CAMBRIDGE

Cambridge University Press
052144795X - The Science of Woman: Gynaecology and Gender in England, 1800-1929
Ornella Moscucci
Excerpt
More information

Introduction

In 1891 the surgeon Thomas Spencer Wells launched an attack against the 'gynaecological proletarians' who, he claimed, were extirpating women's ovaries like the 'aboriginal spayers of New Zealand'. Ovaries were being removed not only for the cure of cysts, but also for the treatment of dysmenorrhoea, hysteria, insanity and epilepsy. 'The meshes of the physical, mental, and moral network of reasons why the operation should be done are so closely woven that few cases of a perplexing nature, that can anyhow be connected with the generative organs or functions, have a chance of escaping laparotomy or something more', Wells commented. 'But would anyone strip off the penis for a stricture or a gonorrhoea, or castrate a man because he has a hydrocele, or was a moral delinquent?' The answer to this rhetorical question could only be an emphatic 'no', but Wells wanted to leave no doubt in the mind of his reader as to his feelings about certain gynaecological practices. Suppose roles were reversed, and a trained corps of female specialists accorded as much attention to the male genitalia as gynaecologists did to the female's:

> If we hold the mirror up to Nature, only changing the sex of the actors, the spectacle is not flattering. Fancy the reflected picture of a coterie of the Marthas of the profession in conclave, promulgating the doctrine that most of the unmanageable maladies of men were to be traced to some morbid change in their genitals, founding societies for the discussion of them and hospitals for the cure of them, one of them sitting in her consultation chair, with her little stove by her side and her irons all hot, searing every man as he passed before her; another gravely proposing to bring on the millennium by snuffing out the reproductive powers of all fools, lunatics, and criminals . . . if too, we saw, in this magic mirror, ignorant boys being castrated almost impromptu, hundreds of emasculated beings moping about and bemoaning their doltish credulity . . . should we not, to our shame, see ourselves as others see us? . . . Should we

© Cambridge University Press www.cambridge.org

CAMBRIDGE

Cambridge University Press
052144795X - The Science of Woman: Gynaecology and Gender in England, 1800-1929
Ornella Moscucci
Excerpt
More information

not be bound . . . to denounce such follies as a personal degradation, a crime against society, and a dishonour to the profession?[1]

Nearly one hundred years after the publication of *Epidemic of Laparotomy*, from which this passage is drawn, Wells' imaginary andrological ward has not lost its power to shock. A deeply entrenched belief in our culture holds that sex and reproduction are more fundamental to woman's than to man's nature. Puberty, childbirth, the menopause, are deemed to affect woman's mind and body in ways which have no counterpart in man. Because of her role in reproduction, woman is regarded as a special case, a deviation from the norm represented by the male. This difference is used to prescribe very different roles for men and women. The public arena of work, politics and commerce is said to be more appropriate for men, while women are held to be better suited for activities in the private sphere of the family as mothers and wives.

Since the beginning of the nineteenth century, the science of gynaecology has legitimated these views. The belief that the female body is finalised for reproduction defines the study of 'natural woman' as a separate branch of medicine; it identifies women as a special group of patients and a distinct type within the human species; it defines social roles and invites their acceptance. This book explores the social and medical context in which the idea of a 'gynaecology' has been able to take root and flourish.

Definitions of femininity and masculinity raise the question of the meaning of human nature. It is striking that gynaecology developed at the same time as the scientific study of humankind, yet the growth of gynaecology was not paralleled by the evolution of a complementary 'science of masculinity' or 'andrology'. Understanding the historical origins of this asymmetry entails questioning the autonomy of science from society. Scientific ideas of masculinity, femininity and humanity represent in a symbolic form the social relations between men and women, and between men and other men; by presenting historically specific notions about man's and woman's nature as the fruit of unbiased observation, they also conceal the social conditions in which they are produced.

