A Funny Thing Happened on the Way to the Orifice: Women in Gynecology Textbooks

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The gynecologist is our society’s official specialist on women, legitimately commenting on their psyches as well as on the illnesses of their reproductive tracts (Novak, Jones, and Jones 1970; Green 1971). Nevertheless, gynecologists are overwhelmingly male (93.4% [Time 1972, p. 89]); and the tools of the sociology of knowledge suggest that one’s perspectives are constrained by one’s place in the social structure and thus gynecologists may not adequately represent the worldview and the interests of the group they are supposed to attend and advocate. Indeed, examination of gynecology textbooks, one of the primary professional socialization agents for practitioners in the field, revealed a persistent bias toward greater concern with the patient’s husband than with the patient herself. Women are consistently described as anatomically destined to reproduce, nurture, and keep their husbands happy. So gynecology appears to be another of the forces committed to maintaining traditional sex-role stereotypes, in the interest of men and from a male perspective.2

The contents of 27 general gynecology texts published in the United States since 1943 were analyzed. Complete lists of texts and authors were obtained from the Index Catalog of the Library of the Surgeon General’s Office, National Library of Medicine. We attempted to read all the texts available, rather than to sample (27 books out of 32). To allow for emergent trends based on new information about female sexuality, the books were divided into three periods; pre-Kinsey, 1943–52 (six of nine were used); post-Kinsey, pre-Masters and Johnson, 1953–62 (nine of 10 were used); post-Masters and Johnson, 1963–72 (12 of 14 were used). Only the latest edition of each text was read. The numbers represent authors active in the field rather than total volumes published.

1 We thank Marlyn Grossman for a careful reading of this paper and valuable criticism. Another version of this paper was presented at the American Sociological Association meetings in 1972. A longer version is available from the authors. This paper is on file at the Women’s History Research Center in Berkeley, Calif.

2 There is a growing literature detailing the emphasis on traditional sex roles in works ranging from children’s story and school books through college history and sociology texts and academic disciplines (e.g., Ehrlich 1971; Weitzman et al. 1972).

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| TABLE 1
| FEMALE SEXUALITY AND ORGASM IN THREE DECADES OF GYNECOLOGY TEXTS |
|---------------------------------|----------------|----------------|----------------|
|                                 | 1943–52        | 1953–62        | 1963–72        |
| Texts which indexed female sexuality | (4) ... (8) ... (9) ... |             |                |
| Sex primarily for reproduction* | (25 (1) ... 62 (5) ... 67 (6)) |             |                |
| Male sex drive stronger .......... | (50 (2) ... 62 (5) ... 89 (8)) |             |                |
| Women characterized as frigid ...| (25 (1) ... 37 (3) ... 33 (3)) |             |                |
| Female sexuality not indexed ..... | (2) ... (1) ... (3) ... |             |                |
| Total texts ........................ | (6) ... (9) ... (12) ... |             |                |
| Texts which indexed orgasm (clitoral-vaginal) | (4) ... (4) ... (4) ... |             |                |
| Vaginal mature response .......... | 0 ... 75 (3) ... 50 (2)† |             |                |
| Not discussed in these terms ..... | 75 (3)† ... 25 (1) ... 0 |             |                |
| Orgasm not indexed ............... | (2) ... (5) ... (8) ... |             |                |
| Total texts ........................ | (6) ... (9) ... (12) ... |             |                |

* Of those books in which female sexuality was indexed, some had more than one reference area. Therefore the total number of references is greater than the number of books.
† One text in the 1963–72 period indicated the clitoris to be the seat of sensation, and two texts, one in the 1963–72 and one in the 1943–52 period, indicated no difference in clitoral and vaginal orgasm.

1943–53³

In this period, prior to the work of Kinsey and Masters and Johnson, there was little empirical data about female sexuality. Of the four books in this group, two did not index female sexuality. One of the four (Janney 1950) presented a strikingly egalitarian approach to sexuality. Two others are characterized by a double standard. Thus Cooke stated: “The fundamental biologic factor in women is the urge of motherhood balanced by the fact that sexual pleasure is entirely secondary or even absent” (Cooke 1943, pp. 59–60). Since women were assumed to be “almost universally generally frigid,” while the male “is created to fertilize as many females as possible and has an infinite appetite and capacity for intercourse” (Cooke 1943, p. 60), two texts instruct gynecologists to teach their patients to fake orgasm. “It is good advice to recommend to the women the advantage of innocent simulation [italics added] of sex responsiveness, and as a matter of fact many women in their desire to please their husbands learned the advantage of such innocent deception” (Novak and Novak 1952, p. 572; Lowrie 1952, p. 671).

