

## Comptes rendus / Book Reviews

BAILLARGEON, Denyse — *Un Québec en mal d'enfants. La médicalisation de la maternité, 1910–1970*, Montréal, Les éditions du remue-ménage, 2004, 373 p.

Denyse Baillargeon's new book is an impressive and original contribution to the histories of women, medicine, childhood, and social welfare in twentieth-century Quebec. Staking out a 60-year period that witnessed major changes in all of these areas, Baillargeon applies her considerable skill as a researcher to the expert, scientific discourses and practices around pregnancy, childbirth, and child care then rising to hegemonic status in Quebec, as elsewhere. Quebec's history in this respect followed a pattern already established for other Western societies; it is well studied in English Canadian contexts, for example, by scholars such as Katherine Arnup, Cynthia Comacchio, and Wendy Mitchinson. As the century progressed an increasingly well-organized and self-important medical profession imposed its "modern" vision of preventive pre-natal care, hospital births, and "scientific" child rearing on women, particularly women of the popular classes, whose traditional knowledge and practices the profession challenged and ultimately marginalized. This familiar story takes on new dimensions when transposed to Quebec, where the medicalization of maternity occurred against the backdrop of the continent's largest families and highest levels of infant mortality, where the campaign was couched in the language of French-Canadian nationalism, and where a powerful Catholic Church both influenced the way Quebecers thought about motherhood and provided the infrastructure for many of the institutional responses to maternal, infant, and child mortality.

As in so many other areas, then, the history of scientific motherhood in twentieth-century Quebec was "the same ... only different". Baillargeon has spent over a decade coming to grips with its complexities — and they are legion. *Un Québec en mal d'enfants* is comprised of six chapters, the first three of which are based on a thorough vetting of the relevant prescriptive literature, especially from French-Canadian medical journals. In chapter 1, the author ably marshals this material to paint a two-stage portrait (pre- and post-1940) of the public health problems to which most of the medical attention was addressed: infant mortality and, to a lesser extent (since it was much less common), maternal mortality. In chapter 2, she builds on this analysis by focusing on the campaign to promote higher levels of child survival in a province where,

as recently as the 1920s, 13 per cent of all infants died before their first birthday (Table 1). We have seen many discussions of infant mortality in Quebec since 1974, when Terry Copp first brought to light H. B. Ames's shocking statistical study of working-class Montreal in *The Anatomy of Poverty*. Baillargeon's work is the first to my knowledge to frame the debate in terms of its nationalist content and to situate the campaign for improved infant care in terms of the ideology of *la survivance*.

Chapter 3 maintains the focus on medical prescriptions for "scientific" mothering as the modern solution to the persistent scourge of infant mortality. Here, however, the scope of the analysis broadens to encompass a wider range of actors and issues. Infant mortality was a complex problem, the roots of which might variously be traced to poverty, overcrowding, artificial feeding, unpasteurized milk, large families, or, saliently, the "ignorance" of French-Canadian mothers. The array of solutions offered in the literature was similarly wide and included education, pre-natal care, breastfeeding, improved living standards, medically approved methods of bottle feeding, hospital births, and other innovations, all of which served to empower doctors and other "experts" and to disempower women. Throughout this discussion, Baillargeon emphasizes the arrogance of the medical profession, the unrealistic assumptions that underlay much of its advice, and the negative impact of this campaign on women's power and autonomy in the realm of sexuality, reproduction, and child rearing.

In chapters 4 and 5, Baillargeon shifts away from the medical discourse and towards institutional responses to the public health problems at hand. What is striking here is the sheer breadth of the campaign and the number of different individuals and agencies involved. Hence chapter 4 provides an inventory of the various agencies and programmes, both public and private, which came to be involved in *l'encadrement de la maternité*. These included the well-known *Gouttes de lait*, or milk dispensaries, that emerged early in the century in the large cities, sometimes sponsored by private agencies such as the maternal feminists of the *Fédération nationale Saint-Jean-Baptiste*. They also included home nursing programmes such as those instituted by the Victorian Order of Nurses, the Metropolitan Life Insurance Company, and *l'Assistance maternelle de Montréal*, as well as a wide range of services, programmes, and educational literature offered by federal, provincial, and municipal public health authorities. Chapter 5 revisits this impressive and heterogeneous institutional network, but this time with special attention to the tensions, rifts, and open conflicts that divided these groups. This intriguing chapter highlights, among other things, some very significant differences among doctors on the issue of free pre-natal and neo-natal clinics, not least between public health specialists (most of them public employees) and family physicians in private practice.

In chapter 6, Baillargeon moves from the institutional archives and back to her roots in oral history. Readers who have come this far will be curious about how the prescriptions outlined in the first three chapters and the institutional networks explored in the next two were received by the women they targeted. They are rewarded here with an analysis of some 66 interviews with women married between the 1920s and the 1960s (just over half formed their families in the 1940s) and who had given birth to at least one child (most had had between three and five children). Baillargeon provides a lively discussion of the various reasons why women might or might not choose,

for example, to consult a doctor regularly during pregnancy, to breastfeed their infants (a practice she suggests was tacitly discouraged by the Catholic Church), or to obtain pasteurized milk and have their infants examined, weighed, and inoculated at a *Goutte de lait* or other free clinic. Also based largely on these interviews is a brief epilogue that completes the book by addressing the related issues of fertility, family size, and contraception in this period, most of which, of course, preceded the sharp fall in French-Canadian birth rates associated with the Quiet Revolution.

There is much more here than this brief outline can convey, including a subtle discussion of the relationships between private philanthropy (including church initiatives) and state-run programmes and between expert professionals and volunteer workers, many of them maternal feminists. In general, this is a fine book based on three distinct, richly complementary, and challenging types of sources: prescriptive literature, institutional archives, and oral histories. Baillargeon masters all three, although I admit to having been a little overwhelmed by the thick alphabet soup of agencies and their acronyms presented in chapters 4 and 5 and rather more impressed by the skill with which she marshals oral evidence in chapter 6.

My only real quibble is with the absence of a general conclusion, especially given what seems to me to be an unresolved tension in the book. As Baillargeon admits in her acknowledgements, she is at times rather harsh towards the medical profession, attributing to doctors a range of motives — personal financial gain, professional imperialism, class- and gender-based chauvinism — that had nothing to do with healing or saving lives. This is fair enough, yet it is hard to deny (as the author would, I think, concede) that medical progress in this period, including in the area of puericulture, was real and substantial. Alongside the invasive medicalization of maternity, in other words, the years from 1910 to 1970 saw infant mortality rates in Quebec fall dramatically (from over 165 to about 32 per 1,000 live births — see Table 2), while maternal mortality rates declined even more sharply, albeit from much lower initial levels (from about 4 to 0.4 per 1,000 live births — see Table 8). At various points in the book, Baillargeon presents the not unreasonable claim that improving living standards in the postwar period go further towards explaining these trends than do advances in medical science. It seems to me, however, that this argument should have been made more forcefully and, furthermore, that the question of whether or not the new methods actually worked is central enough to merit sustained attention in a concluding discussion.

These comments notwithstanding, this is an exemplary monograph on an important topic by one of Quebec's best social historians. I am sure this is what Ronald Rudin meant when he called for more "post-revisionist" studies: those that demonstrate how Quebec's development was on one hand connected to and reflective of wider trends in liberal, Western societies, and on the other full of specificities and particularisms born of a distinct cultural, religious, and colonial heritage. Recently awarded a Clio Award and short-listed for the John A. Macdonald prize by the Canadian Historical Association, *Un Québec en mal d'enfants* will surely attract the attention of other prize committees in the near future, and with good reason.

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