

Bibliotek for Læger

A journal devoted to medical history, ethics, philosophy and clinical theory, founded in 1809

Signe Bodil Nipper Nielsen:

Barenness and the making of sex in medical literature, 1870–1900.
Bibl Læger 2007;199:96–128.

This article is about the medicalisation of barrenness between 1870 and 1900 in Denmark, with a particular focus on representations of sexed bodies in the medical theories of sterility and impotence.

In the beginning of the period, sterility was mainly associated with woman's body. This was related to the notion that the female body was determined by sex and reproductive functions to a higher degree than the male body. Moreover, complexity, physiological vulnerability and latent morbidity were seen as more fundamental to woman's than to man's body. However, by the 1880s, the doctors began to pay attention to the harmful effects of gonorrhoea on fertility. While male sterility in the beginning of the period was either left in silence or equated with impotence, the possibility of male sterility was increasingly appreciated by doctors, although not without disagreement.

The literature on sterility and impotence provides a useful insight into how sexual difference was construed in and through medical discourse. The 19th century has often been described as a period where medical representations contributed to the production of a radical sexual difference between men and women, and where, for instance, woman's sexuality has been overtly repressed. However, the literature on sterility and impotence reveals that although doctors made a remarkable attempt to accentuate that female and male bodies were essentially different, the texts are also characterised by significant contradictions and ambivalence. By taking texts on the male body into consideration these tensions become even clearer. The way in which sexed bodies materialised in medical interpretations, was not without conflict in the 19th century.

Lone Schmidt:

Infertility and assisted reproduction in Denmark
Epidemiological and psychosocial aspects.
Bibl Læger 2007;199:134–49.

This paper is based on my thesis for the degree of Doctor of Medical Sciences: Infertility and assisted reproduction in Denmark. Our research programme The Copenhagen Multi-centre Psychosocial Infertility (COMPI) includes a longitudinal cohort of 2250 fertility patients and an evaluation of an intervention study with a communication and stress management training programme among couples in fertility treatment.

The lifetime prevalence of infertility was 26% among those 25–44 year old women who had tried to become mothers. In 2002 6.2% of all children were born after some kind of assisted reproduction. Fertility treatment in Denmark has good results, i.e. high success rates in terms of pregnancies and deliveries and high patient satisfaction with both medical and patient-centered care. Infertility and its treatment caused for many couples a severe psychosocial strain. At the same time some couples experienced marital benefit; i.e. that the infertility has brought the partners' closer together. Among women and men the coping strategies, the infertility-related communication with partner and with other people were significant predictors of the level of infertility-related stress. Active-avoidance coping and having difficult partner communication when starting fertility treatment were significant predictors of high infertility-related stress one year later. Further, among men they were predictors

of low marital benefit. A high level of infertility-related stress at start of treatment was associated with intention to use professional psychosocial services if these services had existed at the fertility clinics. Among women, high level of infertility-related stress and having a male infertility diagnosis were predictors of lower satisfaction with the fertility treatment. High marital benefit was a predictor of higher satisfaction ratings with treatment among both women and men.

Majken Sørensen:

Løgstør – a part of Denmark experiencing a decline of Magic?
How people from the area of Løgstør understood and handled illness and cures at the end of the 18th century.
Bibl Læger 2007;199:152–91.

The 18th century is often characterized as a time when Denmark and the rest of Western Europe were progressing. In many different areas, the societies changed from thinking and acting in traditional ways, to embracing new, modern ideas which often could be described as rational and logical. The German sociologist Max Weber characterized this period of time with a concept he called *Entzauberung der Welt* – the world was experiencing a decline of magic as modern rational scientific ideas gradually superseded the earlier non-scientific and more magical understandings.

Within the area of healthcare, the 18th century was also notable. New scientific techniques and methods were developed in this field and gradually these discoveries were spread to the public as the number of doctors, hospitals and other representatives of a modern approach to illnesses followed this progress. But did these changes also imply that the existing, non-scientific and more traditional ways of dealing with illnesses disappeared?

My research of how the people from the area of Løgstør understood and handled illnesses and cures at the end of the 18th century shows that the modern changes in society truly resulted in that the professional doctors and hospitals gradually became more and more accepted by people in this area – both the patients and the local administration. But it also shows that there were a large number of patients who went to the local traditional practitioner, including the wise woman Maren Honning from the village of Vindblæs, who in this case represents one of the local traditional healers.

Are these signs then an expression that the area of Løgstør was not – using Weber's adventurous concept – experiencing a decline of magic in the time from the 1850's to the 1890's? My research shows that the local people of the area of Løgstør changed their acts of behaviour from – more or less – only seeing the traditional healers, to also including the modern doctors when they needed to be cured from different illnesses. In some cases, the same people went to see both the traditional healer and the doctor for help. In this way the local people in this area have supported two ways of treatment that was considerably different in their notion of how illnesses came into existence and how they should be treated. That is why the area of Løgstør cannot be referred to as an area that was experiencing a decline of magic but as a place where different types of treatment coexisted and were used by the local people.

Using this insight, I have to question the understanding expressed by some historians and other cultural scholars who claim that the way the traditional healers in the late 18th century explained the causes of illnesses and the way they treated their patients with their "irrational" methods disappeared in the progress of modern times. I am also critical towards the idea that the traditional healers and their methods can be seen as a relic that belongs to the past and which therefore was used by the "ignorant" countrymen. My analysis shows that the traditional healers were seen by both "ignorant" and "uneducated" countrymen and people who belonged to the elite of the local society. In the area of Løgstør, the locals gradually embraced modern times as they began to see the modern doctors, but doing so without neglecting the traditional healers.

Agnete Parving:

Deaf people in Denmark – a linguistic minority under change

Bibl Læger 2007;199:192–213.

Generally the majority population consider deaf people as handicapped whereas the deaf community consider themselves as a minority with their own language and culture, i.e. as a subculture or as an ethnic minority.

This report describes the deaf minority, i.e. in this context congenitally deaf children born by hearing parents, in Denmark using sign language as the marker of identity. The concept of ethnicity and culture is defined and in combination with language their capacity to develop and establish identity is delineated. In contrast the perspective of deafness as a handicap is presented by the concept of treatment with cochlear implants and the controversies concerning the use of sign language, use of only speech and/or using a combination of sign and speech.

This tertiary prevention of deafness with cochlear implants may in the future be replaced by primary prevention using genetic counselling and gene therapy. Thus the background and future scenario for the discourse between the medical and deafness-rehabilitation groups with the deaf community is hypothesised and the implications for the number of people belonging to the deaf community.

The report represents an attempt to fill the gap between the natural and human scientific fields using deafness as a model.