

post-modernism. We see how hegemony operated, but we also see its weaknesses. The task of re-reading the archives as discursive accounts of colonial power seems to have few surprises left for us. Hamilton's book is inspiring, not least, because it suggests a life beyond post-modernist relativism. Having unraveled the complexity of discursive elements in the exercise of power, perhaps there is a case for returning again to the material elements influencing historical events.

In any event, it seems that a new consensus is emerging regarding the role of colonial discourse in the history of Southern Africa. Hamilton's work can be put alongside, for example, Paul Landau's work on missions in Botswana, or Jocelyn Alexander's on chiefs in Zimbabwe. Landau shows that Africans could appropriate white symbolism as effectively as whites appropriated African symbolism. Alexander shows, like Hamilton, that the symbols of African authority did not necessarily lose their original meanings when appropriated as "invented traditions" by colonial powers. There are significant continuities between the symbolic systems of the pre-colonial, the colonial and the present. To note this is not to deny colonial influences on indigenous institutions, but to recognise their limitations. It is perhaps only now, at this distance from struggles for majority rule in Southern Africa, that we can begin to pay serious attention to the ineffectiveness of the white states, rather than emphasising their injustice.

Diana Jeater
University of the West of England

Donald Caton, *What a Blessing She had Chloroform: The Medical and Social Response to the Pain of Childbirth from 1800 to the Present* (New Haven: Yale University Press, 1999);

Jo Murphy-Lawless, *Reading Birth and Death: A History of Obstetric Thinking* (Cork: Cork University Press, 1998).

Reviewing these two very different books illustrates the wide variety of scholarship within what might loosely be called the Social History of Medicine and in particular the breadth of opinion amongst those interested in the history of childbirth. While there have been enormous intellectual developments within the History of Medicine which, in general, have led towards new theoretical approaches and greater interdisciplinarity, the histories of "great men," "great discoveries" and "great institutions" (upon which the discipline was founded) still appear to have a place. These two texts represent the opposite ends of this intellectual spectrum: Murphy-Lawless combines historical enquiry with feminist theory and medical sociology to produce a

study which will be of equal interest to those concerned with current issues in the politics of childbirth as much as those historians seeking to discover how obstetric knowledge became *the* authoritative knowledge. Caton's book, on the other hand, is an example of the traditional approach with a focus on the progress made in obstetrics, the men who made the discoveries and the benefits of these.

Both authors set out to explore the relationship between obstetrics and childbearing women but their methods and approaches are completely different. Caton writes in the preface that his research is in an "attempt to understand and explain the reactions of women to the pain of childbirth." (x) However, women are not the main focus of his study; instead, they are considered only in terms of their contribution to what he perceives as obstetric "progress" as either patients or campaigners for pain relief. There is little in the book which highlights women's own actions or their responses to medical intervention (in many respects, of course, this may be a problem of sources rather than theoretical conviction); similarly, there is little serious analysis of the critics of obstetrics.

Murphy-Lawless, on the other hand, places women at the centre of her investigation and asks a series of questions from the childbearing woman's perspective. Using a wide variety of sources from a diverse range of disciplines, she aims to show how obstetric thinking has become so dominant that it has closed off women's agency. While both studies have in common a desire to chart the development of obstetrics, only Murphy-Lawless seeks to deconstruct and contextualise the changes in obstetric knowledge and to explore the connections between past and present practice.

Caton's work does offer a useful starting point for those wishing to know something of the discovery and application of pain relief in labour. Indeed, the first five chapters explore the professional rivalries and medical dilemmas faced by innovators and the development of scientific approaches, while the second section of his work provides an introduction to the social meaning of pain and to feminist campaigns for obstetric anaesthesia in Britain and the U.S.A. and concludes with an exploration of the beginnings of the natural childbirth movement by focusing on the work of Grantly Dick Read. Some consideration is also given to post-war obstetrics, the move towards the active management of labour and the later reassessment of the use of drugs. This analysis however lacks any detailed discussion of the range of forces (social, professional and political) involved in the widespread acceptance of the application of anaesthesia and analgesia. The final part is a personal reflection on practice and what emerges is an obstetrician's history of obstetric anaesthesia, one that offers a useful insight into the obstetric mindset.

What a Blessing She had Chloroform offers an uncomplicated analysis of obstetrics which is both triumphalist in tone and rather "whiggish" in approach. The author identifies medicine (and obstetrics) as unproblematic

disciplines and sees developments in obstetrics as being part of the general move towards a more scientific and humanitarian society which took place throughout the nineteenth and early twentieth century. The book offers an introduction to the development of obstetric anaesthesia very much from the view of the profession and illustrates the forward march of scientific knowledge without examining its social construction. While the obstacles facing the great men of obstetric anaesthesia are noted and discussed, progress in obstetric science is linked with the more general improvements in society at large: “early advocates of anaesthesia were part of this great humanitarian movement.” (125) These themes are echoed in the cover picture, which shows a gowned and masked male holding aloft and upside down a live infant. Such a picture not only illustrates obstetrics’ increasing interest in the foetus/infant but also the disappearance of the childbearing woman from the encounter – a theme which Murphy-Lawless takes up in her work.

Focusing on the way in which the notions of risk and normality have pervaded obstetric thinking, affected attitudes to childbirth and influenced women’s experience of childbirth, Murphy-Lawless asks searching questions of obstetric science and illustrates how this scientific knowledge has reconfigured the pregnant and labouring body. Her work shows how women have gradually been rendered invisible by obstetrics and refers to a range of individual case studies and obstetric texts (principally from the nineteenth century). This work however, is not merely a history of nineteenth century childbirth but rather it successfully relates past to present, showing, by reference to post-modern theory, how current practice is a product of earlier shifts in knowledge systems.