³ Our analysis is based not only on indexed items but on a general reading of the texts.
Once Kinsey et al. published Sexual Behavior in the Human Female (1953), the medical field had an authoritative and definitive (albeit from a nonrandom sample) source of information on the female. For the most part, these texts used Kinsey’s report selectively; findings which reinforced old stereotypes were repeated, but the revolutionary findings significant for women were ignored. For example, one often finds in the textbooks that the male sets the sexual pace in marital coitus, but nowhere is it mentioned that women are multiorgasmic, a Kinsey finding which raises questions concerning the gynecologist’s belief in the stronger male sex drive.

Though Kinsey is not usually credited with the discovery, he debunked the myth of the vaginal orgasm. “The literature usually implies that the vagina itself should be the center of sensory stimulation but this as we have seen is a physical and physiologic impossibility for nearly all females” (Kinsey 1953, p. 582)

Gynecologists, however, have tenaciously clung to the idea of the vaginal orgasm as the appropriate response and labeled “frigid” and immature those patients who could not experience it. The content analysis (see table 1) showed that no text read in any of the three decades said that portions of the vagina had no nerve endings and lacked sensation (a Kinsey finding); only one, in the 1963–72 decade, said that the clitoris was the seat of sensation; three in the second decade and two in the most current decade said that the vaginal response was the “mature response”; and two, one in the current decade and one in the 1952–63 period, stated the vagina and clitoris were equally sensitive. For example: “Investigators of sexual behavior distinguished between clitoral and vaginal orgasm, the first playing a dominant role in childhood sexuality and in masturbation and the latter in the normal mature and sexually active women. . . . The limitation of sexual satisfaction to one part of the external genitalia is apparently due to habit and aversion to normal cohabitation” (Ruben 1956, p. 77). Indeed as late as 1965, gynecology texts were reporting the vagina as the main erogenous zone (Greenhill 1965, p. 496). In 1962: “The transference of sensations from the clitoris to the vagina is completed only in part and frequently not at all. . . . If there has been much manual stimulation of the clitoris it [italics added] may be reluctant to abandon control, or the vagina may be unwilling to accept the combined role of arbiter of sensation and vehicle for reproduction” (Parsons and Sommers 1962, pp. 501–2). But, even if she is “truly frigid . . . the marital relations may proceed without disturbing [italics added] either partner” (Parsons and Sommers 1962, p. 494).
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1963–72

In the early 1960s reports began to flow from the laboratories of Masters and Johnson, and, though their findings are not generally quoted, there has been some indirect influence. Two-thirds (eight) of the books of that decade failed to discuss the issue of the clitoral versus vaginal orgasm. Eight continued to state, contrary to Masters and Johnson’s findings, that the male sex drive was stronger; and half (six) still maintained that procreation was the major function of sex for the female. Two said that most women were “frigid,” and another stated that one-third were sexually unresponsive. Two repeated that the vaginal orgasm was the only mature response (Greenhill 1965; Jeffcoate 1967).

Although sex roles are never indexed, we learn from reading the texts that when they deal with the subject, the traditional female sex role is preferred (nine out of 12 in the recent decade). Thus Jeffcoate states: “An important feature of sex desire in the man is the urge to dominate the women and subjugate her to his will; in the women acquiescence to the masterful takes a high place” (Jeffcoate 1967, p. 726). In 1971 we read: “The traits that compose the core of the female personality are feminine narcissism, masochism and passivity” (Willson 1971, p. 43).

So it appears that in gynecology texts the basic underlying image of woman and her “normal adult female role in the marital relationship” (Green 1971, p. 436) has changed little even though new data contradicting such views have been available. A 1970 text states: “The frequency of intercourse depends entirely upon the male sex drive. . . . The bride should be advised to allow her husband’s sex drive to set their pace and she should attempt to gear 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” (Novak, Jones, and Jones 1970, pp. 662–63).

The gynecologist’s self-image as helpful to women combined with unbelievable condescension is epitomized in this remark: “If like all human beings, he [the gynecologist] is made in the image of the Almighty, and if he is kind, then his kindness and concern for his patient may provide her with a glimpse of God’s image” (Scott 1968, p. 25).

SUMMARY

A review of 27 gynecology texts written from 1943 to 1972 shows that they are written, as a sociology-of-knowledge framework would lead us to expect, from a male viewpoint. Traditional views of female sexuality and personality are presented generally unsullied by the findings of Kinsey and Masters and Johnson, though the latter resulted in some changes in rhetoric.
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In the last two decades at least one-half of the texts that indexed the topics stated that the male sex drive was stronger than the female's; she was interested in sex for procreation more than for recreation. In addition, they said most women were "frigid" and that the vaginal orgasm was the "mature" response. Gynecologists, our society's official experts on women, think of themselves as the woman's friend. With friends like that, who needs enemies?

REFERENCES


*One of the 27 gynecology textbooks used in this study.
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*Time*, March 20, 1972, p. 89.