

Reviews



Out of the Dead House: Nineteenth-Century Women Physicians and the Writing of Medicine by Susan Wells (Madison: U of Wisconsin P, 2001. 312 pages).

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In this review, we focus on two themes particularly salient in Susan Wells' new book on the contributions of women to nineteenth-century medical writing. The overarching themes of both gender performance and the masculine gaze in *Out of the Dead House* convey the aspects of her work that most resonate with us as invested readers of feminist, revisionist histories and that we add significantly to the scholarly conversation about rhetoric, gender, and science. We read *Out of the Dead House* within the context of a graduate seminar, Gender and the Rhetoric of Science and Technology (Lay as instructor; Proppen as student). We found Wells' book to be grounded largely in the narrative histories of three women physicians who sought equal ground with male physicians in the study and practice of medicine in the nineteenth-century: Ann Preston, Hannah Longshore, and Mary Putnam Jacobi. With each narrative, Wells engages her reader in a thorough exploration of the implicit and explicit rhetorical efforts of these women physicians to situate themselves within the nineteenth-century medical and scientific communities. Through analyses of their writing, and in some cases, speeches, Wells advances the claim "that women physicians did the work of medicine as it was understood in the last half of the nineteenth-century, and that their writing can historicize and complicate our understanding of the relations among women and science, gender and knowledge."

Wells carefully positions her work by stating that medicine deals with gendered bodies but also genders the bodies it treats. To contribute to the field in which they were educated and determined to practice, the women physicians, according to Wells, sometimes wrote as if they were men and "insisted on the regularity of their medical views and the rigor of their

education”; on other occasions, they “argued for a wider sphere for women” and claimed that their gender “gave them a special understanding” of undervalued areas of medicine such as public health and prevention. The women often “masqueraded” or “cross-dressed,” according to Wells, by writing as men but not presenting themselves as men. Thus, they performed their gender to demonstrate that women physicians were as good as any male physician: “Their performance of the discourse of medicine was, in the broadest sense, a travesty—a performance of subversion dressed as compliance.” With this close look at the women physicians’ rhetorical strategies, Wells considers her book “an intervention into the rhetoric of science.” She argues against what she considers incorrect assumptions coming from those feminist scholars who find that women scientists write in a “unitary, distinctly feminine voice” and asserts instead that “Women doctors intervened in medical discourse at the very formations of the modern scientific profession. They invented central tropes and strategies for medical research and writing: the use of survey information, methods of taking patient histories, conventions for telling case histories.” Although we suspect that it would be much harder today than Wells claims to find feminist scholars who ground their work by identifying a distinctly feminine voice in science and therefore see science as a “unitary and unchanging activity,” she is quite successful in distinguishing among the rhetorical strategies used by the women physicians she studies and contextualizing those strategies within the debates about medical research, practice, and teaching at the time.

Holistically then, while it is difficult to imagine *Out of the Dead House* without its focus on the narratives of Ann Preston in Chapter 3, Hannah Longshore in Chapter 5, and Mary Putnam Jacobi in Chapter 6, it is also important to note that Wells spends a great deal of time in Chapters 1 and 2 providing detailed historical context related to the professionalization of medical schools at the turn of the century, the status of women’s participation in medicine at this time, and the nature of doctor-patient conversations and the medical interview. She focuses largely on doctors’ interpretations of patients’ stories and the discontinuity of the medical interview, or the frequent disconnect between “the patient’s story of illness and the doctor’s story of diagnosis.” This contextualization sets the stage for the reader’s introduction to Ann Preston and her role in the founding of the Woman’s Medical College of Pennsylvania in Chapter 3, and Wells’ exploration of the role of literacy in medicine and its relationship to the construction of

medical authority (with attention given to Preston and Longshore) in Chapter 4.

