

Book Reviews

E. H. Ackerknecht, arguing that a history of therapeutics would be “the most useful book a medical historian could write”, apologized in the preface to his own work on the subject (1970; English translation, *Therapeutics from the primitives to the twentieth century*, London, Collier Macmillan, 1973) that, owing to ill health, he had to limit himself to an outline of therapeutic principles in internal medicine. He pointed to “the role of fashion”, the connexion between therapeutic activism and conservatism at certain moments in history, and the frequently unpredictable relations between medical theory and practice.

Since then, various authors, like John Harley Warner, have tried to remove the vacuum around therapeutic history by attempting to place therapeutic action within a broader historical context: for example, through emphasizing how a particular therapeutic approach could at times function to satisfy social and emotional needs, or could work to establish prestige and status. The tripod of medical theory, therapeutic principles, and actual practice has slowly put its legs in firmer historical soil. Professor Koelbing, however, has chosen to adopt an older mode of writing in this volume. As he states in his introduction, although “the history of therapy is not only a history of concepts of treatment, pharmacy, and therapeutic operations . . . , the field of therapeutics becomes hard to survey as soon as one enters into particulars”. This he subsequently avoids, instead focusing on therapeutic principles in their relation to general medical theory from ancient Greek to modern times. He concentrates on western medicine, although he allows himself a thirteen-page excursion into traditional Indian and Chinese medicine, comparing their underlying concepts with Graeco-Roman ones. The chapter division follows commonly-used chronological blocks, with the familiar “darkness” of the Middle Ages (eight pages on Arabic medicine, eight pages on occidental therapies at that time). A separate chapter on psychiatric treatment is added at the end of the book. Throughout the work, Professor Koelbing makes use of the Celsian division of therapeutic modes in diet, pharmacy, and surgery, and medical ways of thinking into magico-religious, empirical, and rational.

We are thus guided along the well-known path, illuminated by names of famous men, discoveries, and quotations from medical treatises: from humoral pathology via Galenic eclecticism into the early modern world, with a great turning-point in the nineteenth century, with its “improvements in surgery”, the “rise of bacteriology”, and an even greater acceleration in the twentieth century. As a general characterization, Koelbing observes a “therapeutic optimism” in healers through the ages. In spite of short periods of therapeutic scepticism (France) or nihilism, healers were, in general, self-confident, “the imperturbable self-confidence, that true knowledge never has and never will provide” (as the author quotes Magendie).

The limitations of general introductory works of the “*Grundzüge*” type are well known: it is simply very hard to introduce historical complexity when dealing with 2500 years in 250 pages. But by starting with the names, events, and basic concepts, more historians might be tempted to move on to the difficult network of therapeutical relations.

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JUDY BARRETT LITOFF, *The American midwife debate. A sourcebook on its modern origins*, Westport, Conn., and London, Greenwood Press, 1986, 8vo, pp.xii, 251 illus., £35.00.

From the late nineteenth century to the present, and especially between 1900 and 1940, there has always been a close connexion between obstetricians in Britain and the USA. Each country has known of and been influenced by each other’s contributions to the science of obstetrics. Yet there could hardly have been a greater difference between the two countries in the role of the midwife. For all the Sairey Gamp image of the nineteenth century, there was never in Britain any real prospect of, or desire for, the abolition of the midwife. The strength of the British midwife grew in part from her strong base in the eighteenth century, and in part from the British emphasis on general practitioner/domiciliary obstetrics. Just as important was the close link between midwives, nurses, and health visitors. Therefore, even in the mid-nineteenth century when the midwife was most reviled, all efforts were directed towards her improvement by education, examination and certification, and the permanent place of the midwife was confirmed by the Midwives’ Act of 1902.

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In America, there were a number of praiseworthy attempts to improve the position of the midwife in the early nineteenth century, and an increase in the number of European midwives accompanied the influx of immigrants after the 1880s. Yet the midwives' position was so insecure that they nearly died out as more and more women opted for physician deliveries in hospital. Only recently, since the 1970s, has there been something of a midwife revival, split between the nurse-midwives and the "independent" midwives. The difficulties of the American midwife can be attributed largely to the absence of those very factors which strengthened her colleague in Britain. In America, there was no strong eighteenth-century tradition; no strong link with the nursing profession, although the public health nurses held out a hand in the inter-war years; there was no support from the early feminists of this century, and there was no uniform or Federal certification. Instead, there were wide disparities in the often half-hearted attempts to improve and certify midwives in different states, varying from the moderately successful at one extreme, and at the other the introduction of legislation in Massachusetts (in 1907) and Florida (in 1982) intended, directly or indirectly, to outlaw the midwife altogether. Most of all, however, the tradition of general practitioner obstetrics and deliveries conducted in the home, sank very much sooner in the USA than in Britain, almost taking the independent midwife with it. By the second world war, when only thirty-seven per cent of all deliveries in Britain took place in hospital, some eighty per cent of *urban* deliveries were hospital deliveries in the USA. Home deliveries were almost exclusively confined to the urban poor, especially the black population. Moreover, throughout this century there was the almost total and relentless opposition to the midwife by the American medical profession. With few exceptions, they were set on abolishing all midwife deliveries, even when statistics showed that home was safer than hospital.

This is the bare bones of a complex story which is dealt with in Litoff's introduction. The rest of the book is a valuable collection of papers and reports that influenced or reflected the midwife debate. There is a 1915 paper by De Lee—the Chicago obstetrician, famous for his "prophylactic forceps operation" (1920)—in which he says things about midwives that could make your hair curl. There is a paper (1927) by the marvellous Mary Breckenridge, who set up the Frontier Nursing Service in Kentucky, a service of *nurse*-midwives which achieved near-miracles of obstetric efficiency under the most adverse conditions. This was modelled on the midwife service of the British Highlands and Islands Crown Commission, and highly praised on both sides of the Atlantic. Too little attention has been paid to this remarkable woman whose brilliant autobiography, *Wide neighborhoods* (1952) has now been re-issued in paperback in the USA (Lexington, University Press of Kentucky; reviewed in *Med. Hist.*, 1982, 26: 358–359). These are only two out of eighteen important and fascinating source contributions.

To understand the essence of the midwife debate in the USA from 1800 to 1980 is far from easy; but to do so is to appreciate the breadth of the factors which have shaped obstetric care in the Western world. Those who confine their attention to Britain, or for that matter any other European country, know only half the story; that is why a publication such as this is important for us as well as for American historians of midwifery and obstetric care.

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KENNETH J. CARPENTER, *The history of scurvy and vitamin C*, Cambridge University Press, 1986, 8vo, pp. viii, 288, illus., £27.50.

As I tapped a final key and watched seven (albeit intermittent) years' work on citrus and scurvy emerge from the printer, another Englishman in faraway California was dispatching to Cambridge the corrected proofs of a very much larger work on the same subject. Such are the hazards of scholarship. However, my personal disappointment at being forestalled turned to a very genuine delight when he rushed me an advance copy. I had focused on the early years, from Cabral to Cook. Professor Carpenter has done an immense service to naval, medical, nutritional, and many other historians by reviewing the entire story, from the Age of Discovery right through to Linus Pauling and his recommendations of vitamin C for the common cold, cancer, and even schizophrenia.