

would have been more successful if he were more explicit and limited in his scope.

To a psychiatrist the School and Work sections were original and clear enough to be interesting and valuable. In the Family, Sex and Health areas, more familiar to me, greater depth and more intellectual rigor would have been welcomed.

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Verloskundigen en Artsen: Verleden en Heden van enkele Professionele Beroepen in de Gezondheidszorg (Midwives and Doctors: Past and Present of some Professions in Health Care), by J. J. KLINKERT.

Staflu's Wetenschappelijke Uitgeversmaatschappij, Alphen aan de Rijn/Brussel, 1980. 148 pp. f. 29 (with English summary).

The organization of childbirth services in the Netherlands differs sharply from that in other industrialized countries. There is a long tradition of childbirths taking place at home (in 1973 still 50%), and giving birth in the home is favourably regarded by a great deal of the population. Medical assistance is not reserved to physicians; in most cases midwives attend to home deliveries. These midwives are generally regarded as very qualified, sometimes even as more competent than physicians. Finally statistics show that perinatal death rates in the Netherlands are among the lowest in the world.

Recently, however, there have been discussions about the position of the midwife in the Dutch health care system. The book under review is an attempt to clarify this position, particularly with relation to family doctors and gynaecologists. The book encompasses both an historical study and a survey among 194 independent midwives.

Part one consists of a theoretical discussion of the concept 'profession'. Approaches of Parson, Jamous and Pelloille, Johnson, and Berger and Luckmann are reviewed, resulting in the following definition of 'profession': "an occupation which has acquired a legitimized and legal autonomy in the definition of its task, in the choice of the way in which it fulfils its task, and in the determination of the results of its dealings" (p. 62).

In the second part the author examines how the medical profession in the Netherlands arose, starting from the seventeenth and eighteenth century. Medical practice in those days was markedly stratified: internal medicine was the domain of university-trained members of the highest social strata, external medicine was reserved to members of the middle class with some surgical training, and obstetrics was practised by low class women with scarcely any education. The medical laws of 1865 established one category of physicians with a monopoly over all medical practice, except for obstetrics. Midwives were allowed to continue their practices provided they occupied themselves solely with "natural childbirths" and abstained from any medical intervention. In the years that followed, the training of midwives gradually improved and their qualifications increased.

The third part focuses on the present position of midwives *vis-à-vis* family doctors and gynaecologists. Midwives and family doctors share a common domain and their relationship, therefore, is often characterized by competition. The law allows midwives a certain advantage as the national security systems refunds only the costs of deliveries by midwives, where they are available. On the other hand, midwives are in many ways at the mercy of family doctors with whom they have to co-operate. One impor-

tant example is that family doctors have the possibility to refer delivery cases to the hospital, by-passing the midwife. The survey shows that most midwives have little contact with the family doctors in their area. The relationship with gynaecologists is usually better as there is less competition between the two groups. Gynaecologists are recognized as having a greater medical knowledge and their domain, the pathology of pregnancy and childbirth complications, is different from that of the midwives. The major conflict between gynaecologists and midwives is that the former make liberal use of the label "medical indication" to preserve also simple deliveries for themselves, at the expense of midwives.

The problems described in this study are probably best understood when they are regarded as the results of colliding economic interests. Viewed in this light, one must be pessimistic about the future of midwives in the Netherlands. The sharp fall of the birth-rate poses one problem. The process of medicalization poses another. Undoubtedly, midwives prove to be the weakest party in the economic struggles accompanying these processes. Statistics show that the percentage of home deliveries dropped from 76 in 1955 to 38 in 1977. It seems likely that also in the Netherlands, after a long period of resistance, childbirth is going to be defined as a sort of disease whose treatment is claimed by the medical profession. The book is a useful and lively account of this development. It is regrettable, but understandable, that the author does not provide suggestions as to how this process can be halted.

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The Mentally Ill in Contemporary Society, by AGNES MILES. Martin Robertson, Oxford, 1981. 224 pp. £13.00 (paper) £4.95

It has been a pleasure to read this book and consequently to review it. The subject—a sociological appraisal of the meaning, experience and treatment of mental illness in contemporary society—must have presented a daunting challenge to the author. For it is no secret that this is an area where controversy abounds. Also, a commentator on the complex issues involved must be able to speak with authority on matters which traverse the boundaries of any one discipline. Psychiatry, psychology and sociology are all relevant: each of these comprises a diversity of schools which are often in conflict with each other. It was therefore a great relief to find an author who achieves a truly eclectic approach, presenting the various arguments and counterarguments with care and integrity.

Moreover, Agnes Miles writes in a style which is eminently readable—lucid and straightforward. She presents valuable summaries and reviews of seminal work, carefully interweaving selected quotations which help to bring the subject alive. Readers who are already familiar with the subject will find this book gives a useful overview; those who are newcomers will not find themselves confused by jargon or deterred by esoteric abstraction.

The topics covered include a discussion on the nature of mental illness, with reference to medical critics, the labelling theorists and some of the consequences of the 'anti-psychiatry' approach; the process of becoming a patient; the social role of the mental patient and of the ex-mental patient; the family of the mentally ill; relationships between gender, social class and mental illness; and finally, the expansion of psychiatric problems.

Each chapter contains a review of relevant research and, at times, a critical evaluation, when the author takes some