

and science of anaesthesia, but to his surprise many women did not want his help, and many midwives, also, thought that analgesia in obstetrics was an unnecessary intrusion. This book is the result of his attempt to understand and explain why.

He has divided it into three parts. The first five chapters deal with the history of pain management in childbirth from the beginnings of general anaesthesia in 1847. They incorporate a lively account of James Young Simpson's (1811–1870) and John Snow's (1813–1858) contributions, and end with the growing concern about the placental transmission of drugs. The next five consider the social reactions to childbirth, ranging widely over cultural and religious attitudes to pain, and including an analysis of movements which tried to effect improvements in the provision of obstetric analgesia, the short-lived National Twilight Sleep Association in America, the National Birthday Trust and the campaigns of Grantly Dick Read in Great Britain. The final two chapters discuss the interaction between the scientific approach of the doctor, and the social, economic, political and personal considerations which colour the outlook of the patient.

Dr Caton tries to relate the provision and acceptance of pain relief to a change in attitude, scientific and social, during the past century. His evidence is an increasingly humane approach to certain social problems, but even in Victorian times there were what we today call single issue groups. Thus Thomas Wakley was greatly concerned by the brutality of punishment in the Armed Forces, but not at all happy when Queen Victoria received pain relief in labour.

The author paints in broad sweeps, which have a tendency to blur the timescale and obscure the facts. For example, according to the accepted authorities, Sertürner did not isolate morphine and codeine in 1809, Pravaz did not invent the syringe, oxygen and carbon dioxide were not discovered in

the early nineteenth century, Lucy Baldwin was not a Countess in 1927, and if there is any evidence that John Snow and Benjamin Ward Richardson (1828–1896) were prominent in the animal rights movement in the first part of the nineteenth century I would love to know what it is. Simpson is accused of not providing any evidence for his claim that mortality during labour was principally related to its duration and the degree of suffering, whereas in fact he collected figures, which were copied into the notebooks of his students, which showed a dramatic relationship, rising to 1 death in 6 when labour lasted more than 36 hours. Similarly the mortality rate for babies born within the first 24 hours was 1 in 35, and for those born after that time 1 in 2½. One turns to the notes and references for enlightenment about certain statements and their sources, but unfortunately they are generally lumped together paragraph by paragraph, and the reader is left to sort their specific relevances.

Much as one would like to, it is difficult because of its inaccuracies to recommend this book unreservedly in its present state, even to the lay reader, at whom it appears to be aimed.

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Frank Dikötter, *Imperfect conceptions: medical knowledge, birth defects, and eugenics in China*, London, C Hurst, 1998, pp. x, 226, illus., £25.00 (1-85065-331-3).

Much has been written in the West about China's oppressive "one-child" policy—an unprecedented attempt by a state to control the quantity of its people. Little attention has been focused, however, on China's concurrent attempt at controlling the "quality" of its people. These efforts

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culminated in the 1995 Maternal and Infant Health Law, which stipulates that all men and women applying for a marriage licence must undergo a thorough medical screening. The law is, in effect, a lightly veiled negative eugenics policy, since it holds that those individuals deemed unfit for reproduction must either be sterilized or compelled to remain celibate.

Imperfect conceptions is essential reading for anyone who wishes to understand the historical and cultural currents behind China's contemporary eugenics programme. In this crisply argued study, Frank Dikötter breaks free of the cultural essentialism that typifies much of the field of sinology, and instead approaches China as an integral part of the modern world. Rather than find the basis for tyrannical state policies in a distinctly Chinese Confucian past, Dikötter places the bulk of the blame on forces closer to (our) home: namely imperialism, science, and modernity. While traditional medical theories and Confucian patriarchal structures may have shaped certain assumptions about reproduction in China, it was the fear of racial/national annihilation at the hands of the West that ultimately created a state capable of controlling the most intimate aspects of family life.

Dikötter begins his study with an engaging and informative survey of medical literature relating to sex, conception, and birth defects from late imperial (early modern) China. Men were encouraged to practise sexual self-restraint so as to preserve their *yin* energy, thereby guaranteeing the production of healthy, well-formed children (preferably sons). Women were the guardians of fetal well-being, and texts stressed a balance in food, activity, and emotion for the mother-to-be. The largest unit to which individual interests might have been subordinated was the lineage, with its desire for a continuous line of male heirs. Dikötter makes it very clear that these Confucian pressures, though

formidable, could not be compared to the interventions women would face in the modern period.

