História, Ciências, Saúde-Manguinhos
ISSN: 0104-5970
ISSN: 1678-4758
Casa de Oswaldo Cruz, Fundação Oswaldo Cruz

Martins, Ana Paula Vosne
A mulher, o médico e as historiadoras: um ensaio historiográfico sobre a história das mulheres, da medicina e do gênero
História, Ciências, Saúde-Manguinhos, vol. 27, núm. 1, 2020, Janeiro-Março, pp. 241-264
Casa de Oswaldo Cruz, Fundação Oswaldo Cruz

DOI: https://doi.org/10.1590/S0104-59702020000100014

Disponível em: https://www.redalyc.org/articulo.oa?id=386162892014

Women, male doctors, and female historians: a historiographic essay on the history of women, medicine, and gender

MARTINS, Ana Paula Vosne. Women, male doctors, and female historians: a historiographic essay on the history of women, medicine, and gender. *História, Ciências, Saúde – Manguinhos*, Rio de Janeiro, v.27, n.1, jan.-mar. 2020. Available at: <http://www.scielo.br/hcsm>.

Abstract

The article presents a partial historiographical review of the history of women, science, and medicine, a prolific, heterogeneous field of studies that intersects politically with feminism and has been written mostly by women. This survey presents the main streams of thought in the field, which established itself in the second half of the twentieth century. It also describes the historical context in which this scholarship was produced, the topics that were defined, and the field's theoretical references, sources, and research problems. Given the vastness of this scholarship, the article focuses on writings in the English language, particularly the most expressive approaches and theoretical and methodological contributions.

Keywords: historiography; women's history; medicine; science; gender.

Ana Paula Vosne Martins[i]

[i] Professor, Universidade Federal do Paraná. Curitiba – PR – Brazil

orcid.org/0000-0002-1715-1599

ana_martins@uol.com.br

Received on 9 Aug. 2019.

Approved on 11 Nov. 2019.

Translated by Diane Grosklaus Whitty.

http://dx.doi.org/10.1590/S0104-59702020000100014

> Have you any notion how many books are written about women in the course of one year? Have you any notion how many are written by men? Are you aware that you are, perhaps, the most discussed animal in the universe? ... Women don't write books about men. ... Why are women, to judge by this catalogue, so much more interesting to men than men are to women? (Woolf, 1985, p.36).

In her fine ironic style, this is what English author Virginia Woolf had to say about the abundant writing on women that she grew to know when she self-fictionally began researching the topic at the British Museum library. The imaginative way in which she opened her essay *A room of one's own*, published in 1928, drives home a finding made not only by Wolff but also by many other women writers, thinkers, and activists in the mid-nineteenth century.

What they found was a deep social, political, and cultural imbalance between men and women, evinced by various systems of exclusion, especially in the realm of culture. Woolf's text in fact began with a question pertaining to women's exclusion from literary culture, that is, why didn't women write with the same boldness and autonomy as men? Why did they fail to build solid, lasting literary careers, as male writers did? Why, after all, did women have such a problematic relationship to writing?

The answers to these and so many other questions about the power imbalance between men and women generally point to discrepancies in access to education, money, and written culture. But in the mid-eighteenth century, women writers began calling attention to another, fundamental discrepancy, which is the authority of male writing and its power to define Woman, a category that texts from the Western intellectual tradition constructed as an object of the imagination and of knowledge, through an ontological, physical, and moral otherness (Gilbert, Gubar, 1998).

For women writers, essayists, and feminists from Mary Wollstonecraft to Virginia Woolf, this representational discrepancy and discursive power have played an important role in the history of the oppression and silencing of women down through time, but they have wrought greatest damage through the embodied self-representation of women based on definitions and restrictions imposed by specialists who deemed themselves experts in the truth about women's nature.

Part of the strategy of what we can call feminist counterculture was to contest the authority of writings about women and to reveal its gender bias and historicity, the values transmitted by intellectual tradition, and how it effectively contributed to constructing and preserving the discourses and institutions responsible for gender inequality and for the social, political, and cultural exclusion of women.[1] This critical countercultural eye targeted the varied forms of discourse and expression – philosophical, scientific, artistic, religious – but there was a turning point in two important sets of authorized writing mentioned by Woolf in her essay: the discourses of science and of medicine.

A substantial share of feminist critique of modernity strove to demystify scientific and medical "truths" about women – a daring approach since, after all, modern science and medicine constructed and sustained their discursive authority over nature and life

based on claimed objectivity and neutrality toward the world of things, phenomena, and beings. Thus, to regard the authorized discourse of science and medicine as mystifications was to assume an iconoclastic, disrespectful, biased attitude, displacing this discourse from the pinnacles of truth and authority to the plains of criticism and political confrontation by unauthorized, or "hysterical," counter-discourses – "hysterical" being the medical category assigned to feminists at different moments down through history because they inverted the meaning of words and desanctified the enshrined truth.

It should be stressed that the feminist critique of sciences, medicine, and technology was not something developed "on the margins," but by successful women scientists, physicists, physicians, biologists, and philosophers, meaning that their critical writing came from someone who knew science from within, through education and training. In a classic book on the feminist critique of science, the philosopher Sandra Harding (1986) argues that the 1970s and 1980s brought a significant shift in this scholarship, from a reformist approach to what she calls a "revolutionary position," from a demand for women's inclusion in science to thoughts on its emancipatory potential.

This critique of gender and science by feminist scientists took place in what Evelyn Fox Keller (1995) has called "trading zones," with studies and reflections being produced inside these women's respective scientific fields while also touching on other fields, like the human sciences and literary studies. This between-field conceptual trading can be observed in the language employed in their writings, for example, in how it employed concepts originally developed in the human sciences and literary studies, like ideology, discourse, representation, power, and, mainly, the concept of gender.

Women's history of medicine and gender has largely been written through interdisciplinary intellectual exchange with the history of science produced by women scientists. Women historians have played an important role by looking at medical and scientific discourses on women and femininity as discourses of power and as historical artifacts. Hence, the title of this article is a direct reference to the relationship between the objectification of women, medical discourse and practice, and the critical knowledge produced mostly by female historians, although some male historians have also produced work in this same critical vein. However, as discussed in the present article, ever since its countercultural origins, the writing of a women's history of medicine and science has been an intellectual and political task accomplished by women feminists or women with close ties to feminism. It would thus be impossible to write a historiographic article on this topic without taking into account that this is a situated knowledge, politically intersected by lines of gender, class, and race.[2]

The critique of discourses on women and femininity has its own temporality, and in organizational terms the present article follows the chronology of women's history and the problematization of gender, beginning with the engagé scholarship of the 1960s and 1970s, moving on to the social history of women and history of medicine in the 1970s and 1980s, and ending with the exchanges between women's history and literary and cultural studies of the body, gender, medicine, and science. I have limited the intellectual setting of this vast scholarship to English-language production, with a more specific yet not exclusive focus on the United States given the proximity between feminism and women's history in that

country, as well as their theoretical and methodological influence in other Western countries. This attention to the Anglo-Saxon intellectual setting, for reasons of theoretical alignment, does not, however, intend to ignore the valuable, substantial collection of writings critical of science, medicine, and power that was produced around the same time in other European countries. As addressed in this article, Michel Foucault and other French post-structuralist intellectuals wielded considerable influence over Anglo-Saxon scholarship on the cultural history of the body, science, and medicine and the problematization of subject, gender, race, and sexualities.

