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When Medicine Meets Gender

Editorial

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- ¹ This issue of *Clio* aims to look at the history of medicine through the lens of gender, covering several geographical areas and several periods, from Antiquity to the present. The 1970s saw the emergence in France both of the history of medicine¹ and of women's history, which has never neglected medical topics, either in the early days,² or in the context of the new social history of medicine which developed in the 1990s.³ Initially, historians both of women and of medicine focused on the persistent identification of women's bodies as "natural", and on the ways in which medical publications considered them to be inferior in status; other early fields of interest were sexuality,⁴ and the history of women as carers. And while in France gender history was for some time overshadowed by women's history, the approach through gender has now been opened up for some decades: works on gender and medicine have become numerous.⁵ They are often associated with anthropological and sociological research, and are prepared to rub shoulders with philosophy, as the articles collected here suggest. They concentrate in particular on Antiquity and the nineteenth and twentieth centuries (regretfully, it was not possible to cover *Clio*'s usual broader chronological range.)

The rich seam of gender studies

- ² The articles by historians and anthropologists in this issue raise questions about medical knowledge and practice, revealing how, and to what extent, they have participated (or not) in creating biological, ethical and political norms that validated hierarchies between the sexes, since the days of Antiquity. The contributors pinpoint certain trends and complex developments in scientific knowledge, associated with medical and technological discoveries, many of them dating from the early years of the twentieth century. They offer surveys of the field from a methodological and historiographical point of view; they demonstrate how visions of the body and sexual identity have changed; and they also underline the fact that medical science is not

neutral, all the less so since its object of study is the human being, and the scientist-physician has therefore been both the subject and the object of his/her own research. Some historians and sociologists have, to be sure, been pointing out for years that doctors, whether male and female, shaped by the modes of thought of their times and sensitive to contemporary demands, may differ on many issues, participating, at whatever their degree of power, in the construction of interpretative systems and representations likely to be subjects of controversy and debate.⁶ Gender is therefore a very rich seam of thought with which to study, analyse, and question medical practice and knowledge, doctors and their patients, since gender is a way of thinking of the world, and a concept whose introduction

has enabled us to bring to historical research conceptual tools aiming to strip the veil from the social construction of sex differences, and thus to grasp the political dimension of domination as between men and women.⁷

Interdisciplinarity: a necessity

- 3 Historians of medicine, of both sexes, have combined this conceptual approach with the epistemological contribution of other disciplines. In France, philosophy has played an important role, since Georges Canguilhem shifted the history of science in France away from the pure terrain of mathematics, physics and astronomy where Gaston Bachelard had located it, and towards medicine and biology: he advanced the proposition that there was a discontinuity between different forms of rationality, rather than a single concept of reason as an invariant anthropological entity. Michel Foucault reappropriated this legacy, and he too abandoned the idea of history of science as a history of truth, developing the idea of discourses purporting to tell the truth; in his *Histoire de la folie à l'âge classique* (1961) [English trans. *Madness and Civilization*, 1965] Foucault provided a template for the analysis of such discontinuities, by studying the case of insanity. He highlighted the network of connections between the sequestration of the insane and political power, while also drawing attention to the social and economic conditions on which it was based. In a study that remains important for historians of psychiatry, Foucault argued that the alienists of the nineteenth century did not usher in an age of progress by comparison with the practices of the *ancien régime*: on the contrary, they prolonged, under cover of a medical approach, the process of exclusion first begun in 1656 when royal authorities began locking the insane away. This thesis was forcefully challenged in 1977 by the psychiatrist Gladys Swain in *Le Sujet de la folie, naissance de la psychiatrie*, and further in her *Dialogues avec l'insensé* (1994), co-authored with the philosopher Marcel Gauchet. Both of these writers considered, unlike Foucault, that the founder of the discipline of psychiatry in France, Philippe Pinel, had genuinely sought to find the conditions in which a dialogue with insanity would be possible, believing that there was always a human core within the insane individual. And if Pinel's disciples did indeed lock up the mentally ill by creating asylums after 1838, it was primarily in order to treat them and to prepare them for re-entering society.
- 4 This debate underlined the participation of doctors in political power in the eighteenth and nineteenth centuries, a phenomenon which Foucault continued to analyse in what he called "bio-power", showing how closely politics adhered to the behavioural norms dictated by doctors, and the demographic control they allowed. We might recall that obstetrics was the first specialism of choice for French doctors, slightly ahead of

psychiatry. Foucault developed this line of thought in his lectures at the Collège de France,⁸ where in 1970 he inaugurated a course on sexuality, a course of which gender specialists have noted both the great richness and the near-total absence of a gendered dimension.⁹ This domain was revisited by the American philosopher Judith Butler, who went to the heart of the problematics of “gender trouble”. For historians of medicine and gender, two of her books have been particularly influential: *Gender Trouble* and *Bodies that Matter*,¹⁰ which question the idea of binary sex difference and the materiality of the body. Returning to Foucault’s analysis of the role of discourse in the production and destabilization of subjects, Butler insisted further on its importance, by referring to discourse as a performative act – defined as a speech act which brings into being the thing it names. That is the moment when discourse becomes productive in a particular manner. “I have therefore tried,” she wrote, “to think of performativity as the dimension of discourse which has the ability to produce what it names.”¹¹ While certain philosophers have therefore helped us not only to re-think the history of medicine, but also to go back to primary sources, one should also mention a number of other French writers: anthropologists, such as Maurice Godelier, Françoise Héritier and Nicole-Claude Mathieu,¹² the biologist Anne Fausto-Sterling whose recently translated book is reviewed in this issue, and the neurobiologist, Catherine Vidal.¹³ These scientists have raised dissonant voices in the medical world, where the dominant discourse continues to divide human beings very distinctly into two sexes.

