

## Book Reviews

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 foetuses 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

photography" (pp. 5–6), but most of the argument actually deals with published works.

The reader continually stumbles over statements that are challengeable, or entirely too absolute, and tend to vitiate the strengths of the work. Early on, we read that "[t]here is a strict division of labour: it is women who produce perishable bodies, while men make lasting cultural artefacts" (p. 10): *not* placed as a rhetorical trope evoking question. We are apparently meant to take on bare assertion the statement that "[w]ithin the male psyche, woman bears a close resemblance to death" (p. 123). Nineteenth-century anxieties over male masturbation and spermatorrhoea rather problematize the claim that "women's bodies, rather than male ones . . . are perceived as leaky" (p. 138).

Certain phenomena are positioned, somewhat arguably, as unique. Photography may be "an impure art of uncertain beginnings" (p. 7), but most "eureka" narratives decay into fuzzy uncertainty when interrogated. Was radiography really "the last modern invention to be haunted as much by popular belief and superstition, by the irrational . . . as by scientific or rational thought" (p. 117)? The argument that the "much less ordered place" of the nineteenth century, in which people lived in material and spiritual "worlds that were not modern at all", was swept away by the process of modernity (p. 22), fails to recognize the persistence of "magical" thinking (even if expressed in the rhetoric of "science"). Analogues and continuities are ignored. The concern that technology erodes attention to the individual patient's story and creates a "distanced, increasingly remote and technologically mediated gaze" (p. 11) has recently been expressed vis-à-vis computer software packages for recording clinical case-histories. Stockdale's exploitation of Dr John Robertson's "medical works of a sexual nature" (p. 47) has parallels in the constant re-circulation of out-of-copyright sexological texts that persists to this day.

The narrowness of focus detracts from the value of the arguments. It might be helpful to locate anatomical representations of reproductive women within the wider tradition: were male bodies never shown as detached parts? Was a head and shoulders portrait photograph really cutting off "threatening knowledge of what lies below"—or was it following a long-standing (less gendered) portraiture convention? Indeed, does close attention to the part, the detail, the microscopic microcosmic, necessarily mean lack of awareness of the whole? There is an uneasy sense that the males visually probing the reproductive female can never be in the right: condemned for obliterating the identities of the women depicted (pp. 132, 137), would it not also be offensive and intrusive to have named the women, according to current ideas about patient confidentiality?

In a curiously mimetic (perhaps self-reflexive?) way, Roberta McGrath has produced a narrative itself heavily framed and over-determined and the product of assumptions about gender and visibility.

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**Eilidh Garrett, Alice Reid, Kevin Schürer and Simon Szreter,** *Changing family size in England and Wales: place, class and demography, 1891–1911*, Cambridge Studies in Population, Economy and Society in Past Time, Cambridge University Press, 2001, pp. xxiii, 526, £60.00, \$90.00 (hardback 0-521-80153-2).

Infant mortality is widely thought to be a barometer of national health, and the onset of fertility decline the sign of a shift towards modern family life. In England and Wales turning points to both came rather