

volume—a minor irritation, but an odd convention in an edited volume where separate chapters are likely to be consulted.

None the less, this is a most useful addition to the historiography of illegitimacy, which investigates creatively the prevalence of and responses to illegitimacy in the modern period, subjects some commonly accepted themes to rigorous investigation, and draws out new conclusions on the mobility, strategies, and experiences of parents of illegitimate children.

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**Jürgen Schlumbohm and Claudia Wiesemann** (eds), *Die Entstehung der Geburtsklinik in Deutschland 1751–1850: Göttingen, Kassel, Braunschweig*, Göttingen, Wallstein Verlag, 2004, pp. 144, illus., €19.00 (paperback 3-89244-711-X).

The first academic lying-in hospital in Europe was opened in Göttingen in 1751. This collection of essays commemorates the event while putting it into a German perspective. Claudia Wiesemann states quite rightly in her introduction that there can be no doubt that the medicalization of birth had its origin in the establishment of lying-in hospitals in the second half of the eighteenth century. The small university town of Göttingen in northern Germany took the lead. The founding of a lying-in hospital there was part of a policy of the kingdom of Hanover, on the one hand, to attract medical students to its new university while competing with Prussian universities, on the other, to provide care for unmarried pregnant women, thus reducing the number of infanticides. Teaching young doctors in obstetrics was just another aspect of bedside teaching which characterized the reform of medical education in the age of Enlightenment, as Isabelle von Bueltzingsloewen shows in her survey of the development of bedside teaching at German universities in the eighteenth century. The only lacuna of this otherwise concise overview by

a French medical historian is that the seminal book by Christian Probst (*Der Weg des ärztlichen Erkennens am Krankenbett: Hermann Boerhaave und die ältere Wiener medizinische Schule*, Stuttgart, 1973) is not mentioned in the bibliography. Jürgen Schlumbohm, who can be considered *the* expert on the social history of the famous lying-in hospital in Göttingen, provides yet another stimulating essay on the teaching practices and the everyday life in this “total” institution. The second director of this lying-in hospital, Friedrich Benjamin Osiander (1759–1822) was one of the leading obstetricians of his time, admired by his colleagues and feared by his female patients because of his strong liking for the forceps. Forceps deliveries amounted to 40 per cent in this clinic. In other contemporary lying-in hospitals the rate was much lower. In Vienna, for example, it was 4 per cent of all births.

Osiander and his successor were also collectors of embryological specimens and obstetrical instruments, as Christine Loytved describes in an essay which gives not only a brief history of this important collection of artefacts but also attempts to find out more about the use of these historical instruments. This includes the interesting question whether it is possible to trace emotions in the history of perinatal history. Christina Vanja provides a comparative view on the history of lying-in hospitals in Germany by shedding light on the history of the *Accouchierhaus* in Kassel founded in 1763. She raises an interesting point claiming that the female patients in such institutions had motives other than just to escape the usual punishment for fornication. The lying-in hospital was particularly attractive to unmarried pregnant women because it had a foundling hospital attached to it. Vanja’s essay is an example of a recent trend in the social history of medicine which pays particular attention to the demand for medical services. Those who have been regarded as victims or objects of medicalization were not totally powerless; they had in fact their own strategies of getting what they wanted

out of a system intended to control and discipline them.

The final essay in this volume shows that not every lying-in hospital founded in the second half of the eighteenth century was a model institution. The case of Braunschweig makes clear that the success (e.g. low infant mortality rates) depended largely on the academic infrastructure and on the professional interest of those persons in charge of such innovative clinics.

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**Bernadette McCauley**, *Who shall take care of our sick? Roman Catholic sisters and the development of Catholic hospitals in New York City*, Baltimore, Johns Hopkins University, 2005, pp. xiii, 146, \$45.00 (hardback 978-0-8018-8216-6).

This is the story of the work of women's religious orders in setting up a system of health care in New York City in the mid-nineteenth century, and running it successfully for over a hundred years. It is not for the uninitiated in the history of the city, or even those coming for the first time to the worlds of health and women's history.

Starting in the 1840s, by the beginning of the twentieth century, women's Catholic religious orders ran fourteen of New York's non-public hospitals, seven general care institutions, and specialized services for infants and children, women, tuberculosis patients, the aged and the dying. Bed capacity accounted for one quarter of the total supply in the city by 1904.

The first Roman Catholic hospital in New York was founded in 1849 (sixteen years after the first such hospital in the United States), in part in response to increased immigration of Roman Catholics, and a perceived prejudice against them, and visiting priests, in the established hospitals of Bellevue and New York Hospital. Unlike the

majority of specialist hospitals in Britain, St Vincent's (and its thirteen successors in the city) did not spring from the vision of medical men. The Roman Catholic Hospitals of New York City were the products of the vocation of nursing sisterhoods to care for the sick of this rapidly-expanding metropolis. As such, their history forms part of the growing body of work on women's pivotal role in initiating and developing health care in the United States.

Within ten years of the first hospital's foundation, the patient population of New York was "overwhelmingly foreign-born". By 1866, 50 per cent of hospital admissions gave Ireland as their birthplace, and were presumed to be Roman Catholic. It is not clear from this work what percentage of the inhabitants of New York (old and new) were members of the Church, so no conclusion can be drawn about the health profile of the notoriously poor Irish of the growing city, or of that of the German and Italian immigrants who formed the patient population of several of the new hospitals.

The timing of the hospital initiatives was no accident. Roman Catholic nursing sisterhoods had begun to be accepted by the establishment during the Civil War, when the Sisters of Mercy had nursed the wounded of both sides, in spite of opposition from the Church hierarchy and the formidable Dorothea Dix, superintendent of women nurses in the Union Army. It would have been intriguing to discover the *antebellum* attitude of New Yorkers to the sisters, but context for this (and much more) is missing from this slender volume.

Bernadette McCauley refutes the assertion by the contemporary Catholic press that the sisters were resuming a European pre-Reformation tradition of women religious caring for the sick, but were rather in the seventeenth-century model of "active communities". She points out that most of the orders which established hospitals in the city were relatively young, and that the Sisters of Charity (the order that established St Vincent's) had been founded in the United States in the early nineteenth century.