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exploration of China's reproductive past, and should be read by anyone who seeks to understand the controversy over human rights in China today.

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Nina Rattner Gelbart, *The king's midwife: a history and mystery of Madame du Coudray*, Berkeley and London, University of California Press, 1998, pp. xi, 347, illus., \$35.00 (0-520-21036-0).

Madame du Coudray was one of those "lost" heroines, neglected by historians in spite of several decades of feminist scholarship. She has been rediscovered by Nina Gelbart who has written a fascinating account of the career of this leading eighteenth-century midwife and her medical mission to spread childbirth education throughout France. Gelbart also tells her own story of retracing du Coudray's journey and consulting more than 1,000 documents over a ten-year period in order to reconstruct the midwife's odyssey.

After beginning her career as a midwife in Paris in the 1740s and then spending ten years in Clermont perfecting her skills and planning her strategy, Madame du Coudray began her mission in 1759 when Louis XV commissioned her to travel throughout France teaching childbirthing skills with the goal of saving babies for the state. Part of the Ancien Régime's statist approach, du Coudray's programme was one response to the perceived depopulation problem. Armed with her text, the famous *Abrégé de l'art des accouchements* (1759) and her unique "machine", a life-sized obstetrical mannequin, du Coudray taught over 10,000 students over a thirty-year period.

Du Coudray was the consummate

strategist, negotiating her way through a maze of physicians and surgeons, bureaucrats, students, and patients. She never married, even though she took the title "Madame", and she had no children. With few domestic obligations, she gave free rein to her professional ambitions. Politically astute, she had connections both at court and among provincial political leaders. Within a few years she succeeded in gaining a yearly stipend from the king of 8,000 livres—equal to that of a decorated military general.

In spite of her accomplishments, du Coudray is no feminist hero. She was not an advocate for females. She did not emphasize her gender, but rather assumed she was the equal of males. She accepted the status quo and worked within the system, all the while seeing herself as a man of action. A vehicle of science and progress, du Coudray presented herself as an expert authority. Gelbart portrays her as a woman in charge, planning her strategy, charting her career trajectory. She was an exceptional woman, in no way representative of ordinary women. Given her attitude, skills, and her system of patronage, du Coudray defied the marginalization of women which was taking place in midwifery circles.

When du Coudray and her entourage arrived in a town, she sometimes aroused resistance from local authorities and midwives. She was an outsider, a medical colonizer, interfering with established childbirthing practices, which had been passed down from generation to generation and whose practitioners inspired confidence in local women. She medicalized and mechanized birth, referring to the mother as "the patient", and employing her "machine" as her principal teaching aid. Gelbart portrays du Coudray's mission as an infusion of modernity into a pre-modern world of stories. Du Coudray was an expert, disseminating modernization throughout the provinces.

Du Coudray exemplifies the technocratic

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approach of the French Enlightenment which included the central government's goal of uniformity of procedures and government training in the name of science, technology, progress, and national security. Midwifery was for her a state affair. In her teaching she privileged the technical, referring to her mannequin as the "machine". An entrepreneur, she emphasized the baby as the "product", a departure from typical early modern French childbirthing practices which stressed the welfare of the mother over the baby. Her aim was to produce babies for France "like a cobbler makes shoes" (p. 113).

In addition to du Coudray's story, this book is also a meditation on the historian's craft. Du Coudray provides an opportunity for Gelbart to present her historiographic agenda: that history is above all a good story. Her method is: "getting things basically straight, of course, but taking some gambles too" (p. 283). As such, this account is as much about how we should write history as it is about Madame du Coudray.

The story of Madame du Coudray is also a moral tale. Du Coudray through Gelbart speaks to academic women. In the end, du Coudray is a woman enriched by her work. As Gelbart puts it, in du Coudray "self and profession have flourished together" (p. 246). I read this as Gelbart speaking about herself and other female academics for whom du Coudray provides an opportunity to contemplate themselves and their professional identities.

In sum, this book is irresistible. It is the second account in the history of medicine that I read right through, that I simply could not put down. The other, curiously, was also about midwifery, Laurel Thatcher Ulrich's *A midwife's tale* (1991). Gelbart is to be congratulated on producing a compelling and beautifully written story. This book also provides the best account of early modern pregnancy and childbirth practices that I have read anywhere. As an

added bonus, there is a full bibliography and an excellent index, both of which are all too rare these days. I urge all historians of medicine, women, and France to read about Madame du Coudray. I hope and expect that this book will win a major prize. It is outstanding.

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Michael Moran, *Governing the health care state: a comparative study of the United Kingdom, the United States and Germany*, Political Analyses series, Manchester University Press, 1999, pp. xii, 196, £12.99 (paperback 0-7190-4297-6).

This stimulating, if rather repetitive, comparative essay starts with a familiar conundrum. Health systems around the world are in crisis because of the need to contain costs. Solutions, as in Britain with the development of internal markets, are sought mainly from the United States; but costs there are notoriously high. Seeking advice from the US, as the author argues here, would therefore seem as expedient as "taking navigation lessons from the crew of the Titanic". Moran's approach to the conundrum, however, is rather less familiar. As a political scientist he is concerned less with conventional medical issues than with historical legacies and with the interdependence of the health care system, democratic politics and the market ("the health care state"). His analysis is duly based on the three divergent, yet convergent, systems in Britain, Germany and the USA and on three particular challenges: the regulation of consumption, doctors and technology.

Access to scientific medicine after 1900, it is argued, became a highly desirable "good"