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Women's Studies Newsletter March 1983

Women's Studies

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# International Women's Day

**March 8, 1983**

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INTRODUCTION
by Mary Schilling

Whereas American women have played and continue
to play a critical economic, cultural, and
social role in every sphere of our nation's
life by constituting a significant portion of
the labor force in and outside the home...
Whereas despite these contributions, the role
of American women in history has been con-
sistently overlooked and undervalued in the
body of American history: Now, therefore, let
it be resolved...that the week beginning
March 6, 1983, is designated "Women's History
Week," and the President is requested to issue
a proclamation calling upon the people of the
United States to observe such a week with
appropriate ceremonies and activities.

It is in the spirit of the words of this resolution, sub-
mitted in the House of Representatives by Congresswoman
Barbara Mikulski (D.-Md.), and later in the Senate by Senator
Orrin Hatch (R.-Utah), that we publish this issue of the
Women's Studies Newsletter on International Women's Day,
March 8, 1983. The broad array of political, social, physical,
and personal issues reflected in the articles is something of a
testimony to the fullness of women's experiences.

In the first article, Freda Solomon, Assistant Professor
of Political Science, considers the historical and political context
out of which the recently-defeated Equal Rights Amendment arose and
suggests an agenda for post-ERA politics.

For a January Term project Melissa von Stade wrote a major
article on her personal experience with breast reduction surgery.
Dealing with her affective response and providing information,
the article is printed in its entirety. The author encourages
women who are interested in more details to contact her directly.

A 1980 art history graduate of Denison, Sue Batton has
launched a career in book conservation at the Princeton University
Library. Considering herself extremely fortunate to have found
a project which combines her love for Women's Studies and
conservation, Sue describes her excitement over a major collection
of women's works and invites students interested in similar
careers to contact her.

In a fall semester seminar on the Psychology of Women,
Colette Picard designed, implemented, and analyzed a research
project on "the double standard" among Denison students. Her
article describes her research design and reports her interest-
ing findings.
Continuing the debate on gender and mathematical ability, Becky Pschirrer reports significant research completed by Jacquelynne Eccles, who visited Denison at the invitation of a January Term course on Non-Threatening Mathematics.

Both Barbara Cohen and Patty Morgan write about women and the peace movement. The Cohen article is an attempt by the author to think through her personal experiences in and impressions of the peace movement and to struggle with the question of whether or not women have a particular identification with the movement. Morgan's article describes one major international women's organization dedicated to the search for peace and freedom and is based on her semester's internship experience in Philadelphia.

Students in Bonnie Lamvermeyer's Biology of Women class in January each researched a major topic, and three of these are reported in this issue. Janet Wenzlau writes a technical paper on the applications and possibilities of fetoscopy, Carol Sue Bernado describes Rh complications during pregnancy, and Katie Hinckley urges women to consider all the options of surgical treatments for breast cancer.

The reporting of recent scholarly activity reflects important accomplishments of women and women's studies faculty and will be a regular feature of the newsletter.

Finally, we offer a preview of our own Women's Week '83, April 7-15, a week full of programs on issues ranging from feminist philosophy to sexual harassment to journalism careers and presentations on traditional art, "the blues," classical piano, and feminist drama.

This Women's History Week issue of the newsletter is a gift to you and to the entire community from the authors, the typist, the proofreader, the editor, the copyists/collators/staplers, and even the mailbox stuffers in honor of the outstanding American women whose names we do know (our "she-roes," to quote Maya Angelou) as well as the countless women who have undoubtedly been as important but who, to quote Mary Ruth Warner, are simply "missing in action."

* * * * *
"Equality of rights under the law shall not be denied or abridged by the United States or any State on account of sex."

In 1869 Mrs. Myra Bradwell sought to be recognized as a lawyer in the state of Illinois, a state like most others at the time which denied women admission to the practice of law. Her challenge ultimately led to an appeal before the United States Supreme Court in 1873. Myra Bradwell believed that the Fourteenth Amendment to the Constitution, adopted after the Civil War, prevented state governments from prohibiting categories of people from full access to the economic opportunities in America. She believed that, as citizens, women had the right to enter any profession or occupation, a claim which was rejected by a majority of the justices. Responding to her assertion that the Constitution prohibited laws which create barriers to the right of women to pursue any career, including the practice of law, Mr. Justice Bradley wrote:

"On the contrary...law...has always recognized a wide difference in the respective spheres and destinies of man and woman.... The paramount destiny and mission of women are to fulfill the noble and benign offices of wife and mother...it is not one of her fundamental rights and privileges to be admitted into every office and position including those which require highly specialized qualifications and demanding social responsibilities..."

The Supreme Court's response was a clarion message that American law differentiates sex roles and the meaning of the words of the Constitution offer no respite from this reality. And so the struggle for legal recognition of the equality of men and women grew and organized. It most recently reached a new crescendo in the battle over ratification of the Equal Rights Amendment. Its defeat requires us again to examine the nature of law in society.

Law represents the enforced rules of a society; it emanates from the dominant values of society. As the economic, social and political structures of society change, so do its laws. Yet the rates of change for any of these elements need not occur at the same pace as the others. Law may therefore lead, be commensurate with, or fall behind society's socioeconomic change. In response to changes occurring in society, organized movements develop to place the goals and demands of people onto the public policy agenda. When the goals appear to be achieved, or when the public reaches a saturation point for change (whichever comes first), we seek to form a new equilibrium—a period of stability—until the cycle of demands for change again incubates, reaches a crescendo, and subsides.
In the struggle to achieve equality for women, greatest gains appear to be made when "women's" issues are allied with broader social movements. It is perhaps the greatest failing, and a telling commentary on the perception of the struggle for equal rights in our society, that the historical reoccurrences of "women's" movements have always been presented in sexually identified terms. Nowhere is this more evident than in the recent debate and defeat of the proposed Equal Rights Amendment. How was it possible that the twenty-three words quoted at the outset of this essay evoked such spirited debate and opposition, vocally led often by women themselves? Many explanations have and continue to be offered. Yet at the root of the opposition seem to be two basic elements.

First is that the debate was defined almost exclusively with regard to changing only the status of women. Cast in this way, the impact of the passage of the Amendment on men, and sex roles generally, was largely ignored. The mobilization of opinion both for and against the proposed amendment often focused on women and the loss of the special protection sex discriminatory laws supposedly confer on the 'gentler' sex. The second root cause of the Amendment's defeat follows from the focus of the debate on women. Historical and contemporary women's movements in the United States have been most vocal in setting goals of equality for women in the public, i.e., male, sphere. For example, the suffrage movement focused on the right of political participation at the polls. More recently, access to the economic sphere in terms of equality of employment opportunities became a major goal. While the object clearly was to create choices, the perceptions were that the movement sought to move women out of the home. What became lost in the debate was the goal of achieving choices among lifestyles, for both women and men.

