AT: Welcome to the Infinite Women podcast. I'm your host, Allison Tyra, and today I'm joined by Nancy Bernhard, author of *The Double Standard Sporting House*, to discuss fallen women in the U.S. in the 19th century and women's health and medical treatments. Regular listeners may recall my previous conversation with Lydia Reeder about Dr. Mary Putnam Jacobi on women and medicine in this era, but Nancy is coming at the topic from a very different angle. So first, could you tell us about the book?

Listen to Lydia Reeder on Dr. Mary Putnam Jacobi or read the transcript.

NB: So the heroine of *The Double Standard Sporting House*, the titular brothel, runs the house in order to fund her free clinic for women. When a very corrupt political syndicate, Tammany Hall, comes to power in New York and takes over and begins trafficking girls, she fights back using the power that's available to her as the owner of this very elite sporting house. So that's the the top line summary of the book.

AT: Were there actually any brothels that you know of that were doubling as a clinic?

NB: No, were not that I know of. We know that there were there were many, many brothels in New York at this time, probably 600 in 1878, from a not very clean or expensive house all the way up to very elaborate, very expensive houses where the women would be very skilled, very educated, very beautiful. In this era, about 10% of women at any given time were involved in the sex trade, compared to maybe 1% now. It's very different. It's a very different proportion and the industry looked very different. And the reason is that women were excluded from virtually all other ways of making money. The overwhelmingly most common ways for women to make money were either as needleworkers, like pieceworkers, or in domestic service, and it was not remotely a living wage. So women would do this work because it was the only way that they could certainly accrue real wealth. And sometimes they did it sort of on the side to supplement what was absolutely not a living wage. And so I started researching how women got into the sex trade. Certainly needing money was one of them. But I thought, well, what about there were plenty of middle class girls, girls with resources and family or education or skills, who also ended up in the sex trade, and how did that happen? And the overwhelming answer to that question is, unfortunately, sexual assault. It's rape. Women were kidnapped, they were trafficked, or they were just compromised in some way. Sometimes it looked like seduction and then abandonment. And because of the way the mores at the time looked, once that happened to you, you could not go back to your middle class respectable family. You were never going to make a respectable marriage. And so it was the only way a lot of these people could survive.
And a girl started to take shape in my imagination who had some real skills, and found herself on the wrong side of this respectability divide. And then it turned out that she had much more freedom. So the girl that I imagined had medical skills. And she tried to be a skilled practitioner, but wasn't really allowed to practice medicine at the level that she was capable of, because she was a woman. And once she ends up on the wrong side of the respectability divide, she finds out, “oh, actually, there's a lot more freedom here. I can live my life the way I want to if I give up on this respectability thing.” So it's entirely possible that someone might have run a house to fund a free clinic. But I think more likely, there were very skilled women who ended up doing this as a way to accrue wealth and just help other women. I imagine that it was plausible.
And also the other thing about this melding of women's health practitioner and the sex trade is that who else would know more about women's reproductive health? Who else would have access to more data if they cared to pay attention to it than someone who had charge of the health care of sex workers? They would know more about fertility. They would know more about sexually transmitted disease. They would know more about all kinds of things, injuries, sexual injuries, than certainly the male practitioners who are mostly treating more respectable women. So I think it's plausible, although by definition, we don't have any evidence of it because even if they did exist, we wouldn't have that evidence. It would have been erased. It would have been destroyed by silence and by shame, basically.

AT: Well, it is the kind of thing that documentation of it is unlikely in the first place in the sense of, this feels like the kind of thing that could have gotten you arrested.

