives the woman a head, the cloth

wound around the shoulders and above the breasts of the original figures becomes a kind of drapery, which she lifts to expose her body. She is even given a lace cap with a bright blue ribbon, a standard item of domestic wear for married women.⁶⁷ This cap encourages the viewer to see the figure not in the abstract, but to identify her as a real, specific late-Georgian woman of the middle classes—a young wife. For women viewers, including patients, this adaption must have encouraged identification with the figure, along with awareness (and anxiety? or excitement?) of their own nakedness and vulnerability under the medical gaze.

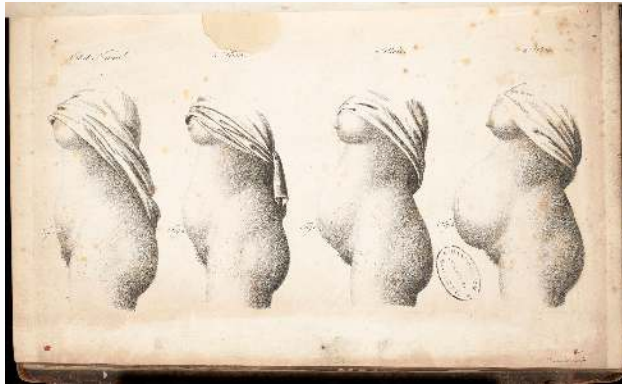


Figure 18

Antoine Chazal (draftsman), *Plate 26*, lithograph, from J. P. Maygrier, *Nouvelles demonstrations d'accouchemens* (Paris: Béchét, 1822). Collection of The University of Manchester Library. Digital image courtesy of The University of Manchester Library (All rights reserved).

In Maygrier's version, cloth is used to divorce the body from the face, and from the idea of an actual patient, associating the figures instead with anatomical specimens, which were often represented as partially draped. The drapery in Spratt's, while it lacks sleeves or tailoring that would make it specifically identifiable as a chemise or nightgown, does evoke clothing in the way it is worn, and lifted, by the figure. We are reminded by it not only of the small practicalities and negotiations of clothing and nakedness in medical examination but also of the much wider cultural significances of veiling. In textual and visual culture outside of medicine, veils were employed not simply to cover the body and ensure modesty, but also to create the *possibility* of exposure. Often translucent, they offered the *form* of modesty at the same time as a transgressive glimpse of the body beneath. As art and fashion historians have noted in many contexts, veiling heightens erotic potential.⁶⁸ The lifting of the cloth in Spratt's Table 4 arguably adds a level of eroticism to the image that stark nakedness would not. But this is in itself complicated by the choice not to make the drapery a flap—while we can control the level of pregnancy of the figure, and even lift her skin to peer inside her uterus, we cannot clothe her. It is discomforting to be reminded of the act of unveiling but not given the capacity for re-veiling in an image that otherwise facilitates lifting and covering to such an unusual extent, and in which the foetus remains permanently veiled by the uterine membranes. Lynda Nead has discussed the association in the nineteenth century of sexuality and pornography with newly developing notions of the private and domestic realm.⁶⁹ Spratt's image is one that addresses these problematics of privacy, sexuality, and medicine: the woman is an embodiment of the private realm that is destroyed by the examination of the doctor, and of the print's viewer. Both medical and pornographic print

exposed what should remain private, and in representing the woman's garment as immovable, Spratt forces us into an awareness of our own discomfort with this exposure.

Tables 3 and 4 force us to recognise the potential for sexual slippage in medical practice that troubled medical professionals and cultural commentators throughout the nineteenth century. Doctors themselves, reluctant to publicly acknowledge that some of their number could and did seduce and abuse their patients, often rechannelled their anxiety into concern over the power of their women patients to maliciously ruin their careers and reputations with inappropriate behaviour and false allegations.⁷⁰ This professional anxiety grew up alongside, and strengthened, the cultural enforcement of passivity on women's bodies, both in terms of sexuality, and in childbearing.⁷¹ A good woman was not a sexual woman, and she was a docile patient. These stories are well known: it was in the mid-century that some doctors claimed that women had no sex drive. While the view was never dominant, it did colour wider understandings of sexuality, and helped to disseminate the more accepted idea that women's sexuality was less intense than men's, and was often completely dormant.⁷² In childbirth, increasing levels of male medical control rendered the woman's body passive, at least rhetorically. This enforced passivity came from two sources: one had to do with the separation of medicine and physiological understanding from personhood. It was no longer women who laboured in childbirth, but their uteri, which did the job unconsciously.⁷³ The other source was the practice of midwifery itself: doctors came increasingly to see their role in childbirth as one of constant supervision, regulation, and intervention. They used forceps to deliver obstructed births; they increasingly employed caesarean section; and they began to administer chloroform, which mitigated pain but also rendered the labouring woman unconscious.⁷⁴