How can American society create both family life and expanded remunerative employment opportunities for women? The social/public policy debate must address all the facets of choice and its impact on both the private and public spheres of American life. For true equality to be achieved the agenda for debate must focus in on all the requisite transitions which will be necessary in American society.

Although the quest for constitutional recognition of the equality of men and women has been lost, at least temporarily, many significant legal changes have occurred. Yet the symbolic importance of the defeat of ERA should not be minimized. The most important lesson to be learned is that legal change, whether statutory or constitutional, cannot alone gain equality. Attitudes must also change, and to accomplish this end those seeking equality must raise the renewed agenda of debate to include how equality impacts and creates new opportunities for men and women in both the private and public spheres.

* * * * *
TELL HER SHE LOOKS GREAT!
by Melissa von Stade

It was not a decision I awoke to one morning; rather it was a feeling that lay dormant for some time. The embarrassment of a 40DD bra size had been with me since I was 16 years old when my breasts had reached their full size. At 21 I had come to handle the cutting remarks, the references to Dolly Parton, and the teasing nicknames. I had even developed my own repertoire of jokes: the reason my toes were so short was because they were always in the shade; or I had no idea whether my belly button was an "innie" or an "outie" because I had never seen it. I had turned my embarrassment into humor and tried to show other people that if it didn't bother me, then it shouldn't bother them.

But eventually this charade wore me out. My drawers were filled with shirts stained across the front, since all too often my chest had been the recipient for what my mouth had missed. I would spend hours searching for pretty blouses that I could button without gapping in the middle. But what I dreaded most were the summer months when I would have to put on that one bathing suit I had found years ago in a maternity shop. I began to express my frustration, saying it wasn't fair that I was "well-endowed" when my three older sisters were, in my opinion, perfect. Of course they, like so many others, would tell me, "Be thankful you've got so much up top; I would love to have larger breasts."

But unless you know the misery of large swelling breasts during menstruation, or have ignored countless lewd comments from men on city streets, or have actually dreaded the thought of Christmas shopping when the stores are so crowded because you're bound to be elbowed a dozen times, you cannot imagine the constant anguish of extremely large breasts. I was even stopped by Ugly George, a cable television personality in New York City who attempts to get girls to undress on the street. Shoving his camera at my chest, he said "Hey Doll, what a set! What do you do with those when you're alone?" I replied, "I take the kleenex out," and ran on. I heard him scream, "You got no sense of humor!" Ugly George managed to undermine my defenses.

I had heard about an operation that reduces breast size when I was 19, but it took two years before I gave it any serious thought. My mother felt that if I lost weight my breasts would decrease in size, but no amount of dieting can uplift the sagging tissue. As my physical and emotional discomfort grew, the thought of a breast reduction operation became more appealing—until I could virtually think of nothing else. I was afraid to tell my parents of how seriously I was considering the operation, knowing that such a drastic step would seem unreasonable to them. I was convinced that no one could understand exactly how I felt since they did not carry around my burden. I began calling doctors on my own and was amazed to find how in demand plastic surgeons are. Many said they would...
be happy to talk with me but couldn't perform surgery for three or four months. I was extremely disappointed, for I had become determined to have the operation that summer before I returned for my final year of college. I went to my parents for help and was amazed at their initial support. My father was rather quiet at first, and I could tell the idea did not thrill him. But later, after I expressed to both of them my extreme discomfort and strong desire to have the operation, they supported my decision completely.

My mother was actually the one to find my doctor, who was vacationing near us in Michigan. I met with him the following Monday and was operated on the next day. I feel extremely lucky that I was able to find such a competent doctor—one I was able to put complete trust in. When I entered his office I expected to be told, "Well, I'll do the operation if you really want me to, but I think you should know what a big step it is." I had this strange conception that he would try to discourage me, perhaps because I was too young or perhaps I was not a drastic enough case. Actually, the opposite occurred. After examining my breasts he asked me questions: Do I have back aches? Are my breasts sore during my period? Does my bra leave grooves in my shoulders? Have I ever had rashes under my breasts? I was able to answer "yes" to all of them. He then told me he highly recommended the operation as he anticipated that I would have back problems as I got older. He particularly advised that I have the operation soon, since I was young and the tissue would heal faster now than if I waited.

Perhaps the best thing the physician told me was that he would like to remove over 300 grams of tissue from each breast, thus making the operation more of a medical necessity than a cosmetic one. Because of this, our insurance company would most likely pay for a good percentage of the operation's costs, and as it turned out, they did pay for $4,000 of the $5,000 surgeon's fee as well as for all hospitalization. We then spoke at great length about the actual operation, the pain involved and the period of time allotted for recovery. He showed me exactly where the scars would be and answered all my questions until I felt completely relaxed and highly enthusiastic about the operation. My parents later spoke with the surgeon, and the next day I was admitted to the hospital.

I remember the night before my operation distinctly; I made a conscious effort to sleep on my stomach, knowing that it would be some time before I did again, when it would feel completely different. I awoke the next morning in a frenzy of excitement--I was really going through with this! Half an hour before the surgery, my doctor came to my bedside, pulled out a large purple magic marker, and began drawing on my breasts. He drew a line across the middle of my upper arms and explained that my nipples would be lifted to that line. (When I looked down and saw that presently my nipples were in line with my elbows, I began to get a sense of how different I would feel.) He drew three sections on each breast so that my breasts looked like pieces of a pie. He explained that the tissue is removed in sections from the underneath side of each breast; each section weighed so that the new breasts would be completely in proportion. I was then wheeled into the operating room.
Five hours and over two hundred stitches later I awoke in my room. I was somewhat groggy but felt no pain; my chest was bound very tightly in ace bandages and I looked remarkably flat. I do remember my mother smiling and saying, "You look like me now!" Beside me was a bouquet of flowers that my sister had sent with a card that read, "Hope they saved the rest for me!" The next day a nurse who had assisted the operation came in to see me. She said she'd never seen anything like it: "When they wheeled you in, I looked down and saw the body of a 60-year-old woman; but five hours later I looked down again and saw a 21-year-old girl. It was fantastic." And that's exactly how I felt.

At no time after the operation did I feel any pain in my breasts. There was some discomfort in being bound so tightly, but the only sensation of pain was in my upper back, a result of lying on the metal operating table for five hours. I remained in the hospital for four days, but I was walking on my own the second afternoon. When the surgeon removed the bandages on the third day, I looked down to find two very flat breasts. I was furious! How could he have taken off everything? However, he assured me that within two weeks I would see a complete reshaping of my breasts, but that now they were being bound tightly to keep pressure on the sutures. For two weeks I worried that my breasts were not taking any shape at all, but once I stopped wearing the ace bandages, my breasts found the freedom to grow; within another ten days they grew to their present shape.