A history of oppression

In the 1960s and 1970s, with the object of rendering women's place in the past visible, women's history began defining itself in contrast with history written from a hegemonic perspective. More than a reaction circumscribed to academia, women's history began as a women's political project to reclaim historical memory and embark on what might be called a reparations action because of how institutionalized historical writing had erased and excluded women. This political discourse was not restricted to women's history but comprehended marginalized and subaltern social groups as well, like the working classes, blacks, and ethnic, cultural, and sexual minorities. In the countercultural political context in which women's history emerged, the historical processes of domination and oppression in the West were being denounced, while this was also a time of political resistance through collective – albeit not necessarily politically partisan – action and through mobilization, consciousness-raising, and the development of a discourse of resistance, of writing history from the viewpoint of the oppressed, or subaltern, a "history from below."[3]

To be precise, it must be said that women's history was not born in this context. The writing of a history that reclaims women can be seen outlining itself in the first half of the twentieth century, pointing up women's merits and the roles they played as protagonists and rendering women visible, especially those who made names as writers, artists, activists, professionals, scientists, and doctors (Escandón, 1992, p.10). Women's history as written in the 1960s and 1970s had tight ties with second-wave feminism, meaning it arose as historical writing marked by political activism and trenchant criticisms of patriarchy and capitalism, by women historians who were Marxists or had close ties to Marxism.

One example of this feminist, Marxist scholarship is the classic book by British historian Sheila Rowbothan (1992), *Hidden from history: 300 years of women's oppression and the fight against it*, published in 1975. In this 23-chapter book on the social history of women in England from the seventeenth through early twentieth centuries, Rowbothan reveals what had been "hidden" in the history written by male historians, that is, the mechanisms of women's oppression through religion, patriarchy, and capitalism. But the British historian also reveals women's fight for equality and autonomy through historical movements like British radicalism, socialism, and feminism.

The links between women's history and the feminist movement of the 1960s and 1970s provide a key to understanding women historians' interest in the history of medicine. After all, this is a traditional field of history, whose narrative resembles that of the history of

science – a story of intrepid heroes in the fight against disease and ignorance, of victories, discoveries, and the advance of medical knowledge. The setting of this feminist interest took two directions: as part of the construction of women's knowledge about their own bodies, within a health reform movement, and as a counter-discourse to the medical establishment and a product of discussion groups, consciousness-raising, and the circulation of this women's knowledge; second, as the product of the revelation of the history of medicine not as a history of heroes, but as a history of oppression and control over female bodies. History therefore was not a neutral territory but a field of political forces, and the writing of women's history thus emerged as a counter-discourse against oppression and as an instrument of consciousness.

One book representative of this feminist literature of denunciation and opposition to the history of the oppression of female bodies is *Our bodies, ourselves*, by the Boston Women's Health Collective, successive editions of which have come out over the past forty years, the latest a 40th anniversary edition released in 2011 (Our bodies..., 1971). This publishing project grew out of women's discussion groups originally organized in 1969 at Emmanuel College, in Boston. The groups discussed topics related to women's health and the need for a more suitable, welcoming, non-oppressive healthcare system. Based on these discussions, a course was designed for other groups of women. As the 19 co-editors explain, the book was not meant to be a finished product but to receive further contributions from women, expand "sisters'" consciousness, help build the women's movement, and serve as an instrument in the struggle for the collective construction of health care organized and directed by women. *Our bodies, ourselves* was thus intended not only to provide information on women and their bodies but also to be an instrument of social change, starting with the healthcare system.

The book was a landmark in the feminist critique of medicine in that it questioned the relations between medical knowledge, the medical profession, and medical institutions, on the one hand, and power, exclusion, and oppression on the other. This book and other texts likewise released around that time decried the "ideology of control and submission" manifested in how doctors treated women patients and also present in education as well.

Feminists were not alone in their critical stance. A broader social critique of medicine was then taking shape, condemning the iatrogenic practices of capitalist society. This was the case with *Medical nemesis*, by Ivan Illich (1975). We can easily discern the discursive similarities between sociological and feminist critiques:

> The medical establishment threatens health, the medical colonization of life alienates the means of treatment, and professional monopoly keeps medical knowledge from being shared. A destructive social and political structure offers as an alibi the power to fill its victims with therapies they were taught to want. ... Medicine's invasion knows no limits. A sexocracy of physicians, with the cooperation of doctors, professors, and laboratories, secularizes and schools sexuality. And by subjecting bodily conscience to orthopedics, it reproduces a man who is assisted even in this intimate area (Illich, 1975, p.9).

The ideas of Illich and other anti-system contemporaries, like Herbert Marcuse, converged with feminist critique in their call for political action in opposition to the

medicalization of life. For feminists in the women's health movement, medical ideology manifested itself especially through the mystification of medical knowledge and practice, the objectification of female patients, and the alienation of women and their own bodies. A historical connection was thus forged between women's oppression, medical knowledge, and capitalist economic exploitation, a link that became an object of the writing of women's history and the history of medicine.

One of the most emblematic publications among these historical writings was not done by women historians, but it greatly influenced women's history in the 1970s and 1980s and eventually became a reference in the interpretation of the history of medicine as a history of the oppression of women and their bodies. In 1972, the feminist activists Barbara Ehrenreich and Deirdre English, biologist and journalist, respectively, were teaching courses on women's health issues at the State University of New York. Just like the group of feminists from Boston, these two women were activists in the feminist women's health movement and advocated that women should reclaim the healing power over which they had once enjoyed a monopoly, as the authors saw it. Based on this experience and their bibliographic research for their classes, they wrote two "booklets," to use their own term: *Witches, midwives and nurses: a history of women healers* (1973) and, as a supplement, *Complaints and disorders: the sexual politics of sickness* (1974), both published by The Feminist Press, in New York.

The authors left it clear that these booklets had no academic intent, but were meant as discussion material for women's groups. Before publication, they had circulated among female readers, and students in their classes and other readers had contributed, mostly women who worked in health care, like nurses or nursing assistants, or who had healthcare experience as mothers or healers. Both books use history to explain what they call the sexist ideology of medicine. The first talks about what the authors consider male doctors' historical exclusion of women from the healing practices, as part of gender and class struggles. The second analyzes the medical ideology and biological arguments that ground the notions of female fragility and inferiority and of women as ill, arguments that underpinned sex discrimination and constraints on women's participation in public life.

The first book had a greater impact and influence than the second, probably because it wove a historical narrative that accounted for women's exclusion from the healing practices and health care while re-creating a past where, as the authors saw it, knowledge and leadership had been exclusive to women.

> Women have always been healers. They were the unlicensed doctors and anatomists of western history. They were pharmacists, cultivating healing herbs and exchanging the secrets of their user. They were midwives, travelling from home to home and village to village. For centuries women were doctors without degrees, barred from books and lectures, learning from each other, and passing on experience from neighbor and mother to daughter. They were called 'wise women' by the people, witches or charlatans by the authorities. Medicine is part of our heritage as women, our history, our birthright (Ehrenreich, English, 1973, p.3).

There was a distinct political significance to women's claiming their past as physicians, pharmacists, anatomists, and midwives, given the context of the women's health movement,

whose tone was critical of medical authority and institutions and which mobilized women to gain consciousness of their ability to care for themselves or to seek out other women for more specialized, humanized care – women who would not see them as patient-objects or as creatures limited by their biology. Ehrenreich and English's booklet went even further, re-creating a female past of "wise women" forgotten by the official history of medicine, a past that had been stage to a long battle between the sexes and classes and had been won by theologians and physicians who persecuted and suppressed these "wise women" and their knowledge, either in the form of witch hunts or through the institutionalization of medicine. As the authors argue in their introduction, there was nothing "natural" about the subaltern, forbearing position to which the current system had relegated women; rather, this condition needed to be explained and could be transformed by coming to know the "female past" and by taking feminist political action in the present. This was the book's purpose.

