
Kathy Davis continues to explore the practices and meanings of cosmetic surgery, extending but also defending her 1995 book, *Reshaping the Female Body*. In her introduction, she addresses Susan Bordo’s published criticism of her views. Bordo finds Davis too willing to accept cosmetic surgery as an expression of female agency. Engaging with such criticism highlights substantive issues long raised by feminists (at the least, since the 1968 Miss America protest) about the cultural practices and performances of femininity—notably, whether and how women are agents of their own oppression, why women engage in dangerous beauty practices, and how to incorporate both condemnation and compassion within feminist discourse to propel more women toward feminism.

*Dubious Equalities* addresses these analytic and strategic concerns in regard to cosmetic surgery by surveying a number of intriguing topics. Davis first presents two biographical essays, one of a female and one of a male surgeon, to explore the gender of cosmetic surgery as a profession. Madame Noël, an early twentieth-century French champion of cosmetic surgery and of women’s rights, provides a model for empathic, yet also highly skilled, surgical treatment. This, along with her remarkable professional success, is no small achievement: it takes place in an era when surgeons are usually male and conceptualized in heroic, masculine terms. In contrast, the title of American surgeon Maxwell Maltz’s 1954 autobiography, *Doctor Pygmalion*, neatly expresses the typical objectification of female patients. Maltz utilizes conventions of “masculine stories” (p. 52), such as relating his life as an epic quest, to assert not only his masculinity as an individual, but also the essentially masculine nature of practicing cosmetic surgery. The two biographies explain how the field’s development as a specialization constructed gender differences that made it difficult for women both to become surgeons, and to be treated better as patients.

In the next essay, Davis describes the provocative debates recently held in the Netherlands about whether cosmetic surgery constitutes a necessity that the national health-care system should cover. She analyzes the varying positions on the meanings and purposes of surgical alterations in appearance articulated by surgeons, health-care administrators, and patients. In the remaining chapters, she considers how women explain their decision to undergo cosmetic procedures; explores differences between race-based and gender-based surgeries; assesses the multiple surgeries undertaken by performance artist Orlan; and discusses distinctions in the meaning of cosmetic surgery for men.

Davis utilizes these topics to raise interesting questions. In the chapter on Madame Noël, for example, she asks whether it is possible to be a feminist cosmetic surgeon. She concludes that Noël’s feminism is not found in her “attempts to empower individual women through face-lifts,” but in her practice of medicine “in a different voice” (p. 19). In “Surgical Passing,” Davis importantly
asks “how cosmetic surgery for eradicating signs of ‘ethnicity’ might be different than cosmetic surgery for enhancing femininity” (p. 88); she finds that while “a politics of the body cannot be reduced to either gender or race” (p. 99, her italics), “all cosmetic surgery is an intervention in identity rather than an intervention in appearance” (p. 98). This conclusion allows her to detach cosmetic surgery for women from long-standing feminist critiques of dominant beauty standards and their effect on women’s identities and lives, thereby distancing herself from what she perceives (inaccurately, I think) as feminist condemnation of women who pursue beauty in dangerous ways.

Thus, Davis’s valiant effort to express compassion and uphold agency, while still acknowledging the larger social and cultural frameworks that impel women—including feminists—toward cosmetic surgery, does not quite succeed. Her conclusions often remain more concerned with appreciating women’s choices to undergo surgery to resolve their difficulties than with answering why women seek such surgical solutions in the first place, and why these surgeries are so readily available and so culturally validated. She is clearest when she emphasizes cultural analysis within the latter frameworks. The essay on men who undergo cosmetic surgery, for example, in which Davis does not consider male patients’ suffering about their appearance, is one of the strongest in the book.

As cosmetic surgery’s popularity continues to rise and the number of available procedures multiplies, resistance to the lure of surgical fixes remains difficult when women must say no rather than yes.

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In his history of organ transplantation, Nicholas Tilney begins with its prehistory: early blood transfusions and transplantations of teeth and endocrine glands—all invariably failures. He then presents an admirably clear account of early attempts at Boston to transplant kidneys, culminating in 1955 in the successful transplantation of a kidney from one identical twin to another. He tells how in 1960 the English surgeon Roy Calne, while a surgical fellow at the Peter Bent Brigham Hospital in Boston, discovered the remarkable immunosuppressive power of azathioprine, a drug that made kidney transplantation a practical possibility.

Tilney’s history of transplantation after 1960 is less satisfactory. He wanders, and in doing so he occasionally introduces historical oddities. In discussing the eighteenth-century practice of smallpox inoculation, for example, he refers to the Reverend Cotton Mather as a judge at the Salem witch trials, which Mather was not. He says that Mather learned of smallpox inoculation “via a conversation