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Infertility: Tracing the History of a Transformative Term by
Robin E. Jensen (review)

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prehend both campaigns. Compelling discussions appear on the efforts of primary health care supporters to overcome an adverse neoliberal political context, family-planning programs in India, the plethora of agencies around AIDS such as PEPFAR (the U.S. President's Emergency Plan for AIDS Relief created in 2003), and the relevance of Ebola to understand the nature of international medicine. The author has a command of the vast literature on medical anthropology, health policy, and Africa's health problems and development that is especially useful for the final chapters. The engaging organizing principle of the book is that health policies implemented in developing countries contributed to a limited culture of development and technical assistance. This culture overemphasized biomedical technologies, favored top-down programs, and generally paid little attention to local health services, empowering community health workers and improving sanitary infrastructure. The author makes a solid and convincing case of this principle. Important for this argument are captivating images and tables.

There are three minor problems with this otherwise excellent book. First, further research in some archives, such as the archive of the World Health Organization, could have enriched the final product (unfortunately, the book does not have a bibliography or a note on sources). Second, very little discussion is devoted to coding the terms "globalization," "global health," and "global health history," embraced, criticized, or dismissed by other scholars. Many "global health" developments are given for granted, and facts and interpretations are more important than a discussion of concepts. Finally, the subtitle, *Interventions into the Lives of Other Peoples*, suggests unilateral dynamics questioned in a number of recent studies that give more agency to locals. Some of these studies are cited in Packard's book, but their full integration into a global history is still a pending challenge. How to do it in a single volume? I really do not know. Does it require a transnational network of historians to produce a balanced global history? Probably.

Meanwhile, Packard's exceptional *History of Global Health* comes very close to this ideal. It is by far the best clear and profound panorama of global health to date. It will be an inspiration and a tool for policy makers, public health scholars, and historians of medicine.

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Robin E. Jensen. *Infertility: Tracing the History of a Transformative Term*. University Park: Penn State University Press, 2016. xiii + 225 pp. Ill. \$29.95 (978-0-271-07620-1).

From the revelation that ovulation occurs midcycle, rather than during menstruation, to the arrival of the chemical pregnancy test and the Pill, the twentieth century has brought dramatic transformations in the science and medical

management of female fertility. As rhetorician Robin Jensen's *Infertility* reminds us, however, processes of medicalization tend to enfold, rather than eviscerate, older cultural conceptions of the body, health, and disease. Beginning with late nineteenth-century theories of infertility grounded in moral physiology and closing with the rise of late twentieth-century reproductive technologies, Jensen shows how ideas about trade-offs between female fertility and women's participation in traditionally male spheres have persistently imbued popular and medical infertility rhetoric.

Analyzing scientific theories of female infertility from the late nineteenth century to the present that assume the culpability of the infertile woman, *Infertility* will be of particular interest to feminist historians of gender and reproductive medicine. Jensen attends especially to the tensions between scientific accounts that portray fertility as under the control of a woman's agency and those conceptualizing fertility as a mechanistic process outside her control. Bringing the history of rhetoric to bear on popular and scientific texts and images in the infertility literature, Jensen shows how at any point in time, reigning theories of infertility embrace "mixed metaphors" (p. 17) that incorporate both poles of this problematic, producing a slippery discourse of female infertility that shifts between rhetorics of blame and empowerment.

The terms "barren" and "sterile"—"infertility" did not arrive until the twentieth century—presage this dynamic. "Barren," according to Jensen, carries implications of "unnatural" and conveys connotations of the woman's moral failure (p. 19). "Sterile," a term introduced in the early nineteenth century, suggests instead that the body is "in need of technical-mechanical diagnosis and repair" by a physician and eschews insinuations of maternal culpability (p. 28). Despite nineteenth-century medical writers' new preference for the term "sterile," however, Jensen shows how the older conventions of moral physiology retained narrative power. The resulting discourse constructed the involuntarily childless woman as at once powerless and culpable for her condition.

The book's most compelling material traces the legacy of "energy conservation" theories of women's fertility in twentieth-century medical models of infertility. American physician Edward H. Clarke, in his 1873 *Sex in Education*, famously excoriated educators for submitting female students to the same schedule of mental labor during adolescence as their brothers.¹ Educating girls and young women, he argued, sapped their reproductive energy, leading the best prospective young mothers to produce fewer offspring, with dire consequences for the race. Jensen traces such ideas to a broad substratum of energetic theories for explaining the mental and physical differences between the sexes within nineteenth-century medical and evolutionary thought.

In a marvelous chapter on psychogenic theories of women's infertility, Jensen shows how in the 1930s and 1940s, psychoanalytic explanations took up elements of energy conservation theories, now recast in the language of hormones and chemistry, to offer a psychosomatic account of infertility. Freud acolyte Helene

1. Edward Hammond Clarke, *Sex in Education; or, A Fair Chance for the Girls* (Boston: James R. Osgood, 1873).

Deutsch, in her 1945 *The Psychology of Women*, proposed that infertility and pregnancy loss were a result of a woman's conflicted relations with her mother, or of otherwise deranged psychosexual development.² According to the psychogenetic theory of infertility, which Jensen shows had a remarkable array of adherents among psychoanalysts and obstetricians in the 1940s, only through proper adjustment to, and fulfillment of, her role as a child bearer could a woman resolve her infertility and attain psychological health.

The arrival of new clinically powerful tools for the management of infertility by the 1970s and 1980s seemingly put energetic and psychogenic theories of infertility to rest. Today, as Jensen shows, the mantra has become time. Women are enjoined to track their ovulatory cycle and to reproduce early or risk facing a punishing biological clock. Yet, in infertility medicine's continued focus, even today, on women rather than men or the couple, as well as in its persistent, uncritical naturalization of ideas of a conflict between women's intellectual lives and their fertility, traces of the older moral, energetic, and psychogenic theories remain.

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Andrew J. Hogan. *Life Histories of Genetic Disease: Patterns and Prevention in Postwar Medical Genetics*. Baltimore: Johns Hopkins University Press, 2016. xv + 259 pp. Ill. \$40.00 (978-1-4214-2074-5).

In recent years, there has been a surge of interest in the history of human and especially medical genetics. An influx of professional historians into a domain once dominated by historically minded practitioners has generated a wealth of insights into the conceptual, institutional, and technological evolution of medical genetics and its clinical applications. Andrew Hogan's *Life Histories of Genetic Disease* is a valuable contribution to the new scholarship in this domain.

For professional historians, medical genetics has always been entwined with the history of eugenics, with the emergence of the former often the subject of the final chapter(s) of studies of the latter. Not surprisingly, such discussions tend to focus on whether the relationship of pre-World War II eugenic institutions, personnel, and aims to postwar medical genetics is best characterized as one of continuity or discontinuity. Historians of eugenics continue to debate the issue with undiminished intensity, and it is a central theme in recent studies of human and medical genetics, including books by historians Ruth Schwartz Cowan, Alexandra Stern, and Nathaniel Comfort (although these authors differ in their approaches and conclusions). The question's continued salience is perhaps explained by the entanglement of historical and contemporary policy issues given that how the

2. Helene Deutsch, *The Psychology of Women: A Psychoanalytic Interpretation*. Vol. 2, *Motherhood* (New York: Grune and Stratton, 1945).