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*Giving Birth in Canada: 1900–1950*. By Wendy Mitchinson. (Toronto: University of Toronto Press, 2002. 430 p. ISBN 0-8020-3631-7. hb. \$65; ISBN 0-8020-8471-0. pb. \$29.95)

As the first extensive historical investigation of childbirth in Canada, Wendy Mitchinson's *Giving Birth in Canada* fills an important gap in our knowledge of the medical treatment of women in Canada in the twentieth century. Through an extensive study of medical journals and treatises the author uncovers the changing medical practices of childbirth and the contours of medical debate across five decades, and as such, this volume functions as a crucial encyclopaedic resource for anyone wishing to understand the complex ways in which the largely male medical profession redrew the experience of childbirth.

However, by opening with a chapter which reveals that the world in which physicians worked was full of tensions and illustrates the degree of uncertainty which prevailed beneath the professional rhetorical construction of scientific expertise, Mitchinson offers a distinctly revisionist interpretation, that challenges historiographical orthodoxies which have argued that women had very little power to choose their birth experience. Although Mitchinson is careful to demonstrate the growing medicalization of childbirth, she nevertheless provides historical nuance to a once black and white picture of the doctor-patient relationship.

By reading beneath the rhetoric and by cleverly comparing the experience of childbirth by midwives with that of the male-dominated hospital experience, she argues that women had a greater degree of agency than once thought. Indeed, one of the most innovative features of this book is Mitchinson's investigation of midwifery, especially among marginal groups, such as immigrant and aboriginal women, wherein she convincingly posits that midwives were just as interventionist as male obstetric specialists. More importantly, she argues that by 1900 midwifery played a relatively small role in the wider Canadian experience of childbirth and that it persisted only in remote areas. And where it did persist, it did so often at the behest of the medical establishment. Here Mitchinson is at her best in showing the way in which day to day medical practice differed remarkably from that being promulgated by the leading specialists in the leading urban teaching hospitals and by demonstrating forcefully how many male practitioners actually sponsored midwifery, Mitchinson provides a more complex narrative than simply the traditional historiographical dichotomy of male doctors versus female midwives. Although one could quibble with Mitchinson's evidence in this chapter that relies too heavily on material from British Columbia and Newfoundland, her concern to overturn historical stereotypes of doctors and midwives is of great importance in understanding why women began to more consistently internalize the medical model of childbirth.

In the next five chapters the author traces the slow but expanding range of medical intervention in women's reproductive lives, focussing on the changing medical attitudes towards prenatal care, obstetrical intervention, the increased employment of caesarean sections, and post-natal care. There are merits to utilizing a thematic approach in these latter chapters for it serves Mitchinson's overall aim to reveal the expanding territory of medical expertise; however, this leads to considerable repetition especially given the fact that similar debates replicate themselves. Moreover, if the central focus of the volume is the medicalization of childbirth over five decades, one of the central problem of the author's thematic organization is that it is difficult for the reader to discern change over time. This is a problem exacerbated by the author's tendency to jump back and forth across a long chronological period. This tends to not only telescope events but also to mask complex changes which were occurring. In a similar fashion Mitchinson places all doctors on a similar plane, an approach that obscures the deeper fault-lines which divided doctors. Indeed, the volume would have benefited greatly from a chapter which carefully set out who the main players were. For example, were obstetric specialists in large urban hospitals in conflict with the everyday, small-town practitioner? Following her suggestive chapter on midwifery, which shows how older

practices survived in remote geographical areas, were there regional conflicts inherent in the overall debate about medicalization? And more problematically, in a book covering Canada, there is little treatment of Quebec. By taking the doctor-patient relationship as the central focus of this study, the author has perhaps ignored other cultural factors which drove the pace of medicalization. Certainly Mitchinson has consciously chosen to investigate the internal dynamics of medical debate, but one wonders how the increasing focus upon pronatalism following World War I played into the prominence of obstetrics within the medical world or how scientific movement like eugenics shaped the medical outlook. Mitchinson notes the role of life insurance companies but does not focus upon them as a critical agent of change.

The major contribution of *Giving Birth in Canada* is to provide a new and critical perspective, which revises historiographical conventions which have seen medicalization simply as a means to extend social control over women. While admitting that medicalization did increase, Mitchinson shows that it varied considerably and that women themselves were often favourable to such medical initiatives which promised better health and survival. Mitchinson's focus upon female agency is an important departure but because her evidential base is composed largely of medical reports, journals and hospital statistics it is difficult to uncover women's attitudes to the experience of birth. Certainly Mitchinson makes extensive use of the diaries of Lucy Maude Montgomery, but how representative is this source? Despite these drawbacks, Mitchinson's extensive exploration of birth practices in Canada opens up a new and important trajectory whereby in future historians of medicine can explore more intensively the diaries and letters of women.

Despite what is arguably a narrow focus on the doctor-patient relationship and the question of agency, this is a pathbreaking volume, the first of its kind to explore in great detail the various perspectives offered by a range of medical practitioners on the question of how women should ideally give birth. In short, this is a very thorough and successful compendium of the medical attitudes and techniques which defined the experience of birthing in Canada between 1900 and 1950.

Nancy Christie

**Biographical Note:** Dr. Nancy Christie is the author of two prize-winning monographs, *A Full-Orbed Christianity: The Protestant Churches and Social Welfare in Canada, 1900–1940* (Montreal: McGill-Queen's University Press, 2001) with Michael Gauvreau, which won the Harold Innis Prize, and *Engendering the State: Family, Work and Welfare in Canada* (Toronto: University of Toronto Press, 2000),

which won the Sir John A. Macdonald prize. She has also edited *Households of Faith: Family, Gender, and Community in Canada, 1760–1969* (2003); *Cultures of Citizenship in Postwar Canada* (2003); and *Mapping the Margins: The Family and Social Discipline in Canada* (forthcoming), all published in Montreal by McGill-Queen's University Press.