

asylums, built following the passage of the first County Asylum Act in 1808. Stylistically, it is a relatively traditional account. Smith sees the post-1808 asylum as growing from eighteenth-century charitable models such as St Luke's Hospital in London. He tends to emphasize medical leadership in the asylums' development, and the practical issues of running an asylum.

That is not to say that Smith is theoretically naïve. He has clearly read the more theoretical literature surrounding nineteenth-century asylum provision, but it is not his focus. Thus Smith acknowledges the ambivalent nature of charitable motivations and "progressive" reforms such as non-restraint, but does not dwell on them. Instead, this is a book where the delight is in the detail. The study is based on archival research into a number of these older asylums, primarily Lincoln, Bedford, Norfolk, Nottingham, Gloucester, Lancashire, Staffordshire, and the West Riding. Smith's strength is in weaving an impressive amount of factual information into a coherent narrative as to how early asylums actually worked. Thus while the Poor Law officials in charge of sending people to the asylum are regarded as having parsimonious motives, Smith rather refreshingly also acknowledges the financial concerns of the new asylums. His account of job conditions for servants and keepers melds elegantly into a discussion of the difficulties of these individuals of the non-restraint policy, a policy which left them feeling vulnerable and without recourse to preserve their own safety. Particularly in the early years, the asylum is portrayed as a place of chaos, not order, and Smith nicely identifies the resulting ambiguities between physical authority and brutality which might be exhibited by staff in this period. While never censorious, Smith is equally determined not to paint the past in unduly flattering terms.

This is a survey book, examining the foundation and management of the asylums, the patient populations, the

keepers and attendants hired, treatments and occupations provided, and the rise of non-restraint. The use of local archival documents allows Smith to emphasize the fundamentally local nature of asylum provision. Reflecting the interests of modern social historians, he is able to provide accounts of who the patients were, and convincing accounts of life and variety of treatments offered inside the asylums. This allows an aware, but refreshingly non-judgemental discussion of professional interests and the ambiguities among cure, comfort and safe custody. The sense of the whole is that the old debate between Whiggism and revisionism has been left behind: this book is both and neither.

I would happily recommend this book for university reading lists. Smith's style is clear, and the book provides a very good introduction to the nineteenth-century asylum. This clarity, along with an extremely user-friendly reflection of some of the larger debates in the history of asylums, makes the work appropriate for historians and medical students alike. It further provides a wealth of information and insight for the more advanced researcher.

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Donald Caton, *What a blessing she had chloroform: the medical and social response to the pain of childbirth from 1800 to the present*, London, Yale University Press, 1999, pp. xvi, 288, £20.00 (0-300-07597-9).

Donald Caton is a practising anaesthesiologist, and professor in the departments of both anaesthesiology and obstetrics and gynaecology. During his training, his goal was to teach and practise anaesthesia for obstetric patients, which for him should be the culmination of the art

and science of anaesthesia, but to his surprise many women did not want his help, and many midwives, also, thought that analgesia in obstetrics was an unnecessary intrusion. This book is the result of his attempt to understand and explain why.

He has divided it into three parts. The first five chapters deal with the history of pain management in childbirth from the beginnings of general anaesthesia in 1847. They incorporate a lively account of James Young Simpson's (1811–1870) and John Snow's (1813–1858) contributions, and end with the growing concern about the placental transmission of drugs. The next five consider the social reactions to childbirth, ranging widely over cultural and religious attitudes to pain, and including an analysis of movements which tried to effect improvements in the provision of obstetric analgesia, the short-lived National Twilight Sleep Association in America, the National Birthday Trust and the campaigns of Grantly Dick Read in Great Britain. The final two chapters discuss the interaction between the scientific approach of the doctor, and the social, economic, political and personal considerations which colour the outlook of the patient.

Dr Caton tries to relate the provision and acceptance of pain relief to a change in attitude, scientific and social, during the past century. His evidence is an increasingly humane approach to certain social problems, but even in Victorian times there were what we today call single issue groups. Thus Thomas Wakley was greatly concerned by the brutality of punishment in the Armed Forces, but not at all happy when Queen Victoria received pain relief in labour.

The author paints in broad sweeps, which have a tendency to blur the timescale and obscure the facts. For example, according to the accepted authorities, Sertürner did not isolate morphine and codeine in 1809, Pravaz did not invent the syringe, oxygen and carbon dioxide were not discovered in

the early nineteenth century, Lucy Baldwin was not a Countess in 1927, and if there is any evidence that John Snow and Benjamin Ward Richardson (1828–1896) were prominent in the animal rights movement in the first part of the nineteenth century I would love to know what it is. Simpson is accused of not providing any evidence for his claim that mortality during labour was principally related to its duration and the degree of suffering, whereas in fact he collected figures, which were copied into the notebooks of his students, which showed a dramatic relationship, rising to 1 death in 6 when labour lasted more than 36 hours. Similarly the mortality rate for babies born within the first 24 hours was 1 in 35, and for those born after that time 1 in 2½. One turns to the notes and references for enlightenment about certain statements and their sources, but unfortunately they are generally lumped together paragraph by paragraph, and the reader is left to sort their specific relevances.

Much as one would like to, it is difficult because of its inaccuracies to recommend this book unreservedly in its present state, even to the lay reader, at whom it appears to be aimed.

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Frank Dikötter, *Imperfect conceptions: medical knowledge, birth defects, and eugenics in China*, London, C Hurst, 1998, pp. x, 226, illus., £25.00 (1-85065-331-3).

Much has been written in the West about China's oppressive "one-child" policy—an unprecedented attempt by a state to control the quantity of its people. Little attention has been focused, however, on China's concurrent attempt at controlling the "quality" of its people. These efforts