struggle of medical practitioners to assert their new authority as scientific professionals between 1870 and 1930. The shift towards the hiring of physicians rather than midwives, however, had little to do with an improved scientific training of physicians. As Borst points out in the case of Wisconsin, medical school training in childbirth was often no more “scientific” than, and indeed was frequently inferior to, the education offered to midwives. Furthermore, many of the first physicians attending maternity cases “were rural physicians, who practised in places that never built institutions, such as hospitals or medical schools, that would come to define the essence of scientific, laboratory medicine in the twentieth century” (p. 6). As Borst points out, many women’s acceptance of the male physician attendants in the birth chamber and the scientific ideals that they brought with them was linked to the fact that these men were familiar, powerful figures in the community who, like midwives, shared the ethnic background of their patients.

In the final part of the book Borst shows that issues of gender and culture were just as important in the rise of the specialist obstetrician. Many of the first doctors to specialize in obstetrics gained their reputations by building large practices through their communal connections and by reliance on the traditional face-to-face relationships expected between doctors and patients. By comparison with these specialist doctors, the later hospital-based obstetricians achieved their professional status not through communal and cultural ties but rather through their institutional ties and academic affiliations. By the 1920s most births were taking place in hospitals, and even small rural communities were building hospitals to accommodate maternity cases.

For anyone interested in the professionalization of medicine and the rise of obstetrics in childbirth Borst’s book provides much food for thought. Using census material and a host of other quantitative and qualitative data, her study not only provides a rich account of the changes in midwifery and obstetric training but also highlights the importance of looking at local communal and neighbourhood networks in shaping the acceptance of “scientific” ideas in medicine and determining the types of birth attendant.

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At present many multi-volume histories of women, electronic and issued in conventional print and construed as distinct from medical histories of women, are in various stages of progress. Time will reveal their distinction by (1) the gender model used, (2) the quality of performed research, and (3) the narrative clarity of their prose presentation; these three much more so than any fashionable post-modern ideology or cries for presentist attention. Olwen Hufton’s first of a multi-volume series is thoroughly admirable on all three counts, especially when she writes: “above all, my aim is to integrate any experience that was defined by gender into the wider social and economic framework, a specific material world, and one in which ideas about gender were only one thread in an entire web of beliefs” (p. 5). Medicine was also only one.

Hufton’s gender model is comparative (women in relation to men); and it is because her concept of both genders is so thoroughly balanced that she understands the strengths and weaknesses of both sexes. Her breadth is impressive in surveying women over three centuries (1500–1800), covering most aspects of their lives from cradle to grave and canvassing the vast body of contemporary scholarship beyond Anglo-American confines. She reads many languages and in particular possesses a sympathy for middle and southern Europeans rare among Anglo-American historians. Her bibliographical essay, arranged alphabetically by subject into dozens of useful lists, is an invaluable addition to her narrative. My comments here are limited to medical content.
and do not do justice to the rest of this large, admirable book.

Hufton’s approach is panoramic and sweeping: a large brush applied to a Rubenescque canvas surveying many countries over many centuries. She locates women, particularly ordinary women, within the generations of poverty, plague, and epidemic. She views them vis-à-vis the entrapment of the female body (“the female body was colder [than the male’s] and wetter and her sex organs were internal rather than external”, p. 40) rather than as self-reflecting subjective selves, let alone as cognizant patients being treated by particular doctors. To coin a Greek analogy, she surveys the Phoenician women rather than Antigone or Alcestis or Sappho. Her women are primarily peasants rather than aristocrats, and her view of medicine privileges the universal trend rather than the aberrant case or individual prognosis. Hufton demonstrates what the early modern female condition was: what it then felt like to be a woman (any woman) rather than the individualized female response. Her conceptual categories are health and the body rather than doctors and patients, or medicine as a field of knowledge, a laudable aim given her desire to chronicle the European global female predicament rather than comment on the local facts of women’s medical history. But this emphasis should not indicate any slackness in her scholarship which does not refrain from telling us—for example—about Kaspar Hofman’s commentaries on Galen’s De usu partium corporis or Cesare Cremonini’s discussion of Aristotle’s theories of sex difference.

If there is weakness in this approach it lies in the elucidation of patients who are not yet significant categories on this canvas because so little is known about their individual responses, or neglect of the new methodology of patient-doctor relations, overlooked because there is less extant narrative in the Renaissance than one would hope. A project like this documents again the need for a medical history of women despite the recent proliferating “histories”.

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Alexander Monro (Primus), The professor’s daughter: an essay on female conduct, transcribed, with introduction and notes by P A G Monro MD, Proceedings of the Royal College of Physicians of Edinburgh, January 1996, vol. 26, no. 1, Supplement No. 2, pp. xi, 237, illus., £7.50 (incl. postage), orders to Royal College of Physicians of Edinburgh, 9 Queen St, Edinburgh EH2 1JQ.

Alexander Monro (Primus) (1697–1767) was the first of a dynasty of brilliant anatomists who dominated the subject at the University of Edinburgh from 1720 to 1846. One of the chief architects of its medical school, and a founder of such institutions as the first modern hospital, the Philosophical Society (later the Royal Society of Edinburgh), and the Select Society (along with David Hume and Adam Smith), Munro not only helped to make Edinburgh Europe’s foremost centre of medical education, he was also a fully-fledged member of the Scottish Enlightenment.

P A G Monro (also an anatomist), traces the origins of this conduct book for women to his ancestor’s lesser known private life and his role as companion and teacher to his three sons and daughter. Margaret, “the professor’s daughter”, received an education from her father and from her brothers’ tutors, which, though not equal to that of the men, far exceeded that of most female contemporaries. The Essay consists of a series of letters written by Monro to Margaret, probably when she was between twelve and nineteen years old (1739–46), and designed to provide her with a special, compensatory education. In part to develop her writing skills, Margaret had to copy the letters and have them corrected and amended by her father.

Monro’s essay includes not only traditional topics such as female education and conduct, relations with men before and after marriage, domestic duties and religion, but also an introduction to politics. The author portrayed himself, quite plausibly, as a fond, indulgent father; a friendly critic in matters intellectual and a trustworthy confidant in affairs of the