

These treatments include acupuncture, acupressure, reflexology, yoga and meditation, homeopathy, western herbalism, and hypnotherapy. In addition, chapter seven deals specifically with complementary therapies and outlines the treatments suggested in the first six chapters. This is a very informative chapter and it addresses concerns women may have about the safety and suitability of complementary treatments.

Despite the merits of the book, it has several problems. The cover misleadingly advertises the book as “ideal either as quick reference or a complete guide.” The book certainly cannot serve as a “complete guide,” since information on mother’s and baby’s development is sketchy and will not satisfy women who want a detailed week-by-week, if not day-by-day, description of pregnancy offered in other pregnancy guides. Another difficulty is the author’s excessive optimism about natural remedies. For example, West states unequivocally that “stretch marks can be prevented by consuming food sources of zinc, such as ginger, cheese, and wholegrains” (80). If it were that simple, stretch marks would have been eliminated long ago. The major problem with the book, however, is that it prescribes specific medications for complications in pregnancy such as high blood pressure, protein in the urine, and visual disturbances (84), and asserts that “if your pregnancy is normal and healthy, self-help remedies are safe” (149). Some of the conditions mentioned can hardly be considered part of a normal and healthy pregnancy and would certainly require professional attention. Thus for “sudden onset, protein in the urine, and symptoms that are worse after 3 p.m.” (85) rather than taking Belladonna 6c, as the author suggests, the pregnant woman should see her doctor.

Some advice in the book might seem inappropriate in many parts of the world, including the United States. Such advice would include the “key tip” to give up work by the 32nd-34th week of pregnancy (94), which for many women is not possible because of inadequate maternity leave provisions.

*Pregnancy the Natural Way* will be interesting and entertaining reading for women who rightly consider pregnancy a natural physiological event and who seek non-conventional treatments.

## **Surrogates and Other Mothers: The Debates Over Assisted Reproduction**

Ruth Macklin  
Philadelphia: Temple University Press, 1994

### **Reviewed by Robin L. E. Hemenway**

In 1884, in a secret procedure, a Philadelphia physician named William

Pancoast used a rubber syringe to successfully impregnate an unconscious—and unwitting—woman with the semen of one of his medical students. When the case was revealed in 1909, some observers celebrated the technological advances in the fight against infertility. Many others, though, were horrified by a procedure that they considered, as historian Elaine Tyler May writes, “socially repugnant, religiously unacceptable, and morally outrageous” (69).

Ruth Macklin’s *Surrogates and Other Mothers: The Debates over Assisted Reproduction* explains the current status of these ethical debates, demonstrating that while technology and society may have changed dramatically since 1884, assisted reproduction remains caught in the same sticky ethical web. Macklin, a bioethicist at the Albert Einstein College of Medicine, describes the ethical dilemmas that confront a fictional couple, “Bonnie” and “Larry,” in their quest for parenthood. As they seek out a gestational surrogate for their biological child, Bonnie and Larry and their fellow characters encounter ethical questions about a wide range of issues, including artificiality and reproduction, embryonic freezing, genetic screening, the commodification of children, and class exploitation.

Macklin’s characters serve as mouthpieces for the myriad arguments in the assisted reproduction debates. Church leaders discuss the immorality of “artificial” reproduction. Legal experts explain how courts have addressed the thorny issues surrounding surrogacy, custody, and “procreative autonomy.” Feminists argue over the danger to women’s autonomy when female bodies become reduced to their reproductive capabilities. Task forces, hospital ethics committees, and administrators wrangle over policy ramifications.

The book’s quasi-fictional narrative is both its greatest strength and its primary weakness. The narrative does not undercut the rigor of the research—and it serves to make complicated ideas readable and understandable. Macklin knows her subject, and she succeeds in making it accessible to a wider audience. Moreover, the story allows her to evoke the real emotional impact—so often absent from theoretical discussions—of difficult issues on the lives of individuals.

The book is less effective, however, in explicating the social and political contexts of the changing debates over assisted reproduction. Arguments are often presented with little contextual information. Too often, readers must refer to endnotes for key information. The sometimes disjointed structure of the narrative leaves key questions unanswered. How, for example, have the debates over assisted reproduction evolved over time? How have they intersected with changing laws, court decisions, and political movements? How have courts and lawmakers sought to ethically reconcile the criminalization of commercial surrogacy arrangements on the grounds that they commodify children with public policies that punish poor women for having children at all?

Also puzzling is Macklin’s tangential discussion of issues peripherally related to “the debates over assisted reproduction.” She veers off into discussions about HIV and pregnancy; Pre-Menstrual Syndrome; the control of

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psychiatric patients; and patients' rights. These tangents only serve to muddy the waters of an already complex subject.

### **References**

May, Elaine Tyler. *Barren in the Promised Land: Childless Americans and the Pursuit of Happiness*. Harvard University Press, 1995.

## **A Social History of Wet Nursing in America: From Breast to Bottle**

Janet Golden  
New York: Cambridge University Press, 1996

### **Reviewed by Denise R. Shaw**

In *A Social History of Wet Nursing in America*, Janet Golden traces the changing role of the wet nurse from the colonial period into the twentieth century. Golden examines the tensions between public and private discourse in hiring a wet nurse, taking into account the changing economic, medical, and technical advances that have affected the American family. Of interest to Golden is the changing relationship between families, wet nurses, and the medical community. She notes that the demise of the wet nurse began when childbirth, motherhood, and childrearing practices became "medicalized" and breast milk alternatives (formulas, etc.) became available. Since they were "less expensive or . . . more convenient," wet nurses were not "defeat[ed]" by the introduction of artificial feedings. Their defeat came out of "growing social class divisions between the women who were employed as wet nurses and the families for which they worked, the changing cultural perceptions of motherhood and infancy that were linked to the rise of America's middle class, the growing authority of medical science, the expanding role of physicians in shaping childrearing practices and the profound ethical dilemmas raised by the practice of wet nursing in the nineteenth century." Following the "gradual medicalization of motherhood that began in the nineteenth century," the demise of the wet nurse was sealed in the twentieth century when "scientific mother[hood]" was celebrated.

Golden explores several themes, beginning with the "negotiated professional authority" between women and physicians. Interestingly, as physicians gained authority over childbirth and childrearing and mother's milk was deemed "best" for infants, there was no place for milk supplied by the wet nurse. Secondly, Golden explores the "changing meaning of motherhood" which