NB: Right, right. The people who did try to get some data were typically public health doctors. There was a big study of prostitution in New York done in the 1850s, and a lot of it was done to try to prevent the spread of syphilis, which was absolutely rampant at the time. Something like 50% of men were seeing sex workers. But the methodology that these public health doctors used was certainly, from our point of view, very flawed. They're trying to prevent the spread of syphilis, but they're only collecting data on the sex workers. So they're not collecting data on the clients. So you might find out some things, and they also were typically finding out about the most unhealthy and least resourced sex workers, because they were the ones who would end up in public hospitals. The ones who were being treated privately would not make it into their statistics. So the statistics are very skewed, even where they do exist. And the other people who were making a study of sex workers would have been religious reformers. And they were definitely not unbiased in the ways that they were looking for information. So there's a little bit that exists, but not really very much.
And then the last thing, the last way that we would find out is if they make it into the newspapers, because they are most often victims, although very occasionally perpetrators, of crimes. So when somebody gets murdered, we find out about them. Or when, like, there's a very famous case in the 1870s of a very elite sex worker whose lover was Diamond Jim Fisk, a Wall Street innovator and crook. And he had this long-term mistress, Josie Woods, who he met at a brothel. And after their relationship had mostly run its course, they were still a little bit connected to each other. She had another lover who was very jealous of Diamond Jim Fisk and murdered him on the steps of the Grand Central Hotel. So we know about Josie Woods because of this murder. But mostly, we don't really know about them. There were some gentleman's pocket guides to New York. It's like what you would look up on a website these days. But that was all very commercial information. “These ladies are very charming. They specialize in gentlemen from abroad” and such things. Yeah. So the sources are not really reliable.

Listen to Dr. Brandy Schillace on pathologizing women or read the transcript.

AT: So this trend of acting like the sex workers are the problem actually came up in a previous conversation that I had with Dr. Brandy Schillace on pathologizing women. And she had a lot of big feelings about the Contagious Disease Act, quite fairly, I would say. So would you like to give the listeners a bit of background about that if they haven't listened to that other episode? Which they totally should once they finish this one.

NB: Sure. There were a series of them. And these, again, were made to protect men in the military from syphilis, basically from sexually transmitted diseases. So what did they criminalize? They criminalized women in the vicinity of a military installation. So if you were a woman on the street near a military installation in the UK, you could be detained and have a forcible medical examination – internal.

AT: So basically sexual assault by a medical professional under police order.

NB: Right. And did they criminalize this behavior for the military men? Certainly not. But any woman, not a woman soliciting sex, not a woman plainly in the role of a sex worker, but any woman in the vicinity. And sometimes children were detained and examined in this way. And the way that I learned about the Contagious Diseases Act was by reading about a very interesting religious reformer, maybe the only one I've ever encountered who I actually really respect, by the name of Josephine Butler. She was a highborn woman, married to an Oxford don, very beautiful, very accomplished, very aristocratic. And she was always a very sincere Christian and would take poor people, and then increasingly prostitutes, right off the street and into her house. She would care for them. She would get them medical attention. She would get them set up in a new profession. And Josephine Butler got involved in political organizing against the Contagious Diseases Act. And

it took a long time and she was harassed. They tried to set a hall where she was speaking on fire. And she really stuck with it. And after about 10 years, they finally managed to get these acts repealed. It was really quite horrifying, even though the demand was really what was driving this trade. Of course, they were blaming the women who were so desperate that they were engaging in it at the risk of their health.

AT: Yes. And to give you an idea of the level of nerd that I typically have on my podcast, Brandy dressed up as Josephine Butler one year for Halloween.

NB: Perfect. She's amazing. There's so many great quotes about her and by her. She said that a sex worker basically understands the hypocrisy in the world better than anyone else.

AT: And something that Brandy pointed out was that because, as you've said, a lot of these women or girls were not sex workers to begin with. They could be like a factory worker who was just trying to get home, particularly after dark, if they had to work late hours. And they could be essentially kidnapped off the street, sexually assaulted. And then because they were detained, there was a good chance that a lot of these women would lose their jobs because they didn't show up for their shift the next day because they'd been detained. And so then you now have this woman who is out of work. And therefore, as you mentioned with the 10%, there's a good chance she's going to have to turn to sex work because of this act.

