

break-down of the percentages of publications in the field by women. A chapter which calls for the greater use of visual and oral sources in the history of medicine is followed by a final chapter discussing how the history of medicine is taught in Spain, reflecting on the importance of teaching it in ways that are not androcentric.

Ortiz Gómez's knowledge of feminist historiography, which she discusses in the first and second part of her book, is vast and illuminating. She integrates her analysis of this historiography in Spain with wide knowledge of the trends in feminist writing in Anglo-American, and to an extent, Italian and French historiography. The book thus provides a very interesting new dimension to readers more familiar with the Anglo-American context of debate. However, for those readers it might have been interesting to see a greater exploration of any differences in trends. Did, for instance, the introduction of gender as a category of analysis generate similarly heated controversies amongst feminist historians as it did in the US and Britain, and for comparable reasons? What about the linguistic turn? Furthermore, does the fact that in Spain, unlike in the UK or the US, most historians of medicine, like the author herself, are first trained in medicine and then specialize in medical history have any impact on the themes and theoretical approaches favoured by medical historians? Ortiz Gómez does not give answers to these questions, but her book is none the less a fascinating and highly instructive read for anyone who wants to find out more about the confluence of women's, gender, and medical history in Spain.

**Katharina Rowold,**

London Metropolitan University

**Sayantani DasGupta** and **Marsha Hurst** (eds), *Stories of illness and healing: women write their bodies*, Literature and Medicine, No. 10, Kent, OH, Kent State University Press, 2007, pp. xiv, 329, \$37.95 (paperback 978-0-87338-916-7).

Checking into the American hospital the evening before her elective hysterectomy (for benign fibroids), Lynne Schwartz is invited by her gynaecologist "for a chat". The topic of oophorectomy is raised, not for the first time, despite pre-menopausal Schwartz's reluctance to part with her ovaries. "Ovarian cancer strikes one in a hundred women in your age group," begins the surgeon, and then, on cue, in shuffles a pregnant woman in a hospital gown and paper slippers—beautiful olive-skinned face with high cheekbones and bony arms and legs. To Schwartz, the woman "seems somewhat old to be pregnant, around forty-five." After she shuffles away, the surgeon tells Schwartz that the woman has ovarian cancer. Scared witless, Schwartz relinquishes her ovaries. This is one of the most sickening medical narratives I have ever read but it also rang bells because at the age of thirty-five I was offered a similar "prophylactic" procedure in a London hospital.

*Stories of illness and healing* is both a textbook—the editors teach health advocacy to masters students working in health care disciplines—and a literary anthology of illness experiences from over fifty women of varying backgrounds including academics, carers, novelists, nurses, midwives, musicians, parents, physicians, poets, prisoners, psychoanalysts and students. The formats are equally heterogeneous, encompassing poetry, essays, performance scripts, transcriptions of oral testimonies and short stories. The writing is extremely compelling. Whilst most authors are from the US and Canada, there are notable contributions from Europe, Asia and Australia. It is divided into seven sections: Body and self—the experience of illness; Diagnosis and treatment—relationships to the medical community; Womanhood—social constructions of body, sexuality and reproduction; Family life and caregiving; Professional life and illness; Advocacy—from the personal to the political; Advocacy—activism, education and political change. As a collective voice, this book is very powerful and reinforces my long-held belief

## Book Reviews

that culture, ethnicity, class and education make not a jot of difference to the way in which individuals experience or deal with illness, nor to ways in which interactions with friends, family and health care providers are played out. By and large, health professionals do not emerge smelling of roses. Even medical professionals, floored by illness, write of “going over to the other (i.e. patient) side” as if defection is a treasonable offence. A physician, diagnosed with MS as a medical student, has chosen to remain anonymous, which the editors read as speaking “to the professional pressure that health care providers feel to be well and define themselves as other than their patients”.

The selection of narratives is extremely diverse so that it will be difficult for any reader not to engage as an “empathetic witness” or, sometimes against the intellectual will, to be drawn in to a judgemental role. It is difficult, for example, to remain objective about Molly—the blind, premature, severely brain damaged and physically fragile child, whose mother fights to have her continually resuscitated; or Flora—twenty-five-weeks pregnant, drug addict, ex-con, whose waters broke a week past due to a uterine infection, unsure whether her baby is still moving. The point about a book like this and, indeed, about “Writing the Medical Experience” courses is that they challenge our prejudices and preconceptions, invite us to cross the health/sickness/moral divide, and ultimately to acknowledge—even if it is impossible to imagine—the unbearably ominous text-disrupting language of suffering.

This is an important and accessible book. Historians, particularly those interested in oral testimony, will gain valuable insight into how people deal, not just with illness but with the cultural, social and medical baggage that we inherit as part of the history of the human condition.

**Carole Reeves,**

The Wellcome Trust Centre for the  
History of Medicine at UCL

**Angus McLaren, *Impotence: a cultural history*, Chicago and London, University of Chicago Press, 2007, pp. xvii, 332, £19.00, \$30.00 (hardback 978-0-226-50076-8).**

Angus McLaren’s many contributions to the history of sexuality are known for their rigour and their attention to historiographical trends. From studies of contraception, sexually-motivated murder, cross-dressing, and even an overview of twentieth-century sexuality, his work has given us nuanced readings of complex archival and published sources. In *Impotence*, McLaren extends his historical gaze beyond his usual period of the nineteenth and twentieth centuries, giving an overview of western sexuality since the Greeks by focusing upon male sexual dysfunction. Many of the same problems that are found in similar works (for example, those by Thomas Laqueur) are present in McLaren’s book.

Starting with the ancients, McLaren shows us how convoluted social and medical concerns with male sexual performance were. This situation is complicated further by representations of impotence in drama and poetry. Many of the same themes are found in the chapter on Christian writings through the middle ages, with a religious spin placed on impotence, and with witchcraft blamed for causing sexual failure. Evidence for changes in the (often humorous) perceptions of impotence are found also in medieval drama and literature. Conceptions of impotence from the seventeenth century onwards shifted towards a reliance on science, bolstered by changes in theories of generation promulgated by doctors such as Hieronymus Fabricius, William Harvey, and Regnier de Graaf. In these chapters, McLaren owes a considerable debt to the historians and literary scholars who have combed through an extensive array of material to do with (male) sexuality. This work is synthesized into a readable narrative that showcases McLaren’s vast erudition in the history of sexuality.

The bulk of McLaren’s book concentrates on the nineteenth and especially the twentieth century. This is entirely reasonable, as the