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Book Review

Exposing Men: The Science and Politics of Male Reproduction

By Cynthia R. Daniels. Oxford, England: Oxford University Press, 2006. 272 pp., \$29.95 (cloth), ISBN 0-19-514841-x.

Rose Holz

Let me start by saying that I rather liked this book. As somebody who specializes in the history of twentieth-century birth control (a field of study that necessitates a background in the history of women and women's health), I cannot even begin to count the number of times I have launched into what has become one of my favorite rants: We need to know more about men. So, when I was asked to write a review of Cynthia R. Daniels's *Exposing Men: The Science and Politics of Male Reproduction*, I jumped at the chance. When the book arrived, I was more than a little pleased because I could see that, in many ways, it offered just the sort of analysis I am looking for.

To begin with, although Daniels's work could be categorized as political science, part of this book's appeal is that it addresses what we historians might call a massive hole in the historiography—in this case, regarding men's health. In other words, we just do not know very much about this topic, nor do we know much about its history. Ironically, this dearth of knowledge stands in stark contrast to the wealth of information about the history of women's health—something that might seem a bit odd given the feminist argument that history has more often been about men than about women. However, part of the explanation for why the interest in women's health has trumped a focus on men's health lies in history itself: The desire to understand the history of women's health arose in the late 1960s and the 1970s, precisely when second-wave feminism, women's history, and the women's health movement—which, in 1973, produced *Our Bodies, Ourselves* (Boston Women's Health Book

Collective), the groundbreaking work about women's health—were all picking up steam. Add to these factors the concurrent push within the field of history to engage in social history—a trend that medical historians translated into accounts focused more on patients and society and less on great doctors, scientists, and medical discoveries—and what emerged was a vibrant new body of scholarship about the history of medicine, health, and society. Given its intellectual and activist heritage, this social history has, for the most part, been rooted firmly in the experiences of women and, in particular, their reproductive health.

In writing this book, therefore, Daniels, along with other historians such as Leslie Reagan (1997), is looking to fill what has for too long been a rather large, gaping hole in the history of men's health. Furthermore, she does so in a way that resonates with what sociologist Michael Kimmel (1996) called upon scholars to do: to apply the tools and methods feminists developed for understanding women and femininity in order to understand (paradoxically enough) men and masculinity. This shift, it seems to me, is important because, as Kimmel himself thoughtfully—and with full awareness of the irony—noted: “American men still have no history in part, I believe, because we haven't known what questions to ask” (p. 2).

Consequently, I find it deeply fascinating that yet another explanation for this scholarly omission can be found in precisely what Daniels argues in this book: The very ideals of masculinity, in particular what she describes as *reproductive masculinity*, not only inhibit discussion of

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and research into the reproductive problems men face but also—when discussion and research do finally emerge—have a way of skewing them. As she further explains, this book “argues that such ideals are double-edged, for while they perpetuate assumptions about the superior strength of the male body, they lead to a profound neglect of male reproductive health and a distorted view of men’s relationship to human reproduction” (p. 4). Daniels finds this distortion deeply problematic, both because of what it says about masculinity and, perhaps even more important, because of what it ultimately does to men. Therein lies another cornerstone to what some might be surprised to learn is also a feminist argument: Patriarchy can and does harm men as well as women. As Daniels writes: “In the end, this is not a story about the ‘gender wars’ but about the price men pay for gender privilege” (p. 70).

Given the significance Daniels ascribes to these ideals of reproductive masculinity, what are they? The first (of four) has to do with what she calls “the assumption that men are secondary in biological reproduction” (p. 7), that theirs is but a small role compared with women’s. In chapter 2 of her book, Daniels explains that this idea is, in fact, a startlingly recent creation: For centuries, the reverse belief held sway and it did not give way until well into the 1800s—a shift I will discuss more thoroughly later in this article. The second ideal concerns what Daniels describes as “the assumption that the male reproductive system is less vulnerable to the harms of the outside world than the female reproductive system” (p. 8). She elaborates on this idea in chapter 3 by examining the research from and the subsequent debates (both scientific and popular) regarding a handful of studies from the 1980s and 1990s that suggested men’s reproductive health was more vulnerable than people had thought—a conclusion based on such findings as decreased semen viability, increased rates of testicular cancer among men and birth defects among boys, and declines in the proportion of boys being born at all.

Daniels contends that the panic and disbelief this news generated were extreme responses based on the belief in male invulnerability. She sees these responses as deeply problematic because they suggest a greater concern about the possibility of declining masculinity than about the very real problems men must face. Also fascinating are the parallels historians might note between this contemporary *crisis in masculinity* and a crisis in masculinity Americans experienced a century earlier. Specifically, although environmental chemicals often topped the list of possible causes for the increase in men’s health problems, when Daniels describes some of the other possible causes people listed—namely, “the advent of feminism and the decline of war” (p. 48)—I could not help but think of

Kristin Hoganson’s (1998) perceptive analysis of the late-nineteenth-century rise of U.S. imperialism, which, as she argued, was fueled by similar fears.