NB: Right. And at her job, she was also at tremendous risk because many of the supervisors or the owners of the factories where these women were working were also picking girls off the floor to assault. And if they didn't go along with it, they would also lose their job. So one of the things that Josephine Butler did that was very effective actually was to create a series of industrial homes. She didn't have the capacity to bring every woman she met off the street and into her house. So she built these institutions, which were really very much better than most of these kinds of institutions, certainly better than the Magdalene houses or something like that. These were often run by the church where they would bring pregnant young women in who had very few options and take their children away from them when they were born. (AT: And often use them as forced labor, like running a laundry or that sort of thing. So they're having to do hard labor while very pregnant.) And then they would have to stay after their children had been taken away from them to continue to work off their supposed debt that they had accrued by being cared for when they were pregnant. So Josephine Butler's industrial homes were far better than that. They actually educated women to trades where they could make a living and helped place them and really gave them the skills that they needed to be self-sufficient and not have to do sex work if they didn't want to do it. And of course, not every woman that they encountered was a success story or not every woman wanted the thing that they were offering. But if somebody did, it could be very successful. And it was a model for some reformers in New York at the same time.

AT: So bringing it back to the women's health medical side of things, something else that comes up when we're talking about this period and sexually transmitted infections is that a lot of male doctors would basically cover for the husbands. So they would be treating the wives who the men had given syphilis to, but they wouldn't tell their own patient. They wouldn't tell these women, “oh, by the way, your husband gave you syphilis. I mean, somebody gave you syphilis. I assume your husband.” And that is just one of many horrific aspects about women's health at this time.

NB: The medical profession in 1868 New York was a very mixed bag. It was nothing like the standardized medical curriculum and licensure system that we have now. That did not come into being for another few decades. So there were some traditionally trained medical doctors, like the people like Mary Putnam Jacobi or before her Elizabeth Blackwell, the medical education that they were trying to get sometimes was very minimal. Like you could get a medical degree for two 16-week terms of study.

AT: That's actually something that came up in my conversation with Lydia Reeder about her was that the standard at this time was that there were men graduating from the men's medical colleges who were not literate, but they were still able to get medical degrees because of like oral exams, which is terrifying.

NB: Right. And there were plenty of people who were working to improve it. It was in many ways a sham or terrible and germ theory was not widely accepted yet. It was out there, but it wasn't widely accepted yet. The percentage of the population that we're actually seeing doctors who had graduated from medical schools was still very low. Women's Hospital in New York City, which was run by this appalling figure by the name of J. Marion Sims. (AT: Oh, yep. We've talked about him before.) The entire staff of the women's hospital was men. There were plenty of skilled midwives. There were plenty of skilled nurses. There were plenty of alternatively educated women doctors, but that's not who they employed at this hospital. And so Sims is notorious because he was a great innovator in the repair of fistulas, which are very serious injuries to women's reproductive organs, usually through childbirth, but often through trauma as well. And he pioneered a way to repair them, but he did it by operating without anesthesia on enslaved women in Alabama. Once the Civil War broke out and he went to Europe for the duration of the war because he was a Confederate, he came back to the States and was in New York. Later, he got elected president of the American Medical Association. But when he was in New York, he would do experimentation on impoverished women, usually Irish immigrants, who they would keep captive at the hospital in New York. So some elite women, some rich women thought that they were getting the best care available to them by going to this hospital when it turned out they were really being treated as experimental subjects and as basically as animals. But there were many what we would now consider underground practitioners because they did not come from traditional schools. They had apprenticed with other midwives. They came out of nursing schools or they were trained in private practices. And most poor women would be seeing those practitioners if they were seeing anybody. And the medical profession tried very hard to discredit them as quacks. And certainly there were some of those, but mostly they were traditional healers who did a lot of good in the world and probably treated the women who came into their care a lot better than these supposedly elite and educated men.

Listen to Alexis Pedrick on medical racism or read the transcript.

Listen to Lydia Reeder on Charlotte Perkins Gilman or read the transcript.

AT: So I have another conversation with Lydia Reeder about Charlotte Perkins Gilman and the rest cure, which is not the spa visit it sounds like. But again, this was men imposing their own pseudoscientific ideas on what is best for women. So I do think it's important to point out that, as you noted, even women who were middle class or even upper class were not safe from medical shenanigans, shall we say. But one of the things that is really interesting about your book is that you are coming at this from the lens of the vulnerability that women who were not in that social strata would have faced.

