I will give birth in a hospital, bathed in bright lights, surrounded by doctors and nurses and blinking machines. I will be plugged in and then, perhaps, I will be drugged. The doctors will be men (with maybe a token woman), and the nurses will be women (with perhaps a token man). This is my safest, and best, option. This is how births are supposed to be. Although aware of the existence of midwives and of alternative birthing methods, I’ve always taken it for granted that they are artifacts: interesting now and useful once, but rendered obsolete by technological advances. I’d never considered that it might not be technology itself but rather the rhetorical construction of reproductive technology—as well as of the female body and the power negotiations inherent among all of these factors—that has given midwifery and other “female” knowledge the appearance of obsolescence.

It may seem strange that I call attention not only to my gender but to my gendered body in the first paragraph of this review, but I do so because women’s embodied and experiential knowledge about reproduction is central to both The Rhetoric of Midwifery: Gender, Knowledge, Power, by Mary Lay, and Body Talk: Rhetoric, Technology, Reproduction, edited by Lay, Laura Gurak, Clare Gravon, and Cynthia Myntti. Just as I’ve exposed the body lurking behind my words, these two books expose the bodies lurking behind scientific and medical discourses, bodies that are constructed and acted upon by those discourses. Both books undertake the important project of illuminating the rhetorical practices that create knowledge about women’s bodies in general and about reproduction in particular, and, in the process, both books offer alternative narratives to those considered authoritative by the scientific and medical communities. These works will be of interest not only to rhetoricians but also to scholars interested in science and technology, gender and feminist studies, cultural studies, medicine in general, and women’s health in particular. They continue the work that scholars such as Evelyn Fox Keller and Sandra Harding have begun in de-objectifying science, showing that its discourse is often gendered and biased, not the transparent window to truth that it has often (to disastrous results) been taken to be. The Rhetoric of Midwifery and Body Talk are also important contributions to work being
done in the rhetoric of science. Gone are the days when these studies must contain a chapter justifying rhetorical work being done in science in the first place: Lawrence Prelli, Alan Gross, and others have laid that groundwork. Now, after some introductory matter introducing rhetorical theory to the uninitiated (but not necessarily justifying its use), Lay and her colleagues get right to the meat of the analysis.

Although, as the editors of *Body Talk* point out, there are several different connecting themes among the essays and, thus, several possible ways to group them, the editors chose to arrange the chapters according to what they felt was "the most intuitive and accessible structure" for readers: three general categories. The chapters comprising part one, "Historical Bases of Reproductive Discourse," examine the historical roots of our modern understanding of the discourse that constructs reproduction and the female body. For example, Jeanette Herrle-Fanning's analysis centers on a key moment in reproductive history: when men began to enter the once exclusively female space of the birthing room and to redefine what counted as authoritative knowledge about the birthing process and the female body. Anatomical knowledge learned in the medical classroom began to be valued over experiential knowledge learned by attending births (and by giving birth); pregnancy began to be defined as a pathology and thus came under the domain of medicine; and new technologies such as the forceps gave power to the men who controlled them. These power struggles in the birthing room laid the groundwork for debates within the midwifery profession that continue to this day, as Lay's chapter in this volume as well as her book-length study demonstrate. In another fascinating historical study, Martha Verbrugge examines the historical moment when women's knowledge gained authoritative power and helped shape our current understanding of menstruation. In the early 1900s, female physical education teachers succeeded in defining menstruation in normal rather than in pathological terms: "There is no doubt, however, that women physical educators positioned their field to be an important force in menstrual education. They adopted language, concepts, and policies that staked their claim on the territory of exercise and menstruation and, more generally, on female physicality." Verbrugge's work here is important. In their introduction to *Body Talk*, the editors emphasize the importance of documenting "the results of negating [women's] experiential knowledge and the advent of cultural respect and reliance on technologies of the body." It is of equal importance, however, that scholars reclaim women's voices in the scientific and medical tradition, as Verbrugge has done (and as Susan Wells
does in her recently published *Out of the Deadhouse*). I hope we will see more studies that do for the rhetoric of science what Shirley Wilson Logan, Cheryl Glenn, and Jacqueline Jones Royster have done for the rhetorical tradition, studies that reclaim the marginalized voices not only silenced by hegemonic knowledge systems but also appropriated by them. The predominant scholarly model within feminist studies of science that labels technological and scientific knowledge as male and experiential and embodied knowledge as female, while certainly useful in dismantling science's claim to objective truth, also threatens to relegate women to subordinate roles within the scientific and medical communities.