In chapter 4, Daniels describes the third ideal of reproductive masculinity as “the assumption of male virility” (p. 8), which she assesses through the lens of male infertility. I think this chapter was, in some ways, my favorite and one I would certainly consider assigning in my Introduction to Women’s and Gender Studies course (though, in truth, all of the chapters in this book would work well, given that all were thought provoking and surprisingly accessible despite the complexity of Daniels’s ideas—a testament to the feedback she solicited from undergraduates when writing this book). My appreciation for chapter 4, due in part to my preoccupation with commodification, has mostly to do with her discussion of sperm banking. She gives us a great example of the ways in which men and their sperm are marketed, packaged, and sold, a topic that has the potential to generate spirited classroom debate about who is being commodified more (women or men)—and, if we agree that commodification is inherently bad (an interpretation I would not necessarily dictate), what should be done to diminish it?

My appreciation for her sperm-banking discussion also has to do with the sometimes hilarious, sometimes deeply frightening categories of traits prospective sperm buyers can consider—for example, not only smart, blond, and tall but also, perhaps, Catholic—in addition to the rules sperm banks impose, with most of them barring donations from gay men. Furthermore, that Daniels draws connections between sperm banking and eugenics offers, among other things, the opportunity to raise important questions about race and class (although, admittedly, it would be nice to have a few more such moments elsewhere in the book). The only other aspect of this discussion I wish she had explored in more detail is whether similar sorts of issues surround the sale of ova.

In chapter 5, Daniels outlines the fourth and last ideal, “the presumption that men are more distant [than women] from the children they father” (p. 8). This chapter is also compelling because, as Daniels argues, although people have long been aware of the fetal damage that might occur through a mother’s use of alcohol, cigarettes, and drugs, as well as through her exposure to toxic chemicals in the workplace and elsewhere, very little is known about the potential for fetal harm that might come through the male body. In keeping with her desire to illuminate how such ideals hurt both men and women, Daniels points out not only how women suffer as a result (because they are blamed more often than men for any fetal harm) but also how men suffer because, for example, there is little interest in providing workplace regulations to protect

men's reproductive health. What Daniels asks readers to consider is the contradiction this double standard imposes on people's concern for the well-being of children. Although society might blame women for their bad habits or pity them for being unfairly exploited or harmed, people do not seem to care what happens to men or consider how these factors affect the children they father.

Given the depressing state of affairs Daniels describes in chapter 5, her next and final chapter offers much-needed optimism: In chapter 6, she brings together all of her interrelated themes and calls for a transformed society, one that is concerned with the health of all its citizens, regardless of their sex. Particularly sensitive in this call, I think, is her treatment of men who must face daily the onslaught of contradictory messages about the masculinity they are supposed to embody—one that simultaneously puts them, as Daniels forcefully argues, in a surprisingly vulnerable position.

I want to close this review by coming full circle and concentrating on something I thought was missing in this book—something about which historians of women have already begun to unearth a few clues but about which, if we really want to understand this idea of reproductive masculinity, we still need to learn a great deal more. It has to do with that shift Daniels outlines in chapters 2 and 3—the one that lies at the heart of the first ideal—from believing for centuries that men were the primary agent in reproduction to firmly establishing, by the turn of the twentieth century, women's primary role in this process. Indeed, as Daniels explains, whereas throughout the nineteenth century the practice of gynecology grew in size and strength, the field of *andrology*—"the study of the nature and diseases of male reproduction" (p. 33)—made a brief appearance, only to disappear almost completely until well into the middle of the twentieth century. Although Daniels offers a few possibilities related to the history of science to explain why this seeming lack of interest in andrology occurred, I would like to suggest two more.

First, when Daniels quotes an 1891 editorial from the *Journal of the American Medical Association*—in which the author ranted about how the "[d]iseases of men have ever been the fruitful field of the quack and charlatan" (p. 33)—the historian of medicine in me wonders if there might not have been more interest in men's reproductive health than Daniels leads us to believe, because she places more emphasis on the emerging scientific medical establishment and less on the other medical providers whose competition this establishment sought to quell. Thus, perhaps the disappearance of andrology from the world of scientific medicine was part of this professionalization process, given that the cures for male reproductive

ailments were tainted not only by association with illicit sexuality (which contradicted the profession's quest for moral authority) but also by the fact that treatments were often provided by patent medicine peddlers (whose activities the medical profession despised).

My second hypothesis about a possible cause for the disappearance of andrology as a medical field is based on what historians of women have already found: Women themselves helped make reproduction a part of their domain even as its science and management were increasingly moving into the hands of men. Indeed, women not only were demanding greater attention to their reproductive needs but also were forming and participating in social movements to rally around those needs. Hence, it seems to me that the maternal welfare reform and birth control movements of the early twentieth century were also part of the shift because at the core of these movements was the idea that, when it came to reproduction, women had the most to gain—and, of course, the most to lose.

Admittedly, Daniels does not ignore the power of social movements: In explaining the government's failure to protect men's reproductive health, for example, she notes how "there were hardly any men's organizations publicly demanding action on falling sperm counts or rising rates of male reproductive disorders" (p. 68). This phenomenon, I believe, is exactly the catch-22 Daniels seeks to describe. Despite the few exceptions she mentions, for men to gather together and collectively argue that their reproductive health is at risk would be viewed (both by men themselves and by society in general) as an admission of their own lack of virility and a violation, therefore, of one of masculinity's most sacred ideals. This dilemma is difficult for me to grasp, especially as a woman. What to make of it I am unsure; how to get out of it I know even less. However, I do know that I want to hear more from the voices of men themselves (both in the past and in the present) about what they make of this mind-bogglingly complicated concept known as masculinity, and how they daily navigate it.

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