The first sea-change in China's approach to reproduction occurred in the Republican era (1911–1949), the focus of Dikötter's second chapter. Western imperialism helped dislodge the holistic cosmology of the imperial period, leaving conception and monstrous births to be explained through the powerful (but often only vaguely understood) language of science. At the same time, imperialism helped give rise to a new, more powerful set of collective interests centred around the concepts of "race" and "nation". By the end of the Second World War, the cultural stage had been set for the emergence of an actual eugenics policy: all that was needed was an efficient, powerful, modern government to enforce it.

The last chapter of *Imperfect conceptions* considers China's contemporary regime. Although eugenics was criticized during the early years of the PRC, the post-Mao period has seen the re-emergence of eugenics advocates, many of whom express concern about the growth of "less desirable" physical material among China's peasant population. This striking anti-peasant sentiment is absent from Dikötter's presentation of the late imperial and Republican periods: one wonders how China's elites became so horribly prejudiced in so little time. Were there some positive ethical elements in the Confucian tradition (or even in the recent Maoist past) that mitigated the intensity of such sentiment? Other questions linger about the actual enforcement of eugenics policy in the chaotic world of post-Deng China. Given the sources available to us, it is perhaps easier to find evidence of tragic deeds than to detect glimmers of conscience and compassion. *Imperfect conceptions* raises prescient questions that can be answered only with continued monitoring of the situation within China as it unfolds. The work forms a superb basis for further

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exploration of China's reproductive past, and should be read by anyone who seeks to understand the controversy over human rights in China today.

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Nina Rattner Gelbart, *The king's midwife: a history and mystery of Madame du Coudray*, Berkeley and London, University of California Press, 1998, pp. xi, 347, illus., \$35.00 (0-520-21036-0).

Madame du Coudray was one of those "lost" heroines, neglected by historians in spite of several decades of feminist scholarship. She has been rediscovered by Nina Gelbart who has written a fascinating account of the career of this leading eighteenth-century midwife and her medical mission to spread childbirth education throughout France. Gelbart also tells her own story of retracing du Coudray's journey and consulting more than 1,000 documents over a ten-year period in order to reconstruct the midwife's odyssey.

After beginning her career as a midwife in Paris in the 1740s and then spending ten years in Clermont perfecting her skills and planning her strategy, Madame du Coudray began her mission in 1759 when Louis XV commissioned her to travel throughout France teaching childbirthing skills with the goal of saving babies for the state. Part of the Ancien Régime's statist approach, du Coudray's programme was one response to the perceived depopulation problem. Armed with her text, the famous *Abrégé de l'art des accouchements* (1759) and her unique "machine", a life-sized obstetrical mannequin, du Coudray taught over 10,000 students over a thirty-year period.

Du Coudray was the consummate

strategist, negotiating her way through a maze of physicians and surgeons, bureaucrats, students, and patients. She never married, even though she took the title "Madame", and she had no children. With few domestic obligations, she gave free rein to her professional ambitions. Politically astute, she had connections both at court and among provincial political leaders. Within a few years she succeeded in gaining a yearly stipend from the king of 8,000 livres—equal to that of a decorated military general.

In spite of her accomplishments, du Coudray is no feminist hero. She was not an advocate for females. She did not emphasize her gender, but rather assumed she was the equal of males. She accepted the status quo and worked within the system, all the while seeing herself as a man of action. A vehicle of science and progress, du Coudray presented herself as an expert authority. Gelbart portrays her as a woman in charge, planning her strategy, charting her career trajectory. She was an exceptional woman, in no way representative of ordinary women. Given her attitude, skills, and her system of patronage, du Coudray defied the marginalization of women which was taking place in midwifery circles.

When du Coudray and her entourage arrived in a town, she sometimes aroused resistance from local authorities and midwives. She was an outsider, a medical colonizer, interfering with established childbirthing practices, which had been passed down from generation to generation and whose practitioners inspired confidence in local women. She medicalized and mechanized birth, referring to the mother as "the patient", and employing her "machine" as her principal teaching aid. Gelbart portrays du Coudray's mission as an infusion of modernity into a pre-modern world of stories. Du Coudray was an expert, disseminating modernization throughout the provinces.

Du Coudray exemplifies the technocratic