Similarly unexplained and without introduction are seven erotic poems from the contemporary feminist writer, Michèle Roberts.

I do appreciate that the book's whole editorial stance surely comes from a generous impulse of non-interference: not to come between reader and contributor and to let the essays and poems speak for themselves. But the problem remains that when they are presented as part of a collection which appears to be asking its readers to connect their desires to political reality it becomes quite important that no one misses the point.

Rosalind Brunt

A History of Women's Bodies, Edward Shorter Allen Lane 1983 ISBN 0713915811 £14.95 hb 398pp

It is almost the fashion at present for male sociologists to lunge to the attack in reaction to any suggestion that women can do without men. Edward Shorter's book is yet another example of this popular trend. The underlying theme of the book is the claim that women's demands for personal autonomy could never have occured until a fundamental precondition had been secured, i.e. their biological liberation. Women's bodies are seen by Shorter to have been their historical curse. Like Eve, woman was doomed to bring forth children in sorrow.

Few of course would deny that numerous pregnancies, unwanted children and the hazardous process of childbirth had (or has) an adverse effect upon women's health. Nor would they deny, perhaps, the possibility that some women internalize their ascribed inferiority as being 'natural'. Many would, however, take issue with Shorter's assertions that:

i. the 'liberation' of women's bodies depended upon the efforts of men;
ii. 'men have changed . . . from being women's enemies to being their best friends';
iii. women's present alliance against men is a 'nice irony' – i.e. inappropriate and misguided.

In other words, we should all turn around and thank men for the nice job they have done, welcome them into our women's groups and health centres and, no doubt, allow them to take over. Not surprisingly, there is little evidence in Shorter's book to support this conclusion, let alone in feminist studies that have been done of childbirth.

The history of childbirth emerges as a transition from a museum of horror ruled by a dark morass of female superstition to a triumph of science displayed in the showcase of the clinically perfect maternity ward. Yet, contrary to any claims Shorter may make, man's intervention with science has done very little to liberate woman from her bodily imprisonment. No one would wish to deny the benefits of not having the baby's head pulled off during birth or having the uterus ripped out inadvertently or being forced to suffer the pain of version without the benefit of anaesthesia. But, neither should it be claimed that men marched like saints wielding the scientific axe with the sole intention of ending the victimisation of the female form. Women in fact suffered horrifically at the hands of doctors in the early days of man's encroachment into the realm of obstetrics. Early medicine was distinct from present-day intervention

where the emphasis is upon objectively measurable symptoms, syndromes and cures. Medical theory centred upon Christian theology and the philosophies of Plato, Aristotle and Galen, the ancient Roman physician who emphasized the importance of 'complexions', 'temperaments', 'good' and 'bad humours'. Thus, blood letting and purges were favoured methods of washing away bad humours (Ehrenreich & English, 1979). Neither women healers nor doctors (largely the preserve of the rich) offered 'scientific' healing. Much of the 'cure' was based upon mysticism, ritual and potion (Shorter, 1983).

The main reason in fact, for the hospitalization of childbirth was the male doctor's bumbling delivery. Male doctors frequently reproached midwives for their unnecessary meddling, but this was a fault they themselves shared. Doctors would recommend the rubbing of hands and the mother's abdomen with oil of roses prior to internal examinations, the dilation of the vagina and cervix if the mother's muscles were too 'tight', the pushing on her abdomen to force the baby out and the puncturing of the amniotic sac, generally with a fingernail. They administered ether and chloroform with the noble aim of relieving the pain of birth, yet with the result of killing the patient. Pituitrin, a uterine stimulating drug discovered in 1906, was given to mothers with the intention of 'blasting the baby through the birth canal' but it had the unfortunate side effect of rupturing the uterus if not correctly prescribed. Rather than allow the woman to choose the most comfortable position for delivery, they placed her on her side, in bed, for the sake of her modesty (!) and also to prevent her from seeing the instruments. Their abuse of forceps, the tool of the doctor's trade, gave rise to many a gruesome scene, as Shorter is well aware:

> James Hendry confessed in 1928 that 'I have myself had the mortification of performing Caesarean section in a "failed forceps" case, and delivering a child with a fractured skull and both cheeks very badly torn by the forceps.'
>
> Here is one without anaesthetic: 'Delivery was difficult. The forceps slipped five times and caused severe haemorrhage. The perineum was torn to the rectum.' The mother was sent the same day to the hospital and died there. In another case without anaesthetic, the mother 'awakened the neighbourhood with her screams', and died shortly after her admission to hospital. (Shorter, 1983: 153)

The doctor's main reason for this free use of the forceps was 'impatience and haste' (Shorter, 1983: 154). The doctor wanted to get the job over and done with and resented being forced to attend a case which did not pay.

Not content with the dangerous potential of the forceps, doctors also resorted to craniotomy and other mutilations (such as hacking at the mother's pubic bone). As late as 1947, Gilbert I. Strachan's *Textbook of Obstetrics* justified puncturing the live infant's skull so its contents would drain out and thus facilitate speedy delivery, when the forceps failed at extraction. The destruction of the infant only became abhorrent after the development of man's concern for his species. It was this which facilitated the shift to child-orientated birth, not a desire to liberate women's bodies (Ehrenreich & English, 1979).

Shorter's concern is with the 'corporal reality', a positivist notion of objectively measurable physical health. Thus, he is able to claim the irrelevance of what doctors and other experts thought, or presently think, about women's bodies. Yet, there is an increasing weight of evidence in feminist writings, as well as in Shorter's book, of the difficulties encountered in separating the 'biological' from the 'social'. The biological act of reproduction is always mediated socially. In olden times, as Shorter himself demonstrates, men had to be protected from the whims of woman's demonic uterus. Since at least the time of Hippocrates, medicine assigned the uterus bizarre qualities such as the ability to wander about the abdomen or induce hysterical fits. The uterus

was a living demon, which often took the form of a frog, as the tale of the Pilgrim woman who took sick shows:

> Scarcely was she asleep when the uterus, and the attaching ligaments crept out of her mouth into a brook, swam around and crawled back inside. (Shorter, 1983:287).