Two weeks after the surgery, all of the stitches were removed and I began to get an idea of what the scars would look like. They stretch approximately two inches under my arms to down under the breasts. They are completely hidden by bathing suits and bras. There is a small scar surrounding the nipples but it was fused with the skin and is impossible to see. A very thin scar stretches from the bottom center of the nipple down to the bottom of the breast, but this is barely visible now. The widest scars are those under the arms since they are stretched by the movement of the arms (hence the importance of keeping the arms down for two to four weeks following surgery).

There are different procedures for breast reduction surgery. I had the Free Graft Method in which the nipple and areola are removed during the operation and are sewn back at the end in the desired position. Because my breasts were so large, it was necessary to use this procedure. There is some chance that nipple sensation will be lost with this method, although I regained complete sensation. However, I will not be able to breast feed. The other procedure, The Pedicle Method, keeps the nipple and areola partly attached in the lower quadrant, allowing the blood and the nerve supply to stay intact, a procedure which maintains all sensation and the ability to breast feed.

Although my doctor promised my discomfort would be minimal and brief, I remained skeptical until I actually experienced the post-operative period. My only complication occurred when the
dead top layer of skin on my nipples rubbed off, revealing an open sore. (However, after a week of three baths a day, the sore dried naturally and a fresh, new layer of skin developed.) This is not a common problem, but neither is it one to be concerned about. Within a week I was back to normal.

The entire operation and recovery period was a great deal more carefree than I had expected, and for any woman who shares in my past discomfort I highly recommend giving the operation serious consideration. Talk to a few doctors and find one you trust and feel comfortable with. Ask him every question you have and see if he knows of someone who has had the operation who may be willing to talk with you about it. If you do decide to have the operation, set aside three weeks or so for recovery. The first ten days after surgery you will need someone to help you change the dressings and wrap the ace bandages. The operation costs anywhere from $3,000 to $5,000 and requires you to be in the hospital for about five days. There is no medical evidence suggesting the operation either increases or reduces the risk of cancer, but you should discuss the possibilities of breast cancer with your physician, especially if there is a history of cancer in your family.

Three weeks after my surgery, with all sutures removed and the ace bandages tucked away in drawers, I began to be fully active again. However, I found that I had to make some adjustments in my posture. I was constantly slouched over with my shoulders raised, compensating perhaps for a weight that was no longer there. I had to make a conscious effort to sit up and walk straight; I was constantly pushing my shoulders back.

However, any readjustment was a small price to pay for the happiness I felt and still continue to feel. I knew the operation would change my life and the way I felt physically and emotionally, but there was no way of knowing the degree of satisfaction I would feel. I would put on a blouse that was once tight and button it up with ease, then look in the mirror at a gapless me. I went out and bought my first sun dress, one with spaghetti straps; something I'd never been able to wear before. But my greatest moment occurred in the kitchen one day. I had just put some mustard on a hot dog and then taken a bite when I felt mustard drip out the back end. I cringed, knowing I had probably ruined another shirt. I looked down, and there, four inches in front of my feet, was a drop of mustard; my shirt was immaculate.

But although I was assured by my personal triumphs, I still wondered how others would react. I knew that those who were closest to me, who had listened to my jokes and my complaining, who had perhaps understood my discomfort, would only feel relief and joy for me. But I worried that some of my peers might see my operation as cosmetic surgery, a mere vanity. However, the reactions of friends and family and mere acquaintances have been far more supportive and loving than I had hoped. One night after the operation, my father came up to my room, sat down on my bed and said, "You know, at first I didn't like the sound of this, so I stayed out of it, but
now I can tell how happy you are and I've never been more proud of you in my life." Later, other people told me how proud they were of me for changing something that was causing me such unhappiness, but I never thought of the concept of pride as being a part of my decision, nor did I consider it an act of bravery. I was so caught up with the idea of not having to carry around a size 40DD chest I hardly thought of the major step I was taking. Nothing seemed too difficult to handle if it meant no more jokes and nicknames and aching every month.

Now, six months after the operation, my happiness continues. My breasts are a size 36C; they are round and firm and, in my opinion, perfect. The scars are less red, almost the color of my skin in places, and clearly less visible. Occasionally they itch but I know this means they are healing. Without large breasts to hide my view, I now see my body in a different light. I'm jogging now and exercising in a way that was never possible with large breasts that bounced painfully with each step. I have a sense of pride about my body and I cannot wait for next summer when I can go shopping for a new bathing suit.

However, my greatest pleasure occurs when I see someone for the first time since the operation. Usually they say, "You've lost weight" or "You look so different!" but rarely do they realize that my breasts are three sizes smaller. Often I will tell perfect strangers about my operation just to see their reactions. At first they are rather uneasy, waiting to see how I feel, but there is always a supportive word and often this is followed by many questions: Did it hurt? How do you feel now? Are you glad you did it? I enjoy answering their questions, for often they know of someone who is thinking of having the operation, and if I can express my personal happiness and new-found comfort, perhaps I can help another find the same.

Often I'm asked whether anyone has reacted negatively to my operation, and there has actually been only one awkward incident. At a party where there were many people I had not seen since the previous summer, I noticed that a good friend of mine seemed to be ignoring me. He would stare at me from across the room, but any time I started to approach him, he ran off. Finally, I cornered him and asked what was the matter. He said, "I just don't know what to say to someone who has just cut their chest off." I told him, "Tell them they look great!" A half an hour later, he came up behind me and whispered to me, "You know, you really do look great!"
STAGE ONE OF A CAREER IN BOOK CONSERVATION
by Susan Sayre Batton

In an unpretentious basement room of the Princeton University Library lies a wealth of books, periodicals, manuscripts, clippings, photographs, cartoons, letters and other materials of tremendous interest to feminists and scholars researching women's issues. Here is stored, in part, the Miriam Y. Holden Collection on the History of Women, the result of a remarkable woman's lifelong avocation of women's rights.

Miriam Holden's life is an important, if little known, chapter in the history of the struggle for women's equity. Born into a family with a long list of notable early New Englanders, she broke away from the conservative tradition and became interested in the abolitionist movement during her adolescence in the early 1900's. This interest in freedom and equality led toward an activism in women's rights as well. She was an early member of the Woman's Party and a close friend of Alice Paul, remaining active as an organizer and demonstrator until the 1950's. She was also a champion of birth control and worked with Margaret Sanger in New York providing support during her trial and assisting in the effort to release her from prison. Miriam Holden worked for the establishment of a course in Women's History with Elizabeth Schlesinger and Mary Beard, submitting proposal after proposal, attending endless meetings with university presidents and trustees, and refusing to quit when the frustrations seemed insurmountable. Finally, a victory occurred in 1952 when Radcliffe College offered a course in Women's History.

During this marvelous life of work for women, Miriam Holden collected books by and about women by the hundreds—books found all over New York and the world's book shops—passed over by collectors. Many of her books have a wealth of information written in the front end paper, describing the date, price and place of purchase—invaluable data for the historian or curator. The Miriam Holden Collection is the third largest collection of women's history, next to the Schlesinger Library at Radcliffe and the Sophia Smith Collection at Smith College. The Holden Collection comprises over 6,000 items, 670 of which are housed in the Rare Books and Special Collections department of the library.

