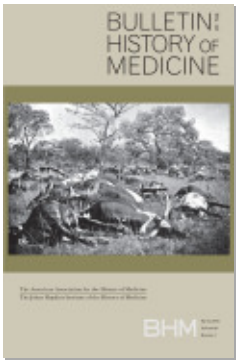
The Rise and Fall of National Women's Hospital: A History by Linda Bryder (review)



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Haggett analyzes all of the areas covered with clarity and precision. This is particularly apparent in sections about the specialized medical debates that are central to the book. For example, she writes confidently about the pharmacological aspects of the topic, such as the different types of medication prescribed, but in a way that is clear to the nonspecialist reader. Indeed, *Desperate Housewives* will be of interest to scholars outside of medical history. For instance, it makes an interesting contribution to social and cultural histories of postwar Britain. Like other recent publications such as Sean Nixon's *Hard Sell: Advertising, Affluence and Transatlantic Relations, c. 1951–69*,[1] the book explores the influence of the United States while revealing distinct national differences. Haggett also aptly demonstrates the long shadow that the Second World War cast over British society, arguing that the psychological impact of war shaped life choices and attitudes for years to come.

Desperate Housewives adds to understandings about women's lives in the mid- to late twentieth century too. The oral history interviews play an important role in this. They are a particular strength of the book, with the women's voices articulating a range of viewpoints and emotions, including humor (p. 61) and a moving account of maternal pride (p. 123). These testimonies provide the backbone to one of Haggett's main arguments, namely that interpersonal relationships rather than domesticity and motherhood were a major source of psychological distress. She also uses evidence from the interviews to discuss big issues and small ones, from changes over the course of a lifecycle (p. 73) to the multiple factors affecting how much a husband helped with housework (pp. 62–63). The latter is one of numerous passages where the role of men features. Over the course of the book, men's lived experiences emerge as an important theme, both as a complement to women's and in their own right. This provides an interesting additional angle to debates about neuroses and the domestic environment, albeit one that is somewhat obscured by the *Desperate Housewives* title.

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Linda Bryder. *The Rise and Fall of National Women's Hospital: A History*. Auckland, New Zealand: Auckland University Press, 2014. vii + 323 pp. NZ$49.99 (978-1-86940-809-1).

Hospital histories are not easy to write—each has its own personality that over time can shift due to changes in the political and social context and the hospital's internal dynamics. The National Women's Hospital (NWH) took in its first patients in 1946, had its own facility in 1964, and closed in 2004. For a major

1. Sean Nixon, *Hard Sell: Advertising, Affluence and Transatlantic Relations, c. 1951–69* (Manchester: Manchester University Press, 2012).

hospital, its life span was quite short. In the years leading up to the creation of the NWH, most women in New Zealand were delivered by midwives at home or in what were called St Helens hospitals (heavily subsidized compared to public hospitals). Under the new Labour government in the late 1930s, the decision was made that women in delivery should have access to both a nurse and a physician within a hospital setting. Women's organizations were supportive of the shift, as were many women, seeing in a hospital birth access to pain relief and a longer stay after the birth before going home.

Linda Bryder argues that the NWH was unlike most hospitals in the early years. Its teaching was focused on postgraduate students, it had university status and thus was not controlled by the state, and it had an international reputation in research. Much of the latter focused on developing methods to save premature newborns and before birth, for example, giving an Rh-negative fetus time to grow through an intrauterine blood transfusion of Rh-negative blood. In addition, NWH kept up to date in infertility research and methods to overcome it such as AID and IVF. In looking at all these issues, Bryder is essentially introducing the reader to the history of technology in childbirth.

While research brought international fame to the hospital, the daily running of it was left largely to the midwives and nurses. Here Bryder excels in tracking the power each had. For example, in the 1950s, a nursing shortage caused NWH to consider hiring male nurses, something that the country's Nurses and Midwives Registration Board (NMRB) rejected and the NWH consequently had to accept.

As with any institution, the NWH had to deal with changes from outside. Between 1964 and the 1980s many women were questioning the way childbirth in a hospital was managed, what Bryder sees as part of "rising consumerism" (p. 169) of the larger society. In the 1970s onward the controversial issues of contraception, sterilization, and abortion challenged both practitioners and patients, and Bryder is adamant that the conflicts that ensued were not simplistic conflicts between doctors versus women. Doctors were not of one view on any of the challenges, but then neither were women. Here Bryder shows us how almost any aspect of birthing could be contested.

Chapter 10, "Feminists, Midwives and National Women's Hospital," is central to the narrative. It addresses the Cartwright Report on the research done in NWH on cervical cancer that led to a "scandal" that weakened the reputation of the hospital. For Bryder, the feminists who "exposed" the problem were "radical" (p. 190) with "little room for compromise or negotiation" (p. 191) in their view of how delivery of babies should be handled—by midwives and at home. It is unclear, however, how this group garnered the power that they seemed to have in successfully confronting the NWH. While the Labour government elected in 1984 sympathized with the women's movement, surely not all women in it were what Bryder sees as radical.

The hospital had difficulty overcoming the Cartwright Report and the debates over birthing norms, but the context of the 1980s and 1990s faced NWH with too many changes: the increase in numbers of women coming to the hospital due to the closure of another hospital nearby, the lack of midwives at the hospital to

cope with the rise in patients, the lack of finances to maintain good care, the end of the Postgraduate School as a separate entity within the university, and the rise of independent midwives. Eventually the decision was made to merge the NWH with another more general hospital, something that happened to many other "women's" hospitals outside New Zealand as well.

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Angela N. H. Creager. *Life Atomic: A History of Radioisotopes in Science and Medicine.* Chicago: University of Chicago Press, 2013. xvi + 489 pp. Ill. $45.00 (978-0-226-01780-8).

Life Atomic is a thorough exploration how postwar biology and medicine were fundamentally transformed by the atomic age. By following the many and varied uses of radioisotopes over decades and across institutions, and by carefully examining the growth and regulation of postwar biomedicine and its complex relations with the Atomic Energy Commission (AEC), Creager traces both the development of a "technological system for radioisotope production and consumption" as well as "how the technology mattered" (p. 15) to various constituencies ranging from biochemists, molecular biologists, and ecologists, to clinicians, patients, and larger publics. The story is told through an array of chapters with single-word titles ranging from "Cyclotrons" and "Reactors" (detailing the early production and distribution of radioisotopes) to "Embargo," "Dividends," and "Sales" (tracing their further distribution and integration into biomedicine). Finding trace residues of the Manhattan Project across large swathes of postwar life sciences and biomedicine, Creager argues in later chapters on "Pathways," "Guinea Pigs," "Beams and Emanations," and "Ecosystems" that the increasing availability of radioisotopes ended up transforming not only the nature of biomedical experimentation and the questions it asked, but even "the ways in which life and disease were conceptualized" (p. 16).

While each chapter could stand well enough alone as a case study, historians of medicine will be particularly intrigued by the medical themes that run through the chapters on "Dividends," "Guinea Pigs," and "Beams and Emanations." In "Dividends," Creager analyzes the ways in which radioisotopes, as agents of healing, became "potent emblems of the humanitarian promise of the atom" (p. 142). Central to this project was the AEC's creation—after years of intense focus on the physical sciences and engineering—of a biomedical research program. As "hopes and fears around cancer were recast around the power of the atom" (p. 148) Creager notes, the AEC sold radioisotopes as potentially useful tools in experimental cancer therapies.