

made them the guardians not only of domestic morals but also of those of society at large; they were drawn into public reform movements through the agency of religious benevolent associations; and in their distinctive role, defined by gender and functioning both within and without the family, women shared in the common experience of their only true peer group, creating a new consciousness of sisterhood. It was this sisterhood which caused the majority of American women to accept their separate sphere, and at the same time provided the essential pre-condition for the emergence of an organized feminism which rejected it.

This summary outline does not do justice to the perception and sophistication of Cott's argument, which is very persuasive within its more limited focus on New England, middle-class, white women. Neither, however, does the outline do justice to some real weaknesses.

The evidence is thin. Generalizations based upon it, as for example that there was a uniquely high level of "marriage trauma" among early 19th-century women, with a probable "withdrawal of emotional intensity ... from the marital relationship" (pp. 80-81), remain tantalizing because insubstantial. Extrapolation from the New England experience to that of women as a whole, justified by Cott on the largely axiomatic grounds that New England had "the most influential regional culture" and the middle classes "cultural hegemony" (p. 10), is not convincing to those who observe a more complex American society marked by significant variables of region, class, and colour in its impact upon women. That wider historical context is presented in a disturbingly simple fashion — transition from a pre-industrial to an industrial society, breakdown in deference, ascendancy of democratic values — conferring on the nation a dubious uniformity which appears to establish a comparable uniformity in the social experience of women.

These criticisms Cott counters to some degree by explaining the limitations of her material, devoting a long footnote to the question of Southern women, and describing her work as an "essay" (p. 18), the basis for a more thorough history. But by consistently casting her argument in broad terms of its applicability to all women, she implicitly sets aside her own reservations.

Nevertheless, in its more precise focus *The Bonds of Womanhood* is a significant addition to an increasingly impressive historiography on 19th-century American women.

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MARY ROTH WALSH. — "*Doctors Wanted: No Women Need Apply*". *Sexual Barriers in the Medical Profession, 1835-1975*. New Haven and London: Yale University Press, 1977. Pp. xxii, 303.

The 1960s and 1970s have introduced a whole new range of subjects to readers of history, perhaps no more so than in the history of women. The nineteenth century in particular has benefitted from new approaches. No longer focusing exclusively on the struggle for the vote, scholars everywhere are beginning to evaluate the interlocking structures of sexism and the evolution of sex-typing. American historians such as Mary Roth Walsh have been particularly prominent in this reassessment. The prevalence of medical arguments in the anti-feminist arsenal in the United States as elsewhere has drawn special attention to medicine

and its practitioners. At issue, most specifically, is to what extent doctors shared and indeed perpetuated and justified the anti-female prejudices of western culture. This concern by historians of women reflects not only the prominence of medically-justified misogyny in the nineteenth century but also the revival of the 'biology is destiny' school of behavioural science at the present time.

In nineteenth-century America the medical profession ran head on into the feminist movement with its criticism of existing medical treatment and its demand for female doctors. The outcome was a shift in tactics but not in spirit by the male doctors. Mary Roth Walsh's *"Doctors Wanted: No Women Need Apply"* attempts to reevaluate this historic encounter. Refuting the common claim that professionalization in the later decades of the century overturned a pre-Revolutionary tradition of greater sexual equality in medicine, she argues that women at first successfully used recognized professional credentials to consolidate and better their position. The result was a massive increase in female practitioners in the Victorian period. Walsh also despatches the hardy myth that women as a group lost interest in medicine. In contrast, she paints a picture of persistent struggle by female candidates and more and more determined rejection by men who oversaw the evolution of the increasingly respectable and conservative medical profession. Early opportunities provided by women's colleges and 'irregular' medical schools disappeared. The dramatic drop in the number of medical graduates in the twentieth century stemmed from the male profession's tightening grip on schools and hospitals across the country. The power of bodies such as the American Medical Association ensured that women as well as a variety of ethnic and religious minorities received only token recognition.

