

Book Reviews

ORNELLA MOSCUCCI, *The science of women: gynaecology and gender in England, 1800–1929*, Cambridge History of Medicine, Cambridge University Press, 1990, 8vo, pp. x, 278, illus., £35.00, \$49.50.

Ornella Moscucci offers a well-researched and thought-provoking study of the constituting of the female patient as an object of medical discourse and practice in Britain since the seventeenth century. She opens with a pertinent question: why is there a medical science of women (characteristically called gynaecology), when there is no precisely equivalent science of males? The historiographical thrust behind her question involves a fruitful querying of standard accounts as to why the empire of medicine has become carved up into its distinct provinces.

On the one hand, it has often been argued, for instance by George Rosen, that emergent medical specialities naturally register the objective differences of particular bodily zones, organs, or systems—hence dentistry, ophthalmology, and cardiology. Yet (Moscucci plausibly counters) this reading has but limited power to explain the existence of a distinctive medical science for women, since that discipline has encompassed highly heterogeneous practices, developing initially from midwifery, but also embracing the fields of abdominal and genital surgery as they arose during the nineteenth century, and encompassing such other concerns as psychiatry (hysteria), psychology, sexology, puberty, and ageing (menopause). In any case, few medics ever seriously suggested that males are physiologically determined by their genitals.

On the other hand, it has sometimes been assumed that medicine is shaped by a natural professional division of labour (some practitioners possess expertise in internal medicine, others in external, some diagnose, some operate, others administer treatments, and so forth). Yet again, regarding women, this hypothesis creates more problems than it solves. For, as Moscucci documents in fascinating detail, the history of what became “Obst & Gynae” (and the awkwardness of this double-barrelled term is itself revealing) is one in which its male practitioners were time and again, over a 200-year span, excluded from the élite cadres of the medical hierarchy—indeed, treated as “mongrels”, neither midwives, nor pukka physicians, nor surgeons eligible for entry into the inner circles of their Colleges. In short, though the practice of “women’s medicine” grew, there was no “natural” professional place for those pursuing it.

This fact in itself speaks volumes for the taint accompanying specialization in women’s conditions, and goes some way to explain the often abysmal quality of care given to pregnant and sick females, and the correspondingly high levels (until quite recently) of maternal mortality and (up to the present day) of unnecessary or ill-conceived surgery performed upon the female body. *The science of women* is assuredly a book which presents ammunition for feminists convinced that medicine has done more to harm than to heal women. Indeed, by discarding the two above-mentioned theories of the divisions of medicine, and by emphasizing the crucial role played by the culture of gender in a patriarchal society in which medicine was overwhelmingly guarded as a male preserve, Moscucci herself implies that “gynaecology”, with all its historical aberrations, is what emerges when the health of women is effectively consigned to male hands.

Yet it is a testament to Moscucci’s maturity as a researcher that she does not dwell upon such unsavoury (but, in reality, unrepresentative) figures as Isaac Baker Brown, devoting her attention instead to the often chequered careers of men like Robert Lee, Spencer Wells, and Protheroe Smith, promoter of the Hospital for the Diseases of Women. She rightly insists that in the mid-Victorian period, powerful voices in the medical profession were profoundly hostile to such intrusive surgical interventions as the use of the vaginal speculum, regarding it as both diagnostically worthless and offensive to female virtue. Even so, the story Moscucci tells, in surveying the long-term transition from the individual man-midwife, via the British Gynaecological Society, up to the founding of the Royal College of Obstetricians and Gynaecologists, remains one in which the domination of the male operator over the female patient has a significance for sexual politics no less than for the rise of medical specialization. Dr Moscucci’s temperate but powerful study is a model instance of the successful integration of medical and women’s history.

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