This is not to say, of course, that we should not recognize the reality that modern scientific and medical discourse does reflect and has reflected the ideologies of those in power and that those in power rarely have been women. The contributors to part two, "Reproduction, Language, and Medical Models," convincingly examine how the female body is constructed through male-centered scientific and reproductive discourse that defines women in terms of their reproductive organs and that functions as a sort of inside-out Petrarchan rhetoric: instead of "face of snow," "hair of gold," and "eyes so fair," women are reduced to the hysterical uterus, incompetent cervix, and malfunctioning ovaries. Lyn Tumey's chapter in this section is a particularly fascinating analysis of the conflict between medical and experiential knowledge in surgical sterilization. Tumey argues that clinical discourse works to delegitimize women's experiential knowledge of sterilization, teaching them that "their reproductive bodies are inherently problematic, that suffering and discomfort are natural conditions of the female body, and that female reproductive equipment is distasteful and dispensable once childbearing is complete." In a particularly disturbing example of the conflict between experiential and clinical knowledge, women are given the message that their sterilization will make their bodies constantly available for sex, while in reality women experience a decrease in libido and sexual desire, compounding their sense of failure.

Celeste Condit's essay is the only one in this section—and, for that matter, in the entire collection—to explicitly address how a woman's socioeconomic status affects her reproductive choices. She argues that the movement from the germ model of medicine (disease entering an otherwise healthy body) to the genetic model of medicine (disease preexisting in an already flawed body) means that responsibility is placed on the woman to understand every way that her fetus might be flawed and to either fix the problem or terminate the pregnancy. Condit observes,
however, that this testing is often offered to women based on their socioeconomic status: genetic counselors serve as "gatekeepers," controlling the information that their clients receive. Thus, while middle- and upper-class women might, indeed, have an undue burden placed on them as a result of medical technology, they are at least offered access to the technology.

By and large, the chapters in this collection do not deal with intersections of ethnicity, class, and gender (with the notable exceptions of Condit, who deals with class, and Chloe Diepenbrock, Eugenia Georges, and Lisa Mitchell, who examine reproductive technologies from a cross-cultural perspective). Racial and class politics within the U.S. are largely ignored: although the contributors are conscious of the fact that their studies are mainly concerned with middle-class white women, they do not take up the question of access to those technologies explicitly. The editors recognize this as a necessary area for further study. One hopes that their call will be heeded.

The final section of Body Talk, "Reproductive and Legal/Policy Issues," examines power negotiations for control over reproduction and the body in the public sphere. Elizabeth Britt's chapter, for example, illuminates how the normalization of infertility in medical insurance discourse helps to "place women's bodies on the medical map" as it simultaneously creates "new norms for women to aspire to"—norms that can be both empowering and disempowering. In a surprising essay, Beverly Sauer analyzes how women's pregnant bodies are used to manage public opposition to environmental legislation. Lay contributes an essay to this section as well, examining the legal discourse surrounding direct-entry midwifery in the U.S. and the rhetorical battles that ensued to claim authority in the birthing room. The theme of this essay is expanded in her new book, The Rhetoric of Midwifery.

The first rhetorical study of this underacknowledged field, The Rhetoric of Midwifery, focuses specifically on Minnesota direct-entry midwives and their efforts to become licensed in the early 1990s. Direct-entry midwives are those who have entered midwifery without formal academic or medical training (certified nurse-midwives, by contrast, have undergone formal training). Between 1991 and 1995, the Minnesota Department of Health and Board of Medical Practice held hearings to determine whether or not direct entry midwives would obtain licensing. These hearings provide Lay with an ideal opportunity to study the rhetorical strategies that an emerging profession employs to gain prestige and legitimacy, as well as the rhetorical strategies that a dominant
profession employs to keep its boundaries intact. Midwifery also provides a unique opportunity to examine the interplay of gender and power in this professional boundary work.

Lay organizes her analysis of midwifery roughly chronologically. Her first two chapters provide an overview both of the key rhetors and issues at stake in the midwifery debates and of her methods of analysis. These chapters lay the groundwork for an analysis of the rhetorical history of midwifery, in which she identifies the roots of the issues currently debated within midwifery. Lay then examines how members of the Minnesota Midwives Guild successfully employed techniques such as boundary spanning in order to gain rhetorical authority within the midwifery debates, as well as how these techniques often meant alienating midwives whom they identified as “other” and whose practices they identified as undesirable. Of special interest to those interested in genre theory will be her illustration of how, through a collaborative writing process, the midwives successfully challenged the conventions of a genre that sought to normalize their practices and to subordinate them to the medical community. Lay goes on to analyze how the medical community responded to this challenge, successfully reasserting its jurisdictional boundaries and shutting down the licensing process. She concludes by examining issues of gender and power in the midwifery debates, specifically looking at how the direct-entry midwives themselves understood the relationship between gender and power in the debates, as well as how the home birth process can empower women.

