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# BOOK REVIEWS

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Lilian R. Furst, Ed. *Women Healers & Physicians: Climbing a Long Hill*. Lexington: The University Press of Kentucky, 1997. 274p.

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This eclectic, wide-ranging collection of essays, drawing from medical texts and literature, charts the uphill struggle of women physicians from medieval and Renaissance Europe to nineteenth/twentieth-century Britain, the United States, and Australia. Divided into two parts, the first concentrating on the relationship between religion, magic, and medicine, and the second on the emergence of professionalism in the nineteenth century, the collection does not attempt an historical overview, but chronicles outstanding, often neglected, examples of the struggles faced by individual women physicians and women physicians in general, as a result of church, state, and educational restrictions which formed the basis of social and cultural prejudice against women doctors.

Referring to accounts of individual women healers and remedies in early medical manuals, Debra L. Stoudt illustrates the changing role of the church and of women healers in medieval Germany in the first essay. Disease not being understood, its treatment was largely the church's realm in the early middle ages, and medical accounts show men and women alike treating illness with charms and herbs. However, Stoudt notes that Hildegard von Bingen (1098-1179) is the only woman whose knowledge of medicine is undisputed and well documented. With the establishment of universities, and the licensing of healers, women were excluded from an equal role in medicine, but Stoudt asserts that women's own changing spirituality also played a part: the late middle ages saw illness as a punishment or trial from God, acceptance of which brought one closer to Him.

Illustrating the marginalization of women as healers, Stoudt's essay sets the stage for the next four, which examine women's role in relation to medicine in medieval and Renaissance texts. Nancy P. Nenno's well-supported essay argues that widespread ambivalence to the woman healer, a necessary figure in caring for the poor, was based on the source of the healer's power; women's healing relied on little-understood herbs and could thus be linked to magic. This suspicion of women's power, at a time when the state began intervening in medicine, is, she asserts, the

basis of the ambivalent portraits of Feimurgan and Queen Isot in Hartmann's *Erec* (1180/1185) and Gottfried's *Tristan* (c.1210) respectively.

In the *Decameron*, Esther Zago argues that Boccaccio moves from the traditional picture of melancholy as a lovesickness that affects men to seeing it as a malady of women also, thus suggesting that sexual desire is equal in male and female, and that the cure, sexual intercourse, is as relevant to one sex as the other. Michael Solomon contends that the goals of exclusionary medical legislation in the late middle ages were efforts to control "the tremendous social power of medicine," rather than to protect the public (81). At and after the end of the sixteenth century, when women healers, such as Margaret Kennix, were being restricted by British law, Renaissance dramatists, William Kerwin notes, Lyly, Shakespeare, Heywood, and Fletcher, depicted these women as healers not simply of physical symptoms but as reformers of social relations. Appropriately, Part One concludes with Gunilla T. Kester's essay illustrating the healing power of the Blues in contemporary African American women's literature, a healing that links African American tradition to that of women healers of earlier times.

Part Two—a discussion of modern prejudices against women doctors—opens with Holt N. Parker's account of women doctors in Greece, Rome, and the Byzantine Empire; ironic, because Parker shows that women doctors not only existed as early as the fifth century BC in Greece, but that their presence was treated as unremarkable. Drawing from inscriptions and medical texts, Parker provides fascinating data on early women doctors and midwives, including the names of Phanistrate (c. 350 BC), the first woman doctor whose name is recorded, and Metrodora (second to fourth century AD), the thorough medical authority who wrote the first complete surviving volume by a woman doctor. Paulette Meyer takes the argument to late nineteenth-century Berlin, where Franziska Tiburtius was forced to remove the shingle advertising herself as "Dr.med." Although Dr. Tiburtius had received her diploma from the prestigious University of Zurich, the authorities found that "Dr.med." implied certification by imperial German authorities and women were not allowed to take the certification examination. Meyer attributes the relative success of Russian women in medicine to different socio-economic conditions from those in Germany. Regina Morantz-Sanchez analyzes the spectacular rise and fall of Mary Dixon Jones, a pioneer gynecological surgeon who became chief medical officer of the Women's Dispensary and Hospital of the city of Brooklyn in 1881, a time when women emphasized holistic medicine as women's special strength. Jones's fall was complicated: Morantz-Sanchez suggests that gender expectations were involved, but gender may have

contributed to her success also, as the new field of gynecology had some room for a woman, and male physicians found a woman's support in this field useful.

Examining three hospitals for women, patients and doctors, the New Hospital in London, founded in 1872, the Queen Victoria in Melbourne, 1899, and the Rachel Forster in Sydney, 1922, Alison Bashford charts a regression from feminist enterprise in the first hospitals to simply working for women in the last. Lilian R. Furst argues that five novels featuring "doctresses," written between 1881 and 1891, reflect contemporary American concerns and hopes for women in medicine, following the opening of medical colleges for women from 1848 to 1871. Although the strengths of the practitioners depicted vary depending on the gender of the author, Furst notes that these novels capture a brief moment of opportunity for women doctors before women's medical colleges were closed or absorbed into co-educational institutions. In the last essay, Elsa Nettels argues that Virginia Woolf's attitudes to male doctors, as suggested by her portrait of the arrogant, insensitive Sir William Bradshaw in *Mrs. Dalloway* (1925), and to female doctors, as suggested by her portraits of the independent pioneer Sophia Jex-Blake (1840–1912) in *Three Guineas* (1938), and the fictional Peggy Pargiter in *The Years* (1937), reflect her sense of continued gender inequality.

Although the individual essays are often fascinating, the relationship between them seems arbitrary; an opening chapter chronicling the events related to women's place in the medical world, and inter-essay connections, might help place them. As the text stands, the essays advance interesting, neglected material, which should be valuable in a women's studies overview course. ✱