Beyond serving as a consciousness-raising tool, Ehrenreich and English's book had a considerable impact on women's history, lending continuity to the narrative about a female past plundered by male oppression. Furthermore, the book was, and still is, a reference for women's history and the history of medicine, one highly familiar to women's history classes and nursing schools, although it offers a rather peculiar interpretation of past medical practices. Since the book was not a historical investigation but a historical and political discourse instead, the authors put forward a rather loose interpretation of sources like *Malleus maleficarum*, or *Hammer of witches*, an inquisitorial manual published in 1487, especially regarding the persecution of midwives who were accused of practicing witchcraft and whose knowledge of botany and magic allegedly made them dangerous. Their list of primary sources is slim: the cited inquisitorial manual; a book by Jules Michelet, *The Sorceress*, written in 1862; and an autobiography of Harriot Kezia Hunt, a women's rights activist and the first woman to practice medicine professionally in the United States in the nineteenth century. The other sources are works on the history of medicine and on witch hunts in modernity, written in the first half of the twentieth century.

According to medieval scholar Monica H. Green (2008), the arguments advanced by Ehrenreich and English were grounded in non-critical readings of their primary and secondary sources and, furthermore, ignored or overlooked other late-medieval and Renaissance sources on the healing arts, including gynecological and obstetrical texts that indicated that these practices were not the monopoly of women and midwives. What makes Ehrenreich and English's book so important is not its contribution to studies of healing practices or even to women's history and the history of health, but the fact that it shaped a feminist narrative about a past allegedly rich in knowledge and healing practices but overshadowed by doctors' fight to secure their domain, a process that occurred concomitantly with a process by which women were dominated medically and made social subalterns. In further agreement with Green, their narrative lacks a firm foundation in documents and historical rationale, although it was quite convincing in a climate critical of medical institutions, particularly because it promoted the political idea that women could re-establish in the present the same role and level of assertiveness displayed by their midwife and healer ancestors in the past. According to this thinking, it would be up to women of the present to seek and obtain justice for

what had happened in the past and resume the struggle against the medical domination of women's bodies.

Some women feminist historians embraced this interpretation of the history of medicine as a history of oppression, and within the constraints of this article, we can point to two sets of investigations: the historical interpretation of medical treatment developed since the eighteenth and nineteenth centuries, with an emphasis on gynecology, and research on midwives and their replacement by obstetricians.

It should be mentioned that the topic of medical specialties dealing with the female body was likewise the object of another book by Ehrenreich and English (2003), *For her own good: 150 years of the experts' advice to women*, published in 1978 and covering such topics as witch hunts, the squeezing out of midwives by obstetricians and gynecologists, medical discourse on female sexuality and maternity, pediatric discourse on child care, and, lastly, psychoanalytic discourse. Like their first book, this one also became a classic work in women's history, but its research was broader and relied on a greater number of primary sources and more recent bibliography, that is, from the 1970s. However, the narrative of oppression continued to lend meaning to the production of medical advice, following more closely the second booklet by the two authors, *Complaints and disorders* (Ehrenreich, English, 1974), which discussed medical and scientific theories regarding the female body, but omitted any reference to women physicians or the ways in which women have received, appropriated, or simply ignored medical advice and orders.

One of the earliest works in this interpretive vein was by Ann Douglas Wood (1973), whose article was published in a prestigious US history journal around the same time as Ehrenreich and English's books. Wood's paper has also become a point of reference for women's history and the history of medicine.[4] Her article was a contribution to historical scholarship on medical and scientific theories regarding femininity and how it impacted women's lives, theories that were used to justify women's confinement to domestic space and constraints on their intellectual and professional ambitions. Focused on medical definitions of female illnesses and their treatment, the article argues that nineteenth-century medicine was structured as a medicine that was punitive or corrective of the female body. Wood is especially interested in medical publications that deal with so-called female illnesses, that is, menstrual disorders and maladies involving the reproductive organs. Through an analysis of medical discourse and recommended treatments, like bleeding, injections, cauterizations, and "rest cures," the author concludes that gynecology was a punitive, oppressive brand of medicine exercised by men who were suspicious and mistrusting of female sexuality and who defined women as sick because their very nature was dubious and susceptible to illness. Women should therefore submit to medical authority, follow its orders, and, according to this interpretation, remain prisoners of their controlled bodies and submit to medical power.

Wood makes fine use of this image of a prison when she analyzes "rest cure" therapy, developed by US neurologist Silas Weir Mitchell to treat hysteria and other types of nervous illnesses. This treatment was also used to treat neurasthenic men, but Mitchell and other doctors used it widely in the late nineteenth century to treat hysterical and anorexic women. In brief, during a rest cure, the patient was confined to six to eight weeks of complete bed

rest, wholly isolated from her family, assigned to a high-calorie diet to gain weight, and banned from any activity (even reading or drawing) or any type of movement, sometimes by force. The idea was to break the patient's resistance and attachment to sick or female habits, according to Wood.

Wood's article also examines resistance to punitive medicine, like nineteenth-century women physicians who opposed the medical establishment and were critical of professional control mechanisms and the usual treatments dispensed to women, which many of these female doctors saw as dangerous to the health. Wood also mentions women doctor's reactions to what they considered excessive intervention in the female body, such as certain types of visual exams used in obstetrics and gynecology as well as gynecological surgery. Echoing her own ideas and those of the 1970s feminist movement, Wood cites the feminist writer Elizabeth Stuart Phelps, a social reformer and ardent critic of vivisection: "Woman need not be a prisoner in her own sick body, awaiting the coming of her deliverer, man, but a healer herself, the support of her sex, and by caring for its members, the donor to them of a new kind of self-esteem" (Wood, 1973, p.52).

According to a critical review by Martha H. Verbrugge (1976), the problem with this interpretation of punitive medicine is its narrow, simplified view of the historical process, as if the latter were a battleground for wholly unequal contenders: on the one hand, female patients as passive victims; on the other, oppressive, dominating male doctors – a history of villains, victims, and heroines like Phelps.

Verbrugge's critical interpretation is quite on point, because studies like those by Ehrenreich, English, and Wood thought that medical prescriptions and discourse had an immediate effect on practices involving women's bodies, lives, and self-images in the past, rather than seeing them as the ideas and values of male doctors. In large part, this is because these scholars limited their historical sources to medical articles and treatises or to medical advice manuals that, according to Jay E. Mechling (1976), in an article that anticipated criticisms of how women (and men) historians use this type of source, do not in and of themselves constitute plausible evidence that these ideas, values, and prescriptions actually affected people's, or women's, behavior. In Mechling's view, the impact of medical discourse, or of any official, normative discourse, is neither obvious, immediate, nor automatic.

Another pertinent critique was made by the historian Ornella Moscucci (1993), author of an important, solid study on the history of medicine and gender. Complementing earlier criticisms by Verbrugge and Mechling, Moscucci cautions against a methodological problem. According to this author, interpretations of the history of medicine as a history of oppression, with punitive treatments, lack adequate evidence once the documental corpus is expanded. In analyzing hospital records such as patient records or diaries, as well as letters written by people who underwent medical treatment in the nineteenth century, Moscucci finds that more invasive, rigorous treatments and therapies, like the aforementioned rest cure, were not recommended exclusively for women; rather, many men who displayed some sexual behavior considered aberrant, like masturbation, were also submitted to them. The use of chemical substances like quinine or calomel, as well as electroshock therapy, were recommended for both women and men. Gynecological surgery, something greatly criticized by health reformers and feminists, was also practiced by women doctors.

Another noteworthy investigation along similar lines was done by Wendy Mitchinson (1982), who examined the use of gynecological surgery to treat mental illness. The author made the same case that Moscucci would, pointing out that physicians shared no consensus about gynecological surgery, because the medical profession was still divided between interventionists and non-interventionists in the mid-nineteenth century. Mitchinson called attention to the complex motivations underlying different medical practices. In other words, the medical profession presented no united front.

As emphasized by Mitchinson and Moscucci, there is no way to affirm that punitive medical practice was directed at women, because there was no consensus about medical treatments and theories in the nineteenth century, just as medical providers conformed to no single professional metric. Women's entrance into the medical profession provides further historical evidence that calls such interpretations into check. As explained by Regina Morantz-Sanchez (1985), if there were women doctors who were antiestablishment, anti-elitist, anti-interventionist feminists who advocated alternative treatments, there were also women doctors who strove to conform to the norms of the medical profession and who did not defend any need for a "medicine for women." In other words, they did not feel that only women physicians should heal women, a mobilizing political discourse in the nineteenth century, likewise espoused by women feminist historians in the 1960s and 1970s.