During Miriam Holden's life, the collection was housed wall-to-wall, closet-to-closet, corridor-to-corridor in her E. 78th Street brownstone in New York City. It was unofficially considered a branch of the New York Public Library, and many readers there were often referred to her home. She collected in many areas, among them: the history of the suffrage and feminist movements; works by and about women and women's roles in the home, society, government, business, church, the arts and sciences; autobiographies; 19th century periodicals; proceedings and papers from women's congresses; material on obstetrics, gynecology and birth control; works on women in the
Bible, women in the ancient world, women in Judaism; men's views on women, anti-feminist views; and works on wives', mothers' and daughters' "duties." Among the many phenomenal items in the Rare Books section are an 18th century first edition of Mary Wollstonecraft's works, tracts by Margaret Sanger, a 17th century edition of a play by Aphra Behn (the Restoration playwright known as the first woman published in English), pamphlets of the National Woman's Party, a complete set of Colette's works, and many others.

The collection came to Princeton after Miriam Holden's death in 1977 as a gift from her husband, Arthur Holden, Princeton Class of '12. Miriam and Arthur had made a decision that whoever outlived the other could bequeath the collection to the institution of his/her choice. In 1979 Princeton became the fortunate recipient of Miriam Holden's books and promptly began the construction of a special room to house them.

Once Princeton finished the monumental task of packing, organizing, and moving the books to the library, the most obvious need was for cataloguing to make these books accessible to readers. Holden's own catalogue is still in the Holden Room and serves as the main resource key to her books. In the winter of 1981, the Curator of Rare Books and Head of Conservation at the library wrote a federally funded Title II-C grant proposal to provide for the cataloguing and restoration of the rare items in the Holden Collection.

Most noteworthy about the grant is the fact that, to the best of my knowledge, this is the first time that any conservation treatment will be performed on a woman's collection. Additionally outstanding is the fact that a deacidification unit, which allows paper to be treated to neutralize the acid which deteriorates paper, will be constructed in Conservation Services in the Princeton Library. This deacidification unit will be the largest such project ever constructed in North America, and its design is highly innovative and cost efficient.

Any material on paper faces the prospect of deterioration, which can occur through exposure to harmful environmental elements, insects, or the most destructive creatures of all—humans, notorious for tearing pages, cutting out pictures, or just haphazardly causing problems by dropping books! Beyond mending the tears and performing other treatments to restore paper are the problems inherent in the paper itself. The paper-making process in our modern industrial age uses many unrefined and impure elements, unlike the old days when paper was largely made of pure rag fibers. Inexpensive paper meant more things could be printed, and the introduction of wood pulp to the paper industry around 1860 was a cheap and plentiful alternative to cotton rag fibers. The problem with many products like wood pulp is that they accelerate paper deterioration because of their high acidic content. To remove the acid is called deacidification, which removes the acid catalyst, usually performed by washing the paper in an aqueous, or water
solution. Aqueous methods cannot be used to deacidify materials where there is a chance that the ink may run from contact with water. In these cases, a non-aqueous method of deacidification must be used, where the neutralizing chemicals and an organic solvent can simply be sprayed onto the paper being treated.

This non-aqueous method of deacidification provides a cheaper and faster way to treat books and paper and was invented and patented by Richard D. Smith in the early 1970's. His product is called Wei T'o, named for the Chinese god who protects books from destruction. The deacidification unit being built at Princeton University Library will utilize Wei T'o solution and have the capacity to treat many more materials than previous projects by conservators.

The implications to me of the significance of a Woman's History Collection to be selected for this treatment are great. It says that these works are important enough to be preserved for the future. Certainly there are many other components of books besides paper, but to deacidify the paper and promote its longevity is clearly an important step in the right direction. As funds become available in the future, it would be safe to guess that other treatments will be performed on the Holden Collection, and the books of the collection not housed in Rare Books will be regularly treated in Conservation Services for everything from paper problems to complete rebinding.

All of this brings me to an explanation of my involvement in this project. I graduated from Denison in 1981 with a B.F.A. degree in Studio Art and Art History. Around Thanksgiving of 1981 I heard of a conservator from Vancouver who had come to Princeton University Library to set up a conservation studio. Living in New Jersey at the time and looking for work in the arts, I eagerly applied to apprentice at Princeton. I was hired and began working with Bob Parliament in Conservation Services in January of 1982, to be trained in the conservation of books. After only three weeks, I heard of this grant project and the Holden Collection and became astounded at what I had fallen into--as my studies, interest, and work at Denison had been as much in Women's Studies as in art. A group of us from Conservation went to Rare Books to survey the collections, making note of their physical condition in detail. We began training intensively in all aspects of conservation bookbinding, something which was entirely new to me. I began to believe that I found just the thing I was always searching for--a perfect combination of not only art and science, but art historical work combined with hands-on craftsmanship. As I write today, after a year of experience in conservation, I can say that I believe I will stay in the field for some time.

The whole field of conservation--be it books, art on paper, objects (sculpture, furniture, etc.), or paintings--has always been a good professional area for women. I meet as many, if not more, women in conservation than men. In England it is said that the best private conservation bookbinders are women. A standard
training for a fine art conservator usually includes a three-year graduate program after a bachelor's degree in art. Book conservation only recently has a graduate program at Columbia, but also considers work experience with a known conservator as valuable training. Conservation treatments in general are extremely expensive, which explains why only large and well-endowed institutions have conservation facilities. Many conservators are in private practice as well.

I would like to close by offering an open invitation to contact me for further information about the Holden Collection, deacidification, and/or book conservation in general. This is a growing field with many career opportunities, and our program at Princeton is always anxious to answer questions.

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THE DOUBLE STANDARD AT DENISON
by Colette Picard

Unfortunately for all, the double standard has persisted well into this century. Though women have been granted more sexual freedom, many men view their female sexual partners as "deflowered," "fallen," and "debauched." The man will often speak of his sexual adventures referring to the female in derogatory terms; his position is heightened socially while the woman's is lowered significantly. What angers me is this very denial of reciprocity--both male and female participate in the same act so why is each judged differently?

