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How not to make the consultation sexy

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A lecherous doctor taking the pulse of an old woman while fondling a young one. Coloured etching by T. Rowlandson, 1810. [Wellcome Collection](#)

Why do patients allow physicians to carry out an intimate examination barely ten minutes after they have met? As John Berger wrote in 1967, “We give the doctor access to our bodies. Apart from the doctor, we only grant such access voluntarily to lovers – and many are frightened to do even this.”¹ Doctors need to be taught how to examine patients, and how to allow patients to give them permission to do so. The history of medicine helps us understand how this has come about and gain greater insight into the complexities involved. How did doctors negotiate the right to do this? How and why did patients allow it? How have doctors been trained to avoid crossing an unmarked boundary between clinical examination and something more intimate?

During the eighteenth century, there were many cartoons depicting doctors as sexual predators. In Thomas Rowlandson’s etching *Medical Dispatch or Dr. Doubledose Killing Two Birds* from 1810, a portly physician feels the pulse of a frail, elderly patient with one hand while squeezing the shoulder of the patient’s daughter (or maid) with the other, staring lasciviously into her eyes.² The “Composing Draught” and the opium pillbox on the table suggest the physician may be deliberately sedating the patient to allow his libidinous ways to continue without interference. The physician’s implements such as the cane (labelled medical staff in Rowlandson’s cartoon), lancet, and syringe are motifs of sexual power and demand.

However, it is crucial to note that up to the eighteenth century, physical examination of patients was cursory and superficial. It might involve examination of the skin, taking the pulse, possibly checking the urine, looking at the tongue, and sniffing for bad odors. Chest, heart, and abdominal examination were not performed. History taking was key to the consultation and included detailed information about lifestyle, eating, sleeping, and bowel habits.

Changes in Western medicine during the nineteenth century allowed for closer examination of a patient’s body. The influence of Paris Medicine meant that patients were now rarely seen in their homes but instead were examined and treated in hospitals with medical students.³ Patients were grouped together by disease as specialities developed. With a shift away from humoral medicine and an infusion of science beginning in the late eighteenth century, the biomedical system developed. Doctors could now elicit physical signs of disease by examining the patient. Examination findings were later correlated with post mortem findings, and each doctor’s scientific knowledge and the patient’s subjective symptoms were now correlated with the physical examination. The doctor would inspect the patient’s body, palpate the abdomen, and listen to and percuss the chest (initially with one’s ear and later with a stethoscope).



The Sick Woman, Jan Havicksz Steen, c.
1633-c. 1666

As the medical profession developed into a more cohesive body bound by shared values, increased scientific knowledge, and a level of standardization of practice, physicians were allowed to penetrate more safely into the body of the patient. A doctor would hear about a symptom, then examine the patient to find the signs that





without suspicion. Working in a manner consistent with the professional changes developed over the past 200 years allows doctors to avoid being accused of the sexual impropriety – as was not uncommon in the eighteenth century.

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