

María Isabel Romero Ruiz. 2014. *The London Lock Hospital in the Nineteenth Century. Gender, Sexuality and Social Reform*. Bern: Peter Lang. xii + 220 pp. ISBN: 978-3-0343-1727-6.

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Lock hospitals were the legacy left by medieval leprosy hospitals, which were devoted to the treatment of leprosy. In fact, the name comes from the French word *loques* in reference to the rags used to cover the ulcers produced by the disease. Special wards and outhouses had been built to keep lepers away from any contact with other patients by locking doors and shutting windows, and these were later used to house venereal disease patients. Leprosy had been the symbol of pestilence and degradation in the past and this role was now assumed by venereal disease (VD) (11). VD was present in all social classes in the eighteenth and nineteenth centuries although it was especially prevalent among the urban poor. For this reason, lock hospitals, among which the London Lock Hospital (LLH) is worth highlighting, started to emerge in different British cities. In her book *The London Lock Hospital in the Nineteenth Century. Gender, Sexuality and Social Reform*, María Isabel Romero Ruiz focuses on the role that this institution and its associated asylum played in “the rescue and cure of fallen women” (1), and, as the second part of the title suggests, the emphasis is on issues of gender, sexuality and social reform, and, it should be added, on class. In this work, Romero Ruiz makes recourse to an abundant and well selected bibliography, as well as to the archives of the London Lock Hospital and Asylum itself (LLHA), along with other first-hand documents, which is one of the great assets of the book.

The book is structured in six chapters, the first of which is an introduction dealing with the functioning of the LLHA and other specialist hospitals in the nineteenth century. Specialist private hospitals devoted to specific illnesses had started to be established in Britain, and general hospitals also opened specialised departments. At the same time, there was concern about how to cope with the care of those who could not afford to pay for their treatment, and thus a network of medical charitable comprising workhouse infirmaries, royal hospitals and small specialist hospitals supported by voluntary subscription was established. This is the context in which the LLH was erected in 1746, in Grosvenor Place, “for those members of society who could not

afford to pay for the fees that specialist hospitals required for treatment” (17). However, the primary aim of the LLH, that is, to treat venereally diseased people, changed in the 1780s when the Charity came under the control of a group of Evangelicals and the moral reform of female, not male, patients became the fundamental goal, with the consequent creation of the London Lock Asylum for the Reception of Penitent Female Patients (LLA) in 1787.

Following the mainstream middle-class Victorian way of thinking which put the blame for the spread of VD on women, and more specifically on prostitutes, Romero Ruiz offers an analysis of the idea of fallen women, as well as the treatment of the disease, in chapter two. Victorian society was dominated by a middle-class female ideal of the “angel in the house [. . .] built explicitly on a class system in which political and economic differences were rewritten as differences of nature” (Langland 1992, 295), and, whereas middle-class women were supposedly “asexual and chaste” (25), “working-class women were believed to be sexually active” (26). Prostitution was an issue of analysis by many contemporary social investigators who studied its causes and even established classifications for prostitutes. It is widely held that most prostitutes were working-class women (33); yet, as Romero Ruiz points out, “contrary to the general opinion [. . .] middle-class men did not resort to working-class prostitutes” (34). As it is hard to believe that men belonging to the upper classes restrained from having sex before or out of marriage, and in fact had “their own brothels and recreation places” (34), it might be assumed that there was some hypocrisy in attaching the idea of prostitution mostly to working-class women, but not to other higher social classes. The second part of the chapter describes the different manifestations of VD, how they were dealt with as well as the remedies used at the time.

Making profuse use of original documents, chapter three is devoted to the study and analysis of the LLH regulations in the nineteenth century and their influence on female patients. On the one hand, the whole organisation and functioning of the place is explained in detail, including the role of the governors, the different levels of staff working there and even the characteristics of the patients, especially the females. Particularly relevant is the analysis of the ideology underlying these regulations. As Romero Ruiz points out, “diseases and corruption were associated with the lower classes, and were considered natural to them” (57); consequently, lock hospitals promoted cleanliness and good habits; that is, decent behaviour according to middle-class standards. Even the running of the LLHA replicated the organisation of a respectable household, with the secretary as the paterfamilias and the matron as the decent, respectable wife, despite the fact that, in the hospital setting, they were not and could not be married (62). The female patients were considered deviant, promiscuous and riotous, according to middle-class standards, hence they had to be controlled and contained and to this aim middle-class Victorian women cooperated and participated with men, as it was not merely an issue of gender but class also (Langland 1992, 294).

