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history of social policy, for it is all too easy to assume that identification and classification somehow make it easier to “target” areas of special need. What the municipal authorities seem to have taken for granted is the interpenetration of problems such as poverty, health, training and homelessness, acknowledging thereby the social basis of many medical problems and the need to encourage economic structures to spread work opportunities as widely as possible (e.g. p. 64). Dr Cavallo thus adds a valuable Italian dimension to the literature which has examined the close relationship between work and welfare in Flanders and the home towns of Germany in the early modern period. Seen in this light, the workhouse subverted work-sharing as part of a process of “confinement and coercion” (p. 227). This process had important implications for women (chapter 4, ‘Charity and gender’). The identification of prostitutes (pp. 163–4) was not accompanied by their redemption, the confinement of expectant mothers showed little concern for the health of mother and child before the very late eighteenth century (p. 200).

While the book’s findings are of enormous importance, it also presents readers of English with a splendid example of the preoccupations of modern Italian historiography—resources, power and their relation to status—which may jolt some of our own occasionally stodgy notions of social history. The style can sometimes be stridently over assertive (six uses of the first person in one paragraph on p. 108) but the message of the evidence is always clear: historically speaking, the expansion of the state was not the necessary corollary of improved welfare. The reason for this may lie in paradox. For “the state” which assaulted municipal welfare provision was less an expanding public entity than an increasingly introverted court, at bottom no more than the private household of the sovereign, its servants less rational bureaucrats than people squabbling for power and status for themselves (pp. 107–8). Readers are indebted to Dr Cavallo not only for her detailed research but

also for reminding us to what base uses that grandiose notion “the rise of the modern state” may be reduced.

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Adrian Wilson, *The making of man-midwifery: childbirth in England, 1660–1770*, London, UCL Press, 1995, pp. xii, 239, illus., £40.00 (1–85728–292–2).

The appearance of Adrian Wilson’s study of the invention of the male birth attendant in early modern England is an important event in the historiography of childbirth. Recent studies have concentrated on the character of midwives, showing that there was nothing inevitable about the male invasion of the birthing room and that England was exceptional in the extent to which this incursion occurred in the eighteenth century. Why and how men seized so much control over normal births has become a more complicated problem than used to be thought. Whereas recent work has revolutionized our understanding of early modern childbirth by looking at midwives, Wilson is the first historian to focus on the varieties of man-midwifery and the characteristics of members of the various groups.

Wilson’s study of the cultural construction of this innovation is unusual in giving attention both to the bodily location of men’s intervention and to its political location within Hanoverian party conflict. He begins his book with a summary of the bodily processes involved in difficult births and a useful overview of what is known about the practice of midwives and its context. Women’s bodies were prominent in the early histories of obstetrics, which sought to present late-nineteenth-century ideas and practices as natural. The purpose there was to show how the new scientific approach and the development of the forceps were crucial in improving women’s lot, by stressing the incidence of abnormal births. Ever since, the use of this tool has been central to explanations

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of the decline of the midwife, although bodies have been somewhat neglected.

Since the overwhelming majority of births were normal, the question arises, how did an instrument designed for facilitating abnormal births make so much difference to the conduct of normal births? It has been suggested that the forceps broke the association of the obstetric surgeon with death but Wilson shows that the use of this tool was hotly contested, not only by critics of man-midwifery but also by men-midwives themselves. Two other instruments developed by the Chamberlen family, the vectis and the fillet, had their supporters and there were those who believed that the use of instruments should be kept to an absolute minimum. Moreover, some prominent men-midwives believed that the main task was to improve the training of midwives rather than to supplant them. Examining the midwifery practice of physicians and surgeons in London, Wilson demonstrates that there was a division between Tories, who endorsed the instruments, and Court Whigs, who avoided them. As with every technical innovation in early modern England, the debate was highly politicized. It also had a geographical component, with vectis practitioners working in the City whereas forceps practitioners and their Deventerian opponents worked in the West End and Westminster.

Wilson explains this division by the different practices of the two groups. Tory men-midwives who used the forceps saw a higher proportion of abnormal births because they were called to assist midwives in difficulty. The Whig practitioners in more fashionable parts of the metropolis established, in collaboration with midwives, a practice with a far higher percentage of normal deliveries. This political division continued from private practice into the lying-in hospitals set up around 1750, which were mainly served by midwives and Whig opponents of the forceps. These hospitals trained skilled midwives and acted as models for the collaboration between midwife and male practitioner. However, the emphasis on skill rather than the collective ceremony of childbirth was an element in the undermining of the

midwife's pivotal social role. Wilson provides a suggestive chapter on the changing social aspirations of literate ladies, arguing that the same processes that produced women novelists and a relatively leisured readership encouraged the decline of the midwife by dividing women's culture. Employing a man-midwife was an act of conspicuous consumption and an expression of affluent women's freedom from humdrum domestic labour.

This book does not offer a simple explanation to those who wish to see the rise of man-midwifery either as a patriarchal plot or as the triumph of medical science over ignorance. Either or both may be true but such explanations fail to identify why obstetric surgery was transformed into man-midwifery in England rather than elsewhere. *The making of man-midwifery* shows the complexity and contingency of the changes involved and sets them firmly in their cultural context. It should become a standard work for medical history, women's history, and the social history of early modern England. It also suggests fresh lines of enquiry. Was this division between Whigs and Tories created or fostered by theological and cultural differences over attitudes towards Nature? How did their differing ethics and presentation of self affect this issue? Was the context of provincial man-midwifery closely linked to metropolitan conflicts or largely local in character? Who were the midwives of eighteenth-century London and how did recruitment into midwifery and women's networks change? It is to be hoped that this invaluable book will inspire further research into these topics merely touched upon here.

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Harold D Langley, *A history of medicine in the early U.S. navy*, Baltimore and London, Johns Hopkins University Press, 1995, pp. xix, 435, illus., £41.50 (0-8018-4876-8).

Naval historian Harold D Langley has exhaustively culled archival sources from 1794