Letter from . . . Chicago

Freeing the women

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On the ever-controversial subject of women and their role in society enough eternal truths have been uttered to make further insights mere platitudes. This is especially so since we have all come some 7000 years too late, as La Bruyère put it, to have much new to contribute. It suffices then to comment that attitudes towards women have changed and opportunities have increased, even though "sexism is alive and well" and "the ladder to professional success is still hitched with hazards."[1] But the Government has tried to do the right thing, and zealous bureaucrats keep a watchful eye on leering employers who demand sexual favours, pinch, pat, joke, or require women to work half-naked. Faced with the threat of law suits for sexual harassment, many companies have issued behaviour guidelines, instituted training sessions, and taken disciplinary measures. Some of the regulations, however, seem vague and unfair and could lead to an avalanche of frivolous suits, because, "what sounds to one woman like a compliment may strike another as harassment."[2]

Of equal importance to corporate America is the relation between the sexes in the home. Much of the recent loss of productivity in business and industry, writes Barbara Toohey[3]—who formulates economic theories in her spare time—may be due to the sexual revolution and the destruction of the Great American Unhappy Home. Now that divorce has become so easy, men no longer need to flee to 18 hours a day, seven days a week jobs to escape being nagged at home. Employees who formerly worked so hard trying to get away from their incompatible spouses now find new compatible partners with whom they spend much time chatting on the phone or even taking joint vacations. Birth control and abortion have removed the need to escape from homes occupied by a dozen noisy children—and the toleration of homosexuality has provided opportunities for people whose only outlet in the past would have been to work.[3]

One source of unhappiness among liberated women, however, has been the periodic attempts by scientists to demonstrate innate differences between the sexes. A recent review of this controversial subject[4] reminds us that phrenological or teleological evidence is no longer acceptable. That women have smaller brains, as first shown by Paul Broca, reflects differences in body size, not intelligence; and the theory that women using their brains might impair their fertility by draining off blood required to maintain menstruation has also been exploded.[4] But women are believed to think more globally, their intellectual functions being diffused across both cerebral hemispheres, while men have more laterality, being dominated by one or the other hemisphere. Women are said to have better verbal ability, auditory memory, and finer motor co-ordination; men excel in visual-special ability and mathematics.[4] Thus two investigators at Johns Hopkins have spent the past eight years examining mathematical ability in some 10 000 12-year-old schoolchildren. Using a variety of protocols, they selected the students scoring the highest marks in special mathematics aptitude tests, invited them to take accelerated mathematics courses, and then tested them again. In all tests the boys did better than the girls, the greatest differences occurring in the top-scoring students, especially for problems testing reasoning rather than computation or spatial visualisation. The investigators conceded that some of the observed differences may have been due to social factors or perhaps to the girls using different strategies in the tests.[5] So that in mathematics, as in other subjects, nobody knows how much of the differences between men and women may be ascribed to genes or hormones, and how much to conditioning and the environment.[4]

Women in league with the devil

In medicine, however, women have made great strides since the mid-'sixties, when a certain medical school would regularly admit only two women into its class of 85—no fewer, because a single woman might become too lonely—no more, because there were not enough lockers for three girls. And even schools more liberally endowed with lockers would rarely accept more than 10% women, and even this was a great improvement over the real bad old days, when a variety of societal pressures conspired to keep women out of medicine. Some observers have traced the origins of the modern prejudice against women in medicine to "witchcraft, that cruel and barbarous plague that swept over Europe and America during the seventeenth and early part of the eighteenth centuries," leading to the belief that women were in league with the devil.[6] Discrimination against women has also been viewed as one of the techniques by which a capitalist oligarchy maintains its rule over the proletariat. But be that as it may, we note that the first woman doctor in America did not graduate until 1849, when Elizabeth Blackwell, having been rejected by 12 other schools, was allowed to finish her studies at Geneva Medical College in New York.[6] By 1910, however, there were only some 500 women doctors in the United States, fewer than 1% of the total. In 1905 under 5% of all doctors were women, these figures remaining unchanged until 1935, though rising to 9% by 1969. No women were admitted to Harvard Medical School until 1945, and throughout the 'fifties and 'sixties the percentage of women admitted to study medicine stayed consistently below 10%.[7] Those admitted, furthermore, faced opposition at home and prejudice at school, always having to prove themselves, often reminded that they were displacing a man from the profession. Marriage was the sticking point, while intellectual ability was rarely questioned, so that nuns had the best chances and pretty women the least.[8]

A big change, however, came about in the early 1970s, and ever since then the number of women entering medicine has steadily risen, reaching 25% in 1975 and 30% in 1980.[7] The proportion of women in medicine, now 10%, is also rising. By 1990, one-quarter of all doctors will be women, with an in-