We might see the woman in Table 4 as enacting the prime medical fantasy of docility and patience: she stands, still and exposed throughout the course of an entire pregnancy, permanently available to the doctor's probing hand and eye. She is an expression of the desperate need to pin down and understand the mysterious generative body that is explored in Isabel Davis' article "The Experimental Conception Hospital", on a fantastical thought experiment proposed by the doctor Robert Lyall in 1825. Lyall described a hospital in which women would be incarcerated and raped to schedule by doctors, in order to establish the exact length of gestation. Like this hypothetical "hospital", Spratt's idea of bodily docility is tinged with a violent Gothic eroticism.⁷⁵ As we handle the paper bodies, we enact medical examination on a docile patient, but the sexual is never far away: are these women unwilling, afraid? Or are they aroused, complicit in the sexual slippage? These are the unthinkable possibilities that medical culture could not stop thinking about.

The Medical Nude

Preoccupation with and anxiety over sexuality was not restricted to the medical realm but characterised Victorian culture much more widely.⁷⁶ The ideal of the angelic, domestic, innocent wife was necessarily accompanied by her double, the prostitute. The need for women to be both safely asexual and sexually available was deep and pervasive. It was the tension that made pornography and medical imagery dangerous, but it was also what made so much of "high art" painting and sculpture so enticing. From Linda Nochlin to Jill Burke, art historians have unpicked the erotics of the artistic nude, exploring how images of naked women were accepted within fine art cultures, while nakedness itself was taboo, and while other kinds of images of nudity were illicit, suppressed, dangerous.⁷⁷ The answer, many of these scholars conclude, has to

do with audience and power. The “nude” was reserved for educated, wealthy men who agreed on a public code of polite, intellectualised responses that made the images safe.⁷⁸ Yet such distinctions and definitions were inherently unstable: based not on the image but the response, they were constantly slipping or blurring. The artistic nude, the pornographic image, the medical illustration all existed on the spectrum between the artistic, intellectualised, and acceptable; and the obscene, shocking, and unacceptable. It is important to remember that, behind the public rhetoric of edification, many high art nudes were intended to arouse, and that medical and pornographic images could engage with the visual and literary cultures of high art. What we see in books like Maygrier’s and Spratt’s are medical nudes: images of naked women with all of the same cultural and sexual dissonances that accompanied the sculpture of Galatea or the painting of Andromeda.⁷⁹ Table 4 might be understood best as an image that points in one direction to the self-revealing woman of the obscene print, and in the other to the beautiful vivified sculpture of classical myth: a Galatea to art and medicine’s Pygmalion. Pygmalion images had long been employed in expressing artistic agency and inspired creativity, as well as a specifically masculine virility.⁸⁰ The classical story has also often been used to characterise the work of nineteenth-century gynaecologists, who created the ideal of the passive, asexual, controllable woman and, using their medical authority, brought her to life in their actual patients.⁸¹ Spratt—artist and medical author—creates his Galatea, then invites the viewer to animate her. His/our intellectual/artistic virility even impregnates her, subsuming the woman’s bodily generative capacity under male medico-sexual agency. But as Lynda Nead has argued, the nude was a visual form at both the centre and the periphery of art, constantly challenging definitions and exposing the cracks in dominant cultural practices.⁸² The discomfort we feel in handling Spratt’s flaps comes from their pointing to the cracks in the misogynistic culture of nineteenth-century medicine.

