
Carolyn Skinner. *Women Physicians & Professional Ethos in Nineteenth-Century America. Studies in Rhetorics and Feminism.* Carbondale: Southern Illinois University Press, 2014. 240 pages.

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In the middle of the 1800s, Dr. Anna M. Longshore-Potts became one of the most successful medical speakers in the United States after completing her medical degree in 1852 at the Female Medical College of Pennsylvania. She was part of a significant shift in the medical profession, which predominantly associated *woman* with the role of patient. Despite exclusion from male dominated sites of medical research, women physicians found a niche in public health education, writing and speaking to lay audiences in need of accurate health and wellness information. As Angela Ray argued, these public forums of lecture, or lyceums, were a “culture-making rhetorical practice” (23), and Longshore-Potts with others used this and other genres for sharing medical information to craft their own professional ethos as physicians. Skinner argues that these kinds of practices of women physicians were called for by the very publics they served. As Longshore-Potts states, “there have been earnest entreaties from the large number of listeners, and from hundreds of grateful patients...for a book to read, from which could be gained a similar course of instruction to that which they had listened in the public and private lectures, and to this general call I have yielded” (Skinner, 72). In Carolyn Skinner’s new book, *Women Physicians & Professional Ethos in Nineteenth-Century America*, the rhetoric of nineteenth-century women physicians, such as Longshore-Potts, finds focus through fascinating characters who cross regions, religions, class, and race.

Skinner’s vast archive of writers and speakers represent the contestation surrounding creating, maintaining, and altering what it meant to be a woman in the profession of medicine, as well as recognizing the significance of the contexts in which these rhetors worked. Skinner writes, “Because women begin to speak and write from a different starting point than most men do and because they confront fundamental obstacles to being accepted as rhetors, women’s rhetoric often entails the development of alternative communicative strategies” (171). This book uncovers and highlights particular strategies toward a feminist ethos without assuming an all encompassing diagram of a universal feminist ethos. Additionally, Skinner clearly finds it productive to explore the “betweens” occupied by women physicians at the intersection of

various identities: woman, professional, physician, white, and middle class. It is through negotiating these “betweens” in the practice of crafting their ethē that each rhetor constitutes their feminist ethos. In this book, Skinner explores the ethos utilized by women already enmeshed within the physician profession. This is not a book about tracing arguments for gaining access to the medical profession; it is about rhetorical strategies to maintain representation from within.

Women physicians in nineteenth-century America had to overcome a perceived disconnect between being a medical professional and being a woman. These two ways of being in the world were understood as incompatible. During this time, as women physicians were arguing for their place in the profession, the field of medicine was undergoing its own transformation into the science-based institution familiar today. The turbulence in the profession allowed women physicians a space to insert themselves in the debates. Skinner’s collection of chapters unravel the complex ways that women physicians were able to intervene in both public and medical arguments.¹ In the first chapter, “Debating the Character of the Woman Physician” we are introduced to the complicated role women physicians play in the profession and in the public, which lays the contextual foundation for the chapters that follow. Skinner argues, “In fact, women physicians’ ethos based in simultaneous ‘insider’ and ‘outsider’ status allowed them to critique the existing profession and to maintain that women would correct some of medicine’s faults and were therefore necessary for the public’s, and particularly women’s, welfare” (10). The three chapters that follow function to examine how women physicians negotiated with a public audience to argue in favor of issues significant to them as professionals.

In Chapter Two, “Prescribing for Society,” we learn about such 19th century physicians as Rebecca J. Cole (the second African American woman to earn a medical degree) as they work to utilize their professional medical rhetoric over feminine rhetoric (such as morality and maternity) to garner authority within public domains. The key strategy for these women physicians was to recognize reciprocity between the speaker/writer and audience – or to think about a reorganizing of public values to garner support. For example, Cole argued against racist assumptions about disease by using medical epistemology to focus the discussion on poor living conditions in urban areas. Cole advised, “These are the things [health education and the reduction of overcrowding] that we can do to attack vice, disease and crime in their strongholds, for they have no complexion and they always yield to such and to no other treatment” (62). In this way, Cole draws from her professional status to make arguments for social reform that would not have been possible without her understanding of medical epistemology.

In the third chapter, Skinner demonstrates that women physicians took their role in conveying popular health advice to the general public very seriously. She states, "For these women, the work of the physician – particularly a woman physician – involved rhetoric and education as much as it involved medicine and surgery" (69). Utilizing the genre of health information and advice, women physicians were able to carve out an identity as feminine professionals. The advice genre, with its built-in expertise and instructive emphasis, allowed women physicians to counter the negative perceptions that were circulating by their opponents; they were able to take advantage of the need for public health education, specifically for women. For example, Prudence Saur wrote in her preface to *Maternity: A Book for Every Wife and Mother*, "The greatest need of the age is a better understanding of the laws of our being; it is a point upon which the future of our race depends" (qtd. in Skinner 74). Additionally, Saur argued that ignorance of anatomy and physiology and a lack of scientific principles organizing women's practices and behaviors was the cause of their perceived weakness. Skinner argues, "Relying on a genre and a related ethos that highlighted the writers' expertise and their authority to advise the public, nineteenth-century American women physicians interrupted the conventional male-to-female flow of medical advice," and women physician's health information made possible better care for female bodies but also led to practices of withholding medical information from women (96).

