reached and recurrence foreseen, these hints of immense discretion and weary wisdom, should fit into the pattern. And why shouldn't she follow his line of development? Why should this aged eagle stretch its wings any more than that one? Eliot was after all only forty-five when he wrote that line. But it's pretty funny, too, to see his Anglican aquilinity glimmering out of her face, above that pantherine body on the windowsat.

**Woman's Proper Place: A History of Changing Ideals and Practices, 1870 to the Present**

by Sheila M. Rothman

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Sheila Rothman's thesis is that in the last hundred years middle-class American women, animated by a series of idealized definitions of womanhood, have initiated and carried forth various movements for social reform—only to founder, as they neared success, upon either of two obstacles. The first obstacle is the self-interest of the organized professions—particularly the medical profession, which has appropriated ideas and programs originally put forth by women reformers as new (and profitable extensions of its own domain. The second obstacle, stressed heavily by Rothman in her introduction and general remarks elsewhere, is the failure of each successive ideal of womanhood to bridge the gap between social classes, and speak to the values and needs of lower-class women.

Of the first obstacle we are given many examples, foremost among them the fate of the Sheppard-Towner Act, passed in 1921 and intended to reduce infant and maternal mortality through the establishment of free public clinics. Glowing, yet more in terms of intentions than results, Rothman describes the clinics (staffed mostly by female public health nurses) as an effort to provide services physicians did not, and to provide them to the poor. She relates how the medical profession discredited the women involved, red-baited them, and finally incorporated their system of prenatal and well-baby care into standard private practice. By 1930 the act was repealed, and presumably the poor lost out. Clearly, we are to place the blame on the growing power and self-interest of the medical profession rather than on any superior expertise it might have possessed, or any shortcomings in the Sheppard-Towner program.

Of the second obstacle we are given a great deal of lip service, but really only one example: Temperance. Temperance (and the other ministrations of what Rothman calls “Virtuous Womanhood” in the post Civil War decades, such as working girls’ clubs and the Florence Crittenton Missions for “fallen women”) is unequivocally presented as an imposition of middle-class values upon lower-class people. Obviously the masses of immigrant poor in those years did not need instruction in virtuous living as much as they needed a living wage.

If Rothman actually believes that Temperance is the only example in American history of the imposition of middle-class ideals of womanhood upon the poor, then we should not complain that we are given no others. But she holds no such belief. On the contrary, she repeatedly states that she considers “class-boundedness” a perennial problem in organized American women’s movements. And just as repeatedly, she states her intention to scrutinize the contemporary scene in precisely such a light. Yet, beginning with her account of the birth-control campaign of the 1920’s and continuing through to such present-day issues as the ERA, abortion, and day care, she does no such thing.

What she does do, consistently and with varying degrees of convincingness, is repeat in each instance one or another version of her Sheppard-Towner argument—namely, that professionals tend to take over meaningful reforms initiated by women, throw the women out, and then deliver the benefits of the reform to the paying customer—the middle class. It is important to observe here that the benefit of Sheppard-Towner—the health of mothers and babies—was probably perceived as such by those for whom the program was designed, as well as by those who designed it. It was not the imposition of alien values Temperance was, and therefore Rothman’s antiprofessional argument is fairly convincing. But, starting with her discussion of birth control, she overlooks implications in her own evidence that at least some of the opposition to certain other reforms may have come, not from encroaching professionals, but from lower-class people unwilling or unable to perceive the reforms as benefits. She passes lightly over the fact that the early birth-control clinics were forced to close by Catholic and other community groups, as well as evidence that the lower classes rejected contraception (and the “liberating” notions of sex linked with it) as strongly as the middle classes accepted it. Rothman presents this material with no explanation other than her old standby: that birth control and the sex counseling it entailed were swallowed up by the growing octopus of medicine. She does not confront the possibility that the movement developed as it did at least in part because the lower classes—the immigrants, the Catholics, the extended families—simply disapproved of it.

She displays a like reluctance in her final chapter to confront similar possibilities today, despite her oft-repeated intention to do so. The reason is plain enough: Unlike Temperance and nineteenth-century notions of virtue, birth control and today’s feminist reforms are perceived as indisputable benefits, not only by their proponents, but by Sheila Rothman herself. In fact, her approval of these things is a good deal stronger than her ability to imagine anyone else’s disapproval. Yet, at the same time, she rather coolheadedly sizes up today’s women’s movement as having become another middle-class “vested interest group.” As a result, her discussion of such burning issues as the ERA, day care, and abortion is stunningly equivocal.