The beginning of modern medical discourse on woman's nature can be traced back to the end of the eighteenth century and the development of the 'science of man'. (The use of the term 'man' to mean 'human being' has been retained in this book, as it reveals the

© Cambridge University Press www.cambridge.org

CAMBRIDGE

Cambridge University Press
052144795X - The Science of Woman: Gynaecology and Gender in England, 1800-1929
Ornella Moscucci
Excerpt
More information

ideological context in which both gynaecology and anthropology have grown.) The age of Enlightenment was characterised by the faith that empirically based knowledge was the key to improving human existence: by discovering the natural laws which governed human life, society could be reorganised on a just basis and human happiness secured. Enlightenment writers were interested in combating the doctrine that the original source of 'right' was from God through monarch and Church; in its place, they put forward a form of political legitimation based on the acceptance of the social contract. The appeal to the 'natural reason' of humankind served to criticise inherited property rights as the basis of political participation: reason was shared by all, thus all men had equal rights to citizenship through the franchise.[2]

Science and medicine played a crucial role in the rise of liberal political thought, because their methods seemed to be the only ones which would displace the 'artificial' notions of human nature derived from metaphysical speculation and religious orthodoxy and lead to a secular, value-free knowledge of the social and natural worlds. The study of 'natural man' took many forms, from comparisons of the physical varieties of humankind, to the analysis of mental operations and descriptive studies of behaviour, custom and law. Bio-medical writers were especially interested in the female form of man, her physiological functions, moral peculiarities and social status. Democracy had undermined the old basis for patriarchal authority, and it was consequently necessary to rethink the relationship between the sexes along new lines. Nature, not religion or metaphysics, had to define the place man and woman would occupy in the new social order.[3]

Central to the male attack on patriarchy was the separation of a private zone of familial relations from a public sphere of work and politics; this was accompanied by the elaboration of an anatomy and physiology of sexual difference. Men and women, argued Rousseau in Book V of *Emile*, were the same in everything that is not associated with sex; in everything connected with sex, they were related, but different. While the male was male 'only at certain moments', though, the female was female 'her whole life': childbearing, suckling, nurturing, constantly reminded woman of her sex.[4] All the other moral and social distinctions between men and women flowed from these basic biological differences: modesty, secretiveness, passivity and irrationality opposed woman to daring,

© Cambridge University Press www.cambridge.org

CAMBRIDGE

Cambridge University Press
052144795X - The Science of Woman: Gynaecology and Gender in England, 1800-1929
Ornella Moscucci
Excerpt
More information

reasoning and energetic man. Notions of biological maternity and of female physiology justified the association of women with nature in opposition to culture; they designated woman's place within the family, the most basic biological and social unit.

The family occupied a pivotal place in the science of man, for it served to explain the relationship between the individual and society in a totally naturalistic manner. The family was rooted in individual acts of sex and reproduction; it was also a microcosm of society and the foundation of the social order. This separation between private and public areas of life did not mirror the reality of women's experiences, nor did it fit across classes and cultures, but it did form the basis of a pervasive ideology which proposed a model of femininity, providing the rationale for excluding women from man's domain – politics, business, organised labour and the professions.[5]

During the course of the nineteenth century, the man/woman dichotomy developed relations with other oppositional pairs, notably the adult and the child, the normal and the pathological, civilisation and savagery. Woman was classed with the child and the primitive, and both femininity and savagery were seen to be pathological states and an arrested stage of development of the human species. Categories of sex, race and age came to define the standards of social worth.[6]

Medical writers' insistence on the difference between male and female belied the difficulty of pinning down the boundaries between the sexes. As Jordanova has observed, dichotomies operate at two levels: the use of separate terms highlights their difference, while pairing them evokes their kinship.[7] The second point is illustrated by the widespread interest in the latent hermaphroditism of the human species. Hermaphroditism was a phenomenon which spanned the terms 'male' and 'female'; it guaranteed the unity of the human species, but in so doing it threw into relief the likeness between man and woman. Similar ambiguities about the status of the 'child' as a category distinct from the 'adult' are displayed by the debates about the age at which children should be able to work or consent to sexual intercourse.