Another line of research on the history of medicine as a history of oppression explores the entrance of male doctors into the field of obstetrics and the subsequent shutting out and devalorization of midwives. Starting in the 1980s, this thesis, which is one of the most inciting in Ehrenreich and English's books, was reiterated in writings on the history of childbirth and midwives and was likewise repeated in women's history courses and nursing classes. As the argument goes, midwives lost their monopoly over parturient care and childbirth during modernity, when medicine underwent its process of institutionalization and excluding mechanisms came into play. This exclusion was achieved by producing knowledge restricted to universities open only to men, implementing a technical apparatus that enabled more daring surgical interventions within obstetrics, and closing medical practice to anyone who had not mastered the language, codes, and knowledge employed by the profession. Since midwives were not part of a formalized profession, the medical profession discredited then and they were marginalized. The thesis of a history of oppression thus explained doctors' victory in obstetrics as a product of the fight against ordinary women and their knowledge and as a battle between the sexes, in which women's oppression and social confinement derived from the structuring of male medical power. In conceptual terms, the downfall of midwives was yet another chapter in the historical organization of patriarchy and capitalism.

Two pioneering works on the history of childbirth and midwives warrant mention. Published in 1977, Jean Donnison's book considers midwives and physicians in England since the seventeenth century, while Jane B. Donegan's, released in 1978, looks at women, physicians, and obstetrics in the United States from colonial times through the nineteenth century. Although written by experienced women historians, both books start from the

thesis that women and men, midwives and doctors, engaged in a relationship of oppression and struggle, as evinced in the books' titles, referring to misogyny (Donegan, 1978) and rivalry (Donnison, 1977). Both historians bolster certain theses: that in ancient and pre-capitalist societies, midwives held a monopoly in birthing; that physicians rose in their profession through their training, by controlling knowledge, and through the development of instruments and surgical techniques and tools; and that there was a discussion over which kind of care would be more appropriate for women, that which was provided by midwives and women doctors or by male obstetricians.

Books like these and others published in the 1980s thus gave further support to Ehrenreich and English's two main theses: that childbirth was an experience shared solely among women until modernity, when religion began to persecute them and medical knowledge began condemning them as ignorant; and that the history of childbirth was a history of rivalry between women's ancestral knowledge and accroaching medical knowledge, between the empirical wisdom of midwives and specialized medical knowledge of childbirth and the female body.

There is no question that this feminist historical scholarship made valuable contributions, for example, through the historical problematization of childbirth, health care, and debates and controversies over medical and scientific theories on reproduction and the female body. Some of these contributions were also methodological, expanding the corpus of records on these topics, including medical and moral treatises, specialized articles, essays, texts published in the press, hospital records, legislation, and records of a biographic nature, like diaries, letters, and even autobiographies.

However, as Green (2008) points out, this feminist historiography failed to encompass a vital part of the history of medicine and childbirth. Before the institutionalization of the medical profession and its control over obstetrics, starting in the eighteenth and nineteenth centuries, both men and women practiced the healing arts. Green explains that many sources, from the thirteenth century on, indicate not only that women (albeit a minority) practiced medicine and wrote medical works, but that men also wrote about childbirth and cared for women. Undoubtedly there was competition, but records for the late-medieval period and Renaissance do not provide any proof that midwives once enjoyed a monopoly.

In the same direction, women historians that were guided by a social and cultural interpretation of medicine called attention to the limitations of the thesis that this was a history of oppression or punitive medicine. Without a doubt, eighteenth-century medical and scientific theories about women's nature indicate that such knowledge was strongly marked by gender, class, and race values, which had a sharp influence on morals, education, medical practices, and even culture. Nevertheless, other variables must be weighed in as well, rendering more complex any endeavor to interpret relations between knowledge and practice, ideology and individual experience, and power and the plurality of people's lives and worldviews. It was in an attempt to elucidate the complexity of the relationships interweaving medicine, society, and culture that women's history turned to the theoretical and conceptual framework of social history, inaugurating a highly diversified set of investigations into these topics.

The social history of women and medicine

Although the idea of a history of oppression was still holding sway, studies began emerging in the 1970s that expanded the analytical focus to take into account other social variables, beyond differences between the sexes, and also actually supersede a dichotomous view of history that pitted oppressors (doctors) against victims (women). This new social approach considered medicine a type of knowledge and practice that was molded by social and economic forces and that produced theories on health and disease that were not devoid of ideological factors. Medicine was thus cast as a historical and social force field rather than an objective, impartial practice above the injunctions of time and society.

Considering the volume of publications released from the 1970s to 1990s, it would not be possible to undertake an exhaustive critical review of the social history of women and medicine then produced; this would be like entering an immense historiographic maze. As put so well by Randall McGowen (1991), the closing decades of the twentieth century witnessed a "proliferation of subspecialties" in the social history of medicine, one of which was the social history of women and medicine. The focus of the present article will be on some works that offered theoretical and methodological contributions to the field and that are representative of a larger set of innovative works in the history of women, health, and medicine.

The earliest writings on women's history to problematize social and ideological influences in medicine were by the historian and psychiatrist Carroll Smith-Rosenberg. Her first influential works were articles published in the 1970s, thus contemporaneous with literature that promoted the notion of a history of oppression (Smith-Rosenberg, 1972; Smith-Rosenberg, Rosenberg, 1973). But in contrast with the latter interpretation of history, Smith-Rosenberg's articles relied on sociological analysis to explicate the multiple variables present in the production of medical knowledge about female sexuality and women's bodies and illnesses. These articles covered biological theories of sexuality and their relation to nineteenth-century ideological discourse on women's social place; medical theories on so-called female illnesses, like hysteria; and a set of medical texts on "women's nature" and its relation to social roles and values. Her writings delved into power relations between doctors and patients, yet her greatest contribution was her analysis of the relations between medicine and its theories, practices, and ideologies. This structural approach to social and power relations posed the need to understand medicine as an ideology as well, with values and norms regarding disease and health, normalcy and pathology, and how people utilize medical ideology, devoid of any black-and-white view of power.

Smith-Rosenberg's articles afford a good yardstick for measuring the declining interest in the history of oppression. The use of sociological theoretical frameworks, like social constructivism and Marxism, pushed the discussion away from dichotomous explanations along the lines of a history of oppression toward the adoption of a more dynamic view of history, open to conflict. While recognizing that medical ideology had played a big role in defining and limiting femininity, women historians like Smith-Rosenberg began deepening their analyses to contemplate women's reactions to the determinist ideas found in biological theories, as well as their reactions to physician-prescribed treatments.

One group of texts in the social history of medicine and women that provides a good portrait of this shift in focus is *Women and health in America*, a collection edited by Judith Walzer Leavitt (1999) and first released in 1984. At the end of its 692 pages, this hefty volume, which assesses this historiographic scholarship and also reprints Smith-Rosenberg's first article, presents a list of publications from the 1970s and 1980s covering topics like body image, sexuality, birth control, abortion, childbirth, maternity, women's illnesses, the education and practice of healthcare providers like midwives and nurses, reform, and diseases and their treatment. The list is long and provides a good outline of the book's very structure.

Leavitt's collection reveals the change of course that occurred in women's and medical history, particularly the addition of something missing from earlier scholarship: women's experiences, previously thought of as part of the history of doctor's control of women. These experiences included pregnancy, childbirth, and maternity, in other words, experiences related to biological determinism, the social limitations of women, and oppression. The chapters of this dense collection do not deny that women's lived experiences had been the source of past suffering, restrictions, control, and social oppression but, armed with an awareness of the dynamics at play within social relations and of women's social and racial differences, the authors were led to question a basic presupposition of the history of oppression, that is, that all women had the same experiences when it came to their bodies, health, and diseases, mediated by medical control.

