NOTES

1. Bruno Ramirez, "French Canadian Immigrants in the New England Cotton Industry," *Labour LE TRAVAILLEUR* 11 (Spring 1983), p.130).
2. Mason, Vinovsksis and Hareven, "Women's Work," in *Transitions*, p. 209.
3. Bettina Bradbury, "Women and Wage Labour in a Period of Transition," *Social History HISTOIRE SOCIALE*, 17, May 1984.
4. Frances Early, "The French Canadian Family Economy," *Journal of Family History*, Summer 1982, p. 183.
5. Judith McGaw "A Good Place to Work," *Journal of Interdisciplinary History*, 10, 1979, p. 240.
6. Thomas Dublin, Review, *Technology and Culture*, 24 (October, 1983).

Pain, Pleasure, and American Childbirth. From the Twilight Sleep to the Read Method, 1914-1960. Margaret Sandelowski. *Westport: Geenwood Press, 1984. Pp. xix, 152.*

Pain, Pleasure, and American Childbirth is a small book, only 105 pages of actual text and at $27.95 (American), rather expensive. But it is well worth the price, for it is a gem. It is well researched, argued and written. It focuses on attitudes toward pain as a reflection of changing societal values beginning at the turn of the century when pain was regarded as part of living, to the 1960s when people attempted, sometimes to absurd degrees, to eliminate pain from their lives.

As it applies to women and childbirth, pain was considered "inevitable," "necessary," and to be "endured." For mid-nineteenth century physicians, pain was a moral necessity, part of childbirth, and therefore natural. It was also class related, for they believed it was experienced more by middle-class women than working-class women. Doctors were hesitant to remove this pain, not only because it was viewed as natural but because intervention required skill. But as the century progressed, they became increasingly sensitive to the pain of their middle-class patients and willing to intervene. In fact, there was a very strong belief that civilization was making it difficult for women to bear their children without medical intervention. It was in this context that the debate over Twilight Sleep emerged in the second decade of the twentieth century.

Twilight Sleep was "a state of semiconciousness induced by morphine and scopolamine." (3) What it essentially did was to separate the mind/body link which had so dominated nineteenth century medicine and which had accounted for female mental disorders. Twilight Sleep continued to accept the nineteenth century belief in the efficacy of pain in the actual labour stage of childbirth but after the birth, removed the memory of that pain. It was a procedure demanded by patients and rejected by most American physicians. These patients, however, were not trying to win back control over childbirth or agitating for popular and safe medicine. As Sandelowski carefully points out, Twilight Sleep accepted science as a solution for pain. And if Twilight Sleep provided women liberation from their biological functions, as some believed, it did so at the expense of their participating in the actual birthing experience.

While the American medical profession never engaged in the practice of Twilight Sleep to any significant degree, Sandelowski argues that the debate over it was nevertheless important: it reawakened interest in physicians in the prevention of pain; it raised the possibility that pain could be eliminated safely; it focused attention on drug therapy; it justified both the presence of a doctor at childbirth, and a hospital birth; and, it stressed the complexity of childbirth. "Most importantly, since Twilight Sleep advocates believed that the method made modern childbirth natural again, unassisted childbirth was, by default, unnatural." (19)

After the Twilight Sleep campaign, medicine increasingly focused on the alleviation of pain in childbirth. After all, that is what patients had been demanding. In fact, until the late forties obstetrics was characterized by the search for the safe drug to end pain. Doctors believed, unlike in the nineteenth century, that pain must be stopped, but they realized that using drugs on

pregnant women was hazardous: their effects were passed on to the fetus; certain features of a pregnant women's physiology made the drug therapy more hazardous than for non-pregnant patients; and since labour lasted longer than surgery, more drugs were needed which itself was a complication. The perception of these difficulties was heightened because pregnancy was seen as a non-healthy state, to be handled by medical personnel.

Drugs in childbirth made patient participation difficult and this led to more intervention so that physicians could monitor the progress of the delivery. Because drugs were viewed as hazardous, pregnancy was increasingly seen as dangerous which may not have helped women any, but certainly increased the status of obstetricians. By providing doctors with more activity they also relieved the boredom of childbirth from the physician's perspective. Along with drugs arose an entire retinue of procedures: forcep delivery, episiotomy, the early removal of the placenta, and Caesarean sections.

Although women may have demanded the use of drugs to reduce pain, they had not demanded total immobility. Many were discovering that if motherhood was the fulfillment of their lives as women, the childbirth experience as presented to them in hospitals was a less than auspicious beginning to it. The result was the demand not only to eliminate pain but to provide pleasure in the childbirth experience. By the 1950s, the mind/body link had been reestablished. "The physician who treated women for their reproductive problems was also treating their minds since so much of the symptomatology encountered in these patients was of 'purely mental origin.' (59) Such an attitude was based on the work of Helene Deutsch who maintained that "the center of a woman's mental and emotional life lay in her reproductive organs." (58) The wisdom of the nineteenth century had been reinvented. Because childbirth involved body and mind, physicians now had to monitor both.

With the stress of the psychological, attention was paid to the fear of pain in childbirth. Grantly Dick-Read, a British obstetrician, was the main proponent of eliminating this fear through natural childbirth. Advocates argued that it was safer than drug controlled birth and it allowed women to participate. Critics accused it of rejecting physicians and science. Needless to say, in the U.S., natural childbirth became Americanized. Drugs continued to be used, but not to the same degree. American medicine simply could not accept non-intervention, for too many physicians, pregnancy itself was an abnormal condition. Natural childbirth in turn was refined by the Lamaze method which not only placed women at the centre of the childbirth experience, as did natural childbirth, but also put her in control of her pain. Or at least some pain for Lamaze ignored, as did all the rest, the pains accompanying afterbirth, episiotomy, and breast engorgement. It did, however, shift the focus to the pleasure of childbirth and recognized that pain was both physical and mental. Nevertheless, it still left doctors overseeing childbirth.

Pain, Pleasure, and American Childbirth is an excellent study. It reveals the way in which the medical profession has maintained control of the childbirth experience. It analyzes the consequences of our search to alleviate pain in society. Pain is to be ostracized from childbirth. Those feeling it have failed in the twentieth century search for pleasure.

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Small Expectations. Society's Betrayal of Older Women. Leah Cohen. *Toronto: McClelland and Stewart, 1984. Pp. 228.*

This book examines how older women are treated in our society and seeks to expose the great injustices they suffer. Cohen wishes to en-