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tangentially and provides a rather confusing piece on “popularizing” bacteriology that I read several times and would still be hard pressed to explain.

The book, based upon Gradmann’s postdoctoral thesis at University of Heidelberg, is well-written and does not read like a translation. It is scholarly and fascinating story of a prima donna, who in modern parlance would be labeled by co-workers and administrators as a “difficult” faculty member. I highly recommend it. However, it is sufficiently “dense” that I was never tempted to read it at single sitting.

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***Babies for the Nation: The Medicalization of Motherhood in Quebec, 1910-1970.* By Denyse Baillargeon, translated by W. Donald Wilson.** (Waterloo: Wilfrid Laurier University Press, 2009. xiii + 323 p., ill., notes, bibl., index. ISBN 978-1-55458-058-3 \$42.95).

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Both *Babies for the Nation* and *The Best Way* are recent publications in Wilfrid Laurier University Press’ Studies in Childhood and Family in Canada Series. Originally published in 2004, Denyse Baillargeon’s *Un Québec en mal d’enfants* has been carefully translated by D. Donald Wilson and republished as *Babies for the Nation*. It is a welcome translation and will ensure that the work of Baillargeon gets a wider reading. There are six main chapters with an introduction and epilogue. Focusing on the pre and extended post birthing periods rather than the actual birth, allows her to address themes of place, culture, nationalism, religion, and gender.

The chapters are organized thematically. Chapter 1 establishes the central issue driving her study on motherhood—Quebec’s high rate of infant mortality especially those experienced by French Catholics. In 1921-25, Canada’s rate was 99 per 1000 live births, Ontario’s 83, and Quebec’s 127.1. Even in 1966-68 the rate remained higher than the national average and that of Ontario. Baillargeon offers a detailed analysis to explain both Quebec’s and French Catholics’ exceptionalism. Poverty was a factor but not enough to explain the higher rates of French Catholics compared to the equally poor or even poorer Irish Catholic and Jewish populations. Poor sanitation, lack of pasteurization of milk, and

limited health services all contributed to the high rates. Most intriguing, however, were culturally determined attitudes to childhood and motherhood. Three stand out. First, for many years Quebec counted stillborns as live births to ensure the baby could be baptized. Once that occurred an infant death was entered into the statistics. Second, French Catholics more often than not sent illegitimate infants to religious-run institutions, most of which had notoriously high infant mortality rates. Compare this to Ontario where increasingly illegitimate children were being adopted out and surviving. Third, French Catholic women had low rates of breastfeeding. Alternatives to breast milk were not as protective nor as healthy as breast milk, and at times were deadly. For Baillargeon, the reason for this reluctance was not only the larger size of families which made time demands on mothers, but also a cultural inheritance from eighteenth-century France of resorting to early bottle feeding.

The second chapter addresses the nationalist rhetoric used by French Canadian physicians from the public health sector on how the infant mortality rates undermined national status. But arguments supporting rationality, modernity and science were at odds with what some saw as the "soul" of Quebec. After the Second World War, the federal government significantly bankrolled the nationalist agenda to lower infant mortality in encouraging a more medical way of giving birth in hospitals. The themes of Chapters 3 and 4 focus on how various attempts in Quebec worked to alleviate the death of infants. As was the case in the Anglophone world, medicalizing motherhood incorporated the trope of blaming mothers for infant deaths. Mothers needed to be informed about modern ways of taking care of babies. Chapter 4 in particular examines the different aspects of their education in Quebec. In assessing health care provided for pregnant women and mothers of infants and very young children, Baillargeon critiques accepted historiography of health care in Quebec as well as its triumphal tone. For one, it was hardly triumphal. More significant, however, is her understanding of its complex nature. Private, Church and state initiatives all played their part and for much of the period covered did so at the same time. Only with the 1960s did the state eclipse the other two. Until then, the system in place was what she refers to as a "mixed social economy." It was also a gendered economy with the state as male and philanthropy female. The services provided by women's and private philanthropy remained viable because of the apathy of local governments. Of particular importance were three home care groups: the Victorian Order of Nurses, the Metropolitan Life Insurance Co. and its nurses, and the Assistance maternelle de Montréal. All three groups co-operated with one another as they tried to maximize their limited resources. As Baillargeon notes, however, these free services

brought women into contact with medical professionals, in and of itself a part of the medicalization process.

