

The Doctor is instructed to mess you over!

There are several gynecological textbooks recommended to University of Iowa medical students; one of them is Novak's Textbook of Gynecology (Seventh Edition), Edmund R. Novak, Georgeanna Seegar Jones and Howard W. Jones, Jr. (1965). In the "Preface to the Seventh Edition," the authors conclude the usual explanatory bullshit with these kind words, "...without Miss Helen Clayton in the office, and Miss Eva Hildebrandt in the laboratory, this textbook could never have gone into print, and these truly indispensable ladies are formally given our humble thanks."

Oh wow. I really think Eva and Helen should have joined up with Georgeanna and stopped the presses altogether. Or at least stolen the proofs and given them to the New England Free Press.

This 736-page, \$16 volume is jammed with all that secret information gynecologists will never divulge to the lowly patient. I started reading Novak's Gynecology voraciously, first glancing at the chapter titles, that the male medical student who owned the book had helpfully highlighted in sunshine yellow:

Gynecological History, Examination and Operations

Diseases of the Vulva
Diseases of the Vagina
Cervicitis and Cervical Polyp
Carcinoma of the Cervix
Myoma of the Uterus
Ectopic Pregnancy
Leukorrhoea
Amenorrhoea
Management (?) of Menopause

Miscellaneous Problems of Gynecology

I won't list them all; you can well imagine that I barely knew where to turn first. Actually, the first chapter I read was none of the above, but one on Hermaphroditism -- fascinating in a genuine truth-is-stranger-than-fiction way.

Hermaphroditism has to do with sex identification; it occurs when there are abnormal numbers of chromosomes and/or structural abnormalities of individual chromosomes. Male or female hermaphroditism

is possible, with either virilization or feminization. For example, a male hermaphrodite with feminization may have external female genitalia, breast development, etc., but internally, the uterus and tubes do not develop and testes are present. Of interest to the physician is "helping the patient adjust to the sex of rearing," i.e., constructing vaginas where possible.

The first chapter, "Anatomy," introduced me to the vocabulary -- I learned all about Skene's ducts, the glands of Bartholin, the ganglion of Frankenhauser, and Mullerian ducts, parts of the female anatomy named, no doubt, after men, because men, in all their infinite wisdom, "discovered" them. Before all those glands and ducts were discovered, they weren't officially there.

The chapter titled "Gynecological History, Examination and Operations" was when I started getting angry. Up until now I was fascinated, especially with the illustrations, which I'll discuss later. In this chapter the real class consciousness of the budding physician is reinforced. The section on "patient's Complaint" reads:

The general nature of the patient's complaint should be ascertained at the beginning of the consultation, and should be stated as nearly as possible in the patient's own language. This may not always be very precise, or even literate, but will at least be authentic and will often point the way to later questioning.

This incredibly condescending attitude towards the use of everyday language to explain what a woman must know is an important Philosophy of Gynecologists. We've all seen it -- the Great Cool Dude Gynecologist as Guardian of All Secret Information -- if the man can't throw in reference to Skene's ducts and Mullerian glands, it isn't official and therefore not "literate."

Next is a section on "past History" which ties in with all of the above, "it

is remarkable how little women know as to the nature of operations to which they have submitted." Of course, now it becomes clear how the Great Doctor has utterly failed to explain anything in terms that can be understood, has intimidated and dehumanized until we have the conclusion stated in "Past History." Why don't women know about the "operations to which they have submitted"? Because of the pig physician, that's why.

Oh, but wait. I know you're really seething by now, ready to go string up all the gynecologists you've ever known -- but wait.

Here's Chapter 34, "Miscellaneous Problems of Gynecology," in which the medical student is treated to a thoroughly medieval explanation of sexuality in marriage, right here in the 20th century.

In the section on "The Premarital Consultation," there is the subheading, "Sexual Education and Hygiene" (hygiene?). After discussing the efficacy of visual aids in explaining the missionary position, the authors point out that,

The frequency of intercourse depends entirely upon the male sex drive and there is a wide divergence of normal--varying from two to three times in 24 hours, for the newly married couple, to once or twice a week...The bride should be advised to allow her husband's sex drive to set their pace and she should attempt to gear (like a machine??) hers satisfactorily to his. If she finds after several months or years that this is not possible, she is advised to consult her physician as soon as she realizes there is a real problem.

I always knew doctors fucked women over, but I never realized they studied it formally in medical school. Truly sick psychological and physical dependency on the husband is fostered, and if that doesn't work, dependency on the physician -- an endless cycle of fuck-ups. Plus: ".she should be warned that it may take 3 to 6 months and sometimes longer for the inexperienced woman to develop a complete orgasm." Not one word on masturbation.

The illustrations are of three types: 1) microscopic, 2) photographs of removed tumors, cysts and cancers and 3) full-color pictures of real women. In the acknowledgements, profuse thanks go to the doctors who procured these pictures, but not one word of appreciation to the women who are in them. About half of the women are black-- (in one illustration, the authors found it necessary to identify the raised thighs as those of "a colored woman, 45 years of age," presumably because her skin was darker than the rest).

I felt such sadness and sympathy for these women-- probably poor, who couldn't get to a doctor until they had incredible diseases, such as carcinoma of the vulva, horrible things that merited a photograph in a gynecological textbook.

After reading Novak's I realized even more strongly that women must join together to help each other about their bodies and their health. As long as medical schools educate doctors with textbooks like Novak's, women must be made aware that blind dependency on a gynecologist only leads to self-destruction. And that any dealings with a male gynecologist must be undertaken with extreme caution.

