

Sex and Medicine: Gender, Power and Authority in the Medical Profession by **Rosemary Pringle**. Melbourne: Cambridge University Press, 1998. Pp. x +240; \$29.95 (paper).

In this book Rosemary Pringle dissects women in the medical profession. Unlike secretaries, the subjects of Pringle's previous book on women in the workforce (1988), some female doctors have gained substantial authority. For women, entering medicine has meant engaging with power, having it, being denied it, rejecting it, and, Pringle claims, to a considerable extent redefining it. She concludes that the presence of female doctors is "producing changes beyond what any but a tiny minority [of them] may have ever visualised" (222). The book is based on interviews with 100 women doctors in Australia and fifty in England, ranging from women in their nineties, to those who have only just qualified. Thirty male doctors were interviewed to clarify which issues affected both sexes, and twelve focus groups were conducted with nurses and women's health centre staff. The reader is taken through the specialities, chapter by chapter, revealing medical structures, statuses and training as they work for those within medicine with great clarity. Each area is placed in its historical context, and Pringle also draws on the extensive contemporary research into women in medicine.

She begins with gynaecology and obstetrics, the specialities which have probably been most criticised by feminism, and moves on to surgery, the high prestige, macho peak of the profession, into which women have barely penetrated; only three percent of surgeons are women. Going on through internal medicine, including cardiology and paediatrics, Pringle's interviewees reveal the punishing training required in all these specialities, and conversely the extent to which there is no formal training for much of what must be learnt. In order to succeed the would-be consultant must take on the "habitus." This is Pierre Bourdieu's concept of embodied capital, the "natural talent" which actually derives from a person's family and educational background – and gender. The percentage of women starts to rise only in the less prestigious areas. These include psychiatry, which has been challenged seriously from without, and anaesthesia, one of less desirable non-patient specialities. Last in

prestige, authority and income but first in the percentage of women, are the general practitioners, the “subalterns” of the profession, who are commonly viewed as having been deskilled. In the United Kingdom, in 1990, 23.5 percent of GP principals were women; in Australia, in 1994, women made up 30.95 percent of the primary care workforce. The percentage of female students is now much higher and patients favour them so numbers are expected to rise. GPs are seen as family women who understand everyday problems. The discussion of doctor/nurse relations reinforces the impression that female consultants must learn how to exert their authority forcefully, and that this means not only handling terrifying emergencies, but also learning how to humiliate those below them, as was done to them while in training.

Pringle’s concern with power is curiously one-dimensional. Oddly, although the *habitus* differs between surgeons and GPs, we are to believe that it does not differ between the UK and Australia. The two countries are said to be broadly similar. But, for example, according to Pringle, Australia’s “unique network” of feminist women’s health centres is said to have had a considerable impact on government policy. Presumably, they cannot have had that much impact or the UK where they have failed to make an impact would in fact be different. Another issue glossed over is “the old stereotype” that women surgeons look like men (74). Pringle dismisses this, saying that when she met them they didn’t look masculine. It is frustrating she did not interrogate this myth, if myth it is. She employs the concept of masquerade in the almost literal context of masks and the operating theatre and briefly in relation to femininity. Yet, a structure that demands the sacrifice of all other interests, and the acquisition of supreme self-confidence, and a capacity to endure, and to later dish out, humiliation, almost implies a masquerade of manliness.

The last chapter discusses the Australian women’s health centres. These have only with difficulty accommodated female doctors, as they were set up to disrupt the authority of modern medicine. Although she clearly values the achievements of the centres, Pringle largely dismisses the concerns that led to the acceptance of this anti-medicine perspective by many people. These range from current worries about HRT’s potential side-effects and related negative perceptions of older women, to historical issues such as the promotion of Depo-Provera to women of colour, or psycho-surgery and ECT. The latter, we are told, may have made psychiatry unpopular but it “galvanised medical staff”. All medicine’s mistakes are in the past it seems. Problems today come only from a lack of intervention, as in the Auckland Women’s Hospital research, in which a percentage of women identified as having early signs of cervical cancer were left untreated. Pringle argues that the presence of women doctors has caused medicine to become more responsive to consumers. Yet, the low percentage of women in the field two decades after the big surge in consumer demands suggests the reverse; consumer demands may have made medicine more accepting of women doctors.

The issues treated as substantive by her are those that bother female

doctors, especially the GPs; the need for shortened and less haphazard training, for part-time work, acceptance of women with children, and an end to discrimination. For the consultants, full-time, paid domestic help appears to be the only basis on which they can have children, and even then this must be deferred until the end of a training that can last until the age of thirty-eight. However as they have taken on the specialist habitus, these consultants are mainly hostile to special support for women and have little interest in radical restructuring. To them, equal opportunities means treating men and women as exactly the same. This reinforces the discomfort raised by Pringle's claim that women have or will change things simply by virtue of being women. She comments that female general practitioners appear to be "less concerned with power and status, less likely to stand on power and ceremony, and more willing to cooperate with a range of health practitioners" (222). Are we to believe that women create change by the almost utopian route of disowning power they do have?

This is a very interesting, readable book and in many ways very successful, but Pringle has already written an excellent book on women without power in the work place, the secretaries. If we are to take her seriously and accept that, in spite of their low numbers, these women doctors are creating profound changes in medicine, then this should be a different book. It should be about what women do with power, and perhaps, an exploration of how feminists in the 1990s should interpret change created by women who disown feminism. Alternatively, and this was what I concluded from her book, the majority of women in medicine do not have authority. The consultants who do have accepted a habitus that demanded a masquerade of manliness, and change has come from broader social forces; consumer pressure – including feminism, economic pressures, and the dissatisfaction of male as well as female doctors.

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