The Woman in the History of Health

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Annagiulia Gramenzi

After centuries of dormancy, young women
can now look toward a future moulded by their own hands
Rita Levi Montalcini, Nobel Prize for Physiology and Medicine

Key Points

- The role of women has been largely neglected by historians of medicine, who have primarily focused on the great male university-trained physicians. This attitude has changed in the past few decades.
- Women have always engaged in healing from the beginning of history. With the founding of medieval universities, medicine became a profession, and women were formally excluded from medicine, but they did not stop healing.
- Even midwifery would become masculinized during the later years of the early modern era with the rise of the "man-midwife."
- Over the last few decades, the medical profession in the West has moved toward a situation where females comprise the majority of new medical graduates, even though career paths are still gender biased to the disadvantage of female physicians.
- It is not completely clear if "women's health was women's business," but the care of women during pregnancy was prominently controlled by other women.

A. Gramenzi (✉)
Dipartimento di Scienze Mediche e Chirurgiche, Alma Mater Studiorum - Università di Bologna, Bologna, Italy
e-mail: annagiulia.gramenzi@unibo.it

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The entrance of women in history and in history of science and medicine, both as objects and subjects, has been extremely slow. By the origins of women's studies in the early twentieth century, the heritage of women in healthcare only began to receive significant historical attention from the 1970s [1], when both the second wave feminist movement and the new study of social history contributed to the development of both women's history and history of medicine. Prior to this period, medicine and its history were mostly written solely by and about men emphasizing the scientific developments and the men who had made them possible. The ordinary everyday practice of medicine, let alone the kinds of domestic or marginal healing often performed by women, was simply not part of the discipline.

Discrimination toward women in medicine can be traced back to the legend of Agnodice told by the Roman author Hyginus (c. 64 BC–17 AD) [2]. Agnodice entered medicine some 2000 years ago by dressing as a man to circumvent the restrictions of her gender. However, in order to gain the trust of her female patients, she would undress enough to prove to her patients that she was indeed a woman. Following the gender ambiguity highlighted by Agnodice, this chapter will briefly focus on two "hot" topics that are central to studies of women in the history of medicine:

1. Women as healthcare workers
2. Women as patients

2.1 Women as Healthcare Workers

Since the beginning of human history, women have been crucial to medical service provision and have been responsible for the care of children as well as of the sick and the dying. Increasingly historians acknowledge the presence of women in the broader medical spectrum, although there are very few studies which document who such women were, what their specific practices and theories were, and how their medical work was perceived.

"Official" Western medicine has been widely dominated by men. Across antiquity, admission to medical school was denied to females, and the medical profession was considered exclusively male-centered. Women were barred from cathedral schools first and then from universities and thereby they could not participate in the professionalization of medicine [3]. Valuable historical studies have shown that between 1500 and 1800, female medical practitioners were increasingly marginalized and relegated to the "*sphere of compassionate and charitable activity*" [4]. Crucial to the marginalization of women as healers was the denigration of their empirical knowledge and activities by university-trained physicians and powerful surgeon guildsmen. However, during this time women did continue to practice even without formal training or recognition especially in domestic and household medicine but also in the setting of emerging structures of public health such as hospitals and charitable institutions [3, 4]. But still during the nineteenth century, women

were generally considered too frivolous, delicate, and unable to act as rational beings to deal with medical education, with special emphasis on human anatomy and diseases. In his 1873 book *Sex in education*, Dr. E. H. Clarke warned that "*higher education in women produces monstrous brains and puny bodies, abnormally active cerebration and abnormally weak digestion, flowing thought and constipated bowels*" [5]. In one field alone throughout history women were always accepted and even preferred: midwifery, even though starting with the introduction of obstetrical and surgical instruments such as forceps in the 1600s the proportion of female midwives gradually reduced over time. During this time it became fashionable for women to have "man-midwives" as there was a presumption that male practitioners possessed more technical skills and superiority in matters of medicine [6]. Consequently, until the early twentieth century, women's role as healers and obstetricians had been relegated to that of the passive assistant or hand maiden to the male doctor.