NB: My conjecture, slight fantasy in this book is that they were getting better care in the demimonde because there were women who had been, like my main character, Doc, who'd been thrown out of so-called respectable medicine or couldn't get into it. But she was very skilled and she was very humane. So she was offering the best care that was available to people who couldn't have paid for it, even if they wanted to pay for it or knew how to access it. And certainly giving an extraordinary level of care to the women who work for her as sex workers. Like I say, we have absolutely no evidence for this, but I think it's entirely plausible.

AT: The question of telling women's stories through fiction instead of fact has come up many times on the podcast because I do have a lot of novelists on. So conversations like I had with Kiera Lindsay on Adelaide Ironside or Lainie Anderson on Kate Cocks, we really dig into, particularly given that, as you were saying earlier, this is the type of story where we wouldn't have documentation. Not just we don't have it, but it is unlikely that this documentation, if it did exist, would have survived for very long. And so

Listen Dr Kiera Lindsey on Adelaide Ironside (transcript) and Dr. Lainie Anderson on Kate Cocks (transcript).

that's true of pretty much any marginalized history, whether that's racial, whether that's queerness, whether that's disability. It's a barrier to telling these stories factually because these stories were not considered important or worthwhile in the era that they existed or in later periods. So given that you are a historian by training and everything, how did you decide to say, “okay, we're departing from what we can prove and going into what I would like to imagine was possible?”

NB: I have a lot of respect for the historical record and where it existed, I respected it. So if I could find documentation on something, the Double Standard is set on 25th Street between 6th and 7th Avenues because that was where the vice district was at that time. And we know a lot about how that area looked and what the buildings look like. And we know for a private house, the Double Standard is a private house, which means you had to make an appointment and you had to have a referral and they tended to come from clubs like the Metropolitan Club or the University Club. This is how a private house would have actually worked. A public house, you could just show up and stand in line outside until somebody was free. Because I wanted Doc to do things a little differently, her house is very expensive, but the girls only see one client a night. So it's a much more humane, workable, sustainable kind of enterprise with a very elite clientele. And that also created for me opportunities to render historical figures that we know about as clients of the house.
So for instance one of the main characters of the book is Peter Sweeney, who's absolutely real. We don't know anything about his sex life, but we do know some things about what I would say is his atypical neurology. You read about Peter Sweeney and it's clear to me that he is neuroatypical. Brilliant in many ways, but socially very awkward. He was elected district attorney in the mid-50s. The first time he went to argue a case in front of a jury, he had a total breakdown. He had to resign as district attorney because he couldn't do the thing in front of the people. We know he's shy and we know that he had a very odd conversational style. He's very combative. He didn't know how to talk to women. Just reading what little things I could tell about his personal life, I use that and made it part of his vulnerability as a character. And Doc recognizes that he's atypical and she's interested in the way his brain works. And so she offers him a lot of compassion and a lot of second chances and a lot of ability to rectify the things that he gets wrong because she has compassion for that.
George Barnard is another character from history. He's a very colorful character. He's a smart, talented guy who went to Yale, from a good family, wanted to make his mark in the world and went out to the gold fields in California. When he graduated from school, he was terrible at keeping any of the money that he made in the gold fields because he kept gambling it away. He works off his debt by singing in a choir in a minstrel show. And he comes back to New York and he's reading some law with an uncle and trying to figure out how he's going to make a living. And he gets picked by Boss Tweed, who's the head of this criminal syndicate that Sweeney works for and placed on the Supreme Court of the state of New York. And he just signs off on all the incredibly corrupt criminal things that Tweed wants to do. So that's all real.
They stole the Erie Railroad from Cornelius Vanderbilt. They stole the election in 1868. And it's a really fascinating time in New York history. Tammany comes to power because there's this enormous influx of Irish immigrants after the potato famine. And the previous people who ran New York, these old aristocrats, had no interest in figuring out what to do with half a million impoverished people. So this very imperfect syndicate comes into power and provides some very basic services to these people in exchange for their votes and their loyalty. And a lot of patronage jobs are dispensed. And it was the time when New York was being built, literally built. The Brooklyn Bridge and the grid of Manhattan was extending by one or two blocks every year. So there's enormous labor needs. And Tammany organized that all to their tremendous corrupt benefit. But it was quite an achievement. So some historians are at pains to say that Tammany was actually at least breaking even or or a net good for the city of New York. I don't think that. I think it was by far a net evil. But they achieved quite a bit. Never mind that the ring: Peter Sweeney, Boss Tweed, and the third member of the ring atop Tammany, a guy who went, I kid you not, by the name of Slippery Dick Connelly, embezzled in three years, the equivalent of $4 billion in today's dollars, in three years. That's impressive. That's what's happening at the very highest level, at the city hall level. But at the street level, it was a gang of thugs. It was the worst street thugs empowered by