Difficult Images and Cultural Catharsis

I find Spratt’s flaps interesting and rich resources to work with, but this is partly *because* I also find them difficult. Their interactivity gives them a closer relation to the viewer than other kinds of print. They need to be handled, explored, but with that closeness comes a kind of culpability—the viewer becomes part of what the image does. Some of the images tease or surprise, tempting curiosity and then subverting or denying it. Others place the viewer in the position of an obstetrical operator or an anatomical dissector, turning us into enactors of violence upon the body. Some, too, evoke uncomfortable feelings about social transgression and sexual touching. These mobile images are problematic, confrontational, and political as well as medical, to an unusual degree.

To understand why this might be, we need to turn back to Spratt and his wider output. Taking it all-in-all, the Spratt family’s wheelhouse was popular works on science and medicine, produced to appeal to wider and non-specialist as well as professional audiences. Spratt’s botanical compendia and toxicological posters were highly illustrated and coloured reference works for the apothecary and the amateur botanist. His caricatures show various scientists composed of the objects of their study—shells, minerals, insects, physiognomies (fig. 19). James Secord has argued that the primary market for these prints would have been the kind of middle-class educated amateurs who might also dabble in conchology or physiognomy. They were intended to mock gently, to look with humorous observation, to hold a mirror up to the middle-class scrapbookers and collectors who bought them.⁸³ Spratt’s *Obstetric Tables* is less gentle, but these plates also hold up a mirror to contemporary culture. While Secord is reluctant to see this link,

preferring to define the *Tables* as more serious and professional than the other works, I see the same skills and artistic inclinations as are at work in the rest of Spratt's oeuvre.⁸⁴ In the *Obstetric Tables*, he employs humour, close cultural observation, a critical eye, and material playfulness to engage not only with scientific ideas but also with the culture of science and its relation to wider society.



Figure 19

G. Spratt (draftsman), *The Conchologist*, circa 1830-31, hand-coloured lithograph, 27 × 21 cm. Collection of The Science Museum, London (2002-613). Digital image courtesy of The Board of Trustees of the Science Museum, London (CC BY-NC-SA 4.0).

In this article, I have demonstrated the importance of looking beyond medical rhetoric when addressing medical images: to see their wider connections to visual cultures; to consider their creators as artists with agency; and to explore how they might comment on the knowledge they purport simply to convey. While these wider significances are almost never textually discussed, a study of the images themselves and their visual contexts can tell us much about the variety of ways in which they might have been interpreted and used by contemporary viewers. Spratt made works that were not only medically pedagogic but also creatively engaging and funny, shocking, pornographic, subversive, and political. I argue that he expected his viewers to pick and choose between these different modes, but fundamentally to be able to see multiples in each image. Their brief period of popularity in the early nineteenth century can best be understood when we see this multiplicity and this capacity for commentary. They were culturally cathartic, allowing the viewer to think through the many and varied aspects and significances of midwifery, to use and interpret the images according to their needs and inclinations. Britain in the 1830s and 1840s was negotiating a culture that, beneath hardening medical and moral rhetorics, was fraught, fractured, confused, and therefore deeply attracted to Spratt's flaps.

Acknowledgements

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About the author

Dr Rebecca Whiteley is the Shreeve Fellow in the History of Medicine at the John Rylands Research Institute, University of Manchester. Her current research focuses on the visual culture of midwifery in the nineteenth century, including printed book illustrations, flap anatomies, and pedagogic image collections. More broadly, her research specialisms are located in the intersections between visual and material culture, social history, and medical history in the early modern and modern periods. Dr Whiteley has articles published in *Object* and *Social History of Medicine*, as well as a forthcoming monograph on early modern “birth figures”.

