

Book Reviews

Alison Bashford, *Purity and pollution: gender, embodiment and Victorian medicine*, Studies in Gender History, Basingstoke, Macmillan, 2000, pp. xvii, 188, £55.00 (hardback 0-333-68248-3), £20.99 (paperback 0-333-77796-4).

Rosemary Pringle, *Sex and medicine: gender, power and authority in the medical profession*, Cambridge University Press, 1998, pp. x, 240, £40.00, US\$64.95 (hardback 0-521-57093-X), £14.95, US\$22.95 (paperback 0-521-57812-4).

Over and above the obviously shared concern with gender and medicine revealed in their titles, these two books have several salient features in common. One is both authors' Australian provenance. Awareness of historical and contemporary similarities and differences between Australia and Britain informs both Bashford's cultural history of gender and health care in the second half of the nineteenth century and Pringle's more sociological analysis of women's changing place in the medical profession approximately a century later. The vigour of social and cultural history and sociology of gender in Australian academia and of the women's health movement in Australian health care is apparent in both. And these two books also illustrate how such academic work (and feminist politics) have developed since the 1970s, and the influence of the "linguistic turn" in this development. For the central concern in both books is no longer with women as victimized patients or excluded professionals. Rather it is with women (and, to a lesser extent, men) as gendered providers of medical care (broadly defined); providers who are physically and emotionally embodied as women or men, and hence are simultaneously encoded by and potential transformers of cultural representations of femininities and

masculinities. Both these books are important and valuable contributions to our understanding of the ways in which a gendered health care division of labour has developed.

In *Purity and pollution*, Bashford argues against the conventional historiographical separation of health practitioners into the discrete categories, nursing, the medical profession, midwifery, etc., as if the boundaries between these occupations were fixed and self-evident, rather than actively constructed. Her book attempts to examine the broad spectrum of Victorian health reform and its practitioners, using Mary Douglas's anthropological analysis of changing conceptualizations of dirt and disorder and their opposites. She seeks to show how occupational boundaries and jurisdictions were constructed along gendered lines. Thus, she examines the pursuit of hygiene in its various manifestations from 1850 to 1900, as in the sanitary reform movement, the Nightingale reforms of nursing and changing medical practices, and the campaign for women's entry to medicine. At the heart of her book is the claim that the cultural association of femininity with moral and physical purity provided an opportunity for female sanitary reformers to enhance their areas of influence beyond the domestic and personal philanthropic spheres, but in ways that were still distinctively marked as feminine. Women both claimed responsibility and were rendered responsible for spiritual and physical cleanliness. At the same time, particularly with the spread of germ theory, masculine medical practice divested itself of moral and religious concerns, as being "women's" business. Women healers were both pure and, through their suspect, leaky bodies, always at risk of polluting themselves and others (as when nurses' outdoor uniforms became favoured by prostitutes). Victorian male practitioners'

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bodies did not escape scrutiny with respect to their actual or potential dirtiness. But, argues Bashford, their need, for example, to “scrub”, as aseptic surgical techniques were adopted, carried far less moral meaning.

The great strengths of Bashford’s book lie in her ability to make new conceptual links across what are, for the most part, relatively well-worked areas, and in her sharp eye for the revealing detail, be it the meanings encoded in surgical gloves and knives or the details of instructions to probationer nurses. It is a comparatively short book, given its origin as a PhD thesis and the breadth of the themes it addresses. I would have liked more detail, or at least more extensive evidence in places, particularly in relation to her discussion of women medical students and dissection, and the continuities between asepsis as an approach to surgical practice and earlier sanitary reform. Her account of the common themes across the broad politics of health from the 1850s to the 1870s is powerful. But she does not go on to discuss how much of what she sees as a distinctively feminist project of sanitary reform became fragmented by the end of the nineteenth century; for example, as women doctors sought to distance themselves from nurses and less well-qualified missionaries to the women at home and in the Empire.

The idea that women doctors may be both aligned with and seeking to distance themselves from nurses is also taken up in relation to the end of the twentieth century by Rosemary Pringle. Drawing on extensive interviews with Australian and British women doctors (and some men) in various medical specialties, she sets out to examine the difference the increased numbers of women are making to the medical profession and how they make their careers in different fields, including surgery, general practice, anaesthetics and radiology. As she herself notes, her conclusions are, compared to most accounts of medical women’s careers, rather optimistic, perhaps too optimistic. For example, she discusses how

women do surgery and why, *not* how few do surgery; how women are changing general practice, not how difficult it is being a woman GP. Her analysis does not ignore power and inequalities, but medical women are not assumed to be powerless to make choices, and so affect the practice of medicine, not necessarily through overt feminist campaigning. Indeed, her final chapter is a balanced analysis of the difficulties and opportunities for women doctors working within feminist women’s health clinics in Australia as they negotiate issues that would not be entirely unfamiliar to many of Bashford’s Victorian feminist sanitary reformers.

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Roberta McGrath, *Seeing her sex: medical archives and the female body*, Manchester University Press, 2002, pp. xi, 195, illus., £16.99 (paperback 0-7190-4168-6).

This book sets out to explore a particular visual narrative about the reproductive female body: coming “sharply into focus” as an object of investigation from the eighteenth century, only to disappear “in contemporary reproductive technologies”. Rather oddly, the story goes no further than the introduction of microscopy, and does not, for example, consider the famous 1965 *Life* magazine photos of fetuses apparently within the womb, or modern imaging technologies, which one might have thought pertinent.

While a significant amount of primary research has gone into *Seeing her sex*, the usage of “archive” seems somewhat perverse (apparently shorthand for any primary historical resource). There are allusions to those who “disappeared into the archive” (a strange perspective on something that *preserves* the detritus of the past) and to “drawers which slide out effortlessly to reveal a darker side to the history of