The texts in this collection present a much more complex interpretation because they do not categorize women as passive victims. To the contrary, they address women's social and racial diversity and reflect on how much these distinctions played a vital role in how women dealt with matters of health and disease, pregnancy, childbirth, abortion, birth control, labor, physical exercise, diet, and access to doctors and treatment. Another important question in these pages was the training of women physicians, midwives, and nurses, a subject examined quite closely by the social history of women. Without disregarding medical discourses and their power, the texts in this collection shift the emphasis to women's agency, to a social history of women in relation to their own bodies and medical power:

> If biology had been used to confine women to the domestic sphere, scholars saw the need to study it and understand it as a factor that also enriched, liberated, and broadened women's experience. ... The recognition of women's agency, encompassing biology and society, has been an important corrective to past interpretation. ... We no longer talk about one social context but many contexts, understanding that women are a varied group, living in many worlds over time and within time, and that all these contexts need analysis in order to understand the diversity that is Woman (Leavitt, 1999, p.4, 6).

Despite this change in focus to women's agency in historiographic scholarship from the 1980s, many studies still centered on doctors, their ideas, and their recommended treatments for women. Some examples of the persistence of this type of approach to explaining how medical power defines and intervenes in women's health and disease are the following studies on treatments for so-called women's illnesses: Smith-Rosenberg

(1972) on hysteria; Joan Brumberg (1989) on the treatment of anorexia; Groneman (2001) on nymphomania; Mitchinson (1982) on obstetric and gynecological treatments; and Patricia A. Vertinsky (1994) on medical discourse regarding physical exercise; and by Sheila Rothman (1994) on tuberculosis.

One of the most groundbreaking studies in the social history of women and of medicine that looks at the medical profession and women's agency is *Sympathy and science: women physicians in American medicine*, by Regina Morantz-Sanchez (1985). The book had an innovative impact on historiographic scholarship by conjoining two focal points employed in the new social history of medicine: medical training and production, and women's agency in medicine. It was the product of a sophisticated investigation of social and economic life and cultural transformations in the United States over a 300-year period, crosscut with transformations in the family and in gender roles, exploring different levels, that is, the individual, the family, the structuring of the medical profession, bureaucracy, and the State. Furthermore, the author blended an analysis grounded in sociology with the feminist critique of science, particularly by introducing the category "gender" to this analysis; this was in fact one of the first papers on the social history of women and medicine to employ this category.

Employment of the gender category was decisive in teasing out the cultural values that factored into women's involvement with healing practices and medical professionalization. Gender, defined as a category of sexual difference and as a signifier of power relations, enabled a departure from idealized images of the past, such as the notion that women once held a monopoly in the healing arts and obstetrics, a topic dear to the history of oppression. Similarly, gender discourse shed light on arguments and contradictions found within the debates about whether or not women should be allowed to enter the medical profession.

In avoiding the pitfalls of gender dichotomy, Morantz-Sanchez achieved an analysis not only of women's agency in medicine, but also of differences among women physicians when it came to participation in health reform movements and the model of medicine they should practice, their attitudes toward the medical profession, their relations with female (and male) patients, and their ideas about the fledgling women's rights movement and especially about women's social roles. The author shows that women who engaged actively in the movement for health reform and medical professionalization embraced both progressive and conservative positions – and sometimes this was the case with one same person. In other words, Morantz-Sanchez's research offered a fine contribution by using gender as a category to question the notion of a unified female history of oppression and domination by a professional group that was neither homogeneous nor monolithic and that included women doctors.

Likewise addressing the medical profession and gender, Moscucci (1993) took a pioneering approach to the social history of medicine in *The science of woman: gynaecology and gender in England 1800-1900*, a product of the author's investigation into the organization of gynecology in nineteenth-century England. At that time, there was already a tradition of work on obstetrics and gynecology in the social history of women and medicine; after all, these medical specialties had formed a significant corpus of records on theories of women's nature and medical treatments, which had been thoroughly analyzed in the

1970s and 1980s as proof of medical power and punitive medicine. What distinguished Moscucci's research was her theoretical framework, which conjoined the categories of class and gender to grasp the structure of a medical specialty centered on the sexual specificity of the female body.

In Moscucci's endeavor to understand the controversies surrounding the nineteenth-century medical profession and its relation to debates regarding sex differences and gender roles, and approaching from a posture critical of the notion of a history of oppression and the idea that gynecology and obstetrics are expressions of punitive medicine, the scholar relied on feminist critiques of science developed by such scientists as Evelyn Fox Keller, Sandra Harding, and Ruth Bleier. Contextualizing, from the angle of the history of ideas and concepts, the emergence of a science of women, that is, gynecology, her study identifies the standardization of medical discourse on women's nature, a topic that had, since the mid-eighteenth century, drawn the attention of naturalists, philosophers, moralists, and physicians. On the other hand, her analysis looks at the conflicts and uncertainties that marked the definition of the specialties assigned to the female body, to wit, obstetrics and gynecology. Moscucci demonstrates how this process was rife with controversy, from the very idea of specialized versus generalist medicine to moral issues concerning male doctors' entrance into the realm of childbirth, the performance of medical exams, the use of forceps by obstetricians, and the debate over which responsibilities should fall to midwives and which to male and female doctors in female health care.

Another important discussion concerns the institutionalization of women's medicine (obstetrics and gynecology) upon the appearance of women's hospitals in England and of attendant medical associations and publications. Moscucci shows how a discussion of women's medicine requires the coordinated use of the categories of class and gender when analyzing hospital and maternity home clientele, that is, mostly working-class and poor women. Lastly, another area of controversy was practice and treatment, which historiography had generally viewed as uniform and standardized. Moscucci reveals the controversies and tensions dividing the medical profession – the use of instruments like the forceps and speculum, the administration of anesthesia during labor, and, above all, the heated debate about gynecological surgery, especially the ovariotomy.

Moscucci shows that, from an epistemological standpoint, gynecology had a large hand in helping maintain biological determinism in the definition of femininity and, consequently, from an ideological standpoint, in sustaining women's social constraints. Where she differs greatly from a history of oppression interpretation, however, is that Moscucci indicates how the medical profession was far from monolithic or uniform and how gender values made debates over women's medicine lopsided.

Books like those by Morantz-Sanchez and Moscucci innovated in historiography when they employed gender as a category of historical indetermination and not of alleged identity stability, that is, Woman or Doctor. The historical and sociological analysis of ideas, values, and practices revealed that – beyond any calculated project to wield male power over and dominate women's bodies and freedom – there were social and cultural differences, professional divisions, and diversified reactions not only between male and female doctors in their professional practice, but also among women, who, out of necessity

or by imposition, had to submit to treatments and fit into the definitions of normalcy and health, something that did not necessarily entail oppression, submission, or unconditional acceptance.

Gender, body, history[5]

> Power would be a fragile thing if its only function were to repress, if it worked only through the mode of censorship, exclusion, blockage and repression, in the manner of a great Superego, exercising itself only in a negative way. If, on the contrary, power is strong this is because, as we are beginning to realize, it produces effects at the level of desire – and also at the level of knowledge. Far from preventing knowledge, power produces it. If it has been possible to constitute a knowledge of the body, this has been by way of an ensemble of military and educational disciplines. It was on the basis of power over the body that a physiological, organic knowledge of it became possible (Foucault, 1985, p.148-149).[6]

In the last twenty years of the twentieth century, the field of history was hit by an avalanche of controversies and debates about historical practice and writing, against a backdrop formed by the new historicism and its critical method of history and culture (Greenblatt, 1991); by the "linguistic turn," with its emphasis on studies of culture, history, and language; by cultural anthropology; and by Foucault's anti-essentialist thinking in his view of power/knowledge relations. Even while running the risk of reductionism, it is possible to find one point of convergence within these different fields and authors, that is, an interest in and analytical focus on the body, something comprehensible in critical thought about Western science and culture, whose tradition was shaped through the binary oppositions of reason and emotion, mind and body, masculine and feminine, nature and culture.