Footnotes

1. Further editions, first in two volumes and later combined into one were published in 1835, 1837, 1838, 1841, and 1843. American editions were published in Philadelphia in 1848 and 1850.
2. See Alexander Marr, “Knowing Images”, *Renaissance Quarterly* 69 (2016): 1000–1013; James Elkins, “Art History and Images that are Not Art”, *The Art Bulletin* 77, no. 4 (1995): 553–571; Mary Hunter, *The Face of Medicine: Visualising Medical Masculinities in Late Nineteenth-Century Paris* (Manchester: Manchester University Press, 2016); Andrew Graciano (ed.), *Visualizing the Body in Art, Anatomy, and Medicine since 1800: Models and Modeling* (New York: Routledge, 2019); and Kaat Wils, Raf de Bont, and Sokhieng Au (eds), *Bodies Beyond Borders: Moving Anatomies, 1750–1940* (Leuven: Leuven University Press, 2017).
3. See Lorraine Daston and Peter Galison, *Objectivity* (New York: Zone Books, 2010 [2007]).
4. Daston and Galison, *Objectivity*, 84–98.
5. See James Secord, “Scrapbook Science: Composite Caricatures in Late Georgian England”, in Ann B. Shteir and Bernard Lightman (eds), *Figuring it Out: Science, Gender, and Visual Culture* (Hanover, NH: Dartmouth College Press, 2006), 164–191.
6. Hunter, *The Face of Medicine*; Graciano, *Visualizing the Body in Art, Anatomy, and Medicine since 1800*; and Wils, de Bont, and Au, *Bodies Beyond Borders*.
7. For an exception, see Veronique Deblon, “Imitating Anatomy: Recycling Anatomical Illustrations in Nineteenth-Century Atlases”, in Kaat Wils, Raf de Bont, and Sokhieng Au (eds), *Bodies Beyond Borders: Moving Anatomies, 1750–1940* (Leuven: Leuven University Press, 2017), 115–138.

8. Sources include Jacques-Pierre Maygrier, *Nouvelles demonstrations d'accouchemens* (Paris: Béchet, 1822); William Hunter, *The Anatomy of the Human Gravid Uterus Exhibited in Figures* (Birmingham: John Baskerville, 1774); William Smellie, *A Sett of Anatomical Tables, with Explanations, and an Abridgment, of the Practice of Midwifery, with a View to Illustrate a Treatise on that Subject, and Collection of Cases* (London: [n.p.], 1754); Jean-Louis Baudelocque, *L'art des accouchemens*, 2 vols (Paris: Méquignon, 1781); Edward William Tuson, *A Supplement to Myology: Containing the Arteries, Veins, Nerves, and Lymphatics of the Human Body, the Abdominal & Thoracic Viscera, the Ear and Eye, the Brain, and the Gravid Uterus, with the Foetal Circulation* (London: Callow and Wilson, 1828); David D. Davis, *Elements of Operative Midwifery: Comprising a Description of Certain New and Improved Powers for Assisting Difficult and Dangerous Labours* (London: Hurst, Robinson & Co., 1825); and James Hogben, *Anatomical Tables* (London: The Author, ca. 1811).
9. *Essex, England, Select Church of England Parish Registers, 1518–1960*, Ancestry.com. FHL Film Number: 001471885. No candidate for E. Spratt has been found, but given that the family moved often, there may have been further children whose baptism records have not been found.
10. See Mrs G. Spratt, *The Language of Birds Comprising Poetic and Prose Illustrations of the Most Favourite Cage Birds* (London: Saunders and Otley, 1837); and “Spratt, Julia” and “Spratt, Mrs.”, *Database of Scientific Illustrators*, https://dsi.hi.uni-stuttgart.de/index.php?function=show_static_page&id_static_page=1, accessed 10 July 2019.
11. Partly because of the uncertain identity of the other Spratt artists, and partly because the attributions of particular plates change between editions, in this article I assume that George had directorial control over the production of all the plates, and refer to them as “his”. The names of all artists associated with each plate discussed are to be found in the figure captions.
12. “Notice to Debtors and Creditors”, *Northampton Mercury*, 28 August 1824, 1.
13. “Insolvent Debtors”, *Perry’s Bankrupt and Insolvent Gazette*, 17 July 1828, 236.
14. See Anne Digby, *Making a Medical Living: Doctors and Patients in the English Market for Medicine, 1720–1911* (Cambridge: Cambridge University Press, 1994), 6–7; and Irvine Loudon, *Medical Care and the General Practitioner 1750–1850* (Oxford: Clarendon Press, 1986), 258.
15. See George Spratt, *The Medico-Botanical Pocket-Book* (London: John Churchill, ca. 1830); [George Spratt (ed.)], *Flora Medica: Containing Coloured Delineations of the Various Medicinal Plants Admitted into the London, Edinburgh, and Dublin Pharmacopœias* (London: Callow and Wilson, 1829–1830); William Woodville, *Medical Botany*, 5 vols (London: John Bohn, 1832); and George Spratt, *A Table of Vegetable Poisons* (London: John Wilson, [1840?]). Spratt’s composite caricatures, printed by G.E. Madeley and published by C. Tilt from 1830, showed figures composed of everyday objects, such as crockery or fish; and the objects of a particular scientific study, such as insects or shells.
16. George Spratt, *Obstetric Tables: Comprising Coloured Delineations on a Peculiar Plan, Intended to Illustrate Elementary and Other Works on the Practice of Midwifery, Elucidating Particularly the Application of the Forceps, and Other Important Practical Points in Obstetric Science* (London: The Author, 1833), Preface.
17. “Obstetric Tables [...] By G. Spratt, Surgeon-Accoucheur. 4to. Churchill”, *The London Medical and Surgical Journal* 3, no. 73 (22 June 1833), 672.
18. “Spratt’s Obstetric Tables”, *The Boston Medical and Surgical Journal* 37, no. 18 (1 December 1847): 363–364.