This past semester I conducted a study called "The Double Standard At Denison" to discover the extent to which behaviors are deemed acceptable for one sex and not the other. The study also served as a validity study on the Attitudes Toward the Role of Women Scale. Each subject was given a short story to "read about a student making advances on another student at a bar. The story given each subject was exactly the same with one exception: in half of the instances the assertive individual was a female (Anne) propositioning a male (Mark), and in the other half it was a male (Andy) propositioning a female (Marcy). Whether the subject received a female or male version of the story was a matter of chance. Subjects were asked to self-report their attitudes toward the main character on a Likert scale of 10 items. For example:

Anne's (Andy's) actions typify those of the average female (male).
Strongly Agree Uncertain Disagree Strongly Agree

Ann (Andy) is well respected.
Strongly Agree Uncertain Disagree Strongly Agree

14
The subjects were then asked to check off the adjectives that they believed best described the main character from a provided list of 14 (drunk, self-confident, cheap, honest, etc.). Subjects were instructed to relate what specific aspects of Anne's (Andy's) and Mark's (Marcy's) behavior they found to be particularly admirable or not admirable. When subjects had finished with this portion of the experiment, they were given a 20 item Attitudes Toward the Role of Women Scale. Subjects responded to each item on a scale ranging from "Strongly Agree" to "Strongly Disagree." Here are two example statements from the attitude scale:

--Swearing and obscenity are more repulsive in the speech of a woman than a man.
--A woman should be as free as a man to propose marriage.

I analyzed the data statistically to determine if there was a correlation between an individual's score on the Attitudes Toward the Role of Women Scale (high scores signify liberal, egalitarian attitudes; low scores indicate conservative views) and his or her responses to the social situation of the Anne/Andy story. Such a correlation would be helpful in determining if the scale is a valid measurement of attitude. Such a correlation was found. Out of 26 variables measured, 19 were positively correlated to the scores on the attitude scale. I also ran a t-test to determine if subjects had responded differently to the stories they had read on the basis of the sex of the character. There was a positive correlation between the version of story the subject received and 8 of the 24 possible variables she or he responded to. Apparently, subjects had judged the main character on certain variables on the basis of that character's sex.

Most revealing, however, were the responses to the open-ended questions. The most common statements held that it was promiscuous of Anne to approach Andy in the manner that she did; Mark was frequently viewed as an innocent victim or a typical guy with a "why not?" attitude. Andy was seen as coming on too strong, while Marcy was criticized for being "loose" because she accepted his invitation. It is in reading the responses that one can truly see the extent of the double standard. The following are actual subjects' responses. Unfortunately such statements were disturbingly common.

In response to the "Anne-as-propositioner" version:

--Anne's not very passive. She is too aggressive at least for me. It is obvious what her intentions are and I don't agree with it.

He's(Mark) probably a nice guy that has never or at least not very often been praised as such by a woman. I don't think that he was as willing as Anne to go hop in bed.

--The fact that she(Anne) is pushy and aggressive is not admirable. I think Anne is playing a game with herself. She seems to be insecure so by being the pushy aggressor she feels more confident.
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- Anne's (Andy's) actions typify those of the average female (male).
  - Strongly Agree
  - Agree
  - Uncertain
  - Disagree
  - Strongly Disagree

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--The fact that she (Anne) is pushy and aggressive is not admirable. I think Anne is playing a game with herself. She seems to be insecure so by being the pushy aggressor she feels more confident.
I think Mark is an honest, sincere guy. I feel if he had the chance he wouldn't be making the advances. But since she's playing the aggressor he'll go along for the ride.

In response to the "Andy as propositioner" version:
--(Andy) Used clichés, too many one liners, (and) wasn't very smooth.
(Marcy) Was a definite hose bag, and obviously looking for sex, (and) has loose sexual morals.
--Not admirable (for Andy) to need to drink to relax his language.

She (Marcy) is probably attractive, shallow, fairly insecure, and knows how to manipulate men. She lets him think she's dumb, but is playing along with the game.

The double standard of sexual behavior has been a part of patriarchal society for years. The belief persists that a man's sexual appetite is like that for food and water--normal and acceptable. A "decent" woman, on the other hand, is thought to be "above" sexual pleasure. It's time people realize that "it takes two to tango."

* * * *

SEX DIFFERENCES IN MATH ACHIEVEMENT
by Becky Pschirrer

Dr. Jacquelynne Eccles, social developmental psychologist from the University of Michigan, spoke during January on "Sex Differences in Math Achievement," on invitation from Dr. Janet Hyde and Debra Davis's "Non-threatening Mathematics" course.

According to Eccles, the reported differences in females' and males' math abilities can be explained two ways: biologically (ex., males have some genetic predisposition to mathematics) or sociologically (ex., boys receive more encouragement in the area of mathematics than do girls).

As Eccles pointed out, the biological explanation has gotten considerable publicity recently (see Newsweek 96:73, Dec. 15, '80 or Time 116:57, Dec. 15, '80). What is not emphasized, however, is that these differences do not emerge until students are well into adolescence--the eleventh or twelfth grade, and that the actual differences are quite small. In fact, there is a greater range of differences in math test scores within males or females (i.e.,
boys compared to boys and girls compared to girls) than there
is between the genders (i.e., girls compared to boys). One of the
most unfortunate aspects of the publicity is that it reinforces
false stereotypes. In actuality, Eccles found no evidence in any
grade that girls' grades were worse than boys'. The differences
in performance show up on Scholastic Aptitude Test (SAT) scores
taken by students planning to apply to college. Here the average
difference was 30 points, which means on the average girls got two
more problems wrong than did boys.

Eccles found that the problem lies in the choice of courses
students make. Beginning approximately in the tenth grade, girls
stop choosing to take math courses. Eccles has proposed a theory:
the expectancy by value model--through which it is possible to trace
the process and pattern of course selection. Simplified greatly
the theory takes into account the questions: "How well do I think
I can do in a math course? Do I want to put the time into it? Are
there other things I find more valuable?" The expectancy value
theory can be generalized to both boys and girls and any type of
course choice: English, math, science, etc. Eccles sees girls
as being taught different values than boys, particularly for
mathematics, as well as not being given sufficient or accurate
information about how to use their own strengths.

Eccles' research shows, then, that the problem for girls is not
innate ability, but rather that they stop taking math courses.
Their lack of course preparation in turn closes them out of many
majors in college: most sciences, engineering, and architecture.
And in turn they are kept out of many excellent careers in those
fields.

Eccles suggests that we need to intervene, beginning in junior
high. Girls, and boys as well, need to know how important math
courses will be to them in the future. Students often fail to see
the relevance of math to their lives or their future career aspirations,
but such explanations could and should be integrated into the
mathematics curriculum.

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THOUGHTS ON WOMEN AND THE PEACE MOVEMENT

An essay on women and the peace movement—why is this so difficult for me to write? Perhaps it's because a movement itself is so hard to define. Before I explore the women's role in this movement, I feel I must first establish what the peace movement (really) is.

To help deflate some of the myths which surround movements in general, and the peace movement in particular, there are two ideas I'd like to express. First, a movement is defined by its people, not by its leaders or headlines. Thus, in writing an essay focused upon women and the peace movement, I cannot merely recite its many slogans or cliches. And, as inspired as I may be by the dedication and fortitude of such leaders as Helen Caldicott, Randall Forsberg and Sister Blaise Lupo, I don't want to recap their activities for you. Read their own writings, which are by far more substantial. By the same token, I cannot conceive of writing an essay on women and the peace movement to the exclusion of men—leaders such as Michio Kako, Roy Bougeouis and Brother Blue. I don't like segregation, be it Black/White, rich/poor, gays/straights, men/women. Remember this, the strength of a movement is within its unity through diversity, not its divisiveness.