In this context of critiquing social history's prevailing structuralism and social and economic determinism, both women and men historians who leaned toward interdisciplinarity and the interrogation of modern philosophical paradigms of the humanities turned to a topic that had earlier been an object of ethnology and cultural anthropology, through the pioneer studies of Marcel Mauss (1974), Mary Douglas (2012), and Clifford Geertz (2008). The challenge to women (and men) historians became to think of the body not as a material-biological or essential referent of humans but as a social and cultural space endowed with a history

The history of the body is not exactly a new land, if we recall Norbert Elias or even Marc Bloch and their studies of the civilizing process and the thaumaturgic power of British and French monarchs. History's "somatic turn"[7] occurred from the 1980s to 1990s, and it is within this intellectual context that I will examine historiographic scholarship on the body, gender, science, and medicine – a highly diversified set of writings on different experiences, knowledge, and what has been lived by the body, encompassing conditions (bodies at risk

while at work or leisure or during sex, suffering, and rituals), experiences (bodies that are sick, crazy, holy, black, female, gay, lesbian, or pariahs), and expressions (bodies in art, literature, science, medicine, the media, and technologies) (Cooter, 2010).

Within this diversified historical scholarship, of special note is the gender approach to body, science, and medicine, which has links not only to feminist politics and related intellectual and academic expressions, but also to dialogue between feminism and the works of Foucault, especially regarding anti-essentialism and Foucault's critique of the thesis of power as repressive and localized (Bordo, 1997).

We must first take a brief detour, however, to consider a book that is ambitious right from its very title, *A history of women's bodies*, written by the Canadian historian Edward Shorter (1984) and first released in 1982. It is interesting to note that a book on this topic bears no relation to the social history of women and medicine but, to the contrary, is a refutation both of the history of oppression and of interpretations of the social history of women that explore the relations between medical ideology, biological theories, and women's subaltern place in society. The book lists an impressive number of sources, like medical publications, folk recipes and songs, proverbs, statistics, and a range of information about what the author calls a history of the corporeal reality of ordinary women in Europe, running from the sixteenth through twentieth centuries.

The book's key argument is that prior to 1900, given pregnancy, childbirth, and the various illnesses to which women then fell victim, the female condition was a negative experience for most. After 1930, according to Shorter, women were freed from the terrible historical burden that was their body, opening the way for the female condition as a positive concept or vital force. This "thesis" does not find support in the sources, as there is little discussion of the matter of birth control, for example, and no discussion of women's viewpoint regarding these experiences; after all, as he argues, his study is about the corporeal reality of ordinary women, who had little or no relationship with writing. His thesis is, however, supported by the mediation of sources outside women's experiences, which is at the very least odd for a book that intends to be a study of women's corporeal realities.

Yet the most controversial question raised in this book involves the causal relationship the author establishes between "progress" in science and medicine and a "physical platform" that gave women the corporeal conditions to free themselves both from illness and from the impact of female mortality, thus contributing to the emergence of feminism and the women's rights movement. It is as if women's medicine, so harshly criticized in the social history of women, were responsible for freedom from the burden of their body, for more egalitarian relations between the sexes, and for feminism itself and its egalitarian causes.

Shorter presents a gamut of statistical data from late nineteenth-century hospital institutions and other witnesses, including official and/or registered midwives, to oppose the idea that midwives were representatives of a tradition of female knowledge about childbirth and the healing arts. This is another way in which the author criticizes women's history, especially Ehrenreich and English's books, which had such a marked influence on historical scholarship about childbirth and midwives. For Shorter, traditional societies had nothing remotely similar to "wise women" or even the conditions needed for women to have control over their own deliveries. According to this author, in traditional societies,

childbirth was an event that occurred as part of a web of community customs and controls that sharply reduced the parturient's choices. It would be "ridiculous" to imagine that, in a society where custom weighed so heavily in how people organized their lives, mothers would have some kind of control or choice.

Hurried affirmations and the lack of documental evidence notwithstanding, Shorter's book contributed importantly by problematizing corporeal realities, holding up data on disease, mortality, dietary and clothing practices, spousal relations, and the types of deliveries performed in hospitals. Even considering how hurried the feminist interpretation of the history of oppression also was and how it too lacked sufficient historical evidence, Shorter's historical revisionism goes to the other extreme, analyzing medical knowledge and its theories and treatments as if they were the product of medicine's linear, continuous progress, disregarding both ideology as well as the impact of class and gender values. Given this unmediated view of medicine, Shorter ignored women's place in a history that was meant to be about their bodies, relegating them – just like the official history of medicine – to the position of passive subjects awaiting a positive "physical platform" to be provided by medicine and doctors, which would free them from the "burden" of their bodies and from abusive, violent gender relations.

Returning to our analysis of the history of the body, gender, and medicine, a number of works representative of the "somatic turn" and its theoretical and methodological innovations in historiographic scholarship on women and medicine warrant mention. The first matter to be highlighted is the discussion of power. Contrary to functional-constructivist and Marxist analyses, here medical power is not considered an external repressive or oppressive force against women's bodies, wielded from an institutional space. To the contrary, the concept of biopower, devised by Foucault, underlines the positive, productive power that is exercised over life and bodies, extensively and diffusely, without any enunciating or irradiating pole, present in corporeal practices reiterated by disciplines and by subjects themselves. Medicalization, therefore, is not simply a repressive force as far as bodies are concerned, but represents a set of diffuse reiterative knowledge, norms, and practices found in culture and in the values associated with the preservation of life and normalization of bodies according to different factors, like class, gender, race, age, deviations, and pathologies.

Another major innovation in this historiography has to do with the relations between medicine, science, and culture. In traditional interpretations of the history of medicine and science, it is as if this knowledge hovered above society and culture, untouched by the turmoil of opinions or biases and exempt from values other than reason and truth. An important hermeneutic change in the history of the body came about both through dialogue with literary studies and through the discussion of language as a place for constructing meanings and social realities. We can note an abandonment of "corporeal realities" or a materialistic notion of the body, as well as of the "repressive hypothesis" of the body and sex (Foucault, 1980), moving toward an interpretation of the body as a text of culture, as a cultural agent, "whose changing forms and meanings reflect historical conflict and change and on which the politics of gender are inscribed with special clarity" (Jaggar, Bordo, 1997, p.11).[8]

One example of this cultural approach to the body is found in a book edited by Catherine Gallagher and Thomas Laqueur (1987), whose title clearly voices a hermeneutics of the body: *The making of the modern body*. As the authors explain, the book stems from an interest in the history of the body, in part because of the intersections with cultural anthropology and phenomenological philosophy but mainly because of an interest in themes like gender, sexuality, and women's history, which had gained firm footing in academia through the teaching activities of women feminist historians. They also mention the influence of Foucault and his work on the centrality of the body and sexuality in discourse and social practices.

The book's goal was to show how corporeal representations and practices underwent dramatic change from the late eighteenth to early nineteenth centuries, in an interpretation that shares an affinity with literary studies that saw the body beyond its material embodiment, as a representation. It should be pointed out that Gallagher and Laqueur were members of a group of researchers with ties to *Representations*. Launched by the University of California in 1983 and centered on such topics as literature, history, and cultural studies, this journal was the founding publication of the New Historicism movement (Cooter, 2010). Laqueur (1995) also wrote a very original book about the history of the body and gender with a similar hermeneutic slant, whose title was also quite similar to the 1987 collection (*Making sex*: *body and gender from the greeks to Freud*) and which likewise expressed an understanding of the body and sex as cultural representations and constructs.

