

Book Reviews

Laurinda S Dixon, *Perilous chastity: women and illness in pre-Enlightenment art and medicine*, Ithaca and London, Cornell University Press, 1995, pp. xvi, 297, illus., £42.00, \$55.00 (hardback 0-8014-3026-7); £17.50, \$22.50 (paperback 0-8014-8215-1).

The sub-title under which this analysis appears is highly misleading. Far from discussing women and illness in pre-Enlightenment art and medicine, Dixon concentrates almost exclusively on seventeenth-century Dutch paintings of sick women. In order to understand these images, in which most commonly a warmly-dressed young woman reclines on a bed or chair, Dixon argues that it is necessary not only to look at the language of gender, symbol and gesture conveyed by other people and objects present in the sick-room, which may suggest an erotic context, but also to investigate medical texts of the period. This is a perfectly reasonable strategy, even without Dixon's analogy between artists and physicians, both of whom study the outward appearance in order to discover the inner state (p. 62). She also looks for parallels between these images and those of contemporary medical advertising, seeing the paintings as advertisements for marriage which warn of the consequences should women fail to conform: "The threat of illness was a way for men to maintain control" (p. 245).

The major fault of this book lies in the author's relentless merger of suffocation of the womb, chlorosis, nymphomania, hysteroomania, *furor uterinus*, love sickness, hysteria and many other categories as a single condition, "this ancient disease" (p. 51), a "mysterious universal ailment of many names that has afflicted women throughout history" (p. 240), "labeled variously" (p. 240) but usually referred to here as *furor uterinus*, or as "hysteria"; this latter identification enables her to produce a misleading Appendix of medical dissertations from 1575 to 1740 on all the above conditions, but here described as "on the

subject of female hysteria" (p. 249). She claims that her decision to conflate categories which earlier medical writers were most concerned to distinguish between is a legitimate simplification because there was a single "set of symptoms and associations that connoted a disordered womb" (p. 15). "There can be no doubt that the disorder once existed and was widespread among women" (p. 240).

Both the difficulties of this merger, and Dixon's casual use of sources, can be illustrated by her citations of Robert James' *Medicinal dictionary* (1743-5). It appears as evidence for eighteenth-century concern about the dangers of too much sex (p. 226, n. 25), and features several times as evidence for the seventeenth century (p. 164, p. 177, p. 188), but nowhere does Dixon face the implications of James' own deliberate separation of the categories of *furor uterinus*, hysteria, hypochondria and chlorosis.

Some errors may have slipped in by chance—"corsets, which could reduce the size of a woman's waist to a mere sixteen inches, were introduced in the first half of the sixteenth century and continued to be fashionable through the early 1960s" (p. 240)—but more worrying errors are legion. For example, Dixon states that "Hippocrates was not translated into Arabic" (p. 22); this is completely untrue, and I assume that she meant to say that the majority of Hippocratic gynaecology was not translated into Arabic. She is particularly weak on ancient and medieval medicine. "Since the time of Galen and Hippocrates" (p. 112) conflates around 700 years. On the medical uses of music, she writes that "The ancient Roman physician Soranus had also suggested singing as a remedy for *furor uterinus*" (p. 178), citing in a footnote Owsei Temkin's translation (*Gynaecology*, pp. 167-8). Soranus was not Roman, but Greek; in this passage, "vocal exercises" are only one of over twenty suggested ways of strengthening the body during remission in chronic cases of

prolonged discharge from the womb; so singing is not a “remedy”, nor is the condition *furor uterinus*.

In an extended discussion of the images of Ashmole 399, Dixon argues that they form a single “saga of uterine woes” (p. 31) of eight pictures, in which a woman suffering from uterine suffocation eventually dies. She interprets the autopsy in the sixth picture as evidence that death was seen as due to the womb becoming detached from the vagina. There are many serious problems with this interpretation. Since the pictures occur on a loose bifolium which was a later addition to the manuscript, there may be no connection between them and the different gynaecological tracts included in the collection. Even from the black-and-white illustrations given by Dixon (pp. 27–30), it can be seen that she is conflating two separate sequences; only in the first four does a blank scroll unfurl from the hand of the physician, and the dress of the physician changes from the first four to the second four. Furthermore, there is no evidence that the womb was thought capable of detachment from the vagina. Dixon (p. 37, n. 83) claims to have found “detachment of vagina and womb” in Wellcome MS. 49, folio 38, but this famous “disease woman” only has her womb shown as a separate organ on her left side—and her intestines on her right—in order to label more clearly the parts of each organ. Indeed, Dixon herself later describes, in ancient and medieval sources, “the belief that the vulva, vagina, and uterus of women were not separate anatomical components but a single, self-contained organ” (p. 117).

This book will no doubt find a large audience, helped by the presence of over 100 plates and illustrations; however, the care which is given to meticulous dissection of the visual material is in no way associated with a similar sensitivity to medical materials, and the central historical argument linking the two therefore remains perilously open to challenge.

Helen King,
University of Reading

Alan M Kraut, *Silent travelers: germs, genes, and the “immigrant menace”*, New York, BasicBooks, 1994 (distributed by HarperCollins in the UK), pp. xiv, 369, illus., £19.95 (hardback 0–465–07823–0), £13.00 (paperback 0–8018–5096–7).

Alan Kraut strives mightily for fairness to all parties in his study of immigration and health in America, and in that resides many of the strengths and weaknesses of this work. Less about germs and genes than about the responses of the native born and newcomers alike to a variety of health issues—particularly the putative connection between foreigner and disease—*Silent travelers* investigates the ways in which medicine was used both as an instrument of social control and nativist anxiety and as a means of contending with genuine public-health threats tied to the arrival of immigrant bodies on American shores. One of the strengths of Kraut’s analysis is that he maintains the tension between these elements throughout his narrative. Public health officials are portrayed not as villains attempting simply to “Americanize” newcomers, but as individuals often torn between their sympathy for the anxieties and traditions of immigrants and their duty to protect the public from disease or practices contradictory to the dictates of modern medicine. Similarly, immigrant communities themselves are represented as active fashioners of a complex response to the new conditions and health realities of America, neither completely abandoning traditional practices nor rejecting out of hand the methods and mores of the American approach to health. If Kraut is to be faulted, it is that at times he seems to favour balance over investigation into the deeper reasons why “stranger” and “disease” were so often associated within American culture.

Silent travelers concentrates on roughly the period 1830–1930 and analyses the responses first to Irish and Chinese immigration, and then to Southern and Eastern European, focusing particularly on Italians and Russian Jews. It tells three interrelated stories. First, it examines the immigrant groups themselves, how they