this very elaborate system of ward bosses and their enforcers, who not only took graft from any kind of criminal enterprise, like a brothel, but also just freely roam the streets beating up the people they didn't like. And they owned the police, they owned the courts, they owned the newspapers. So there was absolutely no recourse against this criminal syndicate. So Doc doesn't like them, but she knows she has to do business with them. It's very mixed up because she's socializing with Peter Sweeney and George Barnard. But then she's also captive to the street thugs in her neighborhood for graft and control of the streets.

AT: So that's the context that your characters are existing in. Do you want to tell us a bit more about how they get by?

NB: The women who work for Doc as sex workers are very elite, what we call courtesans. These are women who are very skilled. They're very beautiful. They're very cultivated and Doc treats them very well. They get the best working conditions and, and healthcare. And they have to choose it. The real thing that these women fight against as the heart of the plot of the book is against trafficking. Like if women are doing it as a calculation, because it's the best choice that they can make for themselves and they're willing to do it, okay. I think women make that choice today, that sex work is strategic for them. And I would respect that. But when someone wants to traffic you or put you into sexual slavery, that's a hard no, obviously. But the sex workers are just one level of the workers in the house. There are maids, there are porters, there are cooks, there are cleaners, there are people who make the clothes and do the hair and Doc employs about 80 people altogether. So those people are not doing sex work and they are getting job training and they're being well-paid and well-treated. And her hope is that people will only work at the house for a short period of time. She has a two-year window for women to be sex workers with them. By two years, they have to find something else to do and she really helps them and move on to the next thing and really asks them to use what they've learned and use the wealth that they've created to help other women when they leave the house. And the same for people who work as maids or porters or whatever. They really try to help them move on to things and spread this attention to humanity as they go off and do other stuff. So she's using this terrible hand that she and women who do the sex work have been dealt, usually through assault or through some terrible poverty situation, to make some money and then to spread that wealth around, to spread the kindness and expertise around.

AT: So I have to say that this sounds like a very idealized version of the best option sex workers could possibly have, right? Like your boss has the ethics of Josephine Butler and money and the medical knowledge of Elizabeth Blackwell and wants the best for you, which obviously was not the case for most sex workers of the time. Even if they were operating at this expensive courtesan level, your madam typically, I assume, would not have had your best interests at heart.

NB: How would we know? Where's that narrative coming from?

AT: Simply coming at it from a capitalistic perspective. My assumption is that most women who ran brothels and presumably men who ran brothels also, my assumption is that as business owners, their primary concern is the business, not the workers.

NB: I think we can't generalize about that. We don't know. Certainly there were some terrible brothel owners. People who did nothing for girls or fostered horrible working conditions and treated them terribly and didn't care about their health. Absolutely. But we know about quite a few women, and it was overwhelmingly women at this time who owned brothels. It wasn't until a little bit later that men really started to own them. It was the only industry that was controlled by women at this time. Even trafficking was mostly controlled by women at this time. And Tammany was what came in and changed that around. We know these women owned and operated houses for decades. And I don't think you can do that if you're just treating it as an extraction industry. I think

there has to be some level of respect and goodwill generated among the clientele and the people who are going to work for you at that level. So absolutely, is it idealized? Sure. Is it a feminist fantasy? Sure. But again, I don't think it's that far-fetched. I think there were probably at least a few houses like this with people who are running it with an eye toward philanthropy.