Wells' thorough archival research—as evidenced by the inclusion of reproductions of historic photographs of physicians, institutions, and texts—is clearly evident throughout the entire work and rightly puts into practice the “material preservation” of “textual bodies from the past” called for by Wendy B. Sharer in “Disintegrating Bodies of Knowledge: Historical Material and Revisionary Histories of Rhetoric” (139). Beginning even with her Acknowledgments section, it is clear that Wells has spent much time doing the archival work that, while necessary for the writing of *Out of the Dead House*, adds significantly to its scholarly ethos.

This ethos is further enhanced by Wells' unifying themes within *Out of the Dead House*: the masculine gaze and gender performance. In Chapter 1, Wells begins with a brief narrative that not only works to contextualize *Out of the Dead House*, but also exemplifies the theme of the masculine gaze. Wells writes of ten-year-old Marie Zakrzewska, a young girl who lived with her mother at the Berlin midwifery school in 1840. Marie requires medical treatment for her “weak eyes” and is befriended by Dr. Muller, the male physician who treats her. Marie is afforded the opportunity to make rounds with Muller, all the while with her eyes bandaged. When her bandages are removed, Marie's curiosity about a cadaver that Dr. Muller has told her about brings her to the dead house—“the building that was the hospital's morgue and pathology laboratory.” There, she explores the building and later finds the cadaver, which she observes for such a long time that she gets locked in when the lab closes for the night. Encouraging Marie's curiosity, Dr. Muller gives her the *History of Midwifery*, and the *History of Surgery*, which she then reads during her summer vacation. Wells says that this account of Marie “rehearses one of the narratives of nineteenth-century women's entry into medicine.” To us the narrative also exemplifies the theme of the masculine gaze, pervasive in *Out of the Dead House*; that is, Marie's improved vision affords her the ability to engage in the practices of looking associated with medicine and the body: “Rescued, she sees clearly and claims medical knowledge for herself.” Marie's dual status as patient and resident at the hospital simultaneously places her in the position of observed and observer, at once advancing medical knowledge for the community and attempting to claim medical knowledge for herself. Dr. Muller's bandaging of Marie's eyes is a metaphor for the imposition of the patriarchal, masculine gaze onto the female subject within the

nineteenth-century medical community, and thus exemplifies a theme salient in Wells' work, a theme that will be particularly prominent in Wells' final chapter, "Forbidden Sights: Women and the Visual Economy."

Before Wells returns to reemphasize the theme of the masculine gaze in this final chapter, she focuses on the performance of gender. Building on the work of such scholars as Judith Butler and Jacques Lacan, Wells defines gender as "positions available to any subject whatever at various times, these positions being taken in relation to the whole apparatus of social role, language, and law." Some of these positions are "straightforwardly positional" or standpoint and "depend on a match between the known sex of the writer and the sex-linked social role enacted in the text." More interesting, however, are those performances when the rhetor performs her gender in a way that expands the boundaries of her socially defined roles and challenges hegemonic knowledge systems. For example, Hannah Longshore, in her "Case of Conception Without Intromission," published in *Medical and Surgical Reporter* in 1884, "acceded to the definition of science as a particularly male discursive form and then contradicted that definition by performing 'male' science as a woman." Ann Preston "cross-dressed" according to Wells by "occluding her gender in order to perform it," speaking in the voice of one of her male opponents. Thus, Wells finds that Preston exemplifies "one of the most effective strategies for the feminine speaking subject was to deploy a masculine discourse while paralectically insisting on her feminine body." Mary Putnam Jacobi demonstrated traits such as "surgical sangfroid," thought impossible for women, and used the survey as her research method as "performance that inscribes the relentlessly lay voices of women within the discourses of medicine." Women physicians thus became activists in performing gender in a way that would both mark and resist their oppression.

Although Wells pays equal attention to satire, narrative, irony, and other techniques used by the women physicians in their performance of gender, to our graduate seminar, the heart history proved most intriguing. The women physician was expected by her patient to be a responsive listener in taking her medical history, and the female patient felt free to tell the details of her illness:

If the female patient were treated by a female physician, she would have had a wider scope for telling her story; it is certain she faced a less constricted speech situation. In some circumstances, the woman patient might also have been able to incorporate her story into the narrative that

directed her medical treatment or been able to tell a story in which previous doctors has been mistaken or inattentive.