Despite the difficulty of defining gender categories in practice, the ideological opposition between male and female has played a crucial role in shaping representations of the social order. The putatively biological distinctions of sex cut across class barriers,

© Cambridge University Press www.cambridge.org

CAMBRIDGE

Cambridge University Press
052144795X - The Science of Woman: Gynaecology and Gender in England, 1800-1929
Ornella Moscucci
Excerpt
More information

displacing social issues onto a seemingly neutral terrain – the realm of nature. By incorporating notions of hierarchy and dependence, gender categories obscure the existence of hierarchies of class and the sources of inequality and domination in our society; they are thus crucially important to the maintenance of the established order and the integration of society as a whole. In historicising gynaecology, it is essential to turn this relationship between the 'social' and the 'natural' on its head: in our society, which is perpetuated by the simultaneous operation of class and gender relations, class must be a fundamental category for exploring the medical treatment of women.[8]

As the 'science of woman' developed within medical discourse, gynaecology must be analysed also in relation to the structure of medicine of which it was a part. Specialisation was an important feature of nineteenth-century medical practice, yet there are few general works on this phenomenon. In his pioneering study of *Specialization of Medicine*, published in 1944, Rosen argued that the emergence of specialist medicine was closely related to the elaboration of pathological anatomy by the early nineteenth-century Paris school of medicine.[9] Since then Toby Gelfand, taking issue with Rosen, has attempted a sociological analysis of medical specialisation in the light of its kindred notion, the division of labour. Noting how the notion of specialisation spanned disciplines as diverse as Adam Smith's economic theory, Darwin's biology and Durkheim's sociology, Gelfand has argued that the emergence of the concept must be explored in terms of the prevailing mode of economic organisation under industrial capitalism. In industry, the division of labour led to increased productivity; in medicine, specialisation enabled the practitioner to improve his skill.[10]

Neither Rosen's nor Gelfand's account are particularly convincing. Against Rosen, one would like to argue that not all the organs of the body have become the subject of medical specialties; some specialties, for example anaesthesia, have developed round particular techniques, while others, like paediatrics and geriatrics, cluster round the medicine of specific age groups.[11] Gelfand's notion of the division of medical labour is equally problematic: it is based on the assumption that medicine is a system with self-evident unity rather than a collection of phenomena people choose to bring together, and that there is something inevitable about the division of medical knowledge.[12] These observations are especially applicable to ob-

© Cambridge University Press www.cambridge.org

CAMBRIDGE

Cambridge University Press
052144795X - The Science of Woman: Gynaecology and Gender in England, 1800-1929
Ornella Moscucci
Excerpt
More information

stetrics and gynaecology, a specialism which is underpinned by a historically contingent notion of woman. It is conceivable that one day the rationale for differentiating gynaecology to the present degree may cease to exist, leading to the disappearance of gynaecology from medical cosmology.

A specialism is, by definition, a subdivision *of* something else. This 'something else' is medicine only in the most general and abstract sense. At different times in its history, gynaecology and its sister specialism obstetrics have been regarded as a branch of physic, a branch of surgery, a specialism of general practice and a subject in its own right on a par with medicine and surgery. Each of these definitions has been 'interested': it has depended on the power of certain groups of practitioners within the medical profession to impose their own view of the subject. The underlying motives have been invariably social and economic. For example, the struggle between obstetricians and general surgeons over abdominal surgery, which led directly to the foundation of the Royal College of Obstetricians and Gynaecologists, makes little sense unless the economic value of gynaecological operations is fully appreciated.

Originally, the early medical specialties like urology, ophthalmology and obstetrics were not a part of medicine at all: they were the province of lay people and itinerant 'quacks'. From the late eighteenth century onwards, these fields were encroached upon by upwardly mobile individuals who were in some important respects marginal to the medical establishment – for example, in London provincial origins and lack of professional connections were two of the factors which spurred certain medical practitioners onto the path of 'specialisation'. This was usually accompanied by claims to exclusive expertise and the search for professional status. Margaret Pelling and Robert Dingwall have urged historians to analyse the origins of professions as part of the history of occupations in general, and to view professionalism as a strategy for social mobility rather than as a goal. This seems a particularly useful framework for analysing the development of the obstetrical and gynaecological profession from the late eighteenth century to the present day.[13]

History can show the emergence of medical concepts and practices whose social meanings are easier to grasp from the vantage point of the present. The chief object of this study will be achieved if the reader can be persuaded to ask why, on the eve of the twenty-first century, we still need a 'science of woman'.

