

Once it had been erratic, designed to teach the domestic role and provided at home. By 1900 it was a major component in a girl's life and had become organized, goal directed and institutionalized. While this meant more girls were better trained it did subject them to new tensions as educators encouraged them both to achieve and to accept the self-sacrificing role of the dutiful daughter. Education also overlapped with puberty, the time when Victorians began in earnest their efforts to socialize girls according to the domestic ideology. Before puberty, parents and educators made few distinctions between the sexes. This seems to surprize Gorham, but it should not. After all, Victorians equated women with maternity or with the potential for that function. Without the potential an individual was not truly female. This accounts for the hostility menopause engendered, a topic which falls outside the parameters of this investigation, but also the lack of concern about the socialization of pre-pubescent girls. The pressure comes with puberty. But what was the reaction of girls to this; how did they cope; and did it make them resent being women? Unfortunately, little indication is given, even in Part Three where the lives of women who lived in the period are examined.

Part Three in a way is the weakest section and at times the most interesting. It is interesting because it looks at individual girls, yet weak because the women chosen are a very select group, those who had achieved enough success to warrant biographies or autobiographies or those who happened to leave diaries or papers behind. Gorham has divided the women into three groups, those who grew up in the early, the mid and the late Victorian period. What emerges is how the increased educational opportunities discussed in Part Two affected them. In the early years ambitious women existed but lacked an outlet for their energies, whereas by the end of the century education provided them with that outlet. Yet all blessings are not without cost. The educational opportunities took time away from

women and they became less introspective and developed an outward focus. However, Gorham feels, probably quite rightly, that the advantages of the one outweighed the loss of the other.

The Victorian Girl and the Feminine Ideal provides us with a glimpse into the private world of the family and women. It brings together a great deal of the secondary literature in the field and applies it to girlhood in Victorian times. And while at times the theoretical underpinnings of the book are not developed enough, some of Gorham's insights will give pause to many and perhaps encourage others to develop them more fully.

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Medieval Woman's Guide to Health: the First English Gynecological Handbook. Beryl Rowland. Kent, Ohio: Kent State University Press, 1981. Pp. 192 & xix.

Medieval Woman's Guide to Health is, among other things, an edition of a gynecological and obstetrical compendium, MS Sloane 2463 of the British Library. More importantly, it is also a translation of that compendium into modern English; the book is likely to find its audience among sociologists, feminists, and students of the history of medicine, as much as among students of Middle English. All of these readers will be interested in Beryl Rowland's Introduction as well, some fifty pages of discussion of the history of women in medicine, both as practitioners and patients. The book also contains several fine illustrations from various manuscripts and early printed texts, mostly of childbirth scenes.

The "handbook," as Rowland's name for it suggests, is not a theoretical treatise, but a practi-

cal compilation of prescriptions and techniques. Readers not familiar with medieval medicine may well find the prescriptions either horrifying or amusing. It is hard to see what help could be derived from anointing the lower trunk with hot honey, sprinkled with the powder of burnt hartshorn and topped with ashes, but at least that treatment is external, and so less daunting than some of the suppositories and oral doses. The theory underlying many of the treatments is that the womb is a sentient creature, and moves towards pleasant smells and away from nasty ones. The womb may rise out of its place and press against the heart, causing faintness; the cure is to apply burnt hair or something equally unpleasant to the nose, and pleasant ointments to the genitals, so it will move back to its proper position. Lest we should feel too superior to the ignorant medievals, however, Rowland points out in her introduction that this is the theory that underlies the use of smelling salts well into our own century.

The Introduction is a very valuable part of the work. In it Rowland chronicles the history of women as medical practitioners. She argues that they were tolerated in the medieval era because caring for the sick was charity, and fell obviously within the scope of duties proper to nuns as well as monks; laywomen practised too. Towards the end of the Middle Ages, there is increasing evidence of the male medical establishment attempting to suppress the practice of medicine by women. In 1423 the English parliament passed a law that only university graduates could practise, a decree that automatically excluded women. But not only the ignorant and illiterate, country midwives and wise women, continued to practise; so too did literate women. This was the era in which medical treatises began to be written in the vernacular (rather than in the language of learning, Latin) by laymen, for laymen, and as it happened, for laywomen. The traditional reason for directing treatises towards women practitioners is spelled out in Sloane 2463:

