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sometimes with intolerable side effects” (p. 193). Neuroscientists at work on the question had brought forward various suggestions that the basic problem was likely to be in the dopamine neurotransmitter system. And this eventually resulted in evidence that suggested that the dopamine effect being observed was due to a hypersensitivity of the dopamine receptors in the basal ganglia rather than to excessive production or transmission of dopamine.

And there are other interesting themes here. For one, this disorder has served as an arena for arguments about free will versus biological determinism: did a patient have any choice in the matter of ticcing or cursing, or was the behaviour involuntary? Another was the recurrent indication that a patient was not being listened to or was being heard only through the filter of the medical biases of the moment.

Then there was another whole story in its own right: the emergence of the Tourette Syndrome Association and related organizations. Beginning in the 1970s, these organizations of patients, families, and interested others worked to provide support to sufferers and their families, organized publicity, provided information, undertook fund-raising, and supported research. They were a vital, catalytic force in the recent history of this disorder.

In conclusion, Howard Kushner has done a fine job of meshing the concerns of the social historian with the internal history of a medical condition. He has nicely integrated the data from medical knowledge with that from patients’ experiences and that from sociocultural influences. In the process, he has implicitly illustrated the value of a historian troubling himself or herself to acquire a good grasp of the medical materials germane to the topic under historical investigation. This is a singularly valuable book.

Stanley W Jackson,
Yale University

Gertrude Jacinta Fraser, *African American midwifery in the South: dialogues of birth, race, and memory*, Cambridge, MA, Harvard University Press, 1998, pp. x, 278, £24.95, \$39.95 (0-674-00852-9).

The “midwife problem” preoccupied public health reformers in the early twentieth-century American South. Home births attended by midwives—apprenticed-trained, often illiterate, and mostly black—were the norm for impoverished southern women. Reformers attributed high maternal and infant mortality rates to the social and economic barriers that kept these women from delivering in modern, sanitary hospitals under the physician’s guidance. Unable to approach this ideal in the 1930s, southern public health officials compromised by creating mandatory midwife training and certification programmes. Midwives learned to treat newborns’ eyes to prevent blindness, and to fill out birth certificates properly. Official training curriculums stressed cleanliness, including of the birthing surface, the midwife’s clothing, and the scissors used to cut the cord. Herbal and magical interventions were forbidden, as was the performance of vaginal examinations. In the face of these requirements many midwives ceased to practice, and the occupation fell off among the younger generation. Whereas a majority of southern babies were born in the presence of a midwife during the 1930s, she was a rare childbirth presence thirty years later.

Gertrude Jacinta Fraser approaches this subject with the eyes of an anthropologist. After choosing a county in southern Virginia as her field of research, she interviewed African Americans there during the mid-1980s. Fraser admits that she hoped and expected “to hear strong praise for midwives and denunciation of the forces that pushed them to the margins”, an ambition that “sometimes threatened to get in the way of the stories that informants wanted to tell” (p. 262).

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Fraser's early chapters tell the familiar story of the "midwife problem" as conceived among southern public health officials in the 1920s and 1930s, drawing heavily and appropriately on the existent historiography. The later chapters turn to her interviews, the most original and interesting part of the book. What do living African Americans remember about the transition from the midwife-assisted home birth to the doctor and the hospital? Apparently, Fraser found far less information in her interviews than expected. She points out her own surprise that her interview subjects appeared embarrassed by the topic itself, and even more so by the idea of discussing it with herself, a young, unmarried woman. Further, far from accepting the author's valuation of black midwives, many of her subjects were reluctant to admit they had been attended by these women. It was a mark of shame, of poverty, of backwardness, of ignorance.

Throughout Fraser laces her tale with sophisticated and fascinating analysis of the body and its meaning, of concepts of impurity and racism, of the balance of power and knowledge. Her account is rich in its nuanced description of all of childbirth's stages, from the prenatal period to the time of "reentry" into ordinary life. Overall it is clear that Fraser wants to find that her midwives had a strong, traditional, and efficacious knowledge of healing and childbirth, a motherwit that was every bit as valuable as the "scientific medicine" that triumphed over it, but she ultimately lacks the data to make this argument.

Much of Fraser's account echoes older historiography by emphasizing the aspects of oppression and, in this case, racism, that were involved in the twentieth-century transition in the midwives' role. Although admitting that African American women welcomed the opportunities offered by a hospital birth, including anaesthesia, Fraser ultimately sees these women not as making informed choices, but as dupes of the medical establishment that has robbed them

of their heritage. One suspects that romantic sentimentality for the midwife and her culture has blinded Fraser to the hard realities of the "old times" and to the improvements that modernity has brought to southern African American women.

Margaret Humphreys,
Duke University

Charlotte Furth, *A flourishing yin: gender in China's medical history, 960–1665*, A Philip E Lilienthal Book, Berkeley and London, University of California Press, 1999, pp. xiv, 355, illus., £35.00, \$45.00 (hardback 0-520-20828-5), £12.95, \$17.95 (0-520-20829-3).

Charlotte Furth's work consists of two major sections. Chapters 1 to 6 set out the textual history of Chinese medicine from the tenth to the seventeenth century, with emphasis laid on the way women and their bodies were viewed, described and prescribed for in the *fuke* or "women's medicine" sections of the major medical books. This part of the work holds few surprises, although Furth describes the growth during the Ming dynasty (1366–1644) of popular medical publishing, bringing medical knowledge into the home, and out of the realm of theory. Wu Zhiwang, a Yangzhou magistrate, compiled a guide to women's medicine, "To Benefit Yin", a work of such practical clarity that the blurb on the cover of the 1665 edition boasted, "Not only doctors but . . . ordinary gentlemen can put a copy on the shelf for household use".

The most interesting chapters in the book, and those which move beyond the fairly well-trodden path, are those where Furth translates at some length from the experiences of Cheng Maoxian of Yangzhou, a sixteenth-century "literati physician practicing in obscurity", from the