© Cambridge University Press www.cambridge.org

CAMBRIDGE

Cambridge University Press
052144795X - The Science of Woman: Gynaecology and Gender in England, 1800-1929
Ornella Moscucci
Excerpt
More information

1

The problem of femininity

'The doctrine of the nature and diseases of women': this is how J. Craig, geologist and compiler of the *New Universal Etymological, Technological, and Pronouncing Dictionary of the English Language*, first explained the term 'gynaecology' in 1849.[1] This definition was intelligible in the light of shared assumptions about the biological foundations of femininity: as woman was dominated by her sexual functions, the physiology and pathology of her reproductive system provided the key to understanding her physical, mental and moral peculiarities.

In Craig's times, the evidence for this belief was highly controversial. With the exception of that quintessentially female attribute, the capacity to engender life, no anatomical, physiological or psychological character seemed to be the exclusive peculiarity of one sex or the other. Furthermore, social and environmental factors were thought to affect gender differences, allowing for conscious and historical change; this paved the way to the nature versus nurture controversy which has bedevilled research on sex differences ever since. Thus, if certain views about the nature of femininity were emphasised by medical writers and ultimately were crystallised by the 'science of woman', we must ask why it was so important to see women as sexual beings and why this occurred at the time it did.

Woman's sexuality and population concerns

Although the evidence about the practice of gynaecology before 1800 is not very extensive, it seems certain that the care of women's diseases was not the special concern of any one group of practitioners. Theoretically the organisation of medicine into three branches, each supervised by its own corporation – the College of Physicians, the Company of Barber-Surgeons and the Society of

© Cambridge University Press www.cambridge.org

CAMBRIDGE

Cambridge University Press
052144795X - The Science of Woman: Gynaecology and Gender in England, 1800-1929
Ornella Moscucci
Excerpt
More information

Apothecaries – granted the physicians a monopoly of physic which included women's diseases; but as the advice of physicians was expensive, in practice the greater part of medical care fell to the surgeons and the apothecaries. It is thus probable that these two grades of practitioners provided gynaecological care as one of their medical tasks.

In 1664 an attempt was made by the London Surgeons to have the practice of women's diseases recognised as one of their legal prerogatives. Surgeons did all they could to strengthen their claim to prescribe, but it is not clear what made them particularly interested in the diseases of women. The physicians were quite willing to grant the request, as they hoped thereby to buy off the opposition of the Company of Barber-Surgeons to a new Charter which would have greatly extended their powers. In the event the apothecaries' vociferous objections to the Charter prevented the Physicians' Bill from going through Parliament, and nothing more was done about the diseases of women.[2]

It seems beyond doubt that gynaecology in Tudor and Stuart England was also practised by midwives. Books written for the instruction of midwives often included chapters on gynaecology. For example, in *Observations diverses sur la stérilité*, published in 1642, the French Court midwife Louyse Bourgeois (1563–1636) dealt with sterility, fecundity, the diseases of women and those of infants;[3] Mrs Jane Sharp's *The Midwives Book* (1671) contained sections on women's diseases and on the anatomy of the female reproductive organs.[4] According to the late seventeenth-century physician William Sermon, midwives took upon themselves three things: they assessed whether a woman was fertile prior to marriage; they assisted women in childbed and diagnosed pregnancy and virginity.[5] In her *Complete Practice of Midwifery*, published in 1737, the midwife Sarah Stone argued that 'all the Disorders of Teeming Women do not belong to Midwives; but they ought to commit themselves to the care of a Physician; a Midwife's business being only to be well instructed in her Profession'.[6] Arguably at least some of Stone's colleagues regarded women's diseases as a routine part of their practice.

A midwife's skill in treating women's ailments is mentioned in an episcopal licence in surgery granted to Mrs Elizabeth Frances in 1689. Women were debarred from the Universities of Oxford and Cambridge and thus were not eligible for the Licence granted by

© Cambridge University Press www.cambridge.org

Cambridge
Cambridge University Press
052144795X - The Science of Woman: Gynaecology and Gender in England, 1800-1929
Ornella Moscucci
Excerpt
More information

these institutions to graduates in medicine; however the episcopal licence in surgery, which had been instituted during the reign of Henry VIII, was open to both men and women. According to a testimonial signed by two surgeons, two physicians and a man-midwife, Mrs Frances was 'very well instructed and Practised in the art of Midwifery and also in the knowledge of Medicines which may be of use to women in their several Maladies'. She was granted a licence 'tam Chirurgiae quam Obstetricis'.[7] In the early nineteenth century Mme Boivin (1773–1841), one of the most famous of the Paris midwives, improved the speculum and wrote authoritatively upon a number of diseases of the uterus and ovaries.