By the mid-1800s, increasing numbers of women were admitted to several all-male medical schools, and, finally, in the past four decades, the proportion of women entering medical school around the world has progressively increased to outnumber males in most Western countries. This changing gender composition of the medical workforce is known as the feminization of medicine, but that doesn't mean equal treatment [7]. Compared to men, women doctors are underrepresented in leadership positions in medicine, despite similar levels of skills or experience (Fig. 2.1). In addition, women are more likely to choose specialties that are still conventionally seen as "feminine," such as family medicine, pediatrics, psychiatry, dermatology, and obstetrics/gynecology. These long-standing gender differences have important practical and social implications and represent a priority to ensure that women should be equally represented across all spheres and hierarchies of medicine.

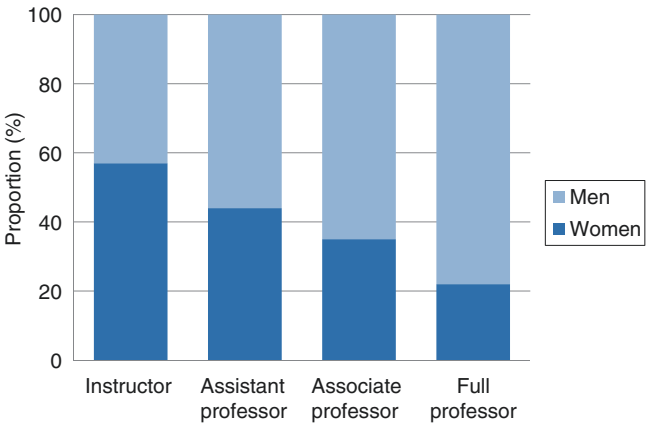

Fig. 2.1 Medical school full-time faculty distribution by rank and gender–United States, 2015. From: Association of American Medical Colleges www.aamc.org/members/gwims/statistics/

2.2 Women as Patients

Despite the growing interest in female health and medicine over the past decades, up to now there has been no comprehensive study on the history of women as patients.

For centuries, women have been perceived as weak, sickly creatures on the basis of both the church doctrines about the inferiority of women due to Eve and many ancient texts about women and their bodies full of distortions and misinformation. According to the humoral theory, men were hot and dry, indicating the perfection and nobility of their bodies, while women were cold and moist, indicating their imperfection [8]. In most schools of thought, women were held to be inferior copies of the male organism. The same female reproductive system heavily influenced these ideas. The second century Roman physician Galen—probably the most influential physician of all time—described the female genitalia as being an inverse of the male: male, having the hotter body, necessarily carried his organs on the outside, whereas the woman, being cooler, carried hers on the inside [9]. How the female reproductive system functioned was also a mystery and a matter of debate. The most famous example was the idea of the "wandering uterus" causing various female medical problems, which has its origins in ancient Greece. The belief that the uterus was responsible for a variety of illnesses—known collectively as "hysteria"—persisted until the early twentieth century [10].

It should be pointed out that throughout the history women have been subject to the same general diseases and injuries that afflict men and children. Therefore, women's need for healthcare was more or less constant, and at least some of this need was addressed by specialized caretakers. Some historians claim that "*women's health was women's business*". Others provide plenty of evidence that women medical practitioners treated men and men treated women even in gynecology and obstetrics (though a female intermediary would be employed for manual examinations) [11]. The care of women during pregnancy does not appear to be exclusively controlled by other women; however women figured prominently there.

By the early 1800 with the advent of modern medical degrees and physical examinations, the pelvic exam began to be performed by male physicians, as women were not allowed to enroll in medical school, as we have already seen. It seems that this examination consisted of a "compromise" since the physician kneeled before the woman but did not directly inspect her genitals, only palpated them [12]. In this period, a chaperone began to be used to attend gynecological visits.

As the role of women in healthcare grew, so did the profession's understanding of the particular health needs of women. Nevertheless, until 1950 the risk of dying in childbirth (mainly for puerperal sepsis and hemorrhage) was still as high as it had been just in the 1850s [13, 14]. The wider use of antisepsis; asepsis and the introduction of antibiotics; better health and nutrition and the better education of women; the effects of body awareness; the wider use of contraception, including the pill; the improvement in obstetric anesthesia and midwifery practices; and the spread of antenatal care have undoubtedly reduced the dramatic number of women dying in childbirth to almost zero [15]. Although the safety of childbirth and of women is

now generally taken for granted in developed wealthy world, in developing poor countries, the maternal mortality remains unacceptably high, and women's health needs are still denied. So far, the health institutions have failed to confront these inequalities. It's time they did so.

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