

guarantee (pp. 2–3). Here McVaugh is surely right to point out that this process cannot be explained by assuming unquestioningly that physicians aimed instinctively at professional status and the exclusion of others from practice, and that the spontaneous coming together of practitioners in associations needs no further explanation other than a common perception of self-interest (p. 242). McVaugh is less convincing, however, when he claims that this process may be explained by “a lay consciousness”, “a general European feeling” (p. 69), “a public perception” (p. 70) and “a growing belief” (p. 71) in the benefits of learned medicine. McVaugh’s documents definitely attest to an increasingly broad demand for book-based medicine, but whether inferences from these documents about a “general public enthusiasm for medical learning” (p. 244) really *explain* the process is another matter. In this context it would have been helpful to know much more about the documents themselves: what distinguished a document in the archives as a “medical” source; how were these sources written; how were they preserved; what was their purpose; why was this information considered noteworthy; and who was responsible for it? The answers to these questions might have made McVaugh’s data an even richer source of information than they already are.

No matter. This is a major work which all historians of medieval medicine will want to have. McVaugh’s thought-provoking study of the social role of medicine in the Crown of Aragon and the transformations that took place there during the first half of the fourteenth century is, in effect, a call for similar detailed local investigations into the same processes going on elsewhere in Europe at this time. Seen in this light, when put alongside the works of Park, Shatzmiller and Jacquart, McVaugh’s study invites comparisons that give his book an even broader significance than its immediate subject matter would at first suggest.

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Hilary Marland (ed.), *The art of midwifery: early modern midwives in Europe*, The Wellcome Series in the History of Medicine, London and New York, Routledge, 1993, pp. xvi, 234, £50.00 (0–415–06425–2).

Hilary Marland and her fellow contributors have succeeded in correcting the historical distortion of an anglo-centric view of early modern midwifery. For too long the decisive moment in the social history of midwifery has been thought to have occurred when the man-midwife began to replace the midwife from the late seventeenth century onwards. Older medical historians, echoing the rhetoric of the men-midwives, have celebrated this as the triumph of education and reason over credulity and barbaric practice. Modern historians, on the other hand, have deplored the loss of an important female occupation and the increasing male dominance over women’s bodies and women’s culture.

However, as this book shows, what happened in England did not happen in Europe. In Holland, the German and Italian states, France and Spain changes centred on the control, education and possible reform of midwifery—the man-midwife was not significant (though physicians and surgeons did exercise some nominal control over midwifery). Once again English historians have generalized from their own country and got it wrong.

One of the virtues of this book is that attention is paid to the apprenticeship basis of midwifery, which was supplemented with varying rates of compliance by more formal instruction in topics such as anatomy and obstetrics. Also, networks of midwives and clients are analysed showing that repeat bookings were common, as was the concern by lay people to get the best possible midwife, even if of the wrong religion. In the case of the Quaker midwife Frances Kent whom the Anglican Verney family employed to attend to the mad Mary Verney’s childbirth, the father-in-law warned: “if you and your wife resolve upon the Quaker for Midwife, I pray never lett her bee alone with her, for those persons

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are apt to instill their principles into the mindes of weake persons, and you well know, if your wife got anything into her Head, all the reason in the World will not persuade her out of it.”

There is much sophisticated analysis to admire that positions midwives into larger historical debates. South German cities, such as Nuremberg, Augsburg and Munich, controlled their midwives through “sworn women” usually of the respectable and well-to-do classes who attested to their morality and skill. Although some control came to be exerted by physicians and clergymen (also in the Italian states), the midwives up to the end of the eighteenth century retained their public personas and so contradict the general thesis that women in the seventeenth and eighteenth centuries were losing their public presence as public and private domains became increasingly split along male and female lines. Again, in the discussion of Braunschweig midwives in the second half of the eighteenth century the sociological definition of professionalization which has bedevilled a proper understanding of pre-nineteenth century medicine is by-passed by focusing on the quotidian concerns that allowed the midwives to view themselves as members of a professional group.

This volume is also enlivened by a series of pen portraits of midwives. One chapter looks at the enigma of the political midwife Elizabeth Cellier whose Catholic sympathies enraged London pamphleteers and whose character as heroine or muddled villainess shows how easily the office of midwife could merge with matters of state. Mme du Coudray in contrast is clearly a heroine, sent to spread the gospel of good midwifery practice throughout France. Her travels and tribulations are refreshingly retold in the best heroic-historical vein without a trace of the cynical interpretation so viciously prevalent in modern biographical history.

Perhaps the most important message of this volume is of the centrality of the midwife not only for worried parents or for a king like Louis XV anxious about the depopulation of

France. Midwives were seen as upholders and witnesses of moral and legal norms. They gave expert evidence on infanticide and whether the birth was premature or stillborn. They squeezed the breasts of women suspected of hiding their pregnancy and birth for evidence of milk. And in the midst of labour the midwife was expected to interrogate an unmarried woman as to the identity of the father. Perhaps the midwife was so well integrated in society that she also served its coercive purposes.

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Michael Hunter (ed.), *Robert Boyle reconsidered*, Cambridge University Press, 1994, pp. xviii, 231, £30.00, \$49.95 (0-521-44205-2).

According to Sir Hans Sloane, Boyle “had divers sorts of cloaks to put on when he went abroad, according to the temperature of the air; and in this he governed himself by his thermometer”. Hunter suggests that the “prudent ratiocination” Boyle applied to his health was also the key to his fastidiousness in all intellectual matters. Although long-recognized along with Harvey, Bacon, Galileo, Kepler, and Newton as a key figure in the Scientific Revolution, it was assumed by many historians until recently that there was little more to be said concerning Robert Boyle as “sceptical chymist” and vouchsafer of the corpuscular philosophy in opposition to Aristotelian forms and qualities. The outstanding work of Marie Boas (Hall) in the 1950s appeared to have firmly established our portrait of the man. In more recent years however, J R Jacob’s reinterpretation of Boyle as a political partisan, Steven Shapin and Simon Schaffer’s glossing of Boyle’s air-pump as laboratory theatre, and, above all, the exemplary archival work of Michael Hunter in ordering the morass of surviving Boyle papers, have restimulated scholarly assessment. It was with this in mind that Hunter called young scholars to a symposium on the 150th