

Book Reviews

Fraser's early chapters tell the familiar story of the "midwife problem" as conceived among southern public health officials in the 1920s and 1930s, drawing heavily and appropriately on the existent historiography. The later chapters turn to her interviews, the most original and interesting part of the book. What do living African Americans remember about the transition from the midwife-assisted home birth to the doctor and the hospital? Apparently, Fraser found far less information in her interviews than expected. She points out her own surprise that her interview subjects appeared embarrassed by the topic itself, and even more so by the idea of discussing it with herself, a young, unmarried woman. Further, far from accepting the author's valuation of black midwives, many of her subjects were reluctant to admit they had been attended by these women. It was a mark of shame, of poverty, of backwardness, of ignorance.

Throughout Fraser laces her tale with sophisticated and fascinating analysis of the body and its meaning, of concepts of impurity and racism, of the balance of power and knowledge. Her account is rich in its nuanced description of all of childbirth's stages, from the prenatal period to the time of "reentry" into ordinary life. Overall it is clear that Fraser wants to find that her midwives had a strong, traditional, and efficacious knowledge of healing and childbirth, a motherwit that was every bit as valuable as the "scientific medicine" that triumphed over it, but she ultimately lacks the data to make this argument.

Much of Fraser's account echoes older historiography by emphasizing the aspects of oppression and, in this case, racism, that were involved in the twentieth-century transition in the midwives' role. Although admitting that African American women welcomed the opportunities offered by a hospital birth, including anaesthesia, Fraser ultimately sees these women not as making informed choices, but as dupes of the medical establishment that has robbed them

of their heritage. One suspects that romantic sentimentality for the midwife and her culture has blinded Fraser to the hard realities of the "old times" and to the improvements that modernity has brought to southern African American women.

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Charlotte Furth, *A flourishing yin: gender in China's medical history, 960–1665*, A Philip E Lilienthal Book, Berkeley and London, University of California Press, 1999, pp. xiv, 355, illus., £35.00, \$45.00 (hardback 0-520-20828-5), £12.95, \$17.95 (0-520-20829-3).

Charlotte Furth's work consists of two major sections. Chapters 1 to 6 set out the textual history of Chinese medicine from the tenth to the seventeenth century, with emphasis laid on the way women and their bodies were viewed, described and prescribed for in the *fuke* or "women's medicine" sections of the major medical books. This part of the work holds few surprises, although Furth describes the growth during the Ming dynasty (1366–1644) of popular medical publishing, bringing medical knowledge into the home, and out of the realm of theory. Wu Zhiwang, a Yangzhou magistrate, compiled a guide to women's medicine, "To Benefit Yin", a work of such practical clarity that the blurb on the cover of the 1665 edition boasted, "Not only doctors but . . . ordinary gentlemen can put a copy on the shelf for household use".

The most interesting chapters in the book, and those which move beyond the fairly well-trodden path, are those where Furth translates at some length from the experiences of Cheng Maoxian of Yangzhou, a sixteenth-century "literati physician practicing in obscurity", from the

Book Reviews

casebook of a female doctor, Tan Yunxian (1461–1554), and from accounts of midwives' practice in the same period, gathered from a variety of sources.

Cheng Maoxian described cases in considerable detail, setting out both his prescriptions throughout the course of illness and the reaction of the patients and their families to the proposed course of treatment. His main diagnostic method was taking the pulse, which, when treating women, meant that the niceties could be observed, but he sometimes demanded to see a female patient if he deemed it essential. Though the arrangement was typically made through senior male members of the female patient's family, Cheng's reference to closer examination of female patients contradicts the widely held view that sick women were invariably screened from male physicians, allowing access only to the pulse points of the wrist.

Male doctors were frequently called upon to treat women during pregnancy: Cheng Maoxian gave his wife ginseng and astragalus root to prevent bleeding in the third month, followed by peach kernel and Tibetan crocus which saved the foetus. They also treated a variety of post-partum problems but were generally called during childbirth only if problems arose.

Though Furth describes a variety of female healers through references in Ming (1368–1644) literature, the midwife was frequently characterized as incompetent and corrupt. The portrait of Granny Liu in the novel *Jin ping mei (Plum in the golden vase)* (1617) is of a Chinese Mrs Gamp, loud, overdressed and vulgar. Part of the midwives' task was to carry out the ritual burial of the placenta, but they were widely suspected of selling body parts, which were in much demand as highly potent medicines, then as now. An enormously expensive face cream currently being promoted in Chinese department stores proudly announces that its magic ingredient is human placenta.

A unique volume, preserved in the library of the Traditional Chinese Medicine

Research Institute in Peking, is Tan Yunxian's *Nü yi zayan* (Sayings of a female doctor). The daughter of a noted doctor, Tan Yunxian became very well known in her own right and acquired a substantial number of patients who disliked being treated by male doctors. For this reason, though she treated women, her practice was not restricted to specifically female problems but ranged from skin infections and digestive ailments to lupus.

In these partial presentations of the direct experience of sixteenth-century Chinese medical practitioners, Charlotte Furth usefully contributes to the body of material on Chinese traditional medicine in European languages, following the work of the late Joseph Needham and Paul Unschuld, in particular. It is to be regretted that she does not write with Needham's elegance, indeed some of her sentences are barely penetrable.

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British Library

Daniel J Kevles, *The Baltimore case: a trial of politics, science, and character*, New York and London, W W Norton, 1998, pp. 509, illus., £21.00 (hardback 0-393-04103-4).

Between 1975 and 1988 the US biomedical research community was shaken by continual revelations of research misconduct, mostly plagiarism and invention of data. Prestigious departments in ivy-league universities were involved, with world-famous senior figures caught up through gift authorship of papers based on fraudulent data—indeed, usually on work that had not been done at all. Though the episodes were well publicized, the scientific Establishment was slow to react, claiming that science could police itself and anyway the prevalence of misconduct was low.