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About

Gender forum is an online, peer reviewed academic journal dedicated to the discussion of gender issues. As an electronic journal, *gender forum* offers a free-of-charge platform for the discussion of gender-related topics in the fields of literary and cultural production, media and the arts as well as politics, the natural sciences, medicine, the law, religion and philosophy. Inaugurated by Prof. Dr. Beate Neumeier in 2002, the quarterly issues of the journal have focused on a multitude of questions from different theoretical perspectives of feminist criticism, queer theory, and masculinity studies. *gender forum* also includes reviews and occasionally interviews, fictional pieces and poetry with a gender studies angle.

Opinions expressed in articles published in *gender forum* are those of individual authors and not necessarily endorsed by the editors of *gender forum*.

Submissions

Target articles should conform to current MLA Style (8th edition) and should be between 5,000 and 8,000 words in length. Please make sure to number your paragraphs and include a bio-blurb and an abstract of roughly 300 words. Files should be sent as email attachments in Word format. Please send your manuscripts to gender-forum@uni-koeln.de.

We always welcome reviews on recent releases in Gender Studies! Submitted reviews should conform to current MLA Style (8th edition), have numbered paragraphs, and should be between 750 and 1,000 words in length. Please note that the reviewed releases ought to be no older than 24 months. In most cases, we are able to secure a review copy for contributors.

Article Publishing

The journal aims to provide rapid publication of research through a continuous publication model. All submissions are subject to peer review. Articles should not be under review by any other journal when submitted to *Gender forum*.

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Editorial

By guest editor Carmen Birkle, Philipps University, Marburg, Germany

1 This special issue of *gender forum* focuses on the intersections between medicine, literature, and gender. The interest in the interface of literature and medicine from the specific point of view of gender is triggered by the intriguing similarities between the medical and literary disciplines (cf. Brieger 402-06). The doctor, like the literary scholar, is faced with a text, a narrative voiced by the patient either through language or bodily symptoms. In order to understand this narrative, the doctor, like the scholar, needs to listen closely, to examine the constituents of the narrative carefully, to consider the subjectivity of the narrative, to read between the lines, and to interpret ambiguities coded in metaphorical language (cf. Brody; Davis).

We constantly tell stories, listen to them, and watch them. Our human experiences, including those we tell to our doctors, are the stuff of narrative. Narrative, then, is the way we make sense of the world. As the clinical narrative tells us much about the patient's illness, so the way we tell our history of medical ideas and practices indicates a great deal about how we perceive ourselves as an occupational group, as a profession, as healers. (Brieger 406)

The relationship between reader and text – on both levels – is embedded in the gender matrix of a given context. Furthermore, Susan Sontag's analysis of the ways in which illnesses are used as metaphors to express social, political, moral, or cultural crises offers fruitful ground for discussion.

2 When I sent out this call for papers for a special issue of the journal *gender forum* with the specific focus on the interfaces of literature, gender, and medicine earlier this year, I never expected so much interest. Within a few days, I received far more than 30 proposals as well as e-mails stating people's interest in the topic and asking whether I would let them know when the issue would be available online. The proposals covered a wide variety of questions addressing the overarching theme. Soon I realized that the possible contributions mostly fell into the three categories of historical accounts of women (doctors) in medicine (with an emphasis on the nineteenth century) (cf. Abram; Furst, "From Speculation to Science"; Morantz-Sanchez; More), literary representations of women – both doctors and patients – in medicine and doctor-patient relationships (cf. Bassuk; Bauer; Blackie; Browner; Burns; Furst, "Halfway Up the Hill"; Masteller; Swenson), and personal narratives of illness (cf. Hawkins). Because of the large number of interesting and well written proposals, the general editors of

the journal agreed on accepting two separate issues with one focus on history and literature and one on personal narratives.

3 This first issue consists of six original articles covering a variety of approaches, however, concentrating on the nineteenth and early twentieth centuries, and transcending national borders from the United States via England to France, Switzerland, and Germany. Two historical case studies of women in medicine in nineteenth-century U.S. America are accompanied by one article on the representation of women doctors in German literature of the same time, and by three articles on women and madness in literature from the eighteenth to the twenty-first centuries intersecting in the nineteenth century.

4 James Alsop's discussion of the historical Dr. Annie Alexander (1864-1929) from Charlotte, NC, is an example of the intersection of history, literature, and medicine. Alsop first introduces Dr. Alexander's biography to his readers as probably the first woman graduate of a medical college to practice in the American South. He then includes an unpublished and evidently autobiographical short story written by Dr. Alexander about a young woman doctor in the South ("Doctor Katherine"), and proceeds to analyze the story which Dr. Alexander, as Alsop suggests, wrote in order to present to young readers a positive example of a woman's career in medicine. Interestingly, in this story, one of the major obstacles for women doctors – the institution of marriage – can ultimately be reconciled with a medical career since the man Dr. Katherine is in love with is also a doctor and invites her both to marry him and join him as a doctor in his practice.

5 Meredith Eliassen's contribution changes the focus from the American South to the San Francisco of the same time frame – the late nineteenth and early twentieth century. Like Dr. Alexander in Charlotte, NC, Eliassen's case studies of two women doctors – Dr. Charlotte Blake Brown (1846-1904) and her daughter Dr. Adelaide Brown (1867-1940) – show how they mostly treated women and children, supported or even founded hospitals for women and children, and, in these specific cases, worked to reduce the health hazards in both breast and bottle feeding of children. The Brown doctors were instrumental in significantly lowering the infant mortality rate, promoting child welfare, and enhancing quality education for medical practitioners.