Chapter 5 captures the relationships among the different stakeholders of the health care system—the volunteers, nurses, general practitioners, and public health officers. At times doctors looked to women to support medicalization yet at other times saw them as obstacles to it. General practitioners saw those in public health as a threat to their businesses. Local physicians, too, were sometimes uncomfortable with the home care nurses because so many of them were not Francophone and because of the professional orientation of the VON and Metropolitan nurses. As the author makes clear, medicalization was haphazard and full of contradictions, not a linear development.

The last chapter introduces women's experiences. Despite the literature, lectures, radio shows and films telling women to see their doctors during pregnancy and afterward, many did not do so. Interestingly postnatal care was more popular than prenatal and Baillargeon explores many of the reasons: women were more supportive of curative rather than preventive medicine in the early decades; some had difficulty in finding money and time for prenatal care as their families increased in size; others were resentful of their pregnancy; saw prenatal care as focused too much on them rather than the fetus; and were protecting their modesty—why bring attention to the undeniable fact that you and your husband had had sex. In addition, prenatal clinics were not always inviting.

The book is full of rich themes. While much of the literature on women and the medicalization of birth and motherhood addresses the issue of control by physicians, Baillargeon is more interested in how the discourses of medicalization created self-regulation within the women themselves. She notes the incredible emotional attitude to mothers and infants but, at the same time, an inability on the part of society and many health professionals to protect and respect them. The medicalization that she traces is a complex one, having different levels of power and powerlessness depending on the specific individuals involved. It was one based on an unquestioning belief in education and while the efforts to reach women were significant, they often failed and much of her book tries to explain the reasons.

The Best Way? covers a much broader period, 1850 to the present day, and looks at the entire country. Written by Tasnim Nathoo and Aleck Ostry, the book is a much different read than *Babies for the Nation*. Unlike Baillargeon's book, *The Best Way?* is chronological in organization: 1850-1920; 1920-1960; 1960-2000; and the twenty-first century, with the division reflecting the policy orientation of the book. The authors caution the reader that their study is "crafted primarily from written history" (p.x) by which they mean women's voices will not be strong. Instead they

emphasize the context for those voices. “Written history” could also refer to the dependence of the authors on the published work of other historians, especially when surveying the period before 1960. The authors do a good job of bringing together the work of Baillargeon, Katherine Arnup, Cynthia Comacchio, and others. Intriguing, however, is their use of Baillargeon’s older articles rather than her 2004 book. As a result, some of the richness of that work is missing when addressing the situation in Quebec. If archival research is not as strong, their appendices are quite wonderful—among them a Timeline of Infant Feeding in Canada, a listing of the various editions of *The Canadian Mother’s Book* with author/editor and distribution figures, a listing of National Surveys of Breastfeeding Practices and summaries of each of them, and the Evolution of Canadian Infant Feeding Guidelines (1923-2004). Each tells us much about the infant feeding habits of women and the advice given to them and how both changed over time.

Part One will be the most familiar to those acquainted with women’s and family history. As Baillargeon did, the book reminds the reader of the connection between breastfeeding and class, environment, religion and language. Montreal serves as the case study simply because of the information it generated through Gouttes de lait and other organizations that historians have studied in depth. During these early years, it was clear that breastfeeding was declining at the same time that practitioners were supporting it as best for women and infants. The two authors’ interest in the ‘science’ of infant feeding is new and instructive. Even before 1920, scientists were trying to duplicate human milk and the authors take the readers through a number of theories, two of which dominated. The first was percentage feeding—altering formula by diluting cow’s milk and adding sugar and cream. The second was keeping track of calories to ensure the growth of infants. The point of both methods was to lessen infant mortality rates and as Nathoo and Ostry argue, these rates underlay the political ideology of feeding. Women reformers accused immigrant women of not breastfeeding enough despite evidence that foreign-born mothers breastfed more than American-born or Canadian-born mothers. Similarly the reformers blamed poverty in a generic way of taking women out of the home and into the paid work environment, thus limiting their ability to breastfeed. For their part, the authors describe the increased participation in the labour force over these 70 years and criticise the reformers for not questioning “the actual conditions of women’s work environments” (p.43). Since the vast majority of women in paid employment in these years were young and single, however, paid employment was essentially a red herring. Women’s unpaid work environment—the home—was much more deserving of critique.

