toethnografische Erweiterung als wertvolle Brücke für die Kontextualisierung diente. Die Analyse kombiniert poststrukturalistische Ansätze mit einer phänomenologischen Perspektive. Die Verschränkung eines einerseits diskursiv hergestellten Körperwissens als *Körper* mit der andererseits unmittelbaren Schmerzerfahrung am *Leib* der Betroffenen ermöglicht es, eine umfassendere Subjekterfahrung zu untersuchen. Diese Verschränkung von körperlichem Leiden und sozialem Wissen über den ‚weiblichen Körper' zeigt, wie normative Vorstellungen von Gesundheit und Krankheit performativ inszeniert und vergeschlechtlicht werden. Emotionen wie Scham, Schuld und Wahrnehmungsverzerrungen prägen das konflikthafte Subjektgefühl, das aus der Diskrepanz zwischen Körperwissen und Leibempfinden resultiert. Die Diagnose wird für die Betroffenen schließlich zu einer Subjektivierungserfahrung, in der sich *Körper* und *Leib* endlich decken.

Schlagwörter Endometriose – Sexualität – Gender – Schmerz – Scham

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Gender and Medicine

EDITED BY BARBARA WITTMANN & ALENA MATHIS

Canchen (Carmen) Cao: Records of Two Medieval Female Doctors. A Cross-Cultural Examination of Trota and Tan Yunxian's Approaches to Menstrual Disorders pp. 13–28, written in English

Menorrhagia, commonly referred to as heavy menstrual bleeding, has been extensively studied by generations of gynecological doctors and physicians. This paper undertakes a cross-cultural investigation of treatments for menstrual irregularities as offered by two medieval female healers: Trota of Salerno, a female physician from the 12th century, whose name was recorded in a collection of medical texts known as the "Trotula Ensemble", and Tan Yunxian (談允賢), born in 1461, a Ming dynasty Chinese healer who compiled an amalgamation of 31 female patient case studies titled "Miscellaneous Records of a Female Doctor" (女醫雜言). It explores how Trota of Salerno and Tan Yunxian addressed and treated irregular menstruation, emphasizing their keen awareness of women's living conditions, social status, and emotional well-being during their respective eras. Its investigation of their diagnostic approaches to menstrual disorders aims to demonstrate how cultural, geographical, and especially gender-related factors shaped the treatment of this condition by the two female doctors. Meanwhile, their plant-based remedies further shed light on the relationship between traditional herbal recipes and global medical practices, inviting readers to discover the intersection of culture, medicine, and history through the discerning perspectives of these two remarkable women who paved the way for cross-cultural understandings of menstrual irregularities.

Keywords Menstrual disorders – Trota – Tan Yunxian – medieval women – herbal medicine

Zoe Copeman: Making Cancer Awareness 'Hot'. An Iconographical Analysis of Anti-Breast Cancer Campaigns in Modern United States pp. 29–44, written in English

The article analyzes the visual rhetoric of early anti-cancer campaigns in the United States, revealing a gendered and racial-biased approach in the shaping of the public image of cancer. The author links the image of a healthy, young, thin, blemish-free, white woman alongside messages of cancer detection— still apparent in American media today—to the American medical field's changing perspective towards cancer at the turn of the twentieth century. Targeting prevention over cure, physicians increasingly stressed that the 'fight against cancer' began in the domestic sphere with the women of the household. The question became how to inform this matriarch of cancer symptoms and when to seek medical attention. Though much has been written on these campaigns, little attention has been brought to the decisions behind the exclusionary imagery that these advertisements employed to reach their target audience. Focusing on the efforts of the *American Society for the*

Control of Cancer and its successor the *American Cancer Society*, the article argues that the early leaders of anti-cancer campaigns in the United States, predominantly white medical men, projected their narrow view of an 'ideal' woman onto the entire U.S. population, perpetuating a limited and exclusionary representation of health and womanhood.

