

Book Reviews

ANGUS McLAREN, *Reproductive rituals*, London and New York, Methuen, 1984, 8vo, pp. viii, 206, £5.95 (paperback).

TEIZO OGAWA (editor), *History of obstetrics* (Proceedings of the Seventh International Symposium on the Comparative History of Medicine—East and West), Tokyo, Division of Medical History, Taniguchi Foundation, 1984, 8vo, pp. viii, 283, illus., [no price stated].

ANN OAKLEY, *The captured womb. A history of the medical care of pregnant women*, Oxford, Basil Blackwell, 1984, 8vo, pp. x, 351, illus., £17.50.

Between them these three books survey changing attitudes and practices with regard to reproduction and childbirth, in East and West, over the last half millennium. Their authors have one issue in particular uppermost in their minds: the relationship between lay-oriented notions of good health and, on the other hand, the onward march of professional and scientific medicine.

The main theme of McLaren's account, which is chiefly confined to the England of "the world we have lost", is that common people traditionally aimed to exercise extensive control over their own fertility, and had some real success in doing so. In order to prevent excessive baby-bearing, they had to resort to magical remedies, but chiefly made use of the contraceptive properties of lactation, or, in the case of unwanted pregnancies, herbal abortifacients. But it was barrenness and impotence which were perhaps the most troublesome problems, and McLaren has a valuable chapter surveying the range of medical, herbal, and magical aphrodisiacs commonly deployed. Means both to promote and to prevent conception alike hinged upon a popular physiology of the womb. This presupposed that pregnancy generally ensued only after mutual orgasm between the partners (for orgasm released the male and female seminal fluids whose mixing was supposed to produce fecundation). This vernacular doctrine of the body and sexuality thus viewed women as naturally and properly no less sexually active than men (though it could carry unfortunate consequences for women too: for instance, in rape cases the pregnancy of the alleged victim seemed to tell against her claim to have been taken against her will).

McLaren argues for a historical sea-change from the eighteenth century in which traditional popular control of fertility gradually gave way to medical intervention and regulation. One instance of this shift was provided by the new scientific and medical embryology of the Enlightenment which denied the need for female arousal or orgasm for conception to occur. By consequence, becoming pregnant came to seem less a matter of participation by both partners, less within their mutual control, and more the inexorable consequence of the laws of embryology. Another was the outcome of the new infanticide legislation of 1803. While liberalizing the law on infanticide to bring it in line with court-room practice, this statute effectively criminalized abortion for the first time, and took "expert witness" standing in abortion cases out of the hands of women and familiars (with whom it had traditionally rested) and handed it over to the medical profession. By steps such as these, fertility control was gradually to become an area captured by medical men.

This theme of medical appropriation is absolutely central to *History of obstetrics*, which comprises the Proceedings of the 7th International Symposium on the Comparative History of Medicine, East and West, sponsored by the Taniguchi Foundation. In a series of essays, Mireille Laget (looking at France), Jean Donnison (examining England), Judith Walzer Leavitt (taking America), and half a dozen Oriental scholars (Kan-Wen Ma, Kazuko Miyazato, Teizo Ogawa, Kiyoshi Oshima, Yasuo Otsuka, Shizu Sakei, and Dorothea Sich) examining Japan, Korea, and Thailand, trace the demise of traditional birthing practices (all women-dominated) and the substitution of modern medicalized obstetrics, almost always man-controlled, and increasingly hospital-based. Donnison's and Leavitt's essays tend to see the process as the appropriation by men of a woman's domain, whereas the Oriental scholars are more inclined to place their emphasis on the health gains for mother and child which the transformation wrought.

Book Reviews

Such topics readily lend themselves to sterile presentist polemics (witness the controversy stirred up recently by Edward Shorter's *A history of women's bodies*). Hence it is specially pleasing that Mireille Laget, in her survey of birthing practices in Enlightenment France, eschews indignation and poses a key historical question. Noting the degree of pluralism then prevailing in approaches to childbirth, she begins to examine how women themselves made choices as to method and type of practitioner when coming to plan their lyings-in. The rise of the man-midwife, she suggests, may not have been the death-blow to client choice, but may instead have extended the range of options. It may be worth noting here that several of the Oriental scholars confirm the suggestion recently made by Shorter and Adrian Wilson, that traditional all-women birthing practices, centring on the midwife, were commonly experienced by the mother as more interventionist and brutal than the practices of the newer male obstetricians.

Ann Oakley's book encounters a similar paradox. Through an admirably researched empirical study of the rise of antenatal care in Britain from the late nineteenth century (her subtitle is grossly over-inflated), she shows how traditional, community-centred, women-oriented pregnancy care steadily gave way to a more medicalized, more bureaucratic approach—sometimes degenerating into the “assembly-line”—dominated by male obstetricians, and focused upon the hospital and the clinic. Oakley notes that this shift did indeed produce improvements in health (though she queries exactly how far medical science has been responsible for the more general improvement of the health of pregnant women this century). But her case is that the motor for changing practices came less from a concern with women's health than from a desire to control their bodies and life-styles (hence the provocative title, with its “captured womb”). But this interpretation of the rise of antenatal services as a tactic in the social control of women is fraught with difficulty. This is in part because the impetus for the movement came more from articulate women's pressure groups than from the medical profession (largely sluggish and indifferent)—it was women themselves who wanted the medicalization of pregnancy; and in part because the kind of women (i.e., “feckless” working-class women) whom patriarchy, one supposes, would most seek to control, are precisely those who, by choice, have always remained least affected by antenatal services.

Two important conclusions are suggested by these stimulating and original books. First, it is clear that medicine is never just about medicine. Questions of health and morbidity are impossible to separate from their cultural, social, sex-specific, and political matrices. These dimensions are greatly illuminated in all these studies. Second, it is crude to view “medicine” as an alien force intruding on to people from outside or from above. There have been popular medical cultures as well as professional medicine, and the relations between them are rarely those of warfare, conquest, and appropriation, but more often ones of integration, choice, or hegemony. The cases of fertility control, childbirth, and antenatal care all show the great and continuing role of the client, the patient, in shaping the emergent pattern of medical action.

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IAN INKSTER and JACK MORRELL (editors), *Metropolis and province. Science in British culture 1780–1850*, London, Hutchinson, 1983, 8vo, pp. 288, £17.50.

This is an excellent collection of essays showing us the direction in which the social history of science is moving. It is introduced by Ian Inkster with a thoughtful disussion of the issues raised by the various contributors.

The heyday of the grand explanatory schemes of the development of science has long gone, and the single-factor explanations of a Marxist economic kind are now unfashionable. The study of past science has become fine-grained and differentiated, distinguishing between individual branches of science (not always sufficiently yet), between different countries, regions, centuries, even decades, and, as in this volume, between metropolis and province. The “lumpers” of the past have been thoroughly routed by the “splitters” of today. Not