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

struggle of medical practitioners to assert their new authority as scientific professionals between 1870 and 1930. The shift towards the hiring of physicians rather than midwives, however, had little to do with an improved scientific training of physicians. As Borst points out in the case of Wisconsin, medical school training in childbirth was often no more "scientific" than, and indeed was frequently inferior to, the education offered to midwives. Furthermore, many of the first physicians attending maternity cases "were rural physicians, who practised in places that never built institutions, such as hospitals or medical schools, that would come to define the essence of scientific, laboratory medicine in the twentieth century" (p. 6). As Borst points out, many women's acceptance of the male physician attendants in the birth chamber and the scientific ideals that they brought with them was linked to the fact that these men were familiar, powerful figures in the community who, like midwives, shared the ethnic background of their patients.

In the final part of the book Borst shows that issues of gender and culture were just as important in the rise of the specialist obstetrician. Many of the first doctors to specialize in obstetrics gained their reputations by building large practices through their communal connections and by reliance on the traditional face-to-face relationships expected between doctors and patients. By comparison with these specialist doctors, the later hospital-based obstetricians achieved their professional status not through communal and cultural ties but rather through their institutional ties and academic affiliations. By the 1920s most births were taking place in hospitals, and even small rural communities were building hospitals to accommodate maternity cases.

For anyone interested in the professionalization of medicine and the rise of obstetrics in childbirth Borst's book provides much food for thought. Using census material and a host of other quantitative and qualitative data, her study not only provides a rich account of the changes in midwifery and obstetric training but also highlights the importance of looking at local communal and neighbourhood networks in shaping the acceptance of "scientific" ideas in medicine and determining the types of birth attendant.

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Olwen Hufton, *The prospect before her: a history of women in western Europe, volume one, 1500–1800*, London, HarperCollins, 1995, pp. xiv, 654, illus., £25.00 (0–00-255120–9).

At present many multi-volume histories of women, electronic and issued in conventional print and construed as distinct from *medical histories of women*, are in various stages of progress. Time will reveal their distinction by (1) the gender model used, (2) the quality of performed research, and (3) the narrative clarity of their prose presentation; these three much more so than any fashionable post-modern ideology or cries for presentist attention. Olwen Hufton's first of a multi-volume series is thoroughly admirable on all three counts, especially when she writes: "above all, my aim is to integrate any experience that was defined by gender into the wider social and economic framework, a specific material world, and one in which ideas about gender were only one thread in an entire web of beliefs" (p. 5). Medicine was also only one.

Hufton's gender model is comparative (women *in relation to* men); and it is because her concept of both genders is so thoroughly balanced that she understands the strengths and weaknesses of both sexes. Her breadth is impressive in surveying women over three centuries (1500–1800), covering most aspects of their lives from cradle to grave and canvassing the vast body of contemporary scholarship beyond Anglo-American confines. She reads many languages and in particular possesses a sympathy for middle and southern Europeans rare among Anglo-American historians. Her bibliographical essay, arranged alphabetically by subject into dozens of useful lists, is an invaluable addition to her narrative. My comments here are limited to *medical* content