In her fourth chapter, "Teaching Women to Talk about Sex," Skinner describes how women physicians were able to model "tactful, maternal, scientific ethos" that provided a way for nonprofessional women to discuss sexuality without being labeled as inappropriate (103). A key strategy used by women physicians was to revise the discourse of sexuality and reproduction away from individual pleasure to a discourse of social importance. Mary Wood-Allen exemplifies this strategy in her book *What a Young Woman Ought to Know* when she states,

Young women may feel their individual violation of the laws of health is of no importance, but when they realize that the girls of to-day are the mothers of the future, and that physical strength or weakness of each individual girl affects the average health of the nation, not only now, but it may be through her posterity for centuries, we can see that each girl's health is a matter of national and racial importance (102).

This move to social importance over individual pleasure may be a part of the "ambiguous discourse" that current scholar Robin Jensen explores within sex education during the Progressive era; an era marked by the reconciliation of moral reform and scientific authority (33). Again the "in between" occupied by

women physicians provided them with an opportunity to model an acceptable discussion of sexuality and reproduction, but the delicacy of the topic at hand maintained a need for silence of specific kinds of evidence that were protected by the patient physician relationship (120).

The following two chapters discuss the influence women physicians had on discourses within the profession of medicine. Skinner describes how a collective professional ethos was constituted through their shared research within the *Women's Medical Journal* and in medical journals dominated by men. These professional practices provided an opportunity to model the rhetorical activities of researchers and contributors to the field of medicine (via conference presentations, journal publications, and editorials). Additionally, in Chapter Six Skinner explores the ways in which women physicians influenced the methods of practicing and writing medical research. This played out in both efforts to improve the representation of women in medical research as well as advocating for the avoidance of sensational cases that were unrepresentative of the broader population. The impacts of women's inclusion into a scientific medical profession may have created greater rhetorical authority for women physicians, but, as Skinner states, "just as women physicians' *ethē* was enhanced indirectly through alterations of medical research methods, discourse conventions, and perceptions of women's health, the *ethē* of patients as autonomous determiners of their conditions and treatments was indirectly limited by the increasing authority of physician's scientific professionalism" (170).

In her conclusion, Skinner argues that a feminist ethos is one that develops, not by demonstrating "the virtues most valued by the audience," but instead through situated practices that work collaboratively and sometimes in contention with heterogeneous audiences that may or may not share the speakers values (173). The contingent aspect of feminist ethos is a recognition of a rhetorical working and reworking within particular contexts and with particular audiences. The rhetorical situations explored in this book are synthesized through five elements of feminist ethos, which, as Skinner warns, are not meant to be all inclusive. Instead, they function to open up more spaces for future research and a contingent understanding of feminist ethos for rhetorical scholars. The five elements pulled from her analysis are quoted below (173 - 180):

A rhetor's ethos is shaped by the material resources available to her and the popular beliefs about those of her social position.

Ethos often is not crafted in response to a coherent and identifiable set of audience values but instead is composed in a dynamic context that includes multiple competing ideas about the "best" virtues;

consequently ethos formation frequently involves value negotiations as well as reciprocity between rhetor and audience identity constructs.

Ethos and genre are intertwined as a location within and among genres.

The ethos choices an individual rhetor makes influence not only his or her immediate communicative situation but also the broader context and the persuasive options available to other potential speakers and writers.

Ethos can be collectively developed and deployed; consequently, a rhetor can develop her ethos indirectly, by shaping her audience's perception of the groups to which she belongs.

Our understanding of ethos has been predominantly focused on masculine communication and many times on a single rhetor. Skinner's book is a methodological contribution to rhetorical studies of ethos that utilizes a vast archive of materials from a variety of women physicians, and creates depth through her contextualization of these materials. This methodological approach made her theoretical contributions to developing a contingent feminist ethos possible. It would have been very helpful to have a fuller understanding of the kinds of knowledge that were lost through this process of professionalization, specifically in regards to privileging the "scientific" in regards to health. But, given how detailed and well-contextualized this work is, this may be a minor concern. Overall, *Women Physicians & Professional Ethos in Nineteenth-Century America* is a productive and engaging contribution to women's rhetorical history, as well as to scholars interested in the intersection of science/medicine in the women's movement or in public discourse, practices of professionalization, or the histories of women in the field of medicine.

Notes

- 1 The book's organization within the body chapters breaks down into two domains: public and medical. Chapters Two through Four focus on public interventions and Chapters Five and Six medical/professional interventions of women physicians.

Works Cited

- Jensen, Robin E. *Dirty Words: The Rhetoric of Public Sex Education, 1870-1924*. Chicago: University of Illinois Press, 2010.
- Ray, Angela A. "How Cosmopolitan Was the Lyceum, Anyway?" *The Cosmopolitan Lyceum: Lecture Culture and the Globe in Nineteenth-century America*. Ed. Tom F. Wright. Boston: University of Massachusetts Press, 2013. 23-41. Print.

About the Author

Jessica R. Houf is a doctoral student in the Department of Communication at the University of Utah. She researches the cultural dimensions of the human microbiome. Her current research project explores gender within human microbiome discourse and its effects on microbes, humans, and health. She is also interested in the histories of women in medicine -- as practitioners, patients, and advocates.