Ironically one light in the depressing discussion of infant mortality was the situation of rural families. Mothers there didn't have access to up to date information which the authors suggest was just as well for their infants lives—the experts didn't always give good advice.

The interwar years see a major decline in breastfeeding across Canada (although the statistics vary from region to region) at the same time that the various levels of government and medical professionals were increasingly involved in educating mothers on the importance of breastfeeding. The real problem of the movement to educate women was that it was not always in sync with other aspects of social/scientific development. Science recognized the benefits of mother's milk but at the same time the science of nutrition 'discovered' the benefits of Vitamin D to the extent that *The Canadian Mother's Book* was suggesting giving it to babies at two weeks of age. As Nathoo and Ostry argue, such advice helped break down belief in the value of mother's milk as a complete food. Add to the mix the rise in hospital births where mixed feeding was often the rule, the advertisements by proprietary companies pushing their infant formula as good as mother's milk and perhaps even better, and the support of many physicians of that message, breastfeeding initiation declined as well as its duration for those who did initiate. By the 1950s, the authors point out a salient fact—there was now a generation of mothers who had never been exposed to breastfeeding, had only seen bottle fed infants, and, consequently, didn't know how to breastfeed.

It would seem that breastfeeding had had its heyday. But in the last forty years of the last century, a resurgence occurred. Between 1965-71 26% of new mothers initiated breastfeeding. By end of 1970s, it was 65% and as the authors note, the shift came from the grass roots and not from encouragement by the federal government or health promoters. The reasons for the resurgence was multifaceted and included the natural childbirth movement, a concern about proprietary companies selling formula to the most needy internationally, and WHO/UNICEF and their attempts to establish an international Code of Marketing of breast milk substitutes. By the 1990s, the federal government becomes more involved in supporting breastfeeding, working with doctors and health professionals and through them reaching mothers. Nonetheless, the federal government failed to endorse the WHO's Code of Marketing and indeed let the proprietary companies have free reign. The Baby-Friendly Hospital Initiative by WHO and UNICEF had little impact in Canada; only one Canadian hospital qualified for such a designation by the end of the century. In the last section the authors leave history behind and instead take on an advocacy stance, looking to government and policy to make breastfeeding the norm. The cry is that the government needs to step up to

the plate which means from this reviewer's point of view not necessarily engaging in another educative program of women but rather eliminating the obstacles in the way of making the choice to breastfeed.

Both books under review overlap in many areas. *Babies for the Nation* is both narrower and broader. Narrower because the focus is Quebec and in particular French Quebec. Broader because Baillargeon takes a more encompassing look at motherhood and what infant feeding means culturally, socially, politically, and religiously. *The Best Way?* addresses many of those but not as deeply for it is trying to cover the country and 150 years of history and does so through policy decisions and efforts on the part of the federal government. Women's voices and lives come out more in the first and science more in the second. Common to both books is the tension between the private sector and the public, between the 'experts' and women. But as with any good book the three authors leave this reader wanting to know more about the marketing of infant food—a fascinating topic which needs more examination both as a business and cultural endeavour. Similarly, trying to figure out how any educative program can convince a population is a question that doesn't really get answered in either of the books. What both books do is to expand our awareness of health care's various stakeholders and the challenge of getting them to work together even when all are agreed on the necessity of protecting our most vulnerable of our citizens—infants.

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***Hysteria Complicated By Ecstasy: The Case of Nanette Leroux.* By Jan Goldstein.** (Princeton, NJ: Princeton University Press, 2009. 246 p. ISBN 978-0-6911-52370 \$24.95).

Jan Goldstein is a leading social historian of French nineteenth century medicine. The book tackles classical eighteenth and nineteenth century ideas of hysteria by presenting two major manuscripts dealing with a single case. Two 19th century terms in her title require definition. Ecstasy refers to what is more often called Catalepsy, i.e., a sudden loss of consciousness not due to epilepsy and usually brief in duration. Ecstasy was most common around the time of Franz Anton Mesmer who had begun treatment called "animal magnetism," later transmuted into hypnosis. In the early nineteenth century, the term Hysteria implied a disorder mediated by the nervous system and accompanied by symptoms of mood change in women and matched in men by something called Hypochondria. These conditions were often accompanied by sadness less than that of