The ultimate protection of course was to keep men far removed from the process of childbirth. The pregnant mother was also subjected to an armada of rituals and taboos designed to guard against the supernatural. Women had to avoid cats, not go out for fear of startling the baby, not swear due to the danger of giving birth to a monster, etc. Mothers who died in childbirth were buried in the corner of the cemetery, near the murderers and the suicides. New mothers had to be 'churched' to cleanse them of their contamination. Six weeks after delivery, the new mother was brought to church to ask the priest's permission to re-enter society. If women asked to be churched, as Shorter claims, it is hardly surprising in the light of contemporary values. Much of the early midwife's work was therefore wrapped up in this ritual, and, although some offered beneficial innovations, such as the use of ergot to ease delivery, not every birth was an entirely pleasurable matter. To romanticize childbirth, past or present, is somewhat misguided if the majority of women find it to be a fundamentally painful ordeal.

The dictatorship of 'old wives' in past times has now been replaced by the rule of the 'new wives' — the medical experts of modern obstetrics. Rather than being a threat to man, the female uterus is now glorified. TV documentaries which follow the development of egg as amorphous mass, to full grown foetus, to new born child frequently top the ratings. Motherhood is 'natural', thus pregnant women are not sick, rather the epitome of good health, the 'blooming' female form. Yet, pregnant women are nevertheless 'patients' who must be subjected to all forms of investigation and test — some of which are not strictly necessary. In Ann Oakley's study of the transition to motherhood, all the women took drugs during pregnancy and had blood and urine tests, 68% had ultrasound, 19% x-rays and 30% other miscellaneous tests. Childbirth is now a specialist subject of medical concern in which women play little role as people, only as 'cases'. Thus, one thanks the doctor for the safe arrival of a healthy baby, not the mother. If the baby is ill or malformed however, it is the mother's or nature's fault. The mother's maternal instinct justifies placing the baby on the breast straight after delivery, to solidify the animal bond between mother and child. Breast is best, despite some women's physical revulsion — to view the baby as a vampire is fundamentally deviant and unnatural. Women who refuse immediately to love their babies and willingly devote their constant, self-sacrificing attention are labelled 'depressives' ripe for psychiatric intervention. Women are meant to celebrate their biologically determined role as mothers — so why don't men want to take a share if it is so glorious?

Men have frequently manipulated science to 'prove' the naturally determined position of women. A vast body of nineteenth-century research was devoted to measuring brain weights, skull sizes and facial proportions in order to chart the 'natural' order of species man. Thus, white man was at the top of the ladder followed by Northern Europeans, Slavs, Jews, Italians, etc. with blacks and women near the bottom of the scale. In 1879, Biagehot built upon Darwinist theory to argue that:

> Each sex fulfills the task for which it is specially adapted by Nature. (Sayers, 1982:31.)

Present-day medicine and psychiatry, with the aid of hormones and the maternal instinct, persists in linking women's bodies with their place in society. Post-abortive women are therefore almost expected to be depressed, because of their hormone levels. Premenstrual tension is now a relevant factor for consideration of diminished

responsibility. By confusing woman's biology with her social role as carer for children, science aids, rather than alleviates, her continued oppression.

Benefits to women's bodies have undoubtedly accrued from scientific developments, but these should not be overrated, and they have been achieved at a cost. Shorter exalts medicine as the main reformatory impetus in the decline of infant mortality in the latter half of the nineteenth century, yet this decline was due more to a rising standard of living, especially improved nutrition, and to the effects of public health measures centred mainly upon improving the water supply. Even today, there is evidence that infant mortality is strongly linked with a mother's class position. Shorter plays down the effects of these economic and environmental changes upon women's health although they clearly exist in an undercurrent of evidence within the book, especially in his discussions of woman's bodily 'architecture' and of sex-determined life expectancy (Chs. 2 & 9).

It is regrettable that Shorter's tendency to deliver macho witticisms about the women's movement appears to have hampered his analytical ability. His rejoinder on page 176 that:

> modern medicine has snatched from women's hands whatever hopes of autonomy and control had previously glimmered. (Shorter, 1983)

is seemingly lost under the deluge of jibes.

Lorraine Radford

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Hidden Hands: Women and Economic Policies Anne Phillips Pluto Press 1983 ISBN 0 86104 511 4 £2.50.

Published as part of Pluto's 'Arguments for Socialism' series, this book spans many socialist and feminist concerns about the world of work and women's place in it. What is more, it spans them with one hand; Anne Phillips has managed to forge a clearly stated stance of her own that draws on socialist arguments about the nature of work under capitalism as much as on feminist received wisdom about women's economic position. Few feminists would quarrel with the view that it is the *relationship* between work in and outside the home that forms the complex economic problem that women specifically have to deal with. Anne Phillips gives a concise restatement of this agreed understanding and then brings it face to face with current socialist thinking on economic policy in the shape of the Alternative Economic Strategy. What has the AES got to offer to women? Nothing in particular, she claims; it is simply a strategy for asking for more of the same kind of waged work we had before. It does not demand a change in the nature of waged work such as would take the squeeze off women poised uncomfortably between growing employment for wages and continuing responsibility for housework and children. Paradoxically, perhaps, it is through claiming that the AES cannot help women in particular that Anne Phillips points to the failures of the