

cleaning up the houses and streets under their charge. This emphasis upon the amelioration of mortality extended to the occupational categorization adopted in the published reports on the successive decennial census of the second half of the nineteenth century. Classes were defined in terms of the materials with which and the manner in which people worked. There was no attempt at an economic analysis based on a hierarchy of incomes or on control over the workplace. Indeed, the distinctions between masters and men, and between workers and dealers were but poorly treated by the Census classification.

Eugenicists, such as Galton, wanted class analysis to demonstrate that the unfit were reproducing too quickly and swamping the contracepting elite. The General Register Office consistently sought to thwart the use of official statistics in support of such a hereditarian model. Stevenson, instead, reconceptualized the social hierarchy as based on rationality not inheritance. Placing professionals, rather than the aristocracy, at the top, and then dividing the working class by levels of skill, an altogether more optimistic picture was presented of a lag between top and bottom rather than of an accumulation of degeneration at the base, and of a progressive future in which the whole working class could invest in its children to raise the overall level of skill.

This is an audacious work and requires such detailed review that this short note can do little more than commend it to demographic, medical and intellectual historians.

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Irving Loudon (ed.), *Childbed fever: a documentary history*, Diseases, Epidemics, and Medicine series, New York and London, Garland Publishing, 1995, pp. xvii, 224, \$43.00 (0-8153-1079-X).

The modern emphasis on the contextualization of knowledge and the importance of practice has meant that collections of primary texts have rather gone

out of fashion in recent years. Against this trend, Charles Rosenberg has initiated a series of "documentary histories" of diseases; Barbara Rosenkrantz edited the first collection on tuberculosis and Irvine Loudon now follows with a volume on childbed fever. The series aims to develop further the approaches used in the influential *Framing disease* collection, especially taking disease entities as a focus to bring together "intellectual and social history" with studies of the "changing configuration of problems of management, potential stigmatisation or sympathy for sufferers, and clinical understanding" (p. xi). Childbed or puerperal fever is a subject that is long overdue for sensitive discussion, as its history has been dominated by hagiography, especially of the lives and work of Alexander Gordon, Oliver Wendell Holmes and Ignaz Semmelweis.

Loudon's introductory essay provides an excellent account of changing views on the nature, sources and management of the disease, as well as a critical commentary on its historiography, especially the curious status of Semmelweis. However, the great value of the introduction is the way in which, using Rosenberg's schema of "configuration", "contamination" and "predisposition" developed for the explanation of epidemics, Loudon links childbed fever to the wider history of fevers and contagion. The selected texts include publications by Gordon, Holmes and Semmelweis, but the bulk of the documents are rightly by practitioners who are not, and were not, seen as innovative or prescient. These sources reveal the thinking of ordinary practitioners, and show how professional, social and personal concerns ran together in their attempts to understand and control one of the most emotive of diseases. Loudon's introductory comments to each document, which are models of compression, explain the choice of source, place the author and document in context, and offer guidance on "reading". The overriding impression from the collection is of continuities and the unevenness of change. For example, antisepsis and sulphonamides, that Loudon has shown elsewhere to have had a marked impact on

maternal mortality, were initially promoted as additions to existing practices rather than major innovations. The volume also provides a wonderful resource for anyone teaching the history of germ theories of disease.

The documents from the period 1850–1904 (chapters 10–16) first show pre-germ ideas and then how bacteriological understanding was adapted into existing frameworks often with little change, for example, germs arising spontaneously as poisons, or invading the body as manufacturers of chemical poisons. Interestingly, no one seems to have reflected on the unsexing of childbed fever by bacteriology, as the disease changed from one seemingly specific to women in the puerperal state, to just another form of septic infection. Most of the documents are on the causes and prevention of childbed fever, but there were other issues, not least the pathology and nosology of the disease. Indeed, until the 1880s aetiology was not a major interest of clinicians who worried more about whether childbed fever was local or systemic, whether it was specific or a peculiar form of sepsis, whether it was a zymotic fever, and what all this meant for the management of cases. The question of treatment in this century is covered in the two documents by Leonard Colebrook, both published in 1936. The second of these is the now famous paper on sulphonamides that he published with Maeve Kenny, but the first is a revealing review written only weeks previously which shows the state of clinical thinking and practice immediately prior to the antibiotic era. Colebrook shows that despite having detailed knowledge of germs and their actions, clinicians were still striving to make antisepsis and asepsis effective, and that he at least believed that the best hope of reducing maternal mortality lay in producing immunity with preventive and therapeutic vaccines. Sources such as these remind us of the different trajectories clinicians and researchers have followed, and also allow counterfactual reflection on how childbed fever would have been framed had there been no germs, no antisepsis and no antibiotics.

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Charlotte G Borst, *Catching babies: the professionalization of childbirth, 1870–1920*, Cambridge, Mass., and London, Harvard University Press, 1995, pp. xi, 254, £25.50 (0–674–10262–2).

Women's experiences of childbirth have altered radically over the past hundred years. At the turn of the century the overwhelming majority of mothers delivered their babies at home with the attendance of a midwife. By contrast, today most births are supervised by a specialist obstetrician in a hospital. What has caused this change has been a matter of great historical debate in recent years. Focusing on the United States in the early twentieth century, where the shift took place earlier and more rapidly than in many other westernized countries, Charlotte Borst offers a refreshing insight into these questions.

Taking four counties of Wisconsin as case studies, Borst links the disappearance of the midwife and the rise of the specialist obstetrician and hospital births with changes in the training and practice of midwifery. She argues that despite the increase in formal midwifery training by the end of the nineteenth century, the professionalization of midwifery was severely limited. This she attributes to a number of factors. Much of the problem stemmed in part from traditional cultural and gender restrictions, which were more acute in the case of midwifery than in other female-dominated professions. Unlike nurses, for instance, who were predominantly young and single and regulated their own training schools and standards of practice, midwives, who were usually married women with strong familial responsibilities, lacked the time and power to control midwifery training and registration. Moreover, midwives tended to see their work in entrepreneurial terms as an extension of their many traditional domestic skills and mutual aid, and thus lacked the motive to professionalize.

By contrast with midwives, the move towards professionalization was much stronger among physicians. As Borst and others have shown, childbirth played a pivotal role in the