these verbal accounts do add "artistic verisimilitude" to the written narratives.

Not all of us speak prose, as M. Jourdain suddenly discovered himself to have been doing for most of his life. Rather we string together sequences of statements, heavy with hesitation, sometimes lacking verbs, and often punctuated by parentheses. The huge task of translating the spoken word to a written text has here been expertly accomplished, mainly by Tansey (the only editor whose name appears on all four transcripts). The recordings are first transcribed, then edited from spoken into written English, sent to the speakers for stylistic amendment and correction of misremembered facts, and edited once more, with the addition of the usual academic apparatus in the form of footnotes; the speakers are then given the chance to comment again. In some cases the transcriptional problems have been overcome by asking witnesses to read prepared statements; elsewhere it is a tribute to the editors that there is little that cannot be understood on a first reading.

"History", wrote Nehru, "is almost always written by the victors and conquerors and gives their viewpoint". Here, only the victors of these particular campaigns are allowed a chance to tell their stories; but then there are few cases (such as that of Platt versus Pickering) in which the losers can be identified. At times, like the protagonists in Kurosawa's film Rashomon, their accounts vary amusingly. We hear, for example, several differing versions of how the CSM's yellow cards came to be yellow, and an entertaining difference of opinion between two participants in the opiates seminar, Derek Smyth claiming that, during a lecture of his, Howard Morris jumped up and vociforated, Morris vehemently denying it. But throughout, one has an overwhelming feeling of excitement at the unfolding of events as they happened at the time; for me this was particularly vivid in the case of the endogenous opiates.

These enthralling transcripts do not tell complete stories, but combined with published and unpublished written material they will undoubtedly help future historians to write as definitive an account of the events as is humanly possible.

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A Susan Williams, Women and childbirth in the twentieth century: a history of the National Birthday Trust Fund 1928–93, Thrupp, Glos., Sutton Publishing, 1997, pp. xviii, 331, illus., £19.99 (0-7509-1209-X).

A Susan Williams has produced a detailed account of the founding moments and the work of the National Birthday Trust Fund (NBTF). The start of this study documents the genesis of the organization and its close ties with the Conservative Party. Indeed, the NBTF's "initial aims were simply philanthropic, but they soon developed into an ambitious and determined campaign to influence government policy on maternity care" (p. 1). The organization was founded on 2 July 1928 by Ina, Lady George Cholmondeley, and Edith, the Marchioness of Londonderry. They were responsible for recruiting, in 1929, Lucy Baldwin, wife of the Conservative Prime Minister, Stanley Baldwin, to help in the organization's efforts to save women from the perils of childbirth. She ardently believed that women giving birth were at as much risk of death as soldiers in World War I. "When a mother gave birth, she said, it was just like 'going into battle-she never knows, and the doctor never knows, whether she will come out of it alive or not" (p. 2). Above all, the history of the NBTF is tied to Conservative, wealthy, and articulate society women defining and supporting the childbirth needs of poor women in England. There are detailed chapters on how the NBTF initiated an understanding for proper nutrition during and immediately after pregnancy; on abortion; on the fight for drugs for poor women during childbirth; and an interesting chapter titled 'The human milk bureau'. All these chapters are predicated on the NBTF's belief that if wealthy women could have access to any of these things then so, too, should poor women.

An important turning point for the NBTF came in the immediate aftermath of World War II. With the sweeping Labour victory in 1945 and the establishment of the National Health Service (NHS), the role of the NBTF lost some of its importance and urgency. The NHS, after all, had as its primary function to see that health care was provided for all citizens, and it was established so that poor people did not feel stigmatized by accepting government assistance. This put the role of the NBTF in assisting, caring, and giving voice to the needs of poor women in a secondary position. In particular, no longer did they have the need to assist poor, pregnant women in attaining the same medical treatment as wealthy women. The government was promising assistance for all Britain's citizens. With the implementation of the NHS, the NBTF continued its work in helping poor mothers but expanded its focus to include the needs of all mothers. This was an attempt to keep in line with the politics of the post-war period as well as continuing its work to improve the health of mothers. However, the post-war period further shifted the organization's focus to include the needs of babies. Again, this was a pragmatic strategy.

The book's concluding chapters examine the survey work of the NBTF in 1946, 1958, and 1970. In 1946 the NBTF had a role in interviewing women for the Maternity in Great Britain survey which was initiated over the concern in the fall of Britain's birthrate. In 1958 and 1970, however, the NBTF had the leading role in conducting the surveys, with the most famous being the 1958 Perinatal Mortality Survey (p. 196). By the end of the 1980s it was apparent that the NBTF, having taken on a research role, was in financial difficulty and recognized its need for a partner. On 4 November 1993 the NBTF merged with the research section of the Royal College of Obstetricians and Gynaecologists, Birthright. Because of some confusion with the abortion issue, Birthright changed its name to WellBeing. As the twentieth century concludes, WellBeing is involved in all aspects of women's health: "infertility, menstrual and menopausal problems, incontinence and

osteoporosis and on methods to improve the screening diagnosis and treatment for gynaecological cancers and breast cancer" (p. 257). Williams states that with the merger, an organization to serve women has emerged with goals that are clinically oriented as well as socially conscious.

The strength of this study is that the NBTF was involved in many medical issues touching the lives of women from 1928 to 1993, and, as a result, Williams delves into the politics and medical history of childbirth, drugs in childbirth, and abortion. In the end she has produced a book that examines class, women, medicine, and politics while documenting the history of the National Birthday Trust Fund. The book is clearly written, the photographs and charts are relevant to the narrative, and the scope of primary sources makes it a valuable resource for the many issues addressed. This is a fine piece of scholarship that concludes with an appeal for continued awareness and help for all women as we move toward the twenty-first century.

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Stephen Addae, The evolution of modern medicine in a developing country: Ghana 1880–1960, Bishop Auckland, Durham Academic Press, 1997, pp. xii, 523, £32.50 (hardback 1-900838-05-2), £17.50 (paperback 1-900838-04-4).

Stephen Addae, The history of western medicine in Ghana 1880–1960, Bishop Auckland, Durham Academic Press, 1997, pp. xii, 321, £17.50 (paperback 1-900838-04-4).

These two books by Stephen Addae cover basically the same ground but they are not the same book in different covers. The difference is in the depth in which some of their content is covered and especially in the readership at which they are aimed. *The evolution of modern medicine* covers a number of topics in somewhat greater detail, has an additional chapter on health in mining areas, a