As chapter four explains, one of the most controversial issues in this century, related not only to prostitution but to the treatment of women in general, was the passing of the Contagious Diseases Acts (CDAs) in 1864, 1866 and 1869. As the British Army did not allow enlisted men to marry, and homosexuality was forbidden, soldiers resorted to prostitutes and it has been estimated that around a third of the armed forces at the time contracted VD. With precedents in legislation in force in the British Empire and the regulation of prostitution in Oxford and Cambridge, as well as controls in other countries, the CDAs allowed any policeman or doctor who believed that a woman could be a prostitute to inform the authorities, who would summon the woman to a certified hospital for medical examination and, if she were found infected, to remain there for several months (103). Initially the jurisdiction of these laws was limited to some naval and garrison towns, but the intention of certain lobby groups was to extend it to the civilian population. The problem with these CDAs, and the origin of a strong repeal movement that emerged in 1869 led by Josephine Butler, was the double standard used for men and women, as only women were subjected to the humiliation of being examined and confined in lock hospitals. Romero Ruiz's significant contribution is that she also explores and evaluates the consequences that the application of the acts had for the patients of the LLH and the institution itself.

In chapter five, the author goes back further in time in order to present in more detail the later incarnation of the LLH, the London Lock Asylum and its role in the moral reform movement of the time, often resorting to previously unstudied primary sources. Following the model of the Magdalene Asylums, which are also briefly presented here, the LLA was designed for girls who, after release from hospital, and if they showed enough sincere repentance, would be subjected to a process of reform and transformation according to middle-class values of respectability and purity. As the author rightly states, "only women were seen in need of a reform institution" (126), suffering again not only the effect of gender bias but also class bias, as in reality this affected female members of the lower orders (129). As part of the reform process, the girls were taught different skills that could be put into practice in future positions such as servants, laundresses or needlewomen (142); among them, laundry-work stood out as a symbol of purification for penitents, as the asylum inmates were called. Although never explicitly voiced, in the documents analysed there are hints of rebellion and resistance against the complex structure of systems of power and gender control according to the middle-class ideology that these reform institutions represented.

The last chapter in the book deals with life in the LLHA at the turn of the century, and includes new perspectives on the physical and moral cure of deviant women. One of the big changes that took place partly as a result of the campaign for the repeal of the CDAs was the increasing presence of women in reform work. However, as stated by Parker (1997, 322), by the mid-nineteenth century charitable organisations run by women and ladies' visiting societies were already enjoying great public support. In fact, as has been thoroughly analysed by authors like Prochaska (1980) and Elliott

(2002), among others, throughout the nineteenth century, philanthropy was closely associated with women. These women belonged mostly to the middle class, but some also came from the working class, in order that aid efforts could reach places and people otherwise “inaccessible to conventional mission work” (Summers 1979, 35). Another important change was the timid shift from the double standard to a single standard of morality for both men and women that took the form of the creation of associations like the Young Men’s Society for the improvement of young men (164, 170-171). Other issues the author also tackles in this chapter are the sexual abuse of children, the problem of white slavery, and pornography. At this time, some advances were made in knowledge about and treatment of VD; however, the staff of the LLH, although competent, were traditional in their medical practices, and this institution remained a kind of micro-universe for VD in the British system until it closed in 1952 (198).

Organising the contents of a book is always a difficult task for any writer and not every reader may be equally happy with the final result. Chapter five in this book, dealing with the LLA and the moral reform movement, might have been better placed as part of chapter one where its originating institution, the LLH, is fully presented or near chapters two or three. Placing it after chapter four, which deals with the CDAs and their consequences from the 1860s onwards, may make the reader feel they have travelled back in time when coming to chapter five, which starts in 1787 when the asylum was first projected. Romero Ruiz includes a brief conclusion at the end of each chapter; however, a final section bringing together the main issues or elaborating on the idea of how successful or not the institution was in helping these “fallen” women would have been appreciated. This is only hinted at on pages 76, 145, 152 and 157 of the text, but never fully developed. Despite these, mostly formal, small weaknesses, the book is a highly stimulating piece of conscientious scholarly work, whose value is enhanced by the use of original documents to support the analyses, as well as a very much needed contribution to the understanding of what the role of the London Lock Hospital and Asylum was, along with other similar institutions, and how it affected their female inmates.

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