The second notion I want to express concerns what it is to be part of the emerging peace movement. As I thought about my own involvement in peace-related issues, I came to realize something of the definition and meaning of the peace movement. That is, that being in or being out of the peace movement has little to do with radicalism, communism, liberalism, extremism, letter-writing, petition-signing, bomb-throwing, poverty, sex, drugs, or rock and roll. What it all comes down to is making peace in your life, in the work that you do and the lives around you. This is not to rule out writing letters and circulating petitions and information. These are important and necessary steps toward bringing about peaceful legislation. The same, of course, holds true for music and the arts, which have the potential to reach a lot of people in a lot of beautiful ways. But I believe that the truth and the strength of the movement lie deeper, coming from a consciousness of and for peace.

President Reagan has recently termed the MX Missle "the peace-keeper." If you think that's funny, his initial choice was "the peace maker."

Elvis Costello sings "What's so funny about peace, love and understanding?" Why are people laughing?

Do you make peace in your life? Do you condone violence or condemn it? These are questions to ask yourself, but don't wait until 1984 to do it.
One attuned young person put it well when he wrote that peace is more than the absence of war. Because the United States and the Soviet Union are not involved in an all-out battlefront military war, we are said to be "at peace." This astute youngster ended with the thought that "If this is peace, I would surely hate to see war." I agree with this observation. Peace has to be more than just the absence of war—war in its many forms. One could say that there is a war going on right now in the Soviet Union, a war of political repression. Or one may view Western capitalism as a war of imperialism over a struggling Third World. When you get right down to it, a war is a war is a war, whether political, economic, or nuclear. The difference is that in a nuclear war, there may be no winners.

But by the same token I do not view peace as the total absence of any repression; peace is not when the peoples of the world embrace each other and love flows through the rivers of our souls. To be sure, if this state ever existed it could be considered peace; one might also call it paradise, Utopia, the Garden of Eden. My point is this: "World peace" is a concept often used to symbolize a state which will never occur. The biggest challenge for the peace movement may be to "desymbolize," demythologize, and unite these many notions of peace. We must bring peace out of the heavens of salvation and into our concrete lives—into our work, our play and our relations with people, within our hopes, fears, and dreams.

Isn't it ironic that as Congress votes on increased defense spending, the Pentagon continues to design newer, more expensive weapon systems to replace the already obsolete, and the White House calls the (already obsolete) MX Missile a "peace keeper," the Peace Talks in Geneva continue. It seems to me that the "peace talks" are more like "war talks." The most venerable Nichdatsu Fujii, of the sect of Japanese Buddhist monks who walked through Granville in the World Peace March last spring, meditates upon this:

It is false to talk of peace
while possessing weapons
destined to take life.
When we talk of peace
we must lay down all
murderous tools.

Peace is not only decreased arms spending and a nuclear weapons freeze. Peace is not a projection into the future to a time when the policy of deterrence is effected and all people live within the fear of MAD, mutually assured destruction. Peace is an attitude, a consciousness, a set of beliefs grounded in the reverence and sanctity of life. It may all come down to whether you believe that life has meaning.

As for the original topic of this essay, women and the peace movement, I might add this: it is an illusion to believe that women have exclusive rights when it comes to gentleness and
sensitivity; men are no less capable of these traits. In our Western society our roles are defined for us, and we have followed them blindly for too long. Every human being has within him/herself the capacity to affirm and revere life. The love that each of us has for one little child must be allowed to embrace the children of the world. As Helen Caldicott expressed: "There is no such thing as a capitalist baby or a Communist baby. A baby is a baby is a baby."

by Barbara Cohen

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WOMEN, PEACE, AND FREEDOM
by Patty Morgan

It will be a great day when our schools get all the money they need and the Air Force has to hold a bake sale to buy a bomber.

I saw this poster in the front of a building and thought to myself, "What a great saying!" This poster said so much in such a simple way, and it made a statement that I felt very strongly about. Thus, I was introduced to the Women's International League for Peace and Freedom.

In the fall of 1982, I studied off-campus in Philadelphia and interned at the Women's International League for Peace and Freedom (WILPF). The experience was one of the most educational and rewarding in my life, and I have embarked on a new path because of my work with WILPF. Previous to this, I had never heard of the Nobel Peace Prize winner Jane Adams (founder of WILPF), the Cruise and Pershing II Missiles, the Campaign for Justice in Latin America, or even WILPF! My eyes were opened and my interests broadened.

WILPF is the oldest women's peace organization in the country, founded in 1915. Organized during World War I when women from warring and neutral countries met in an attempt to stop the fighting, the women of WILPF have continued to fight against social and economic injustices and work for peace, equality and freedom. WILPF is a strong supporter of the United Nations, believing it is essential to have a forum for international discussion. The organization has been instrumental in the Nuclear Freeze Campaign and advocates worldwide disarmament. WILPF has long fought to end both sexism and racism and works strongly in the area of civil liberties. An entirely separate branch of WILPF is dedicated to developing peace education and conflict resolution curriculum for schools and communities.
Not strictly a feminist organization or solely a disarmament organization, WILPF is involved in many areas, primarily through the efforts of a grass roots network of 15,000 women, both in the States and abroad. With its U.S. headquarters in Philadelphia, WILPF has branches in over 100 U.S. cities and 27 foreign countries.

One of the major campaigns in 1982 and '83 has been a call to women to Stop The Arms Race--STAR. This is a campaign I worked on in Philadelphia and have continued to work on now back at Dension. STAR is a yearlong effort to collect one million signatures and dollars to "buck the arms race." On March 8, 1983, these signatures along with the five disarmament demands will be presented to leaders at NATO headquarters in Brussels. The five STAR demands are: 1) halt production and deployment of all medium-range nuclear missiles in Europe, 2) agree to a bilateral nuclear freeze and a comprehensive test ban, 3) reach bilateral agreements on the START negotiations, 4) cut military expenditures and fund human needs, and 5) support United Nations disarmament efforts. This is but one of the many ways WILPF works to achieve its goals of peace and freedom.

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THE BIOLOGY OF WOMEN

Introduction

The January Term course, "The Biology of Women," considered the human female throughout her entire lifespan. Although centered around biological "facts," the course was interdisciplinary in nature. Biological differences and similarities between men and women in endocrinology, cytology, embryology, genetics, and anatomy formed the core of the material considered. Thought and discussion as to how these facts should be interpreted was stimulated by consideration of topics from the disciplines of anthropology, economics, history, psychology, religion, sociology, and others. The following articles were written by class members to disseminate information on specific topics researched by the students enrolled in the course.