Foucault’s concept of biopower—disciplinary and regulatory power over the body and over life itself (especially appropriate in analyses of reproductive technology)—is central to Lay’s work. She not only charts how the medical profession claimed authority over the birthing process, delegitimizing the midwives’ experiential knowledge in the process, but she examines how part of the appeal of midwifery for the direct entry midwives lies precisely in its status as an unregulated field. For me, this was the book’s most surprising and interesting insight: midwifery can be conceptualized as a site of resistance. For direct-entry midwives, the trade off for attaining medically sanctioned authority over the birthing process is losing their freedom during and control over the childbirths they attend: “The direct entry midwives involved in the Minnesota public hearings articulated the sense of personal freedom they realized in operating outside the medical profession’s jurisdictional boundaries and knowledge systems, while they sought the professional power to be gained through licensing.” Or, as one midwife put it, practicing midwifery “takes
a sort of a renegade and an anarchist." Moreover, as Lay observes, the midwives' "perceptions of power" are gendered. Direct-entry midwifery is a profession in which the practitioners and clients are female and in which the experientially gained knowledge is wholly obtained through female-specific experiences. As Lay observes, "any study of midwifery is complicated by the midwives' own sense of what they learn from being female and from birthing and mothering their own children, from engaging in a practice that ministers to women during pregnancy and birth, and from experiencing how, as women, their knowledge and experience may be devalued." Although many midwives supported licensing because it meant they could legally gain access to necessary drugs and perform simple medical procedures, gaining legitimacy according to the rules of the male-dominated medical profession would undercut some of the gendered power inherent in midwifery. The debates regarding the value of experiential versus theoretical knowledge, over which type of knowledge carries authority, might hit uncomfortably close to home for compositionists.

While Lay's treatment of gender and power dynamics is compelling and thorough, the absence of almost any discussion of ethnicity and class, again, seems conspicuous, especially considering the midwife with whose testimony Midwifery opens:

I came to birth having been born at home. I had certain expectations that birth was a nonmedical event, due to my upbringing. I was born somewhere else; I was not born into this culture. And so, my first exposure to American medical health care came with the birth of my first child. Although medically speaking, the birth had a good outcome, emotionally speaking the birth to me was really disastrous and traumatic.

Coming from "somewhere else," this Cuban-born midwife stresses the importance of her non-American ethnic background to her entry into midwifery. In addition to a story about power negotiations between genders, I wonder if there is a story about delegitimizing the cultural practices of certain ethnic groups or of people from a socioeconomic class to whom hospital birthing could be prohibitively expensive. Lay certainly alludes to this story when she mentions the midwives silenced by the debates: those who for religious or cultural reasons resisted any regulation of their practices. However, she does not examine how the guild midwives' boundary spanning techniques not only alienate many of their sister midwives, but also guarantee that good, licensed midwife care will
be available only to the same segment of society to whom good, licensed medical care is available. As in *Body Talk*, the question of access is largely ignored. This is not to undercut what Lay has done, however. In her own words, "by offering a specific case study about the legitimacy of women’s knowledge," *The Rhetoric of Midwifery* "extends our knowledge about how, through discourse, professional boundaries are maintained and challenged." Questions of access and intersections between gender, class, and ethnicity will provide fertile ground for future analyses.

All this is not to say, of course, that reproductive technologies and medically authorized knowledge about birth are only detrimental. The problem is that they are often assumed to be entirely (or the only) good. Scholarship such as that presented in *The Rhetoric of Midwifery* and *Body Talk* gives us the power to question medical decisions that govern our lives and bodies, to recognize ideologies masquerading as truth in medical discourse. The editors of *Body Talk* “hope that this book inspires women and their supporters to enter public debates about public technologies in a more informed and empowered way and to challenge standard, authoritative readings on this subject.” Lay herself has certainly answered (or anticipated) this call with *The Rhetoric of Midwifery*. Despite both books’ neglect (by and large) of race, class, and ethnicity, and despite their sometimes too easy alignment of technology with the male and experiential knowledge with the female, both should be required reading for anyone interested in the rhetoric of science and technology and in feminist and gender studies. They are enlightening contributions to an important and growing field.

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**Works Cited**