Keywords breast cancer – cancer awareness – health education – media – iconography

Alvin Cabalquinto: Caring for Colonial Maternal Bodies. Biomedical Constructions of Women's Bodies in the Early Twentieth-Century Philippines pp. 45–62, written in English

This study explores the history of the biomedical construction of women's bodies through the medical and socio-cultural responses to maternal health in the early twentieth-century Philippines. It questions how colonial society defined the maternal body within the dynamics of colonial scientific biomedicine and gendered power relations. The paper first contextualizes the changes in education and public health during the US colonial era. It then investigates the colonial maternal body as a distinct biomedical category through content analysis of medical and scientific articles and textbooks on obstetrics. Examining the biomedical construction of maternal bodies of Filipino women shows the tensions in attempts to modernize colonial medicine and attempts to understand the bodies of Filipino mothers in a changing colonial society. Such historical examination provides insights into tracing the roots of obstetrical violence and reclaiming bodily autonomy to decolonize obstetrics.

Keywords Filipino women's history – maternal health – colonial medicine – bodily autonomy – biomedical construction

Anne D. Peiter: Critique of Medical-Psychological Concepts in Post-Genocidal Rwanda. On Gender Aspects, Colonial Perspectives and the Oblivion of the Material in Autobiographical Testimonies by Esther Mujawayo und Révérien Rurangwa pp. 63–76, written in German

The genocide against the Tutsi of Rwanda was the culmination of a long history of violence. The massacres in the three months from April to June 1994 caused the deaths of over one million people and also brought feminist issues into focus: As a result of the mass rapes, many women had been infected with HIV and, because more men had fallen victim to the violence, the organization of the 'aftermath' had to be carried out primarily by female survivors. The following historically informed literary study on the handling of 'healing attempts' and gender aspects in Rwanda focuses on the voices of the victims themselves. This follows Mujawayo's plea to define medical-psychological help much more strongly from the patients' perspective – and not primarily from outside 'specialists', who also reproduced paternalistic colonial hierarchies in the context described. The first thesis presented in the article is that autobiographical reports by survivors also show the stabilizing effect of material aid on the psyche. The second thesis concerns 'healing attempts' that were dependent on finding the victims. The third thesis deals with the impossibility of actual healing, criticizing the concept of 'resilience'.

Keywords Keywords: eponyms – anatomical nomenclature – female anatomy – history of medicine – art – feminism

Johanna Meyer-Lenz: Helen B. Taussig and her Scientific Career as a Challenge to the Traditional Gender Order. A Contribution to History and Gender in 20th Century US Pediatric Cardiac Medicine pp. 77–96, written in German

Helen B. Taussig (1898–1986) is commonly regarded as the founder of the field of pediatric cardiology, and the Johns Hopkins Hospital with Medical School and University in Baltimore, Maryland, as the birthplace of this discipline. With Taussigs scientific and clinical research into congenital heart defects, she laid the foundations for the new discipline. At the same time, she made a decisive contribution to the breakthrough of open heart surgery by providing the idea for the *Blalock-Taussig Shunt* operation, which was successfully performed for the first time worldwide in 1944. The procedure gave patients with severe congenital heart defects, primarily tetralogy of Fallot, the gift of life and a new quality of life. For Helen B. Taussig, this success, combined with her extensive clinical and scientific work as well as her national and international reputation, led the university to abandon its resistance to admitting women to the ranks of its professorial staff and, by awarding Taussig the title of full professor, brought her academic status into line with the leading male standard. This paved the way – albeit very hesitantly – for the inclusion of women scientists in the cultures of high recognition and honors at Johns Hopkins University. Helen B. Taussig played an extremely active role in the consolidation and establishment of the discipline in the USA and abroad from the 1950s onwards; she was the driving force behind the numerous national and international specialist societies and networks that then developed in the new discipline. She served as a role model for young female physicians to pursue an academic career by choosing the discipline. This path is illustrated by the professional careers of two Taussig students.