Bonnie Lamvermeyer, Biology Department
Human genetics has made incredible advances in the past few decades. Having the greatest impact on the clinical application of genetics has been the development of prenatal diagnosis. It has altered the nature of genetic counseling from a description of statistical risks for disease to the ability to accurately predict whether a fetus is normal or afflicted with the abnormality for which it was at risk.

In 1966 a successful technique for the culture and karyotyping of amniotic cells emerged. Amniocytes can reveal biochemical phenotypes and karyotypes of the fetus, but fail to expose many other biochemical physiological attributes—especially parameters of specialized organs and tissues. Generally, enzymes and other proteins found in cultured skin fibroblasts are present in cultured amniocytes, but proteins specific to brain, endocrine glands, blood, liver, and other specialized tissues are not. Since many diseases are demonstrated predominantly in these specialized tissues, amniocentesis cannot reveal certain information about fetal morphology.

Because adult hemoglobins are synthesized in reticulocytes from the trimester fetus, diagnosis of hemoglobinopathies and coagulopathies is possible—if a small volume of fetal blood can be obtained. Fetoscopy, the endoscopic visualization of the fetus and placenta in utero, provides the opportunity for fetal blood sampling. The procedure is performed in the fourth and fifth month of pregnancy for the purposes of obtaining a limited view of fetal anatomy, to aspirate fetal blood samples, and to obtain biopsy specimens of fetal skin or liver.

Rigid, small diameter (1.7-2.2mm) fetoscopes containing fiber-optic illumination, self-focusing lenses, and operating side arms can be readily inserted into the amniotic cavity with the aid of ultrasound. Not only can the fetus be examined for deformities, but tissue samples from the umbilical cord, placenta, and skin can be obtained through the side arm of the fetoscope using various needles and forceps. Analysis of fetal blood allows for the diagnosis of structural and regulatory mutants of hemoglobin. Cells are incubated with leucine, and the newly synthesized globin chains (radioactively labeled) are separated by carboxymethyl cellulose column chromatography. Determination of the relative amounts of B-globin and F-globin is the basis for B-thalassemia diagnosis. The X-linked recessive coagulopathies, hemophilia A and B are also frequently tested for with fetal blood. Bioassays of clotting activities of Factors VIII and IX indicate the various deficiencies of the coagulating factors. Skin and scalp biopsies allow for immediate enzyme assays and karyotypes within a few days. Inherited abnormalities of keratin and collagen can be diagnosed using these skin proteins. Many other
diseases will be diagnosed as access is gained to other organs in utero. Already fetal liver biopsy has been performed and muscle biopsy will eventually aid in the prenatal diagnosis of muscular dystrophies.

The potential for fetoscopy is simply astounding. The technique could be used for placement of drainage catheters when obstruction is predicted with ultrasound. Administration of selected nutrients for growth-retarded fetuses and encapsulated DNA could be positioned in the fetus with extreme accuracy. Application of electrodes directly on the fetal body will document brain and heart pathology.

The rapid application of advancing technology from the sciences, clinical instrumentation, and other seemingly unrelated research activities has made a tremendous impact on our ability to diagnose genetic and congenital abnormalities in pregnancies at risk and has given the clinical geneticists their most powerful tool in allowing families options in their reproductive decisions. The availability of this information-gathering option has induced many families to complete pregnancies when they would otherwise have been unwilling to risk the pregnancy or would have opted for an early termination. The results of most prenatal studies indicate that the fetus is unaffected with the condition for which it was at risk, so in addition to being an accurate predictive measure for the prevention of birth of affected children, prenatal diagnosis should be regarded as life-giving and life-saving.

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THE Rh FACTOR:
POTENTIAL COMPLICATIONS DURING PREGNANCY
by Carol Sue Bernardo

Exactly what is the Rh factor? Why is it of such great concern to our population, especially to pregnant women? The Rh factor is so named because an immunological substance found on the surface of red blood cells in Rhesus monkeys was also found on red blood cells of 85% of the white population of New York City. People whose cells have the Rhesus factor are referred to as Rh positive; those whose cells lack this substance are Rh negative.

It was originally thought that the presence of the Rh substance is determined by a dominant gene, and the lack of it, by homozygosity for the recessive allele. We now know that the genetics of Rh is much more complicated. Disagreement exists, however, as to the exact inheritance mechanism. One interpretation asserts there are a series of multiple alleles (at least 9) at one locus, which interact to determine the positive or negative condition. Approximately half the alleles are recessive and half codominant.
Heterozygosity or homozygosity for any of the dominant alleles leads to the Rh+ trait, whereas any combination of recessive alleles appears to result in Rh-. Other investigators assert that the data better fit a model involving the interaction of genes at three different loci, designated C, D, and E. The presence of a dominant allele at any of the loci usually results in the Rh+ trait.

An Rh- woman will not produce anti-Rh+ antibodies unless she has been exposed to Rh+ antigens. This usually requires one or more pregnancies during which she carries Rh+ fetuses. Each pregnancy is accompanied by the possibility of fetal Rh+ cells seeping across the placenta into the mother's bloodstream before birth, or maternal exposure may occur during the birth process. Because fetal cells are recognized as foreign by the mother's body, antibodies of the anti-Rh+ type are produced.

The medical significance of the Rh system arises in cases in which an Rh- mother who is producing anti-Rh+ antibodies due to previous exposure to Rh+ antigen becomes pregnant with an Rh+ fetus. In such a case, some of these small antibodies from the mother may cross the placenta. The antibodies that invade the child's blood begin to attack the infant's red blood cells, leading to a serious condition called erythroblastosis fetalis or hemolytic disease of the newborn. In severe cases the fetus may die due to an inability to quickly replace red blood cells lost by antibody binding and agglutination. Less severely affected newborns may be in apparently good health but soon become jaundiced due to toxic by-products from damaged red cells. Brain damage and mental retardation may result. There are now three ways to prevent this health problem.

An exchange transfusion, removing the child's blood and replacing it with Rh- blood, is an emergency treatment for affected newborns. Gradually the Rh- erythrocytes break down and are replaced with new Rh+ cells made by the child. The child, however, does not produce anti-Rh+ antibodies and therefore no subsequent problems arise. The time factor in this treatment is critical since the untransfused child suffers from a shortage of oxygen. It has been estimated that three-quarters of infants thus affected would die in the absence of treatment.

Intrauterine transfusions have now been successfully performed. This technique requires recognition of the Rh incompatibility before the child's birth. Because of the delicacy and potential problems associated with this procedure, it is usually reserved for only the most severe cases.

For Rh- women who are presently entering their reproductive years and have never been exposed to Rh+ blood, the risk of erythroblastosis fetalis has nearly been eliminated by a preventive treatment. Anti-Rh+ antibodies may be injected into the Rh- mother soon after the birth of her first (and each subsequent) Rh+ child. These antibodies destroy any Rh+ cells from the child that have
invaded the mother's blood before she can become immunized. These injected antibodies break down gradually and are absent by the time the next pregnancy occurs.