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creased representation even in specialties such as surgery, orthopaedics, urology, or plastic surgery. Yet women still have a long way to go.[9] Few have become deans or chairmen of academic departments. Sterotypes persist, and women are more likely to be found in pathology, psychiatry, paediatrics, family practice, or obstetrics, though internal medicine is becoming increasingly popular. Women tend to work in salaried posts rather than in private practice, and usually earn less than men.[9] They also face the problem of how to resolve the conflicting demands of a medical career and those of raising a family; though, now that the shortage of doctors has been overcome, it may be time for medicine to change its character and call for less than a total commitment. For "nobody knows how long it takes to become a good doctor," and women may need more opportunities for part-time work, for time off, and for special arrangements if they are to "be better mothers and better doctors."[10] There also remains the fear that medicine might bring about Professor Higgins's wish and make women more like men, where in fact the behavioural differences between the sexes might bring great advantages to the healing profession.[9] Women are believed to be more liberal and sensitive to social issues, and might be more willing to experiment with new forms of economic arrangements for medical practice.[7] Yet only time will determine the eventual impact on medicine, and confirm the alleged differences in motivation or in attitudes towards patients.

Meanwhile we hear occasional cries from the other end of the stethoscope or examining table for more compassion or consideration. Even the pelvic examination could be less uncomfortable, and women might feel less like a rape victim if doctors (men) would introduce themselves *before* the woman has her legs put up in stirrups, took an extra five seconds in inserting the speculum, used *warm* water as a lubricant, and remembered that a speculum introduced in the anteroposterior diameter feels like a steel beam scrapping one's urethra.[11] Doctors have also been unfair in attributing a psychological pathogenesis to primary dysmenorrhea, hyperemesis gravidarum, and labour pains.[12] They take illness less seriously in women than men, spending less time investigating back pain, headache, dizziness, and fatigue.[13] Some of science's most important developments are said to be used against women, including techniques for test-tube babies, birth control, methods designed only for women, and amniocentesis to determine the sex of the fetus, because couples might prefer to have more boys, who would then also be the first born and generally higher achievers. And there are also undertones of "sexism" in the recent controversy about vaginal tampons and their relation to the toxic shock syndrome.

Toxic shock

First described in 1978 in children, and attributed to staphylococcal toxins, toxic shock began to be reported in menstruating women during the first half of 1980, but it took some fine epidemiological detective work to link it to vaginal tampons. Such tampons had become increasingly popular since the introduction of Tampax in the 1930s, being used by over 50 million American women, and having become quite perfected, the highly absorbent brands replacing earlier all-cotton types. In an increasingly competitive market Procter and Gamble's Rely deodorant model had become especially successful by virtue of an intricate system of highly absorbent cellulose and foam rubber, which is introduced by a plastic catheter and swells to the size of a small plum. By the summer of 1980, epidemiological studies had concluded that, although toxic shock occurred with all brands, the risk was particularly high with the Rely. In September, after much adverse publicity in the press, Procter and Gamble recalled their product. Subsequently they entered into a binding agreement with the Food and Drug Administration to advertise urging women to stop using samples remaining in circulation, leaving the other manufacturers worried though temporarily gratified by the elimination of a successful competitor.

It thus seemed that the problem had been solved, at least from a practical point of view. Although the exact pathogenesis remained unclear, it was speculated that a more occlusive tampon could promote the growth of a more virulent staphylococcus. By February the Center for Disease Control announced a dramatic drop in the number of new cases, from 118 in August to 37 in December, with the manufacturers stating that a woman had a bigger chance of being hit by a meteorite than of having problems with tampons. But in the spring tampons again hit the headlines with alarming reports of new complications such as vaginal ulcers, bleeding, trouble with retained particles, and mucosal lacerations at insertion and at removal. Singled out, again, were high-absorbency brands, their effect on the mucosa being compared to that of leaving a dental swab in the mouth for a long time. Then in Minnesota epidemiologists began to question the data indicating a decrease in the incidence of toxic shock, suggesting that new cases were no longer being reported because the novelty had worn off, that the Rely was not the only problem, that the Center for Disease Control had erred by putting all its eggs in one basket, and that their criteria for certifying a true case of toxic shock were too stringent. There were sensational articles in the daily newspapers, people who usually complain against government regulations blamed the Food and Drug Administration for not doing enough, and an angry woman wrote that there would not have been any toxic shock if the scientists and officials of the FDA and pharmaceutical industry had to wear tampons.

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What might cause liver enlargement when no other clinical signs or symptoms are apparent? Might psychotropic drugs produce this effect?

Numerous disorders can produce hepatomegaly in the absence of other physical signs. Common causes include benign and malignant tumours, various types of cirrhosis, chronic active hepatitis, and cysts. Less common causes include vascular malformations, hydatid cysts, infections such as tuberculosis, and infiltrations such as amyloidosis. A normal liver may appear to be enlarged if there is a low right hemidiaphragm, or if there is a prominent Riedel's lobe. Psychotropic drugs may produce a picture of hepatitis or cholestatic jaundice, but they are unlikely in the absence of jaundice to cause enlargement of the liver.