Another example of the intersection of literary studies with the history of the body is a book by Elaine Showalter (1985), a literary critic specialized in cultural studies. Showalter presents a history of women's relation to madness, or how madness came to be defined as a "female malady." In surveying psychiatric texts – a source that has traditionally been tapped by women's history – Showalter does not consider these as texts isolated from medical knowledge/power, but as part of culture, as part of a written, image language about the body, sexuality, and notions of normalcy and madness. Showalter employs gender as an analytical category and not as an identity reference, meaning that she endeavors to read cultural production based on the female difference and how the female body was transformed by the meanings of these categories.

An important concept in this book and in others on the cultural history of the body is that of representation, rooted in literary studies and art history. Representation is not a reflection of something or an ideological inversion, but a historical and cultural creation of reality, language, and the text of reality. For Showalter, the historical interpretation of culture and body cannot limit itself to medical texts; after all, a representation can even originate in medical discourse, but this is not enough to ensure its cultural consolidation and dissemination; ergo the importance of understanding networks of meaning and significance, exchanges, and the means of circulation of the representation. Showalter relies on various sources to access representations of the madwoman, from medical sources to legal texts and literary sources, but also such images as paintings, photographs, and film. She endeavors to weave medical knowledge with culture and understand the development of a gender language on madness, within an intriguing analysis of language and interactions between medical-scientific texts, fictional texts, and images.

Gender as a representation of sexual difference and embodiment is also a central category in a book by the historian Ludmilla Jordanova (1989) on the biological sciences and medicine in the eighteenth and nineteenth centuries. Hers is not a history of the emergence of these fields or of their professionalization but rather a history of how gender operates in constructing this knowledge and its language. It is through gender that the author defines the culture of science, which, beyond codes, vocabulary, and scientific hierarchies and institutions, designates cultural mediations; in other words, the ideas of specialist and of knowledge itself are restricted neither to their medium nor to their fields, but are disseminated and transformed into other domains and languages of culture. Through this methodological procedure, employing the language and production of gender representations, the author analyzes the naturalization of sex and the body, a discursive and power strategy present in medical-scientific texts, in literature, and in the realist images of painting and photography.

In another major contribution, Jordanova's book establishes connections between the concept of gender and race in the culture of science through metaphorical interactions, particularly analogies between women and blacks and between gender and race, a conceptual issue also taken up by Nancy Leys Stepan (1994), who examined the legitimizing mechanisms of social inequality found in the naturalization of socially constructed differences.

Within this same interdisciplinary realm of the history of the body and conceptual borrowings from literary studies and the feminist history of science lies a book by Londa Schiebinger (1994) that looks at relations between biological science and gender. The author also endeavors to understand the culture of science through mediations, but her emphasis is on how the category of sexual difference molded science through metaphor, the naturalization process, and cultural gender references found in the production of a knowledge framed and embodied through nature. In this sense, Schiebinger's book, like Jordanova's, makes novel use of the category of gender in historical analysis since, to a certain extent, gender and history studies continued to deal in representations of the female body or the theories of femininity produced by science and medicine. In these two books, the authors separate gender from sex, or from its identity side, and problematize it as a category of difference, as a way of organizing and producing knowledge and its relations with the exercise of power.

According to Schiebinger, gender was a powerful principle in structuring views of nature, as she demonstrates in her analyses of botanic taxonomy and the classification of mammals devised by Linnaeus in the eighteenth century, the anthropomorphization of animals in inaugural primatology studies based on interactions between race and gender, anatomical politics and their interactions with colonialism, and how gender and race were important markers in defining who could do science:

> Eighteenth-century politics became body politics *par excellence*. Scientists took up the task of uncovering differences imagined as natural to bodies and hence foundational to societies based on natural laws. The intense inquiry into the exact nature of sexual difference sparked the eighteenth-century revolution in scientific understanding (Schiebinger, 1994, p.9).

Studies like those of Jordanova and Schiebinger represent both a turning point in studies of gender, body, science, and medicine as well as a theoretical approximation to the feminist critique of science (Keller, 1985; Harding, 1986). While their analyses do not wholly neglect the matters of ideology and social and sexual control mechanisms so prevalent in the social history of women, they do not play a determinant explanatory role regarding either the exercise of medical and scientific power or in the processes intended to exclude and dominate women. They also do not reduce the body to an effect or a discursive construct. In this sense, their books point to the need for a historical perspective on the cultural processes of modeling science and medicine through gender and race.

Based on this lengthy historiographic journey, though limited to English-language scholarship, the current challenge for studies of the body, gender, and medicine is still the need to move beyond the false dichotomy between ideology and representation, between social and material realities, and between linguistic effects and the construction of cultural meanings. Accomplishing this requires attention not only to processes of subjection, per Foucault (1980, 1985), but also to something missing from most of the studies mentioned here: the materiality of bodies, that is, women's experience with their bodies.

This is not a matter of defending a revisionist view of the social history of women or arguing that the material of the body has a reality prior to ideas, values, or representations, as if it were a slate waiting for the marks of power or the inscriptions of culture. It should also be stressed that this call to recognize materiality in the history of the body and gender is not grounded in sexual irreducibility, as if sex were a stable, biological basis for gender, as in current controversies about the "return to" the biological, as opposed to the "ideology" of gender (Butler, 2008).

The history of the body and gender can help supersede these conceptual and historiographic dichotomies by expanding its analytical scope to include women's and men's experiences with their bodies. Returning to Virginia Woolf's remarks on the authority of the vast writings on women, what we see is that women feminist historians paid great attention to medical discourse, to doctors' ideas and values regarding the female body, and to power practices and relations. With rare exceptions, the biggest thing missing is the female body or, better put, the experiences of female (and male) subjects with their bodies. Oral history has contributed greatly to correcting this, but in the case of more distant historical periods, we must expand sources beyond medical discourse. A history of bodies and their various realities can achieve a balance between, on the one hand, the vast number of authorized records and their attendant truths and, on the other, the various ways in which women and men have lived with their bodies.

NOTES

[1] I have borrowed the concept of a feminist counterculture from Paul Gilroy (2002), who used it to refer to the diasporic cultural production of Western blacks as a counterculture of modernity and to the original production by black writers and artists created at the intersection between, on the one hand, the historical experience of slavery and racism and, on the other, their intellectual experience within Western cultural tradition and the journeys they undertook. Countercultural production is thus critical of historical forms of oppression and violence but engages in dialogue with hegemonic and counter-hegemonic Western cultural expressions.

[2] "Situated knowledge" is a concept introduced by Donna Haraway (1995) in her critique of what she labels "hostile," or biased, science. She calls for "politics and epistemologies of location, positioning, and situating, where partiality and not universality is the condition of being heard to make rational knowledge claims" (p.30). [Citation in English from Haraway (1995) was sourced from Donna Haraway, Situated knowledges: the science question in feminism and the privilege of partial perspective. *Feminist Studies*, v.14, n.3, p.575-599, 1988.]

[3] Historians, both male and female, adopted the concept of "history from below" in contrast to "history from above" (that is, the history of the elites or ruling classes) after Edward P. Thompson published his essay "History from Below" in *The Times Literary Supplement* in 1966. It should be noted that even though different social and political groups in the 1960s and 1970s embraced approaches and political projects that did not necessarily converge, there was at least one thing common to them in their disputes over history and its re-writing, to wit: "to explore the historical experiences of those men and women whose existence is so often ignored, tacitly accepted, or mentioned only in passing in mainstream history" (Sharpe, 1992, p.41).

[4] Ann Douglas Wood was a professor of English literature at Princeton University, but she wrote articles and taught history. She published a paper on nurses during the time of the Civil War (Wood, 1972).

[5] This subtitle draws inspiration from *Gender/body/knowledge*, a now classic reference in feminist studies on body and gender, by Jaggar and Bordo (1997).

[6] Citations in English from Foucault (1985) were sourced from Michel Foucault, *Power/Knowledge: selected interviews and other writings, 1972-1977*. Colin Gordon, ed. Colin Gordon, Leo Marshall, John Mephan, Kate Soper, transl. New York: Pantheon Books, 1980.

