

*motherhood*—the medical practitioners who made their careers as “experts”. Other than the work of Canadian paediatricians Helen MacMurchy and William Blatz in addition to the work of Dr Benjamin Spock (who is not Canadian), little attention is paid to the historically vexing problem of documenting what occurs between mother and paediatrician at a well-child conference during the years studied. When one considers that the dynamics between mother and “expert” are profoundly separated during the reading of a tract on child-care advice, the problem of offering individualized advice becomes much larger. Indeed, the over-used but hardly hegemonic baby care advice adage, “Consult your physician” takes on new meaning when considering that the authors writing the advice are addressing an unknown and unexamined patient and parent.

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**Valerie Fildes, Lara Marks, and Hilary Marland** (eds), *Women and children first: international maternal and infant welfare, 1870–1945*, London, Routledge, 1992, pp. xxiii, 311, illus., £45.00 (0-415-08090-8).

This is a worthy, useful and interesting book. It is also a representative example of much of recent social history of medicine, dealing with a topic from different points of view. Its focus is on infant and maternal mortality, which was late in declining compared with adult mortality from infectious disease. The topic is interesting for historical demographers who see it as the last episode in the demographic transition that ushered in longer life-spans for the populations of developed countries. Social and medical historians find that it was a problem which came into consciousness in the early twentieth century and led to a series of welfare, educational and medical measures in different countries and continents. Nearly all the chapters in this book are informative and they range widely from Irvine Loudon’s masterly international comparative study of maternal mortality from

1880 to 1950, which demonstrates that the new sulpha and antibiotic drugs did more than any social measures to reduce maternal mortality, to the specific studies on colonial Burma and Malaya by Judith Richell and Lenore Mederson and on medical missionaries in Johannesburg and on poor rural Afrikaner women by Debby Gaitskell and Marijhe du Toit. The latter studies make significant contributions to the newly flourishing field of the history of colonial medicine, and they indicate that, in the colonial era at least, the awareness of the problem of infant and maternal mortality was brought from the developed countries. Such a western awareness in the colonial context gave plenty of scope for denigration and social stereotyping, as indeed was the case for the poor in Europe and America. Other chapters discuss western reactions in detail, for instance, Cynthia Comacchio demonstrates the force of racial and militaristic notions that underlay the creation of child welfare services in Ontario after the Great War, whilst Milton Lewis on maternal care in Sydney, and Hilary Marland on the medicalization of motherhood in the Netherlands, skilfully unravel the complex ways in which medical politics influenced the various solutions to the problem of mortality amongst mothers.

We have here a volume that provides a multidimensional picture of an issue that appears to have objective (demographic) and subjective (seen at the time) components. It is an undogmatic and empirical approach for which the contributors and the editors should be congratulated, and it advances our understanding of the final phase of the demographic transition in terms both of the mechanics at work and of its geographical extent. Perhaps one might ask of some contributions if there was a different sense implied in the use of statistics in the 1920s than in the 1990s, or whether the very different economic and material culture of the first part of the twentieth century contingently affected the politics of medicine and motherhood. But this is to cavil by introducing historiographical issues that reach beyond this excellent volume.

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