19. I have been unable to find the original price paid by subscribers. The prices quoted are drawn from editions of *The London Catalogue of Books*, *The British Catalogue of Books*, and the sales catalogues of John Churchill and Samuel Highley, published between 1835 and 1851: John Churchill, *Mr. Churchill's Publications on Anatomy, Surgery, Medicine, Midwifery, and the Collateral Sciences* (London: The Author, 1842); and Samuel Highley, *New Medical Works, Published by Samuel Highley, 32, Fleet Street, Opposite St. Dunstan's Church* (London: The Author, ca. 1846).
20. "An Atlas of Plates, Illustrative of the Principles and Practice of Obstetric Medicine and Surgery, with Descriptive Letter-Press. By Francis H. Ramsbotham, M.D. Parts I, II. and III. Churchill: London, 1840", *The Lancet* I (7 March 1840), 894. For more on the financial situation for young practitioners, see Loudon, *Medical Care and the General Practitioner 1750–1850*, 249–266.
21. For example, in the 1835 edition, there were fifty-two subscribers listed from Manchester and surrounding areas, fifty surgeons, one physician, and one medical library. Some of these were the famed teachers and practitioners of the time, Joseph Jordan and Thomas Radford among them. Most were men who had qualified as apothecaries or surgeons in the 1810s and 1820s and either held hospital appointments or had decent private practices by the 1830s.
22. Loudon, *Medical Care and the General Practitioner 1750–1850*, 259.
23. "Obstetric Tables, by G. Spratt, Surgeon", *The Athenæum Journal of English and Foreign Literature, Science, and the Fine Arts*, 23 November 1833, 795.
24. Andrea Carlino, *Paper Bodies: A Catalogue of Anatomical Fugitive Sheets 1538–1687*, translated by Noga Arikha (London: Wellcome Institute for the History of Medicine, 1999), 58.
25. See, for example, Lyle Massey, "The Alchemical Womb: Johann Remmelin's Catoptrum Microcosmicum", in Timothy McCall, Sean Roberts, and Giancarlo Fiorenza (eds), *Visual Cultures of Secrecy in Early Modern Europe* (Kirkville, MO: Truman State University Press, 2013), 208–228; and Rosemary Moore, "Fugitive Sheets and the Spectacle of the Spatialized Body", *Journal for the Study of British Cultures* 25, no. 2 (2018).
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27. Martin Kemp, "Style and Non-Style in Anatomical Illustration: From Renaissance Humanism to Henry Gray", *Journal of Anatomy* 216 (2010), 205.
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29. George Spratt, *Obstetric Tables: Comprising Graphic Illustrations, with Descriptions and Practical Remarks; Exhibiting on Dissected Plates Many Important Subjects in Midwifery* (Philadelphia, PA: Thomas, Cowperthwait & Co., 1848), Preface to the American Edition.
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31. See Rebecca Whiteley, "The Limits of Seeing and Knowing: Early Modern Anatomy and the Uterine Membranes", *Object* 19 (2017): 95–119.
 32. Deblon, "Imitating Anatomy".
 33. Sileas Wood, "Moving Pictures: Nineteenth-Century British Mechanical Prints", *Print Quarterly* 34, no. 2 (2017), 173–176.