[7] This expression is used by Roger Cooter (2010) in an article on the history of the body.

[8] Citation in English from Jaggar, Bordo (1997) was sourced from Alison Jaggar, and Susan Bordo (Ed.), *Gender/body/knowledge: feminist reconstructions of being and knowing,* New Brunswick: Rutgers University Press, 1992.

REFERENCES

BORDO, Susan.
O corpo e a reprodução da feminilidade: uma apropriação feminista de Foucault. In: Jaggar, Alison M.; Bordo, Susan R. (Org.). *Gênero, corpo, conhecimento.* Rio de Janeiro: Record; Rosa dos Tempos, p.19-41. 1997.

BRUMBERG, Joan Jacob.
Fasting girls: the history of anorexia nervosa. New York: Vintage Books. 1989.

BUTLER, Judith.
Cuerpos que importan: sobre los limites materiales y discursivos del "sexo". Buenos Aires: Paidós. 2008.

COOTER, Roger.
The turn of the body: history and the politics of the corporeal. *Arbor: ciencia, pensamiento y cultura*, v.186, n.743, p.393-405. 2010.

DONEGAN, Jane B.
Women and men midwives: medicine, morality and misogyny in Early America. New York: Greenwood. 1978.

DONNISON, Jean.
Midwives and medical men: a history of inter-professional rivalries and women's rights. New York: Schoken Books. 1977.

DOUGLAS, Mary.
Pureza e perigo. São Paulo: Perspectiva. 2012.

EHRENREICH, Barbra; ENGLISH, Deirdre.
Para seu próprio bem: 150 anos de conselhos de especialistas para as mulheres. Rio de Janeiro: Rosa dos Tempos. 2003.

EHRENREICH, Barbra; ENGLISH, Deirdre.
Complaints and disorders: the sexual politics of sickness. New York: The Feminist Press. 1974.

EHRENREICH, Barbra; ENGLISH, Deirdre.
Witches, midwives and nurses: a history of women healers. New York: The Feminist Press. 1973.

ESCANDÓN, Carmen Ramos (Org.).
Género e historia. San Juan: Instituto de Investigaciones Mora; Universidad Autonoma Metropolitana. 1992.

FOUCAULT, Michel.
Microfísica do poder. Rio de Janeiro: Graal. 1985.

FOUCAULT, Michel.
História da sexualidade: a vontade de saber. Rio de Janeiro: Graal. 1980.

GALLAGHER, Catherine; LAQUEUR, Thomas (Org.).
The making of the modern body: sexuality and society in the nineteenth century. Berkeley: University of California Press. 1987.

GEERTZ, Clifford.
A interpretação das culturas. Rio de Janeiro: LTC. 2008.

GILBERT, Sandra M; GUBAR, Susan.
La loca del desván: la escritora y la imaginación literaria del siglo XIX. Valencia: Cátedra. 1998.

GILROY, Paul.
O Atlântico negro: modernidade e dupla consciência. Rio de Janeiro: Editora 34; Universidade Cândido Mendes/Centro de Estudos Afro-Asiáticos. 2002.

GREEN, Monica H.
Gendering the history of women's healthcare. *Gender and History*, v.20, n.3, p.487-518. 2008.

GREENBLAT, Stephen.
O novo historicismo. *Revista Estudos Históricos*, v.4, n.8, p.244-261. 1991.

GRONEMAN, Carol.
Ninfomania: história. Rio de Janeiro: Imago. 2001.

HARAWAY, Donna.
Saberes localizados: a questão da ciência para o feminismo e o privilégio da perspectiva parcial. *Cadernos Pagu*, v.5, p.7-41. 1995.

HARDING, Sandra.
The science question in feminism. Ithaca: Cornell University Press. 1986.

ILLICH, Ivan.
A expropriação da saúde: nêmesis da medicina. Rio de Janeiro: Nova Fronteira. 1975.

JAGGAR, Alison M.; BORDO, Susan R. (Org.).
Gênero, corpo, conhecimento. Rio de Janeiro: Record; Rosa dos Tempos. 1997.

JORDANOVA, Ludmilla.
Sexual visions: images of gender in science and medicine between the eighteenth and twentieth centuries. London: Harvester Wheatsheaf. 1989.

KELLER, Evelyn Fox.
Gender and science: origin, history, and politics. *Osiris*, 2nd Series, v.10, p.26-38. 1995.

KELLER, Evelyn Fox.
Reflections on gender and science. New Haven: Yale University Press. 1985.

LAQUEUR, Thomas.
Making sex: body and gender from the Greeks to Freud. Cambridge: Harvard University Press. 1995.

LEAVITT, Judith Walzer (Org.).
Women and health in America. Madison: The University of Wisconsin Press. 1999.

MAUSS, Marcel.
As técnicas corporais. In: Mauss, Marcel. *Sociologia e antropologia*. v.2. São Paulo: EPU; EDUSP. 1974.

MCGOWEN, Randall.
Identifying themes in the social history of Medicine. *The Journal of Modern History*, v.63, n.1, p.81-90. 1991.

MECHLING, Jay E.
Advice to historians on advice to mothers. *Journal of Social History*, v.9, n.1, p.44-63. 1976.

MITCHINSON, Wendy.
Gynecological operations on insane women: London, Ontario, 1895-1911. *Journal of Social History*, v.15, n.3, p.463-489. 1982.

MORANTZ-SANCHEZ, Regina.
Sympathy and science: women physicians in American medicine. Chapel Hill: The University of North Caroline Press. 1985.

MOSCUCCI, Ornella.
The science of woman: gynaecology and gender in England: 1800-1900. London: Cambridge University Press. 1993.

OUR BODIES...
Our bodies, ourselves. Boston: Boston Women's Health Collective. 1971.

ROTHMAN, Sheila.
Living on the shadow of the dead: tuberculosis and the social experience of illness in American history. Baltimore: Johns Hopkins University Press. 1994.

ROWBOTHAN, Sheila.
Hidden from history: 300 years of women's oppression and the fight against it. London: Pluto Press. 1992.

SHARPE, Jim.
A história vista de baixo. In: Burke, Peter (Org.). *A escrita da história*. São Paulo: Editora da Unesp. p.39-62. 1992.

SCHIEBINGER, Londa.
Nature's body: sexual, politics and the making of the modern science. London: Pandora. 1994.

SHORTER, Edward.
A history of women's bodies. Harmondsworth: Penguin Books. 1984.

SHOWALTER, Elaine.
The female malady: women, madness, and English culture, 1830-1980. London: Penguin Books. 1985.

SMITH-ROSENBERG, Caroll.
The hysterical woman: sex roles and role conflicts in 19th century America. *Social Research*, v.39, n.4, p.652-678. 1972.

SMITH-ROSENBERG, Caroll; ROSENBERG, Charles.
The female animal: medical and biological views of woman and her role in nineteenth-century America. *The Journal of American History*, v.60, n.2, p.332-356. 1973.

STEPAN, Nancy Leys.
Raça e gênero: o papel da analogia na ciência. In: Hollanda, Heloisa Buarque de (Org.). *Tendências e impasses*: o feminismo como crítica da cultura. Rio de Janeiro: Rocco. p.72-96. 1994.

VERBRUGGE, Martha H.
Women and medicine in nineteenth-century America. *Signs*, v.1, n.4, p.957-972. 1976.

VERTINSKY, Patricia A.
The eternally wounded woman: woman, exercise, and doctors in the late nineteenth-century. Chicago: University of Illinois Press. 1994.

WOOD, Ann D.
The fashionable diseases: women's complaints and their treatment in nineteenth century America. *The Journal of Interdisciplinary History*, v.4, n.1, p.25-52. 1973.

WOOD, Ann D.
The war within a war: women nurses in the Union Army. *Civil War History*, v.18, n.3, p.197-212. 1972.

WOOLF, Virginia.
Um teto todo seu. Rio de Janeiro: Nova Fronteira. 1985.