Keywords history of pediatric cardiology – Johns Hopkins University – transformationprocesses – female career paths – Gender Gap

Anna von Villiez & Christine Achtermann-Jones: Neither G nor spot. Eponyms on the female anatomy as a topic of gender history and feminist art pp. 97–114, written in English

Eponyms have a long tradition in medicine. Eponyms for diseases such as ‘Alzheimer’s’ and ‘Asperger’s syndrome’ are already part of everyday language, and eponyms for anatomy, such as ‘Achilles’ tendon’ or ‘G-spot’, are found beyond the language of medical science. The heyday of eponyms was in the last third of the 19th century. This coincided with the period of medical professionalization. Eponyms are artifacts of a male-dominated science that also traces a patriarchal as well as a colonial-racist scientific history. While contemporary discussions on eponyms for female anatomy exist within the anatomical community, they have received limited attention in the realms of scientific history, gender history, and cultural anthropology. The aim of the paper is to provide insights that stimulate further research on the subject and highlight pertinent questions. This essay addresses the issue from two perspectives: a historical and an artistic one. Anna von Villiez places the topic in the context of medical history and feminist debates. Christine Achtermann-Jones introduces her art project “Who the fuck is James Douglas”, delving into the motivations and the art-historical context in which the work was created and can be interpreted.

Keywords Keywords: eponyms – anatomical nomenclature – female anatomy – history of medicine – art – feminism

Awa Naghipour & Lucia Mair: Undoing Threads of Knowledge. Exploring Power, Activism, and Undone Science in Medical Teaching pp. 115–120, written in English

In medical training, students are often presented with an image of scientific knowledge as an inherently neutral, benevolent catalyst for societal progress and understanding. Yet, growing evidence shows the uneven distribution of research interest, prioritization, and funding, resulting in gaps of ‘undone science’ (Frickel *et al.* 2010). As a result, knowledge about bodies who are not male, cis, white, and abled is lacking, and medical care suffers. In this text, we reflect on our experience working with ‘undone science’ as an analytical framework with which to fill conceptual gaps in contemporary medical education, based on a joint teaching project at the Medical University of Vienna. Centering on three examples of ‘undone science’ – endometriosis, myalgic encephalomyelitis/chronic fatigue syndrome (ME/CFS) and ‘male’ contraception – we conducted interviews with eight health activists in four countries. In this article, we discuss how bringing these voices into the classroom gave medical students an understanding of long historical continuities of health-related struggles and emphasized the socio-political responsibility of healthcare. We ultimately argue for the pedagogical potential of ‘undone science’ in medical teaching to encourage a critical analysis of knowledge construction surrounding health and illness, and a conscious shift in future healthcare workers from passive to vocal actors.

Keywords health activism – medical education – endometriosis – ME/CSF – reproductive health

Jennifer Faltermeier: "Objectively or cognitively you know, but I haven't really felt it yet." Body Perceptions of First-Time Mothers–Influence and Effects on Liminality during Pregnancy
pp. 121–136, written in English

People giving birth for the first time undergo a change in status during conception, pregnancy, and birth: they become parents/mothers. In my cultural anthropological article, I take an ethnographic approach to analyze the phases of pregnancy and birth. In doing so, I focus on the body (*Leib*) of women during pregnancy and childbirth, which – in contrast to the body (*Körper*) – eludes its own agency (Villa 2007: 10). I also take into account the maturing body of the unborn child within them. This article examines the influence of bodily changes during pregnancy on women's lives in relation to themselves, their unborn children, and their environment. I also ask how these bodily processes and their perception affect the formation and shaping of liminality. This reveals areas of tension: in the first months of their pregnancies, my research partners need the help of medical professionals to make the unborn child, which cannot yet be felt, tangible. As time progresses, this life becomes an unknown, foreign life in one's own body, which can gradually be experienced by outsiders. These changes create cultural challenges and conflicts such as rules and regulations to protect the developing life, or a reduction to the role of the 'pregnant woman'. For example, the decision to be informed about the biological sex of the child or a misinterpretation by doctors can affect the relationship between parents and their unborn child and can lead to alienation or temporary estrangement.

