Catherine Carstairs


feminist spirituality, a theme which Richardson leaves aside. Richardson’s critique of “the late twentieth-century drift into philosophical relativism” which (she argues) “must take some responsibility for the obscuring of eugenic fictions, whose authorial intentions have not been acknowledged in the apparently emancipatory climate that privileged the reader as producer, and took pleasure in killing the author” (p.215) also feels somewhat dated, perhaps a reflection of the extent to which the scholarly climate is shifting in recent years. That said, her conclusion, which emphasizes the on-going relevance of these issues in our own day, given the revival of eugenic thinking in evolutionary psychology and now the human genome project, seems more timely than ever. This is a book which deserves a wide audience; while it has long been required reading for scholars working in the field, its paperback reissue will now make it more accessible to students, including undergraduates, whose understanding of this critical and complex period will be much enriched by Richardson’s careful and nuanced study.

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John Rock, a Catholic gynecologist, who believed that women were not well suited to being doctors, seems an unlikely midwife for the birth control pill, but not only did he lead the clinical trials, he promoted the pill as an acceptable method of birth control for Catholics. This came after a career spent trying to get women pregnant as a fertility specialist at the Free Hospital in Boston, Massachusetts. Marsh, a historian, and Ronner, a gynecologist, have combined their expertise to provide us with a scientifically grounded examination of Rock’s contributions to reproductive medicine and birth control.

Rock, the son of a saloon owner, entered medicine after a trying stint as a timekeeper for the United Fruit Company in Guatemala. After completing his B.S. and M.D. at Harvard, and doing a series of internships and residencies, he became the director of the sterility clinic at the Free

Hospital in Boston, which specialized in women’s reproductive cancers and other gynecological problems. From the very beginning of his career, Rock supported birth control. In addition to the sterility clinic, he also supervised a rhythm clinic at the hospital. (Rhythm was the only legal form of birth control in Massachusetts.)

Nonetheless, his real work lay in helping women to conceive and Rock’s research team achieved celebrity for being the first to successfully fertilize four ova outside the womb in 1944. Before this, he did important work on dating the endometrium and he and a collaborator, Arthur Hertig, provided a detailed photographic record of the first seventeen days of pregnancy. This study involved women who were scheduled to have a hysterectomy. The doctors asked the women to have sex during their fertile period just before surgery. Afterwards, their organs were dissected to determine whether or not they contained a fertilized egg. Today, such a study would outrage pro-life advocates; it has also angered feminist critics who have wondered whether or not the women understood that they might be pregnant. Marsh and Ronner argue that patients understood the procedure, and willingly contributed to medical knowledge. They insist that while the women may have been flattered into participating and many of them were poor, they were informed consumers and the research caused them no harm.

By the 1950s, Rock was a renowned fertility specialist; his lab was expanding and he began collaborating with Gregory Pincus, who is usually credited as being the “father” of the birth control pill, on the impact of progesterone on fertility. Eventually, Rock supervised the birth control trials in Puerto Rico. Feminists and historians have attacked the trials for exploiting the poor women of Puerto Rico. In this version of the story, Rock is sensitive to the needs of patients and careful and cautious in his approach. By contrast, Gregory Pincus and Katherine McCormick, who funded much of the research, are portrayed as being too impatient, and callous towards patients. Marsh and Ronner defend the decision to carry out the field trials in Puerto Rico, arguing that Puerto Rico was a modernizing society and that the women might have been poor, and in some cases illiterate, but they were not dupes. They do not address whether or not the women were appropriately informed about the risks, arguing only Pincus, Sanger, McCormick and Rock all believed that the pill was safe. In her book, Sexual Chemistry (New Haven: Yale University Press, 2001), Lara Marks also points out that the ethical standards of drug testing in the 1950s were much different than they are today, but her book takes a much more patient-centered perspective, which better explains the challenges involved in carrying out the pill trials, and the difficulties faced by the women who participated. Marsh and Ronner seem to let Rock off lightly. As they themselves admit, Rock trained the man who would
oversee the controversial trial involving psychiatric patients at the Worcester Asylum and by the late 1950s he had considerable emotional investment in the success of the pill. Having been forced to retire from Harvard at 1965, he was also financially dependent on McCormick and the Searle pharmaceutical company for research monies. Instead, in a fascinating twist, it is the opponents of the pill that come under attack in this monograph. The authors reveal that Barbara Seaman’s book *The Doctor’s Case Against the Pill* (1969), which condemned the pill as dangerous and inadequately tested and helped fuel feminist opposition to the pill, relied heavily on evidence provided by Hugh Davis. Davis was the originator of the infamous Dalkon Shield, a contraceptive intra-uterine device which led to the death of 18 women and the infertility of many more.

Rock’s importance to the history of the pill extends beyond the clinical trials. Rock was a devout Catholic, and the church had long condemned all methods of birth control, with the exception of the rhythm method. Rock believed that the pill, since it was not a barrier method of birth control, should also be acceptable to the church. In 1962, he published *The Time Has Come: A Catholic Doctor’s Proposal to End the Battle over Birth Control*. The book argued that sex was important to a good marriage, that the growing world population posed a real threat to future prosperity, and that pill was a ‘natural’ method of birth control since it worked by suppressing ovulation. He urged Catholics to follow their own conscience.

This is a generous and kind biography; perhaps too kind. In their acknowledgements, Marsh and Ronner thank Rock’s eldest daughter for turning over her dining room to Marsh to use as a temporary office for several years. This closeness would make it difficult to say much about family conflict and indeed, the biography is short on detail about Rock’s relationship with his wife, his interactions with his children, and on his religious faith and practice. In this account, Rock is a kind, courteous man, who listened to his patients and whose research agenda was driven by his clinical practice. According to his biographers he expressed many of the prejudices of the day (although they gave no examples), but for all that, he always saw people as individuals (although there are few detailed examples of his interactions with patients). Readers searching for a livelier and more intimate account of his life would be better off reading Loretta McLaughlin’s *The Pill, John Rock and the Church* (Boston: Little Brown, 1982). That said, Marsh and Ronner carefully contextualize Rock’s medical career and practice and integrate the most recent secondary literature, making it a successful scientific biography, and a provocative rejoinder to feminist critics of medicine.

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