A similar kind of prevention sometimes occurs naturally. If fetal erythrocytes carry an A or B antigen not present in the mother in addition to the Rh+ antigen, then the mother's anti-A or anti-B antibodies may destroy the cells before they can stimulate anti-Rh+ antibody. ABO incompatibility may, in some cases, prevent Rh disease.

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SURGICAL TREATMENTS FOR BREAST CANCER
by Katie Hinckley

One out of every fourteen women is destined to get breast cancer sometime during her life. With this probability, all women should be aware of the several surgical treatments currently available. Sadly, many women are not aware of all the options and needlessly have a radical mastectomy performed when breast cancer is diagnosed. The extent of the several operations depends upon the type of cancer and the degree of development of the disease. There is no one, ideal procedure for all cancers, thus the need for different techniques.

The first method for treating breast cancer was developed in 1893 by Dr. William Halstead. Known today as the radical mastectomy, this method is often criticized as unnecessarily removing too large a portion of the woman's body. This very deforming operation removes the entire breast along with attached skin and nipple, the fat under and around the breast, the pectoralis muscles and all the fat and lymph nodes in the armpit. Some surgeons even break a few ribs and remove them in order to get the lymph nodes behind the breast bone. After the radical mastectomy is performed, the arm is permanently impaired due to the loss of the pectoralis muscles.

In an attempt to lessen the degree of deformity, the modified radical mastectomy has supplanted the Halstead radical mastectomy. This operation differs from the Halstead treatment in that the pectoralis muscles are not removed. Leaving these upper chest muscles intact allows for future arm movement, natural appearance and the choice of breast reconstruction.

The simple mastectomy removes the entire breast including the skin and nipple. Neither the pectoralis muscles nor the lymph nodes are removed. Even though this is the most successful treatment for early breast cancer, many women still are unaware of this procedure.
The simplest operation is the lumpectomy. This is used on cancers that are no larger than 4 centimeters in diameter and have not spread from the milk ducts. Only the lump and the immediately surrounding tissue are removed. Chemotherapy or radiation is used following surgery to destroy any remaining cancerous material.

The subcutaneous mastectomy is used primarily for women who want a breast implantation. Following a surgical incision underneath the breast, tissue is removed leaving skin, nipple and pectoralis muscles. The effectiveness of this operation is suspect, however, due to high recurrence claims.

The death rate for breast cancer has remained steady for the past forty years. New controlled studies are underway to accurately determine the differential survival rates following the various surgical treatments. At this time, the radical mastectomy demonstrates a slight edge over the simple mastectomy in survival. The surgical removal of carcinoma of the breast is, however, one of the most controversial subjects in medicine today. For this reason, it is especially important that women take the responsibility of becoming fully informed on the available treatment options before making a choice.

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ANNOUNCEMENTS OF SCHOLARLY ACTIVITY
OF WOMEN AND WOMEN STUDIES FACULTY

Patricia Harkin, English, delivered a paper on "Literary Change and Historical Change" at the Modern Languages Association meeting in Los Angeles in December, 1982; addressed the English faculty at West Point in August, 1982, on "Reading Theory and the Teaching of Literature"; and presented a paper on "The Historical Novel as Literary Innovation" at the International Conference on Scott and His Influence, University of Aberdeen, Scotland, August, 1982, as well as at the Midwest MLA meeting in Cincinnati, October, 1982. Her article on "Theory, Tradition, and the Individual English Teacher" will appear in fforum reformed, a collection of essays on teaching writing and reading to be published by Boynton/Cook, March, 1983.

Janet Hyde, Psychology, participated in two colloquia, presenting papers on "Female Sexuality and Male Sexuality" in October, 1982, at Oberlin College, and on "Children's Understanding of Sexist Language" in January, 1983, at Ohio Wesleyan University.

Bonnie Lamvermeyer, Biology, presented the paper "Genetic Polymorphism of Blood Proteins in Wild Populations of the Family Cervidae" at the

Isabel McGinty, Classics, read a paper at the American Philological Association meetings in Philadelphia entitled, "The Virgin as Hero: The Role of Leucippe in Anchilles Tatius' Romance."

Gill Miller, Dance, presented a paper on "The Use of Movement Symbology as a Descriptive Language" in New York City in January to those seeking certification in notation.

Nan Nowik, English, has recently had an article accepted by *Resources 1983*, the journal of Professional and Organizational Development in Higher Education, describing the Workshop on Course Design and Teaching Strategies offered each June for GLCA faculty. A six-year member of the staff of the workshop, Nan has conducted similar workshops for consortia in Maryland and Pennsylvania and in January, 1983, at the School of the Ozarks in Missouri.


Josette Wilburn, Modern Languages, delivered the main address to the annual meeting of the Association des Amis de Robert Brasillach in Lausanne, Switzerland, on April 24, 1982. She was the recipient of the Robert Brasillach Prize by a jury of French, Swiss and Belgian scholars for "the best work written on Robert Brasillach."
A PREVIEW OF WOMEN'S WEEK '83

Thursday, April 7
8:30 p.m.
The Bandersnatch

"Women's Voices"
...students and faculty reading from the works of women poets and writers.

Friday, April 8
8:00 p.m.
Faculty Lounge

"Quilting as a Traditional Art Form"
...illustrated slide lecture by Joyce Parr of Kenyon College followed by a "party."

Saturday, April 9
8:00 p.m.
Burke Recital Hall

"Women's Word"
...a one-woman show with Nancy Brooks performing works by, for, and about women.

Monday, April 11
4:00 p.m.
Faculty Lounge

Poetry Reading
...by Linda Paston, major contemporary poet.

Tuesday, April 12
4:00 p.m.
Slayter Student Lounge
8:00 p.m.
Slayter Auditorium

"Sexual Harassment in the Workplace"
...an afternoon workshop and an evening Convocation lecture by feminist activist and consultant Freada Klein.

Wednesday, April 13
7:00 p.m.
Swasey Chapel

Women's Week Chapel Service
...with Joan Novak of the Religion Department preaching.

Thursday, April 14
11:30 a.m.
Slayter Auditorium

"The Education of a Woman Journalist"
...a Common Hour presentation by Susan Peterson, NBC broadcast journalist and D.U. alum.

Thursday, April 14
8:00 p.m.
Slayter Auditorium

"Toward an Elemental Feminist Philosophy"
...a convocation address by Goodspeed lecturer Mary Daly, contemporary feminist theologian and author.

Friday, April 15
8:00 p.m.
Slayter Pit

"Women and the Blues"
...a lecture and musical celebration with Mary Ruth Warner on Black women and the blues.

Sunday, April 17
7:00 p.m.
Burke Recital Hall

Piano Recital
...by Gwan Ying Wu, who recently made her Carnegie Hall debut.