As Walsh confirms, discrimination was no accident. Deeply rooted in American society, it fed also on the anxieties and self-interest of male professionals who feared both the personal challenge of female sexuality and the loss of a lucrative market of female clients. While supposedly 'intellectual' objections to women applicants could not withstand the weight of conflicting evidence, financial and emotional fears continued influential.

The apparent success of female physicians by the close of the nineteenth century rested on two factors: the support of an increasingly powerful feminist movement and on the strong sense of sisterhood which sprang up in the separate women's medical schools. These forces, together with judiciously applied bribes, notably to Johns Hopkins University, forced open the doors of reluctant male schools and male medical societies. Responding enthusiastically to offers from co-ed schools, optimistic women at the turn of the century looked back to separate women's medical programmes as short-term accommodations to disappearing problems. Hopes soon proved illusionary, however, as anti-feminism continued to find a comfortable home in the medical profession. The record of the twentieth century was disastrous. By World War II only 105 of 712 AMA-approved internship hospitals were willing to accept females. In medical schools limited female quotas were the rule. Although wars gave female doctors new opportunities, the situation remained grim until the 1970s when the Women's Equity Action League filed a class action suit against every medical school in the United States.

Female doctors prospered when supported by an active feminist movement. Walsh argues that feminism's shift in interest from professional education to the suffrage cause about 1900 left medical women nearly defenseless. Despite the support of groups like the Women's Equity Action League, Walsh fears that modern feminism too will find other causes more attractive. She notes that feminists regularly condemn the elitism of female professionals and look to issues which speak more directly to the situation of the mass of women. Anxious to

secure crucial feminist allies, Walsh insists that women doctors need not imbibe the conservatism of the medical profession. Instead they provide a logical base for its reformation and thus benefit all women.

Walsh's reminders of the entrenched sexism of the medical establishment and women's ability to employ professionalism on their own behalf are useful. So too is her dismissal of a 'golden age' in Colonial America. Nevertheless there remain problems with her analysis. The focus on Massachusetts, especially Boston, takes a relatively small New England elite as the national standard in feminism, anti-feminism and female physicians. While this group was undoubtedly influential, it is no longer sufficient merely to assert this; the lines of influence must be delineated precisely. The book also suffers in its cursory treatment of the period after 1900. Although Walsh suggests that the dominant themes are set by that date, the assertion is again not a satisfactory substitute for that detailed examination of the twentieth century which her title promises. A less ambitious title would have been appropriate. The remarks on the twentieth century could have been included as a closing statement.

Walsh's sympathies for these heroic pioneers also obscure questions of class and class attitudes which legitimately bother feminists who examine doctors today. Some quantitative material on the early female physicians would have helped here. We need to know a great deal more about the relationship of female physicians to the prevailing middle-class concerns of the nineteenth century, to reform not only in its 'liberal' guise but also in its less attractive variations such as nativism, eugenics and social darwinism. What is the complex relationship between sex and class on such issues? Class interests divided women. They provide one explanation for the failure of nineteenth century feminism and of a few middle-class females to reform the medical profession. A more critical analysis of the early women doctors and more attention to modern feminist critics would have helped Walsh appreciate why the cause of professional women did and could again lose popularity. Nevertheless, "*Doctors Wanted: No Women Need Apply*" should be required reading for anyone who seeks to understand either feminism or professionalization in nineteenth-century America.

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LINDA GORDON. — *Woman's Body, Woman's Right, A Social History of Birth Control in America*. Toronto: Macmillan of Canada, 1976. Pp. xviii, 479.

JAMES REED. — *From Private Vice to Public Virtue, The Birth Control Movement and American Society since 1830*. Toronto: Fitzhenry and Whiteside, 1978.

It might be assumed that the publication of the lengthy books on the history of birth control in the United States would exhaust the subject and effectively close the field to further research. What these volumes reveal instead is the enormous scope of the topic and the need for further study of it, connected as it is with the questions of sexuality, population, the role of women, the nature of the family, the eugenics movement and class structure. They also dramatically demonstrate the impact of ideology on treatments of the subject, as reflected in both the selection of material considered and the value judgments implied or expressed.