

re-emerge in the fascist politics of the twentieth century.

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**Susan Broomhall,** *Women's medical work in early modern France*, Gender in History, Manchester and New York, Manchester University Press, 2004, pp. viii, 288, 49.99 (hardback 0-7190-6286-1)

Susan Broomhall's *Women's medical work in early modern France* takes a diverse look at women's roles in Renaissance health care. She investigates the spaces available to midwives, wives of master surgeons, governesses, nurses, nuns, queens and female healers. In the period under study (1460 to 1630) male control of medical knowledge grew in certain spheres, such as guilds and universities, but women continued to have a dominant role in pregnancy, child rearing and charitable work. Building on the theoretical examination of modern medicine and gender by Londa Schiebinger, Sandra Harding and Ludmilla Jordanova, among others, her book looks at an earlier period in order to examine, in Toril Moi's words, the "variability of gender as a social factor". To do this, she relies heavily on the work of Alison Klairmont Lingo, as well as her own primary research.

The most interesting sections of Broomhall's book are her chapters on childcare and reproductive knowledge. Women had previously been delegated to care for the community's orphans, but with humanism's greater stress on the importance of children came greater emphasis on the quality of that care. Instead of excluding women from paediatric concerns, medical specialists and government officials reinforced their importance and competence based on their experience as mothers. In the sphere of the court (both French and Spanish are examined) elite women used their maternal authority as much as their class status to impose their opinions on physicians and kings. And yet, in certain cases, these women were not able to control their own offspring's care. Diane de

Poitiers (the king's mistress) dominated the care of the royal children, despite attempts made by Catherine de Medici to assert her authority. Yet when it came to her own daughter's pregnancies, Catherine was able to supervise her medical treatments from afar and circumvent the advice of Spanish court physicians. Her earlier inexperience as a young mother (as well as a foreigner) played against her as a wife, but later as a widow she gained credibility and legitimacy as a medical advisor to her own passive daughter.

What Broomhall argues was that gender itself was not a straightforward category by which women were judged for their medical skills and authority. She hopes to prove that women were allowed a variety of medical roles by male commentators and professional university trained physicians, and that these men's judgments about appropriate practices (whether negative or positive) were not always based on gender. Yet the majority of her examples rest on the assumption that the female practitioners in question were legitimate because of their physical nature as women. Queens, midwives, nurses and nuns were judged appropriate caregivers in specific feminized spheres. The role of mother is referred to throughout the book as justification for reproductive and paediatric medical knowledge. The cases that prove the contrary, such as a master barber who passed his profession to his wife and the villagers who supported a female healer, are ones that sparked controversy and court cases. It is unclear to Broomhall if widows of master barbers and apothecaries really intended to take on their husband's profession, or simply protect it for their sons. Successful female healers stressed the charitable (and thus feminine) impulses behind their work and got support primarily from rural people, who were not within the reach of the medical profession. Their detractors were university physicians who targeted these healers not just because they were untrained in their eyes, but specifically because they were women and thus excluded from joining their ranks. Male physicians did not succeed in the Renaissance or even throughout the early modern period in eradicating female (or male) healers, but neither did they respect or authenticate their medical

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knowledge as they did that of nuns, governesses, midwives and wet-nurses who operated within feminine medical categories. Ultimately, it is to this aspect of female medical authority that Broomhall contributes the most interesting insights and original research.

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**Jonathan Andrews and Anne Digby** (eds), *Sex and seclusion, class and custody: perspectives on gender and class in the history of British and Irish psychiatry*, Wellcome Series in the History of Medicine, *Clio Medica* 73, Amsterdam and New York, Rodopi, 2004, pp. vi, 338, €80.00, US\$104.00 (hardback 90-420-1186-6); € 39.00, \$51.00 (paperback 90-420-1176-9).

This addition to the Wellcome Series in the History of Medicine continues its excellent tradition of making important debates in the history of medicine available to the widest possible audience. Jonathan Andrews and Anne Digby have brought together well-known contributors to recent discussions about the identification and management of mental illness and mental deficiency as social and medical problems, and have posed an important new question about the significance of the interplay between class and gender.

The introduction provides an unusually thought-provoking overview of what had seemed exhausted territory. While other recent volumes have extended their coverage of time and space to trace the global development of care in search of new sources and debates, this collection revisits familiar historical and geographical landscapes in a genuinely novel way. The sophisticated case studies produced, which link detailed archival work to broader methodological questions, show the value of this approach. Students should find these very readable accounts a useful way into the complex literature on the history of asylums and psychiatry, and even scholars familiar with the wider research projects the papers are drawn from will want to take note of the

individual contributions and the collection as a whole.

The invitation to authors to put the interplay of class and gender at the heart of their analysis has produced nuances of argument missed by other studies. This revives and reinvigorates debate about professionalization and lay as well as medical conceptualizations of insanity. The consideration of masculinity as well as femininity and the relationship of both, mediated through class, to work and notions of respectable behaviour, is a theme that draws many of the papers together. It also merits further attention in the light of recent debates emerging from both labour history and ongoing work on the Poor Law. While some papers give more attention to class or gender issues, the key question remains in focus and there is evidence of tight editorship and a real commitment to the project by all the contributors.

The introduction stresses the importance the editors attached to getting the geographical coverage right, and the resulting balance of papers reflects this. Contrasts between different parts of England and the Celtic fringe underline the importance of social, economic, political and legal factors in the construction and management of insanity. The book also contextualizes different patterns of kinship relations and the importance of religion, helping to explain how community notions of appropriate class and gender roles were not simply imposed from above. Thematically the volume also works well, but the chronology is more problematic. While coverage does extend from the mid-eighteenth to the late-twentieth centuries, the editors acknowledge the majority of papers concentrate on the Victorian and Edwardian periods. Robert Houston does an effective job of setting the scene at the outset but the two final chapters cannot possibly capture all the complexities of twentieth-century developments in psychiatric practice or institutional and community care, so ably summarized in the comprehensive introduction. In fact Mark Jackson's paper deliberately concentrates on the campaign for, rather than implementation of, the Mental Deficiency Act and this leaves Joan Busfield with the impossible task of covering every major