AT: And of course, sexual assault is also part of that reality, even in your ideal feminist fantasy of what this could have been.

NB: Right. Absolutely. It's at the heart of virtually every one of these women's stories. So I wanted to treat it as the main bone of contention. It's the main thing that the plot of the book turns on. But it never happens on the page in the book. We only ever hear about sexual assault secondhand from a survivor from a medical point of view. We treat it as an assault and a medical event. And a psychological event. It's never gratuitous. It's never sexual. It's only assault. So that was very important to me. I wanted survivors to be able to read it and not be wildly triggered. Doc ultimately, because she sees so many survivors, she becomes a pioneer in the treatment of sexual assault. So she's literally repairing women's bodies after they suffer it and talking to them and trying to figure out how they are best going to heal. And because I'm a historian and because I care about anachronism, I was very careful to only use language and data and understandings of how that would have happened that would have been available to Doc at the time. And some of the stuff about how we understand trauma psychology now versus how we would have understood it then is really interesting.
So for instance, one of the main hallmarks of trauma, we talk about as flashbacks. Trauma memory is disordered memory. We don't organize short-term memory into long-term memory the way untraumatized brains do. So people often feel like the traumatic event is continually happening. And we talk about that in terms of flashbacks. “Flashbacks” is a cinematic term, would not have been available in 1868. The language that was used about that kind of memory experience, was ghosts. People were visited by ghosts. So there's some discussion of ghosts in the book. Hyperarousal is another major diagnostic criteria for a trauma disorder now. The paradigmatic veteran jumping at a backfiring vehicle. Loud, sudden noises are startling to trauma survivors. Something that was well understood at the time, but we didn't understand the nervous system the way we do now. We didn't have scans. We didn't know parasympathetic/sympathetic nervous system, or what hyperarousal would have meant. There was a doctor who treated Civil War veterans who observed this and he called it irritable heart and understood it as a literal irritation of a cardiac nerve. And how did he treat it? He treated it with belladonna and marijuana. Numbing. He treated it with drugs. Which, by the way, is another major diagnostic criteria of a trauma disorder. Numbing behaviors, use of drugs.
So they had pieces of what we know, but they didn't have our sophistication about physiology and anatomy. And some of the language is very interesting, like we didn't have trauma disorder as a term. People would have been described as melancholic or dispirited. Lots of different ways that people described it. So I both tried to be respectful of people who've been through the reality of that and also respectful of the historical understanding of what trauma looked like at the time. Women had so little power. This is one place where women actually owned the business, set the terms for what was going on, and control what was happening to some degree in the walls of these places. It was women's space. Even though men were the clients, that men were the ones with the money. And very smart women existed all through history. So why wouldn't they be using this power that they had for their political or social or philanthropic ends?

AT: So with everything we've talked about, what do you hope that readers will get out of your book?

NB: Well, literally when I set out to write this book, I was hoping that readers would see through patriarchy a little bit better for having read the book. That it would be a little bit clearer that the patriarchal water we swim in would be a little more legible. That for many, many centuries, women have been excluded from professions and from full access to economic life and from all the human pursuits that men are allowed to do, women have

been excluded either because respectability was so constrained or because they were so shamed in the demimonde. There's two kinds of women and neither one was a picnic. So first of all, that's a tragedy. The loss to humanity of what women could have achieved if they were allowed to over millennia is just tragic to me. It's brutal reality. And we are not clear of it in any way. We were working hard to rectify these imbalances, but I was really hoping that by going a little bit further back in time, when some of this was a little more extreme, it would lay bare what these fault lines are in the ways women are excluded and then also blamed and shamed for their own exclusion, punished for it, certainly punished for fighting back. So given that, I also wanted to celebrate what women have been able to achieve despite all that. Women have been really smart. They've been really well resourced. They've gotten their own resources. They've been in community. They've told their stories to each other. So not powerless. And there are places certainly that are documented that we can find that, but where we can't find it documented, we have to make it up in order to celebrate what they might've been able to achieve. So that was my intention, what I hope readers would get.

AT: Join us next time on the Infinite Women podcast. And remember, well-behaved women rarely make history.