

Ornella Moscucci – *The Science of Woman: Gynaecology and Gender in England, 1800–1929*. Cambridge: Cambridge University Press, 1993. Pp. v, 278.

This study, first published in 1990 and now issued in paperback, examines the development of gynaecology largely before 1900 and only cursorily after that date. In the introduction and chapter one, Ornella Moscucci addresses the fact that the patients of gynaecologists are women, but gender is not her main focus. While not denying its importance in the formation of the social order, she argues that the emphasis on gender has displaced “social issues onto a seemingly neutral terrain – the realm of nature” (p. 5). What she intends is to turn the “relationship between the ‘social’ and the ‘natural’ on its head”. As she argues, “in our society, which is perpetuated by the simultaneous operation of class and gender relations, class must be a fundamental category in exploring the medical treatment of women” (p. 5). This focus on class distinguishes Moscucci’s work from much of the literature in the medical field, particularly studies that highlight the way in which women have been treated.

The eighteenth century saw the emergence of the man-midwife in significant numbers. Such individuals used their management of births to extend their area of expertise to include all the diseases of women and children. Moscucci finds the explanation for this in the economic and political situation of the time. Arguing that the strength of a nation was being measured by the size and the health of its population, she maintains that the English became concerned that their population was not increasing fast enough, nor was it healthy enough. The high maternal and infant mortality rates were especially seen as crucial in weakening the country. Men-midwives were in an excellent position (in theory), then, to respond to their nation’s concerns and thus increase their status. Neither did it hurt that their own finances would also benefit.

Between 1730 and 1770, men-midwives were able to weaken traditional dependence on midwives. Some of the historiography has suggested that one reason for this was the access these men had to forceps. Moscucci, however, rejects this, pointing out that, while men were usurping the midwife’s role, they were lessening their use of forceps (although she offers no proof). It was not technology that the men could offer, but “new medical rites masquerading as scientific practices founded on ‘objective’ knowledge” (p. 51). Why was this so appealing? Unfortunately no discussion of this appears.

What Moscucci does discuss very well is how various medical groups within the profession used obstetrics – including it in their area of expertise as a way of expanding their power, or excluding it as being not quite respectable and thus a threat to that power. At times the complexity, the interconnections, and the changes in alignments among the various medical groups can be confusing to the reader. Most will be familiar with the distinctions between physicians, surgeons, and apothecaries, but these divisions in many respects are specious and do not always hold. Complicating matters is the separation of London from the rest of the country. Divisions that make sense in the former do not make sense in the latter. In addition, physicians coming from Scotland had different attitudes to midwifery than their

English-trained colleagues. At times, all three of the traditional groups (physicians, surgeons, apothecaries) ignored the reality of men-midwives with the result that many of these individuals were left as a group apart.

Moscucci does make us aware of the complexity and fluidity of the medical situation in England. For example, some individuals not connected to any of the three traditional groups used midwifery as a way of "progressing" from surgery to physic. First they attended emergency obstetrical cases that were predominantly surgical; as their reputation grew, they gradually attended normal cases, increasing their clientele and improving on its class status until they held positions of great influence through court and hospital appointments. It is on the careers of this elite that Moscucci focuses the most, as well as on the machinations of the College of Physicians and the College of Surgeons to control them without being tainted by them. Fearing undesirable association more than they desired control generally meant that both Colleges rejected integrating obstetricians, leaving them to form their own Society. This they did, and the ambitious among them even established specialized hospitals for women. It was in these hospitals that elite obstetricians made their names. The expansion of specialized hospitals for women continued so that, by the end of the nineteenth century, many physicians and surgeons attached to general hospitals also had some connection with the specialized ones. Increasing contact between the various groups was occurring.

Such contact often resulted in conflict, as is evidenced in the rise of gynaecological surgery. As obstetricians expanded their scope to include the diseases of women, they had to face the competition of surgeons performing pelvic operations. Arguing that the whole female body needed to be understood before surgery should occur, obstetricians put themselves forward as best qualified (over general surgeons) to operate. Each group was vying for the lucrative surgical trade on women's reproductive parts. Even this generalizes the situation, for, as Moscucci points out, not all obstetricians were happy with this focus on surgery; some supported a conservative or non-interventionist approach, which they felt was part of the obstetrical tradition. The last chapter of the book describes this tension in the period between the formation of the British Gynaecological Society in 1884 as a group separate from the Obstetrical Society to the formation in 1929 of the College of Obstetricians and Gynaecologists. Unfortunately, the period 1900 to 1929 is given very little attention, with the result that the shifts leading to 1929 become difficult to follow.

Despite this problem, the book has much to offer, and it adds another dimension to the growing literature on midwifery and medical treatment of women. Its focus on class is illuminating, as is the emphasis on the constant shifting of various groups to win and maintain a place in the medical establishment.

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