Constructing difference in bodies and identities

- 5 Following on from the expression of these ideas, our approach to history allows us to shed light on the way medical knowledge has configured the contours of what constitutes the normal or the healthy, approving or rejecting the *nature* of individual human beings, imposing on them an identity at once political, biological and official. It makes it particularly clear how everywhere, and in every period, there has been a hierarchy between men and women, male and female, masculine and feminine, a hierarchy formulated by way of arguments that have evolved over time, from Antiquity to the present, interacting with the demands or the taboos of the political, economic and social authorities. Ancient Greek medicine thought of male and female bodies as profoundly different. As Jean-Baptiste Bonnard explains in his article:

This difference is both a given from the beginning (*in utero*) and an ongoing, never-finished process. [...] In this context, male and female bodies are clearly contrasted according to criteria that carry connotations; in particular, the woman’s body is more moist than the man’s. But this difference in moisture is presented as an excess in relation to the norm of the happy medium, [...] In fact, the abnormal female body is almost always thought of by comparison to a normative male body.¹⁴

- 6 Thus the female body is always perceived as more or less wanting by comparison with the male, and women as being imperfect men. The important contributions by Thomas Laqueur to this debate, as well as criticisms of his work, have often been referred to in past issues of *Clio*.¹⁵
- 7 In the first decades of the nineteenth century, medical discourse was concerned to re-define a hierarchy between men and women in the context of the clinical revolution and the new discoveries in physiology, anatomy and pathology. It tended for instance to represent sex as the essential basis for a specific pathology, in a marked dimorphism. “Women’s diseases”, linked exclusively to the genital organs and their functions, were

given special prominence, although this idea was not immutable, since the term disappeared from French medical dictionaries after 1877. The gap was filled by the emergence of other illnesses, not specifically female, but considered predominantly so, such as *nervous diseases*, including hysteria and cancer. In her article below,¹⁶ Ilana Löwy shows that cancer was seen as almost exclusively a female disease in the nineteenth century, and that this notion persisted well into the twentieth century. As for insanity, in the nineteenth century it veered between being considered a male or female malady: sometimes it was viewed as affecting women more than men, at other times the opposite.¹⁷ But psychiatry was one of the disciplines which formulated the most sexist norms, and remains so today, along with neurological science. Aude Fauvel¹⁸ provides evidence in support of this, by recalling the extent to which psychiatrists not only encouraged a discourse about the inferiority of the so-called weaker sex, but also contributed in very practical terms to the exclusion of women from society, by agreeing to institutionalize those who refused to conform to masculine norms. Taking the British example as her subject, she argues however that this history can be viewed differently, by reflecting on the repercussions this sexist position had on the presentation of medical knowledge, and inversely on representations by and of women patients themselves.

- 8 The birth of psychology as a discipline in the 1880s, largely as a result of knowledge developed in psychiatry and neurology, did not modify these views, and while the emergence of psychoanalysis a decade later no doubt profoundly altered the *criteria* for differentiation, it by no means resolved *problems* relating to differentiation and to the hierarchy between men and women. Psychoanalysis laid particular emphasis on sexuality and this theme was the subject of issue no 32 of *Clio*: “Érotiques”.¹⁹ The article below by Sylvie Chaperon and Nahema Hanafi returns to the question, by reviewing the circumstances in which a history of sexuality in the 1970s was developed in France, using medical sources. This historiography lays stress on the pioneers, male and female, of this history in the modern and contemporary period, and the sources on which they drew. From another angle, Delphine Gardey also considers the relation between the body, gender and medicine in the twentieth century. Her focus is the field of social and cultural studies of science.²⁰ She analyses the way in which recent research can suggest a new reading of the history of very contemporary bio-medical advances, stressing the importance of the scientific, economic and social contexts in which they have been produced, as social and gender issues are updated.