While there are many different ideas and themes in this text, the notion of the risk-death pairing is perhaps the most interesting to the historian of birth. Here, Murphy-Lawless argues that obstetrics has utilised notions of risk and death to maintain its superiority: “obstetrics operates on the one hand to deny death as a possible though not unlikely outcome and, on the other, to treat it as an always pervasive threat.” (235) This, she argues, was complete by the end of the nineteenth century when obstetrics had “ceased to read the individual body.” (171) Indeed, such a shift in ways of reading birth is seen as part of a more general readjustment in medical practice and scientific knowledge: “The practice of fractioning women’s bodies mirrored the increasing use of dissection, and permitted the production of an orderly mathematised rationality about their labours and deaths.” (159) The result, therefore, is a careful critique of the concepts upon which obstetrics has been based and at the same time a call to women to challenge such interpretations if they are to regain control in childbirth.

Taking the big themes of the body, power and death, the book explores the approach of obstetrics to various “problems” – there is a useful chapter on the treatment of puerperal fever and another on the active management of labour.

Underpinning the work is the argument that obstetrics produces one unchanging vision of the female body and totally ignores the reality and variety of childbirth experiences. Murphy-Lawless critically evaluates the construction of obstetric knowledge and argues that in obstetrics “there is no suggestion that human biology, the biology of reproduction, is not a series of stable facts but social in nature, as mutable and changeable as the sciences which try to capture it.” (195)

Reading Birth and Death therefore offers a completely different approach to understanding the obstetric agenda, being both more thematic than chronological and at the same time more interested in the construction and the dominance of certain knowledge systems. Murphy-Lawless’ work stands at the forefront of the Social History of Medicine and offers a barometer to future developments. It is more than a simple history of obstetric thinking (although it is a cogent discussion of the development of knowledge in the field, while primarily focusing on the Irish context) it is an overtly political text that shows how an awareness of history is absolutely vital for contemporary political struggles. An ambitious project which attempts to cover centuries of obstetric thinking, its arguments can sometimes seem a little disjointed and historians of birth will notice gaps in the literature; furthermore, the impact of obstetrics on different groups of women is not really addressed. Nonetheless, these are minor criticisms and the book’s great triumph is that it unusually places the patient, in this case women, at the centre of the discussion. It talks about women’s agency and the politics of childbirth in an exciting, accessible but intellectually rigorous way. As a result, there is as much to be learnt from Murphy-Lawless’ methodology as from the content of her work.

While Murphy-Lawless’ work is rooted in the politics of childbirth, Caton’s analysis lacks an appreciation of current literature on both the politics of the body and on the nature of knowledge and professional power. These approaches can largely be explained by the intellectual background of the two authors. Murphy-Lawless, an academic teaching women’s studies at Trinity College Dublin, acknowledges herself as a feminist sociologist who has been interested in childbirth issues for a quarter of a century (11); Caton, on the other hand, a professor in Anaesthesiology, Obstetrics and Gynaecology at the University of Florida College of Medicine, identifies his approach as being very much a product of his medical training and his subsequent practice. It should not come as any surprise then that the two authors’ are led to radically different conclusions.

Largely uncritical of obstetrics itself, Caton’s text (which is a product of the type of obstetric discourse which Murphy-Lawless examines in her book) suggests that obstetrics stands outside politics. In closing his analysis on the medicalisation of childbirth, Caton challenges his discipline’s critics by arguing that in obstetrics, power and control “do not imply intimidation, subjugation, or force, as they might in a political process.” (226) He further

notes – without a hint of irony – that “medical procedures that critics find objectionable are the same ones that male physicians choose for themselves.” (226) This provides a vivid insight into the continuing patriarchal power to be observed in obstetrics (and of the political nature of childbirth both in the past and present) and, at the same time, provides a powerful argument for women and for medical health care workers involved in the care of pregnant and childbearing women to read Murphy-Lawless’ book.

Maxine Rhodes
University of Birmingham

David Goodman, *Fault Lines: Journeys Into The New South Africa* (Berkeley: University of California Press, 1999).

David Goodman’s *Fault Lines*, part travelogue, part journalistic expose, and part peoples’ history, is eerily prescient of a potential South African Thermidor.¹ Contrasting the experiences of four pairs of South Africans struggling with the reconfiguration of race, class and gender in the post-apartheid era, Goodman reveals the limitations of the recent South African political revolution to engender an economic revolution. Although Goodman does not employ classical Marxist theory in his analysis, he nevertheless suggests important indicators of a revolution betrayed. It is significant that his point of departure for the book is his assessment of the “Zimbabwean revolution that wasn’t” (9). He captures an often startling grassroots view of people’s frustrations with the transition to a democratic state which questions the fundamental objectives and meaning of the change. Thoughtful, detailed and intense, the book comes at time in which politicians, academics and analysts are only beginning to assess the new democratic and non-racial African National Congress (ANC) Party government.

Goodman, a journalist with established credentials as an anti-apartheid activist, has an intimate knowledge of the southern African political economy. He has honed his understanding of the region through discussions with a wide range of serious scholars and activists and through his own academic research. More importantly, he has done excellent and remarkable interviews with each of his subjects, and this is the book’s main strength. The book is clearly laid out in sections which contrast people divided by race and class. Their stories illuminate major themes in contemporary South Africa including the nature of the new government, the processes of reform and reconciliation, and economic reform.

The few shortcomings and gaps in the book — no mention of South Africa’s significant Indian population, little analysis of the increasingly divergent political parties or rising crime, and almost no discussion of