

zation. Indeed, there may be an interesting case to be made for the idea that women's sphere widened and women's legal rights increased during the late nineteenth and early twentieth centuries only as marriage became less important (because of the decline in importance of landed wealth) and as domestic service declined.

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JANE LEWIS—*The Politics of Motherhood: Child and Maternal Welfare in England, 1900-1939*. London: Croom Helm; Montreal; McGill Queen's University Press, 1980. Pp. 235.

The growth of feminism during the 1970s has to a great degree provided support for childbearing women who also work outside the home. Combining child rearing with remunerative outside employment has always been a tricky juggling act—no less so for the working- or middle-class woman who did not “need” to work. However, no longer is the condemnation of female career interests so universal, nor the woman with other than maternal goals ridden with guilt. Recently there has been a backlash from women who feel that this “equality business” has been pushed too far, that full-time mothering and housekeeping have been so undermined and trivialized that they cannot choose traditional roles for themselves even when they want to.

They have little need to feel so embattled. The foundations for the romanticization of motherhood have been too solidly laid to be easily dislodged. The maternal ideal has operated as a powerful ideological basis in the lives of both men and women, with challenges to it defined as “unnatural”. As feminist writers have skilfully documented, the entrance of male experts into the childbearing and childrearing domains has resulted in the enfeebling of women's self-confidence and the inability to trust one's own feelings and talents. Motherhood, an exclusively female responsibility, has been defined and guided by gynaecologists, paediatricians, psychiatrists, psychologists and government officials, almost all male and almost all with narrowly traditional conceptions of women as people. It is fairly clear, then, when we speak of a “politics of motherhood”, that we are referring to a dependent position created by the assumptions and values of policy makers, treasurers and scientists who have manipulated the role of mother to conform with their perceptions of women. Jane Lewis' *The Politics of Motherhood* offers us a good illustration of how policy makers defined and controlled the welfare of mother and child in England from 1900 to 1939. She presents a detailed analysis of how policies during this period reflected traditional ideology and how mothering was shaped by the kinds of resources and services deemed important and made available. In the years following the Boer War there was strong concern for the high rates of infant mortality in Britain. These infant deaths were seen as the result of mothers' neglect of their babies. It was the mothers' carelessness and dirty houses that caused diarrhoea, one of the most serious sources of baby mortality. Poverty was seen as caused by intemperance, with drunken mothers smothering their children. Mothers were even accused of allowing their children to die to collect insurance money. Working women were blamed for not being at home, housewives were blamed for being at home and running it poorly.

Education was viewed as the cure-all. From 1905 to 1939, there was a massive campaign to wipe out infant mortality. This involved setting up infant welfare

clinics, health societies and schools for mothers. Household management courses were offered in schools (to take advantage of the “doll instinct in girl children so little appreciated or utilized” (Lewis quoting J. W. Ballantyne, a pioneer of ante-natal care [p. 90]), motherhood courses were given, domestic science offered in secondary schools, health societies and women’s groups were established.

The impact of these projects and organizations was hard to assess. Infant mortality did decline but other factors such as improved living conditions, medical care, sanitation and the availability of pure milk were surely contributory. The maternal child welfare services were undoubtedly helpful because the range of choices created a consumer consciousness. Policy makers, however, were unaware of or did not consider the larger social and environmental issues or the longer-range implications of their policies.

