

## Book Reviews

was repeatedly forced to downgrade doctors in favour of medical auxiliaries, although the country was applauded for its emphasis on Primary Health Care. Throughout, strong links are made between the differing experiences of independence, the fortunes of the doctors, their role in the style of health care delivery and ultimately the doctors' abilities to deal with the heterosexual AIDS epidemic in the 1980s and 1990s.

In addition to describing the quest for recognition and registration, where the main threat came not from practitioners of indigenous medicine, but itinerant drug sellers, Iliffe also considers the development of medical research and its priorities. The concern was for taking a place on the world stage, and hence the research agenda was shaped by current issues in medicine, cancer and heart disease, rather than the traditional agenda of British Tropical Medicine. The results of this work showed the erroneous presumed epidemiology of these diseases in the colonial era. Iliffe also refers in passing to the role of the international organizations such as WHO and UNICEF. The point is made that these groups often removed individuals from countries already facing a brain drain. The impact of major WHO campaigns such as malaria and smallpox eradication indicates that, at least from the sources Iliffe considers, these were hardly intrusive events in the working lives of East Africa's doctors. The Primary Health Care initiative, however, apparently "banished" up-and-coming men to the backwoods at the very time they expected to enjoy the trappings of professional life and begin a family.

Iliffe provides wonderful information about the lives of those who progressed through the era of the tribal dresser, and the African Assistant Medical Officers, to doctors whose qualifications were recognized at an international level. His use of first-hand accounts of their motivations and experiences and their day-to-day experiences of medical practice, health care delivery, ill-health and death is interwoven

with press reports (including the Swahili press in the inter-war years) and formal government sources. Thus he both establishes a wonderfully nuanced history of the medical profession in East Africa, and offers his audience a great read.

**Helen Power,**  
University of Liverpool

**Deborah Kuhn McGregor,** *From midwives to medicine: the birth of American gynecology*, New Brunswick, Rutgers University Press, 1998, pp. xii, 273, illus., \$55.00 (hardback 0-8135-2571), \$23.00 (paperback 0-8135-2572).

This is a revised edition of a work first published in 1989. The title is misleading in a way that has become characteristic of academic publishing; rather than presenting a history of American gynaecology, the book in fact offers a detailed account of the early history of a single, albeit important, gynaecological hospital. In the process it raises some important and interesting issues.

The authorial stance is one of moral critique—occasionally transformed into outrage—directed at the men who founded gynaecology in New York City. The anti-hero of the piece is J Marion Sims, the founder of the hospital. From the very beginning, Sims was guilty of experimenting on women "in the name of aggrandizing his medical career" (p. 66). As a young Alabama practitioner, he took an early interest in "vesico-vaginal fistula"—then a very common condition for reasons interestingly explained by the author—and kept a number of slave women suffering from it on whom he operated repeatedly until he obtained satisfactory results. Even with the relative tolerance of that period toward medical experimentation, this use of slaves proved an embarrassing fact which Sims did not publicize after he moved north to New York City.

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Once in New York, Sims adopted a strategy common among emerging specialists in the US and Great Britain (those in continental Europe adopted rather different strategies): winning the financial support of local elites in order to establish specialist hospitals. As elsewhere, the advancement of medical science and practice was a major justification for such hospitals and for specialization more generally. But the need to attract private philanthropy required significantly greater emphasis on the practical benefits of specialities than was the case in Europe. The Woman's Hospital of the State of New York founded in 1855 attracted very wide support because the methods developed by Sims were considered an effective way to relieve common forms of suffering among women and thereby to enhance the family. None the less, the advancement of medicine through experimentation and education continued to be a major preoccupation of the medical staff and led to far more dangerous forms of surgery at the hospital, notably ovariectomy. If experimentation on slaves had been the basis of Sim's early surgical successes, experimentation on the poor Irish women who constituted the predominant patient population, was, in the view of the author, the basis for the hospital's continued medical stature. The culture of experimentation also led to the kinds of confrontation between doctors and lay philanthropists that were common in other American hospitals. The most interesting one discussed by the author had to do with the introduction of cancer patients to the hospital. This raises all sorts of unanswered questions about changing notions of "incurability" and their consequences during the nineteenth century, both within the institutions and culture of medicine and among the lay public.

By focusing narrowly on a single institution, this book makes a significant contribution to our understanding of one segment of the gynaecological speciality then in the process of taking shape. And

there is probably no better way to get at the foundational procedures of the speciality or the experiences of patients than through such detailed studies of individual institutions. But these have limitations that must be acknowledged. One of the most serious is that we get little sense from this book of how developments in New York articulated with other local and national efforts in the formation of the speciality. Nor do we learn to what extent the efforts of New York gynaecologists were typical of other kinds of specialists in that city and to what extent they were unique. Such limitations notwithstanding, a wealth of detail on the practices of early gynaecology in New York City make this book a significant addition to the historical literature.

**George Weisz,**  
McGill University

**Mary Thomas** (ed.), *Post-war mothers: childbirth letters to Grantly Dick-Read 1946–1956*, University of Rochester Press, 1997, pp. xiv, 248, illus., £35.00, \$59.95 (1-878822-87-X).

During the first half of the twentieth century, in response to medical as well as social pressures, the management of childbirth became a highly technical process, eventually requiring hospitalization, forceps, uterine stimulants and anaesthesia, even for a normal delivery. English obstetrician Grantly Dick-Read helped to reverse this trend through publication of books such as *Revelation of childbirth*, *Introduction to motherhood*, and his best known work *Childbirth without fear*. Writing for public consumption, he described childbirth as a natural process, most successful when a woman was well informed, free of fear and anxiety, and physically and mentally trained to perform the manoeuvres required of her during the