The rest of the book deals with the long
Enlightenment from the seventeenth to the
nineteenth century, and grapples with the
effects of Cartesian mechanics and Kantean
vitalism. The relationship between religion
and science is a difficult area at best, and here
in the more complex modern era the
underlying limitations of Bergdolt’s literary
approach are exposed. The religious and
scientific history of these later periods is
underwritten, and (in the case of British
history at least) rather ill-informed. The lack
of any underlying structural analysis derived
from politics, economics, demography,
religion or science, means that his
commentary throughout is relentlessly “linear”
and repetitive. Despite all the biographical
details the central concept of health is not
rigorously unpacked, nor organized, to help
the reader. The hygienic non-naturals, in
particular, are a constant in this literature for
over two thousand years. Lumping them
together as “dietetics” is not enough—notably fails to capture the changing
therapeutic balances within the regimen genre.
Thus there is no clear interpretation of the
interlinked currents of German, English, and
American Protestant health radicalism that
fundamentally altered the politics of hygiene
from the seventeenth century onwards. If there
had been, Bergdolt would surely not have been
satisfied at stopping with Nietzsche (as he
does) just before the late-nineteenth- and
twentieth-century hygienic Life Reform
movements.

It would be unfair to criticize Bergdolt for
not recognizing the Anglo-Saxon “model” of
health history when one of the pleasures of
this book is being introduced to the German
sources, and seeing health history from the
German perspective. Bergdolt has achieved an
heroic internal synthesis of the health genre,
loosely linked with elements of social history.
But modern cultural history it is not.

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Teresa Ortiz Gómez, Medicina, historia y
genénero: 130 años de investigación feminista,
Colección Alternativas, 23, Oviedo, KRK
Ediciones, 2006, pp. 362, €23.95 (paperback
978-84-96476-52-3).

As the title, ‘Medicine, History, and
Gender: 130 years of Feminist Research’,
suggests, this book presents a wide-ranging
overview of the history of medicine written
from a feminist perspective since the late
nineteenth century. Opening the book with
quotations by the medical historian Henry
Sigerist and the feminist historian Gerda
Lerner, Teresa Ortiz Gómez, a well-known
feminist historian of medicine herself who has
contributed extensively to the development of
the sub-discipline in Spain, presents an in-
depth reflection on the confluence of the
history of medicine and feminist history.
While there is some discussion of nineteenth-
century writings, most of the book focuses on
the late twentieth and the early twenty-first
centuries, and thus constitutes a welcome
addition to the growing number of studies that
reflect on the developments, conceptual
frameworks, and debates in women’s and
gender history, in this case with a particular
focus on the history of medicine.

Structured in three parts, the first part
provides an introductory overview of the
institutional context in which women’s history
is undertaken in Spain and the theoretical
concepts that have informed feminist studies
in the last three decades, giving special
attention to the introduction of gender as a
category of analysis, feminist debates on the
body, and “feminine authority”, a concept
employed in Italian and French feminist
theory. The second part explores
historiographical issues in the history of
women, gender, and medicine in chronological
order from the nineteenth century to the
beginning of the twenty-first. The last part
reflects on the role of the history of medicine
in higher education in Spain, including a
chapter that has a revealing discussion about
the percentage of female professors in this
discipline in comparison to others, and a
break-down of the percentages of publications in the field by women. A chapter which calls for the greater use of visual and oral sources in the history of medicine is followed by a final chapter discussing how the history of medicine is taught in Spain, reflecting on the importance of teaching it in ways that are not androcentric.

Ortiz Gómez’s knowledge of feminist historiography, which she discusses in the first and second part of her book, is vast and illuminating. She integrates her analysis of this historiography in Spain with wide knowledge of the trends in feminist writing in Anglo-American, and to an extent, Italian and French historiography. The book thus provides a very interesting new dimension to readers more familiar with the Anglo-American context of debate. However, for those readers it might have been interesting to see a greater exploration of any differences in trends. Did, for instance, the introduction of gender as a category of analysis generate similarly heated controversies amongst feminist historians as it did in the US and Britain, and for comparable reasons? What about the linguistic turn? Furthermore, does the fact that in Spain, unlike in the UK or the US, most historians of medicine, like the author herself, are first trained in medicine and then specialize in medical history have any impact on the themes and theoretical approaches favoured by medical historians? Ortiz Gómez does not give answers to these questions, but her book is none the less a fascinating and highly instructive read for anyone who wants to find out more about the confluence of women’s, gender, and medical history in Spain.

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Checking into the American hospital the evening before her elective hysterectomy (for benign fibroids), Lynne Schwartz is invited by her gynaecologist “for a chat”. The topic of oophorectomy is raised, not for the first time, despite pre-menopausal Schwartz’s reluctance to part with her ovaries. “Ovarian cancer strikes one in a hundred women in your age group,” begins the surgeon, and then, on cue, in shuffles a pregnant woman in a hospital gown and paper slippers—beautiful olive-skinned face with high cheekbones and bony arms and legs. To Schwartz, the woman “seems somewhat old to be pregnant, around forty-five.” After she shuffles away, the surgeon tells Schwartz that the woman has ovarian cancer. Scared witless, Schwartz relinquishes her ovaries. This is one of the most sickening medical narratives I have ever read but it also rang bells because at the age of thirty-five I was offered a similar “prophylactic” procedure in a London hospital.

*Stories of illness and healing* is both a textbook—the editors teach health advocacy to masters students working in health care disciplines—and a literary anthology of illness experiences from over fifty women of varying backgrounds including academics, carers, novelists, nurses, midwives, musicians, parents, physicians, poets, prisoners, psychoanalysts and students. The formats are equally heterogeneous, encompassing poetry, essays, performance scripts, transcriptions of oral testimonies and short stories. The writing is extremely compelling. Whilst most authors are from the US and Canada, there are notable contributions from Europe, Asia and Australia. It is divided into seven sections: Body and self—the experience of illness; Diagnosis and treatment—relationships to the medical community; Womanhood—social constructions of body, sexuality and reproduction; Family life and caregiving; Professional life and illness; Advocacy—from the personal to the political; Advocacy—activism, education and political change. As a collective voice, this book is very powerful and reinforces my long-held belief