Keywords pregnancy – birth – liminality – body – perception

Caroline Meier zu Biesen: Becoming and Unbecoming endo. A Gender-Sensitive Analysis of the lived Experiences of Endometriosis
pp. 137–154, written in English

This article explores gender-sensitive health research through the lens of endometriosis ('endo'), a widespread yet persistently under-researched disease. At its core lies an epistemological struggle: the fight to have pain recognized and taken seriously. Endometriosis primarily affects individuals born with a uterus. The condition is defined by the presence of endometrial-like tissue outside the uterus, leading to cysts, inflammation, chronic pain, and sometimes permanent organ damage. Despite these severe consequences, medical care remains inadequate. In Germany, the average time from symptom onset to diagnosis ranges from six to ten years. The discourse surrounding endometriosis is often shaped by outsiders – medical professionals, care providers, and academics – while the voices and lived experiences of patients themselves are frequently marginalized. Through illness autoethnography, I explore how the delegitimization of embodied knowledge affects patients' 'identity work' in coping with chronic illness. I argue that the failure to recognize chronic pain – by both medical professionals and patients themselves – stems from inadequate education, systemic ignorance, and social stigmatization. The marginalization of pain, the neglect of endometriosis, and the lack of appropriate medical care are gendered phenomena embedded in broader social and historical contexts. In particular, medical-historical narratives, such as the concept of the 'wandering womb' and misogynistic stereotypes play a central role. These structural mechanisms are deeply rooted in both the androcentric medical system and societal discourses, continuing to shape the perception and treatment of endometriosis today.

Keywords endometriosis – chronic pain – medical gaslighting – auto-ethnography – Germany

Ann-Sophie Knittel: Body *Knowledge* and *Sensation*. The Path to Endometriosis Diagnosis between Performative Body Experience and Subjective Body Sensation pp. 155–174, written in German

Endometriosis is a gender-specific chronic disease that can cause pain all over the body and even lead to infertility. Although 10 to 15% of women and people with a uterus are affected, it takes an average of eight to ten years for a medical diagnosis to be made. During this time, those affected often undergo a long period of suffering and a ‘medical marathon’. This article presents an excerpt from my research, which examines the body and self-experiences of endometriosis sufferers from the first pains to the diagnosis. From a cultural studies perspective, the body is understood not only as a biological object, but also as a socially shaped and gendered body. Theories of performativity and subjectivation highlight that gender and illness must be understood as social categories. The research is based on a combination of eight narrative interviews and a reflexive autoethnography, which was made possible by my dual role as an endometriosis-affected researcher. The limits and challenges of language became particularly evident in the bodily experiences of the interviewees, thus rendering the autoethnographic extension a valuable bridge for contextualization. The analysis combines poststructuralist approaches with a phenomenological perspective. The interplay of discursively constructed bodily knowledge with the immediate experience of pain in the bodies of those affected allows for a more comprehensive exploration of subjective experience. The interweaving of physical suffering and social knowledge about the ‘female body’ illustrates how normative ideas of health and illness are performatively staged and gendered. Emotions such as shame, guilt and distorted perceptions characterize the conflictual subjective feeling that results from the discrepancy between body knowledge and body perception. For those affected, the diagnosis ultimately becomes an experience of subjectivation in which the body and lived experience finally coincide.

Keywords pregnancy – birth – liminality – body – perception

Nikita Träder, Muriel Grosshennig, Elif Türeli & Anika König: “And then I lived [...] for three years with the fact that it just hurts.“ A Medical Anthropological Investigation of Endometriosis and Sex pp. 175–192, written in German

Endometriosis is a chronic disease that affects up to 10 % of people born with a uterus. One of the most common symptoms of endometriosis is severe pain, which can occur during, but also apart from menstruation. Despite affecting a large number of individuals, endometriosis remains under-researched in both medicine and the social sciences. This lack of research is often attributed to the disease’s construction as a ‘female’ condition. This research gap is particularly evident in relation to the topic of sexuality, although the few existing studies have shown that those affected perceive the effects of the disease on their sex life as particularly stressful. For this reason, a student research project at Freie Universität Berlin focused on this topic and examined the effects of endometriosis on the sex lives. Our interviews with people affected, along with the analysis of social media data, revealed that the sexual experiences and practices of people with endometriosis are strongly characterised by medical gaslighting, period shame and fear of deviating from gendered norms. The lack of research on these topics exacerbates this problem. The aim of this article is to contribute to the development of this emerging area of research.

Keywords endometriosis – sexuality – gender – pain – shame