A parallel problem was seen in the high maternal mortality rate during the years 1923–36. In this case, the causes were attributed to the insufficiency of medical care. The policy makers’ solution was to increase specialist services and hospitalization of childbirth rather than look for the underlying causes of the problem. Midwives had been at the heart of the largely domiciliary maternity services, but the growing number of obstetricians with their professional interest began to question the safety of home births. The move to hospital as the “right” place to have a baby occurred at a slower rate than in North America but was a clear trend that continues today. Dame Jane Campbell (the Senior Medical Officer in Charge of Maternal Child Welfare at the Ministry of Health) reported in 1924 that many home deliveries were unsatisfactory “partly because it is not easy to secure effective asepsis in a small dwelling, but largely because a confinement is an *event made common and trite by familiarity*”. (Quoted by Lewis [p. 127], my emphasis). What more perfect expression of the growing distancing of childbirth from the intimacy of the family, placing it clearly within the medical domain? Although midwives were still central to the birth process, there was an increasing tendency to have doctors supervise hospital deliveries (in fact, midwives were congratulated when they called in the doctor), the acceptance of the lithotomy (supine) position, routine use of anaesthesia, pelvic clips, all elevating the need for the doctor’s presence and diminishing the importance of both midwives and women patients. Women’s groups, more traditional than feminist in values, supported the move to hospital with its accompanying specialist care. Midwives and general practitioners suffered from this move to hospital since it set up status hierarchies and created competition between specialist and general practitioner, specialist and midwife, and midwife and GP. Although women’s groups largely supported traditional women’s roles, they were nevertheless a major force in seeking change to improve the lot of women. They pushed for family allowances and access to birth control information. For the government to offer direct economic aid, however, would be to admit that poverty and malnutrition existed. When assistance was offered in the form of free milk, and then family allowances, it was “not in order to pay the mother for her services or even to secure the well-being of the child but rather as a method of disposing of a milk surplus in the first instance and as a means of keeping wages down in the second” (p. 166). The birth control issue was more problematic and women’s groups didn’t demand it formally until the 1920s. It had been tainted with sexuality and the even thornier problem of its use by the “wrong” (upper rather than lower) classes. The government, concerned with the lack of logic in introducing birth control methods to a declining population, held back. But, just as family allowances were granted for practical reasons, when the labour force needed replenishing, birth control became available.

Lewis' major thesis, that one must carefully examine assumptions and ideological underpinnings of official policy in order to understand its nature, is an important one. The book reveals a large amount of scholarly research and careful reporting of events. I had some difficulty keeping track of names, dates and abbreviations. It would have been useful, as well, to have some more recent information for Britain or some comparative data for a larger perspective since women's health policy is such a relevant issue in the 1980s. On balance, Jane Lewis' book is valuable, proving chapter and verse on how the major welfare legislation on motherhood and childrearing in Britain was put in place. Is it too idealistic to think of health systems developing for the benefit of the users rather than for the expedience of the care givers?

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LOUIS BERGERON, éd. — *La statistique en France à l'époque napoléonienne. Journée d'étude, Paris, 14 février 1980.* Bruxelles, Centre Guillaume Jacquemyns, 1981. 196 p.

Depuis un siècle, les historiens de la société de même que les démographes et les économistes — non seulement les Français et les Belges mais les Allemands et les Italiens — ont constamment recours aux statistiques officielles élaborées sous le Directoire, le Consulat et l'Empire. Il s'en faut de beaucoup que cette foisonnante documentation soit concentrée aux Archives Nationales à Paris (dans l'inépuisable Série F, principalement). On continue à découvrir de nouveaux filons dans les archives des préfectures et de maintes municipalités. Si les grands mémoires des Préfets ont souvent fait l'objet d'éditions, il reste beaucoup à exploiter dans une foule d'almanachs, mémoriaux administratifs et dictionnaires. En présence d'une masse de tableaux, d'enquêtes, de rapports aussi prolixes que disparates, le chercheur se contente d'exploiter les données qui répondent strictement à sa problématique. Il ne se lance jamais dans une critique d'ensemble ni dans des comparaisons méthodiques qui l'obligeraient à sortir de sa province ou de sa spécialité. Le moment était donc venu d'élargir l'horizon et de confronter des points de vue: c'est ce qui s'est fait lors de la Journée d'Étude du 14 février 1980.

Le substantiel volume dont nous rendons compte publie les débats et cinq communications. Parmi celles-ci, le « morceau de résistance » est la « Contribution à l'histoire des origines de la statistique en France, 1789-1815 », du Professeur Stuart Woolf (université d'Essex), qui commence par replacer les initiatives révolutionnaires dans le contexte plus général de l'enthousiasme intellectuel déclenché par les Lumières. On suit alors l'organigramme des institutions, la rotation du personnel, les attributions des bureaux et surtout les objectifs de la statistique officielle, le tout sans dissimuler quelques contradictions majeures qui seront pour beaucoup dans l'échec final: opposition entre le libéralisme économique, issu des principes de 1789, et le dirigisme tâtilon d'un pays en guerre; hésitations entre les réflexes centralisateurs de Paris et le souhait (en fait, épisodique) de s'assurer le concours bénévole des notables locaux; activité débordante d'une poignée de grands commis savants et éclairés contrastant avec l'inertie des cadres ou le triomphalisme des ministres. On est donc bien au delà d'une simple chronologie des activités administratives. À juste titre, le Professeur Stuart Woolf souligne la modernité des conceptions économiques et le perfectionnement de véritables