Taking the heart history, however, involved what Wells calls a complex gender performance, in that the female physician also could assert greater control over her patient than could her male colleague by regulating that patient's family life and directing her reproductive behavior.

In her closing chapter, Wells returns to the assertion of the feminine gaze into the landscape of the masculine gaze in the nineteenth-century clinical lecture. Specifically, her discussion focuses on the Pennsylvania Hospital's agreement to admit students from the Woman's Medical College to the clinical lectures held in the Pennsylvania Hospital amphitheater. Wells' argument is that women's presence in the medical amphitheater is considered by male physicians and medical students to be a disruption of an established "economy of the visual in which women were to be seen by physicians." The amphitheater not only becomes a site of resistance in and of itself, but also it is a metaphor for broader societal insecurities about shifting gender norms in the nineteenth century. As such, the amphitheater is implicated in a web of sociocultural uncertainties and uncomfortabilities surrounding the formation and codification of gender roles and the perceived sex differences that inform them. Women's entry into medicine, as literalized by their entry into the amphitheater, challenges not only "complex economies of medical vision" within the medical community but also the constantly fluctuating societal norms of the nineteenth century.

According to Wells, when women medical students entered the amphitheater at the Pennsylvania Hospital, "male students stood in the tiers above them, passing remarks, reading aloud from their notes, and, by some accounts, spitting tobacco on their skirts." Here, the men's act of standing in the tiers above the women is a literal, material enactment of the scientific, masculine gaze that objectifies and excludes women from science: "Feminists writing about science, and particularly about medicine, have often described the scientific gaze as objectifying, reifying, and quintessentially male." Wells' most intriguing insight here is that the admittance of women into the amphitheater, however, does more than obstruct or dislocate the masculine gaze; it also introduces into this space, and thus into the scientific community as a whole, the feminine gaze:

To investigate the story of medicine historically, however, is to encounter another gaze, that of the woman physician, absorbed in the pleasure of

doing scientific work and most particularly the pleasure of seeing the exposed, or even dissected, body. That gaze is understood by women physicians and their supporters, as productive of knowledge, of pleasure, and of a certain kind of care.

This introduction of the feminine gaze into the space of the amphitheater destabilizes the patriarchal visual economy in which the female was to be the viewed subject. It creates instead a turbulent intersection of the feminine gaze with the masculine gaze, whereby the female is not the observed this time, but rather the observer: "The presence of women students raised the terrifying possibility that the viewers of the spectacle could themselves become objects of a cool, surveying gaze." Wells maintains that the inclusion of women into the nineteenth-century medical amphitheater challenges the masculine construction of a gendered science, which thus threatens the safe viewing platform of the masculine gaze: "Once the economy of the gaze had been disrupted, no other boundaries held"; rather, the women medical students "took refuge in their status as impassive members of the audience," engaging in "a performance of not being on display." Perhaps Wells' greatest contribution here is the notion that these women were now able to take on an activist role within the medical community; that is, as a result of their newly found impassivity and invisibility, these women were in a position to challenge and redefine the masculine gaze which so readily shaped the visual economy of the medical amphitheater and subsequently created a gendered science that furthered masculine portrayals of the female body and thus sustained societal gender norms.

Wells' book is an excellent read for graduate students and scholars, particularly those interested in historical studies, feminist theory, and the rhetoric of science. We found most intriguing the dual themes of gender performance and the masculine gaze, so richly described and demonstrated through Wells' historical and archival work. Wells' scholarly and personal commitment to this project is clear, and, in turn, she passes this dedication on to her reader. We found the book well researched and well written and predict that it will find its place among the best examples of cultural studies and rhetorical analyses.

Works Cited

- Sharer, Wendy B. "Disintegrating Bodies of Knowledge: Historical Material and Revisionary Histories of Rhetoric." *Rhetorical Bodies*. Ed. Jack Selzer and Sharon Crowley. Madison: U of Wisconsin P, 1999. 120-42.