Body, gender and medical discoveries

- 9 While medical knowledge is intimately linked to social, cultural and political power, and while an approach through gender makes it possible to reveal these articulations, medical discoveries are themselves part of the context: they never spring from nowhere. But they may quite suddenly modify the view or idea of the body, whether held by doctors or patients. For example, the discovery of ovulation in the late 1820s made it possible to posit as separate entities – egg versus spermatozoon – the male and female organs of reproduction. By contrast, the discovery of the glycogenic function of the liver in 1857 made it clear that the physiology of this organ was identical in man and woman. The historian’s task can then be to analyse the transformations of medical knowledge and the way in which reconstructions of inequality are re-thought (because

they always *are* reformulated). In the twentieth century, the disciplines of biology,²¹ histology and embryology were greatly advanced and the spectrum of our knowledge of the body became more complex and detailed. In the 1950s, the discovery of hormones²² revealed a possible distinction between biological sex and gender, and made it possible no longer to consider the existence of a mismatch between body and sexual identity as pathological. The historical and anthropological study of the emergence of these discoveries, their reception and their social and scientific consequences is therefore greatly enriched when it uses the focus of gender.²³ Analysis of the reception, use, effects and representations of hormones is particularly interesting. Research carried out by Emilia Sanabria in Bahia in Brazil has shown the complexity of the understanding there about what hormones are: the term used in Bahia is the singular *hormônio*, a term which does not entirely coincide with the French or English “hormone”, since it suggests a homogenous fluid quality, making hormones hybrid objects on the borderline between sex and gender. This *hormônio*, produced by pharmaceutical synthesis, is conceived of as a substance which can circulate between bodies, revealing a relative flexibility between sex and gender. In a different context, that of menopause and andropause, Veronique Moulinié’s article underlines how these terms, the former being invented in the late nineteenth century and the latter in the late twentieth century, have had the effect of increasing the medical supervision of ageing male and female bodies and more particularly on sexuality in later life. She shows, nevertheless, that this medical control has only been able to succeed because of very active support from women and the inability of men to resist it.

- 10 The same could be said of other forms of new technology which may inflect how we see sexual difference: in the nineteenth century, photography in some ways reconfigured certain norms of the masculine and the feminine. The photographs of hysterical subjects from the 1870s to the 1890s for example, reinforced the dichotomy between male and female patients.²⁴ In the 1980s, ultrasound scans led to the possibility of identifying the sex of a foetus, something which had been impossible earlier, but which led to foeticidal practices in some countries.²⁵ The various screening processes which have made it possible to visualize cancers of the internal organs also brought to an end the identification of this illness as particularly affecting women.²⁶
- 11 The historian or anthropologist who approaches the medical sphere with an awareness of gender thus draws on many threads which criss-cross each other and bring to light hitherto unthought-of human profiles, bodies and identities. The result of this process of investigation and publication reaches beyond the medical into the social, cultural, economic and political spheres.
- 12 This number of *Clio* therefore reminds us that since Antiquity, the relations between science and power, medicine and human beings, have forever been changing, but that there have always been doctors ready to proclaim the inequality of the sexes and to define a hierarchy in which men are dominant. By invoking *natural* – and therefore immutable – causes, these doctors have played a part in validating social, economic, cultural and political inequalities, since “these inequalities were not only explained but justified, and the scientific approach became an ideological one”. And yet, for several decades now, more and more discordant voices have been heard, coming from different disciplinary horizons, to challenge this ideology both subtly and radically. By questioning and analysing new ways of envisaging the body, the historians and

anthropologists of gender contributing to this issue expose the instability of the old frontiers which still too often divide humanity into two unequal halves.

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NOTES

1. Léonard 1978.
2. Kniebiehler 1976a, 1976b and 1983; Kniebiehler & Fouquet 1983; Gélis 1988; Thébaud 1986; Leroux-Hugon 1992; Faure 1995.
3. Carol 1995; Faure 1994; Vigarello 1993; Porter 1996; Porter & Teich 1994.
4. See the article by Sylvie Chaperon and Nahéma Hanafi in this issue.
5. Chaperon 2007; Dorlin 2006; Edelman 2003; Edelman, Montiel & Peter 2009; Gardey & Löwy 2000; Pomata 1994 and 1998; Oppenheim 1991.
6. Pestre 1995; Velle 1998.
7. Riot-Sarcey 2012: 14; see also Varikas 2006.
8. Foucault 1999 and 2003.
9. Foucault 1976.
10. Butler 1990 [2005a], 1993 [2009].
11. Butler 2005b: 17-18.
12. Godelier 2005a; Héritier 1996 and 2002; Mathieu 1991.

13. Fausto-Sterling 2000 [2012]; Vidal & Benoît Browaëys 2005.
 14. From Jean-Baptiste Bonnard's article in this issue.
 15. For the opposition between the idea of a unisex body and then of two sexes, see Laqueur 1990, and for critical readings of Laqueur: Jaulin 2001; Harvey 2010; Steinberg 2001a, 2001b, 2008.
 16. See the article by Ilana Löwy below.
 17. Coffin 2000.
 18. See Aude Fauvel's article below.
 19. See chapter 7 in Sylvie Steinberg's book *La Confusion des sexes*, in which she examines representations of the body between the sixteenth and eighteenth centuries in medicine and its auxiliary study, physiognomy, Steinberg 2001a.
 20. Social Studies of Knowledge, feminist critiques and Cultural Studies.
 21. Fausto-Sterling [2000] 2012.
 22. Stoller 1968; Oakley 1972.
 23. See the articles by Véronique Moulinié and Emilia Sanabria in this issue.
 24. Edelman 2003.
 25. See Delphine Gardey's article in this issue.
 26. See Ilana Löwy's article in this issue.
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