

exclusions et les inclusions qui résultent des rapports entre les femmes et l'architecture au Canada pendant la période 1920 à 1992. La thèse des auteures est que la profession a marqué la vie des femmes architectes mais qu'elles ont également marqué la profession. "Dans le cadre de notre projet, les femmes architectes sont perçues comme étant des promotrices actives de leur carrière et non comme des victimes muettes d'une profession ingrate. Nous nous sommes efforcées de mettre en lumière leurs innovations et 'déviations' individuelles par rapport à leur propre situation plutôt qu'en relation avec les limites que leur a imposées une profession à prédominance masculine" (27).

Une des caractéristiques de la profession d'architecte est l'écart important entre la nombre des personnes formées en architecte et souvent travaillant dans la domaine et celui des personnes officiellement inscrites dans les associations provinciales et ayant le droit légal de pratiquer. Les femmes étaient disproportionnellement nombreuses dans "les professionnels non inscrits" et donc exclues de la définition officielle de la profession. Mais, selon Adams et Tancred, en travaillant dans les domaines connexes, elles ont réussi à élargir la profession architecturale.

Une autre dimension importante dans le livre est la spécificité du cas québécois. La participation significative des femmes à la profession au Québec arrive avec les années '60 et ensuite leur participation est beaucoup plus forte qu'ailleurs. Mais dans la période des années 1970 et 1980 les architectes québécoises sont celles qui sont les plus désinscrites de l'association. L'interprétation des auteurs est de fonction des recherches sur les professions. Les moments d'ouverture pour les femmes sont à des périodes de changement social important - les années de la Révolution tranquille et les projets importants de l'Expo 1967 ont donné des places importantes à des femmes architectes. Par la suite la conjoncture économique de Québec a été moins favorable pour les gros projets architecturaux et les femmes ont créé leurs propres emplois dans les domaines complexes et ainsi ont redéfini la profession d'architecte.

Le livre décrit également la représentation que la profession s'est donnée à travers une analyse des images publiés dans *la Revue de L'IRAC*

(L'Institut royal d'architecture de Canada). C'est un image masculin de la profession avec peu de reflet de cette redéfinition dont parlent Adams et Tancred. Cette analyse des images ajoute à la richesse du livre, son sens de nuance et des rapports complexes entre la profession et les personnes formée en architecture. Elle ajoute une dimension important du poids de la définition professionnelle. Si la redéfinition de la profession décrite par Adams et Tancred comme la résultat des emplois effectués par les femmes architectes est inconnue du public, quel impact a cette redéfinition? *L'Architecture au féminin: une profession à redéfinir* nous permet de réfléchir sur cette question importante.

Caroline Andrew
Université d'Ottawa

Giving Birth in Canada, 1900-1950. Wendy Mitchinson. Toronto: University of Toronto Press, 2002; xii + 430 pages; photographs; ISBN 0-8020-3631-7; \$65.00 (cloth).

Did doctors steal childbirth from women? Or were they women's saviours, rescuing them from the dangers of childbirth? The debate over the medicalization of childbirth has raged for more than two decades. Historian Wendy Mitchinson's book is a welcome entry into this discussion. *Giving Birth in Canada: 1900-1950* is an exhaustively researched, lucidly written history of changing ideologies and practices of childbirth. Like Mitchinson's earlier book, *The Nature of their Bodies*, this volume sets the standard for meticulous, balanced scholarship. Mitchinson draws upon an enormous volume of research including Canadian medical textbooks, periodicals, advice books, patient records, and interviews. Taken together, these sources create a vivid picture of birth in Canada in the first half of the twentieth century.

During this period, the medicalization of childbirth was effected. As medicine became increasingly aligned with science, physicians found themselves distanced from the world of their patients. The proliferation of hospitals exacerbated this phenomenon, as hospitals increasingly became the place where "exciting medicine took place"(20).

A physician's life is often portrayed as one of power and control. Mitchinson contends that the growth of medical specializations left many regular physicians feeling they lacked both training and the respect of their colleagues and patients. Few feminist scholars have recognized these constraints. As Mitchinson notes, many authors have "concluded that medicine seemed to be targeting women's bodies" (3). Doctors have been accused of depriving women of agency at one of the most important events of their lives, the moment of giving birth. In contrast, Mitchinson is committed to understanding physicians' motivations and practices. Through patient records and physician interviews, Mitchinson examines what "physicians actually did" (16) rather than what their official journals or textbooks told them to do.

Key to the feminist critique of physicians is the role of midwives. Mitchinson argues that feminist historians have "romanticized midwives." "Too often we have compared the best midwives to the worst physicians" (11). Mitchinson reminds us that midwives ranged from a helpful neighbour to a nurse/midwife attending thousands of births. Furthermore, many midwives worked closely with physicians, welcoming their expertise, scientific equipment, and access to hospitals. Whether they did this because they were deprived of scientific training themselves remains at issue.

During this period, Canada witnessed enormous changes in all areas of pregnancy and childbirth. Once a rarity, prenatal care became available to most Canadians by the 1950s. Hospitals replaced homes as the preferred site of childbirth. Mitchinson argues that feminists have romanticized homebirths: in reality, a homebirth could entail giving birth under rudimentary, unsanitary conditions, isolated and without medical or personal support. For their part, physicians increasingly came to believe in the need for vigilance and intervention in childbirth for the safety of mother and baby alike. Hospitals provided access to medical technology, nursing care, and, eventually, sanitary conditions and standardized procedures. While hospitals also enabled physicians to schedule births, thereby reducing their waiting time, and to dictate the conditions of birth, Mitchinson concludes that physicians' primary concern was patient safety.

Coupled with the transition to hospitals

was a growth of obstetrical interventions. Once again, Mitchinson challenges feminist orthodoxy, noting that "[t]oo often we have overly dichotomized (bad) intervention and surveillance and (good) natural birth" (11). Mitchinson reminds us that midwives also intervened in labour. Furthermore, women themselves frequently demanded intervention, including drugs for pain relief and the attention of a specialist. Thus, over the course of this period, "there was an inexorable drift toward increased medicalization of childbirth" (229).

Critics have blamed physicians for their increasing use of technology and surgery and for the resulting "theft" of childbirth. Mitchinson argues that it is not intervention that matters but the nature of that intervention. Each intervention carried risks as well as potentially life-saving benefits. For physicians, fear of losing a patient was ever-present, and many chose to intervene to prevent that outcome. Mitchinson reminds us that physicians operated under severe constraints: "legal, professional, institutional, moral, and personal" (302). Most physicians were decent, hard-working people, who cared far more about their patients' health than about power or the size of their fee.

Giving Birth in Canada makes an important contribution to the literature on women's health in Canada. As women today comprise nearly fifty percent of medical students, entering all areas of specialization, a renewed dialogue on childbirth is essential. Mitchinson's book will ensure that that dialogue is informed by a rich and balanced sense of history.

Katherine Arnup
Carleton University

Selling Diversity: Immigration, Multiculturalism, Employment Equity, and Globalization. Yasmeen Abu-Laban and Christina Gabriel. Peterborough, Ontario: Broadview Press, 2002; 202 pages; ISBN 1-55111-398-8; \$27.95 (paper).

Reading *Selling Diversity* made me think about the bank where I am a customer. About a year