Irregular practitioners of both sexes were extensively patronised by rich and poor women alike. Healing was part of women's domestic activities, and every housewife was expected to understand the treatment of the minor ailments of her own household, and to prepare her own drugs. Wealthy mistresses of households and wives of clergymen extended their medical services to the sick poor out of religious conviction and a sense of social responsibility. For example Prudence Potter (1612–83), wife of the Rector of Newton St Petrock in Devon, is said on her tombstone to have spent her life in the successful practice of 'physick, chirurgery and midwifery'.[8] 'Quack' doctresses did a lively trade out of women's complaints. For example, an eighteenth-century female empiric practising in London sold a powder which was a 'most certain and speedy cure for the Green-sickness, Melancholly and Spleen, and helps Stoppages and Obstructions in Women'; a 'gentlewoman' who dwelt at Blackfriars claimed she could cure greensickness and 'many other things in women not fit to mention'.

Among the male irregulars, John Wilmont (1647–80) in the seventeenth century and John Graham in the eighteenth are remembered for their involvement in the care of women's ailments. Wilmont, second Earl of Rochester and companion of Charles I, was often expelled from the Court for lampooning the King. It is said that at such times he set up a stall near the Tower of London and under the name of Alexandro Bindo he sold remedies, advice and cosmetics to a predominantly female clientele. In the late eighteenth century the London quality flocked to John Graham's Temple of Health to avail themselves of his infallible cure for sterility. This consisted of an ornate 'Magneto-Electrico' bed on which couples desirous of progeny could spend the night and, by a 'compliment of

© Cambridge University Press www.cambridge.org

CAMBRIDGE

Cambridge University Press
052144795X - The Science of Woman: Gynaecology and Gender in England, 1800-1929
Ornella Moscucci
Excerpt
More information

fifty pound bank note', partake of the 'heavenly joys' it afforded by causing 'immediate conception'.[9]

During the course of the eighteenth century, with the creation of dispensaries and the extension of the voluntary hospital system, medical institutions came to play an increasingly important role in the provision of gynaecological care for poor women. Out of the 843 patients treated by Sir Gilbert Blane at St Thomas's Hospital between 1783 and 1794, 256 were women suffering from gynaecological disease. Blane gave no details as to the nature of these cases, except in one instance, which was a case of vicarious menstruation from the navel. In private practice, he listed cases of *fluor albus* (white discharge), menstrual derangements, hysteria, cancer of the womb and ovarian dropsy.[10]

But by far the most important development in gynaecological care during the eighteenth century was the rise of a class of practitioners of midwifery and diseases of women and children. There were medical men practising midwifery before 1700, and occasionally these men-midwives (a term introduced in 1625) also took an interest in the diseases of women. Until the first quarter of the eighteenth century, though, the number of men-midwives was very small, since midwifery was not considered to be a medical responsibility, but a lay craft: midwives usually attended normal cases, which were the great majority of births, while medical men were generally called in an emergency, or booked in the expectation of such eventualities. The treatment of the diseases of infancy was also outside the purview of the medical man. This field was in the hands of local irregulars, especially women; as midwives looked after both mother and child during the lying-in period, they may well have played an important part in the care of sick babies.[11]

From about 1730 onwards, medical men rapidly encroached upon the territory of the midwife, extending the scope of their intervention in childbirth from the attendance of complications to the routine management of all births. The closing decades of the century saw medical men push the limits of their role even further: the biographies of men-midwives such as Michael Underwood (d. 1820) and John Clarke (1758–1815) provide evidence of an increasing tendency for medical men to become involved in the health care of women and children as an integral part of their midwifery practice. This prompts us to ask what motivated a redefinition of the medical practitioner's responsibilities to include not only the

© Cambridge University Press www.cambridge.org