And although women have various maladies and more terrible sicknesses than any man knows, as I said, they are ashamed for fear of reproof in times to come and of exposure by discourteous men who love women only for physical pleasure and for evil gratification. And if women are sick, such men despise them and fail to realize how much sickness women have before they bring them into this world. And so, to assist women, I intend to write of how to help their secret maladies so that one woman may aid another in her illness and not divulge her secrets to such discourteous men. (p. 59)

Such an attitude among women is understandable if the predominant male attitude was that which Rowland quotes from the thirteenth-century Spanish physician Arnaldus de Villanova: "In this book I intend, God being my helper, to treat of those sicknesses which particularly concern women, and as women are in general venomous animals I shall follow it up with a treatise on the bite of venomous animals" (pp. 13-14). As for the owner of the Sloane manuscript, with its fine appearance, Rowland conjectures it "may have been made for a noble lady, possibly acting as instructress on her estate" (p. 15).

Rowland continues her history of women practitioners well beyond the medieval period, and then begins a history of research into obstetrical matters: the cures, the theories, the traditional connection between magic and midwifery (not at all prominent in the Sloane manuscript), pregnancy and fertility, abortions, and difficult presentations. Here she discusses one of the more interesting features of the manuscript, the birth figures: drawings of the womb with fetuses in various positions. She concludes with a history of the manuscript, and mentions related manuscripts with the same somewhat repetitive and loosely organized collection of prescriptions as Sloane 2463.

The translation, as the prominent medievalist Rossell Hope Robbins points out in his Foreword, may be helpful even to Middle English specialists: few will be familiar with the obstetrical terms, and the names of herbs from artemisia to wallwort that make up the prescriptions. But the translation is not consistently accurate. The list of errata shows that Rowland checked over her translation of the small section of the manuscript that is in Latin, and discovered a few errors. Had she looked again at the larger Middle English portion, she might have asked herself some of the following questions. Why translate "caste" as "give birth" in the clause "sometimes all of the womb moves up to the stomach, causing the woman to have a great desire to give birth" (p. 139), when both the context and the most probable meaning of the word in the fifteenth century suggest the translation "vomit?" Why translate "gomes ycloue" as "gums stuck together" (p. 75), when "split gums" is just as valid a translation, is possible (how do gums stick together?), and is a common enough condition? Why translate "cercle" as "opening of the anus," and then alter the rest of the sentence to fit, in "Their urine is bright red, and sometimes dull red, and a kind of dark redness appears under the opening of the anus" (p. 115)? *The Oxford English Dictionary* gives the following clearly applicable quotation from Sir Thomas Elyot's *Castel of Helth* (1539), under *circle* sb., definition 8: "In urine, being in a vessell apt therunto to be sene, are thre regions. . The hygh-est region is the cerkle." The translation should read, "Their urine is bright red, and sometimes dull red, and rather dark red above, under the circle." That is, in the lower part of the examining glass, the urine is bright or dull red, but just below the two-thirds level it is dark red.

There are other mistakes. "Ayenst nyght ix sithes or x on a day" (p. 110) is not "nine times a night or ten times a day" (p. 111), but "before nightfall, nine or ten times a day." "Yeve to þe women two þerof & oper two of þe decoction of rede chiches" (pp. 70 & 72) is not "give the

woman *either* 2 ounces of this *or* 2 ounces of a stew of red chick-peas" (pp. 71 & 73), but "give the women two ounces of this *and another* two of a stew of red chick-peas." But these and other errors, and the printer's errors such as the omission of the sign for ½ in the prescriptions on several pages, would be of vital importance only to a reader intent on trying out the cures. Caveat: the mortality rate among medieval women was high.

The main contribution that *Medieval Woman's Guide to Health* makes is pioneering. It gives us access to an apparently representative medical manuscript of the late Middle Ages, intended for women to use in caring for the medical needs of other women. The Introduction puts that manuscript in its place in the up and down history of women in medicine. The editor makes no claims to completeness in her history, in her bibliography, or in her reading of gynecological manuscripts in Middle English. Much research remains to be done in the field, and her decision to publish the manuscript without waiting for further, perhaps far off, advances is a wise one. Her service is to give readers of several interests an introduction to some very interesting material.

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Read This Only to Yourself: The Private Writings of Midwestern Women, 1880-1910. Elizabeth Hampsten. *Bloomington: Indiana University Press, 1982. Pp. 256.*

"The Private is political," one of the slogans of feminists in the seventies, is now reverberating through the halls of academe to effect a change in the disciplines of English and History. As these have been elaborated, respectively valoriz-