6 Gabriela Schenk's article looks at literary representations of medical students and women doctors in popular German-speaking fiction from the late nineteenth to the mid-twentieth century. Schenk argues that women with medical degrees at the time undermined the dominant power structures. Issues of power and women's equality found entrance, as Schenk suggests, into contemporary media and fiction. Her numerous examples reveal that

many women are most of all portrayed as nurses, often working for their husbands. The few successful women are often heavily criticized and accused of overstepping “natural” borders, and, in the end, are often forced to give up their careers for lack of adequate or even attractive role models and for the incompatibility of marriage and career. At the time, women in fiction written in German do not seem to have the possibility of succeeding in the medical profession. While women doctors in novels by U.S. American women writers of the late nineteenth century seem to be able to pursue a medical career in spite of all obstacles,¹ German literature does not seem to allow for the same kind of optimistic vision.

7 Michelle Iwen’s investigation into female hysteria introduces the final theme of this issue, namely women and madness. The three remaining articles unveil the strong presence of the idea of the (female) hysteric in literary and cultural as well as scientific discourses from the late eighteenth to the early twentieth century (cf. Showalter; Smith-Rosenberg; Wood). Although the shift seems to be radical, i.e., from women doctors to female patients, I see the connection in the argument used to criticize women doctors, on the one hand, and to confine women to asylums, on the other. In both cases, women were seen as breaking the gender norms of their time (cf. Forrey; Welter; Winnett), as behaving unwomanly and against nature. While women doctors were criticized, ridiculed, and often not married, female patients were simply locked away, displaced to heterotopian spaces keeping them under control so that they could no longer disrupt traditional social and political life (cf. Foucault).

8 Iwen explains the nineteenth-century tendency to confine “hysterical” women to asylums by reverting back to the late eighteenth-century United Kingdom. She suggests that the shift from the Galenic one-sex model, in which the woman is nothing but the inversion of the man, to the two-sex model with men and women becoming different, is responsible for a subsequent sexualizing and pathologizing of women’s bodies with the result, as Iwen sees it, of the feminization of mental illness. Late eighteenth-century English women’s literature, popular culture, and medical discourse reflect this trope of the incarceration of the deviant woman and pave the way for women’s internalization of this threat.

9 The last two contributors look into twenty-first-century literary representations of nineteenth-century hysteria from British and U.S. American perspectives. In her reading of three British novels published between 2002 and 2005, Nadine Muller discusses the relevance of this form of historical fiction that focuses on male doctors and female patients and argues

¹ Cf. the novels by Elizabeth Stuart Phelps, *Doctor Zay* (1882), Sarah Orne Jewett, *A Country Doctor* (1884), Annie Nathan Meyer, *Helen Brent, M.D.* (1891). The same is not true for women doctors in novels written by men, as in William Dean Howells’s *Dr. Breen’s Practice* (1881) or Henry James’s *The Bostonians* (1886). Cf. also Masteller.

that medical narratives strongly reflect the cultural politics of a society at a specific time. All texts, according to Muller, thematize the silenced narratives of the female insane, and, more importantly, not only reflect on the nineteenth-century British past but also on present twenty-first-century issues of gender and mental health, such as male misreadings of female patients' symptoms as well as the relevance of race and social class in the treatment of women's mental illnesses.

10 Last but not least, this special issue closes with Christine Marks who explores the U.S. American writer Siri Hustvedt's account of hysteria in the author's 2003 novel *What I Loved*. Hustvedt as well as Marks in her theoretically inspired analysis connect their reading of nineteenth-century hysteria to Charcot's Salpêtrière hospital in Paris with its stagings of female mental illness and hysterical symptoms. Marks goes beyond the performance character of hysteria and looks at related questions of identity, boundaries of the self, and the clinical gaze vs. the artistic gaze (as the novel is told from the perspective of a male art historian and includes a male artist who turns the results of the female protagonist's academic research on hysteria into a series of artworks based on photographs). Marks suggests that Hustvedt sees the only way out of the asylum and means to close the open boundaries of the self of a female hysteric in the act of cross-dressing as a man. Cross-dressing as one mode of gender performance (cf. Butler) undermines the theatrical stagings of hysteria and exposes the constructedness of both hysteria and gender.

11 A few conclusions can be drawn from the contributions to this special issue on literature, gender, and medicine. From a historiographical perspective, the first two articles reflect the U.S. American beginnings of women doctors in medicine toward the end of the nineteenth century and in the early twentieth century. Both analyses show the optimistic vision of these early women pioneers in the field, their success in spite of or, sometimes, because of the many obstacles put in their way. These obstacles rather than the success seem to dominate fiction in the German language of the same time based on gender stereotypes, nature and naturalness, and the threat of isolation, loneliness, and marginalization. From a look at women doctors in history and literature, the focus shifts to female patients affected and confined by fixed gender roles, incarcerated for deviance, and held under control by male doctors and their clinical gaze which often deliberately misread or staged symptoms for scientific purposes. Ultimately, all articles reveal not only gender as a socio-cultural construction and performance subject to and dependent on the distribution of power, but also science and medical research as not neutral in their interests but driven by engendered ideologies (cf. Winnett) resulting in – at least in the examples presented here – the

medicalization of literature and, most of all, the engendering of medicine. All articles suggest that women's narratives in the medical field – whether as doctors or patients – need to be recovered, released from the silencing male / clinical gaze, and re-interpreted from a more enlightened twenty-first-century point of view.

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