

Wendy Mitchinson. *The Nature of Their Bodies: Women and Their Doctors in Victorian Canada.* Toronto: University of Toronto Press, 1991. Pp. 512. \$60.00 cloth, \$22.95 paper.

The Nature of Their Bodies is an important addition to the rapidly expanding history of medical perceptions and medical treatment of women in the nineteenth century. By focusing upon the experiences of English-speaking Canadians in the late nineteenth century, Wendy Mitchinson provides new and provocative insights into the relationship between doctors and their female patients which complement a number of richly documented recent studies about the medical treatment of women in North America and Europe.

While "it is all too easy to see the tangles around gender, science, and medicine as simple evidence of sexism, of cultures that denigrated women and denied them rights and value" (Ludmilla Jordanova, *Sexual Visions*, p. 162), Mitchinson does not subscribe to a simplistic conclusion. In a carefully woven tale, she illustrates how Canadian doctors and their female patients were enmeshed in a Victorian culture where scientific and medical representations repeatedly constituted middle-class women as physically weak, intellectually inferior, and in frequent need of medical attention. Unlike G.T. Barker-Benfield's suspicious view of nineteenth-century male doctors, she does not see misogyny behind every scalpel. Nor does she readily accept

Patricia Branca's suggestion that middle-class women were ahead of a conservative medical profession in seeking new ways to improve their health. Mercifully dismissed is Edward Shorter's assertion that nineteenth-century women were so sick and so burdened by their bodies and overwhelming duties that, until the arrival of scientific medicine to alleviate their pain, they readily accepted their inferior status. A balanced view must be sought, says the author, and she pursues the middle way throughout the book. Medical men, she claims, were more misguided than misogynist, quick to accommodate scientific pronouncements about physical differences within their own area of expertise, the human body, and more than ready to draw inferences about female ill-health and its potential amelioration by the medical profession.

Physicians were sure that women required more medical care than men, and their views rested securely upon anatomical and physiological understandings that portrayed a woman's reproductive system as complex, vulnerable, and the locus of all of her complaints. Since reproduction was the *raison d'être* of womanhood, women who deviated from pursuing that goal were believed to cause their own illnesses, mental as well as physical. The need to oversee women's lifestyles, to regulate female sexuality, and to intervene in the workings of the reproductive apparatus all became matters of prime medical concern.

Using Rosenstock's Health Belief Model as rationale, the author explains how middle-class women were

motivated to seek medical help by enhanced perceptions of their susceptibility to these female-related disorders and by the belief that the consequences of these disorders were potentially serious. Those women who accepted medical pronouncements about the determinants of health and disease, and who willingly or unwittingly exposed themselves to the risks of gynaecological surgery, were convinced that the increasingly interventionist techniques of Victorian doctors had scientific merit. Their confidence was bolstered, as the century progressed, by the introduction of new instruments, anaesthetics, and an antiseptic environment, but women often paid dearly for surgical intervention with the mutilation of their healthy tissues, ongoing pain, or indeed their lives.

Mitchinson's detailed analysis of patient records from private medical practices and hospitals in Canada provides a new and useful window into Canadian medical practice as opposed to the advice and lifestyle prescriptions which were reported in medical journals and texts. Canadian physicians, she suggests, may not have been as interventionist as the medical literature suggested, but there is no doubt about the steady increase in gynaecological surgery. In 1898, one-third of all major operations performed were on women's reproductive systems and the mortality rates remained high for many of the more radical procedures. Mitchinson portrays a particularly nightmarish scene of the enthusiasm of insane asylum superintendents such as Dr. Richard Bucke to cure insanity through a wide range of

gynaecological operations on women—indeed, three-quarters of all females admitted to the London Asylum in Ontario in 1900 were operated upon in attempts to restore their sanity.

This is a book about Canadian doctors who were, suggests the author, more conservative than their American counterparts. While this may very well have been the case, it is important to note how strongly influenced Canadian doctors must have been by their dependency upon non-Canadian medical texts and perspectives. A further point relates to the tricky divide between regular doctors and other kinds of medical practitioners who often held quite different views from each other. Though Mitchinson claims that her study is largely limited to an examination of the regular medical profession (p. 11), she uses a very liberal blending of sources ranging from popular advice books, such as *The People's Medical Advisor*, issued by Dr. Pierce to advertise his Invalid's Hotel in Buffalo, New York, to widely circulated establishment medical textbooks from Europe and the U.S.

The study, too, looks only at English-speaking Canada. Future extensions of this work to comparisons with the medical perspectives and practices of rural and French-speaking Canadians would be revealing. Within the stated limits of her study, however, Mitchinson has provided an excellent and very readable overview of the experience of women and their doctors in Victorian Canada.

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