 34. See Colette Colligan, *The Traffic in Obscenity from Byron to Beardsley: Sexuality and Exoticism in Nineteenth-Century Print Culture* (Basingstoke: Palgrave Macmillan, 2006); Iain McCalman, *Radical Underworld: Prophets, Revolutionaries and Pornographers in London, 1795–1840* (Oxford: Clarendon Press, 1998 [1988]); Lynn Hunt, "Introduction: Obscenity and the Origins of Modernity, 1500–1800", in Lynn Hunt (ed.), *The Invention of Pornography: Obscenity and the Origins of Modernity, 1500–1800* (New York: Zone Books, 1996), 9–45; and Roy Porter and Lesley Hall, *The Facts of Life: The Creation of Sexual Knowledge in Britain, 1650–1950* (New Haven, CT: Yale University Press, 1995).
 35. See Suzanne Karr Schmidt, *Interactive and Sculptural Printmaking in the Renaissance* (Leiden: Brill, 2017), 353–391.
 36. Lynda Nead, *Victorian Babylon: People, Streets, and Images in Nineteenth-Century London* (New Haven, CT: Yale University Press, 2000), 149–188.
 37. McCalman, *Radical Underworld*, 219.
 38. Ben Wilson, *Decency and Disorder: The Age of Cant 1789–1837* (London: Faber and Faber, 2007), 106–130.
 39. Colligan, *The Traffic in Obscenity from Byron to Beardsley*, 21; Michael Gamer, "Genres for the Prosecution: Pornography and the Gothic", *PMLA* 114, no. 5 (1999): 1043–1054; and Kathleen Lubey, "Making Pornography, 1749–1968: The History of *The History of the Human Heart*", *ELH* 82, no. 3 (2015): 897–935.
 40. See Anon., *Grand théâtre des petites passions de société* ([Paris: [s.n.], ca. 1830s]), particularly No. 5. There was a vast amount of French-produced material sold in London in this period.
 41. Porter and Hall, *The Facts of Life*, 152.
 42. Hunter, *The Face of Medicine*, 149.
 43. Spratt, *Obstetric Tables* (1835), Table IV, fig.1.
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 46. Mary E. Fissell, "Hairy Women and Naked Truths: Gender and the Politics of Knowledge in 'Aristotle's Masterpiece'", *The William and Mary Quarterly* 60, no. 1 (2003): 43–74.
 47. Hunter, *The Face of Medicine*, 138–142.
 48. See Lisa Forman Cody, *Birthing the Nation: Sex, Science and the Conception of Eighteenth-Century Britons* (Oxford: Oxford University Press, 2005), 152–197; Roy Porter, "A Touch of Danger: The Man-Midwife as Sexual Predator", in G.S. Rousseau and Roy Porter (eds), *Sexual Underworlds of the Enlightenment* (Manchester: Manchester University Press, 1987), 206–232; and Mary E. Fissell, "Man-Midwifery Revisited", in Nick Hopwood, Rebecca Flemming, and Lauren Kassell (eds), *Reproduction: Antiquity to the Present Day* (Cambridge: Cambridge University Press, 2018), 319–332.

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52. Francis H. Ramsbotham, *An Atlas of Plates Illustrative of the Principles and Practice of Obstetric Medicine and Surgery* (London: John Churchill, 1840), 55.
53. [John Stevens], *An Important Address to Wives & Mothers, on the Dangers and Immorality of Man-Midwifery* (London: The Author, 1830), v.
54. Anon., *An Address to the Public on the Propriety of Midwives, Instead of Surgeons, Practising Midwifery* (Manchester: The Author, 1826), 10 and 6.
55. Pierre-Jean de Béranger, *Bérangiana: Mis en action ou choix de ses chansons badines* (Brussels: [n.p.], 1830).
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72. Weeks, *Sex, Politics and Society*, 50.
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