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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

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to 1842 in order to produce this comprehensive account of medical aspects of the early U.S. Navy. His principal sources are those familiar to any historian of a government bureaucracy—official correspondence regarding complaints, accusations, petitions for promotion, ship inventories, and pension allotments. Private letters, diaries, and trial reports supplement this rich trove of detail, and provide the author with many individual stories of bravery, injustice, competence, and debauchery. Yet this very richness in part betrays the author, for he is prone to get lost in these tales, and after recounting a string of such vignettes, moves on without drawing conclusions about the era under discussion as a whole. There are many trees sketched with fascinating detail, but the forest remains amorphous.

Langley begins his story in 1794, when the Federal government first commissioned frigates for a “proto-navy” and assigned surgeons to them, and ends it in 1842, when the navy was reorganized into five bureaus, including the Bureau of Medicine and Surgery. He recounts the major points of growth for the navy, and hence its medical department, in between—the quasi-war with France in the 1790s, the struggle against the Barbary pirates that followed, the War of 1812, and drive in the 1820s and 1830s to reform the navy and its medical corps. His account of the origin of the Marine Hospital Service, the first federal health care programme in the United States which covered the civilian merchant marine, is one of the most detailed and insightful that this author has seen. It is unfortunate that the parallels between its story and that of the naval medical system are dropped soon after they are raised. Indeed, the early professionalization of the naval medical corps after the War of 1812, with its exams, degree requirements, and higher pay, is a remarkable fact that is best appreciated by contrast with the Marine Hospital Service (which reached this level only in the 1870s) or the feeble efforts at reform postulated by the fledgling American Medical Association in the late 1840s. Langley’s evident lack of familiarity with American

medical historiography outside the field in naval history limits his ability to make these comparisons, and draw interesting conclusions from the wealth of detail which encumbers this book.

There is little grasp of nineteenth-century medical theory evident in Langley’s discussion of therapeutics and etiological thought. At some points he feels the need to challenge the accuracy of contemporary assertions (as when, on p. 56, he wonders whether the “fire damp” and “carbolic acid” which formed in the holds of ships really did cause disease) and at others he accepts his primary sources’ explanations as “true” (as when, on p. 324 he equates “biliary colic” with the state of having an “accumulation of bile in the intestines”). Such presentism keeps him from fully understanding the miasmatic theory of disease, and its importance in designing ventilation systems for ships.

This book will be useful for any scholar interested in its subject because of the wealth of documentation and archival guidance that it provides. There are interesting threads which occasionally emerge, such as the path to professionalization or the responsibility of the federal government to provide health care, but they need another hand to gather them up, and weave them into a larger picture of medicine, federal organization, and the military during this fascinating period.

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Martin Dinges and Thomas Schlich (eds), *Neue Wege in der Seuchengeschichte*, Medizin, Gesellschaft und Geschichte, Beiheft 6, Stuttgart, Franz Steiner, 1995, pp. 251, DM 74.00 (3–515–06692–6).

For the past two decades, historians have intensified their studies of epidemics. While this genre has a long history stretching all the way back to Thucydides’ classic description of the Athenian plague, it would be fair, however, to credit William H McNeill’s popular—albeit frequently speculative—*Plagues and peoples*