

Book Reviews

continued that “the very worst showing [is] made in the matter of obstetrics”. And not only were doctors ignorant: their impatience led to an orgy of hazardous interference, such as the “prophylactic forceps operation”.

Many of the eventual advances, of course, were to come as a spin-off from other disciplines, such as anaesthesia, bacteriology, antiseptics, and surgery, while in 1929 in Britain the formation of the new college of obstetricians and gynaecologists finally raised a cadre of doctors skilled in the discipline as well as mirrored public concern at the continuing high maternal mortality.

Loudon is rightly careful not to draw too many conclusions from his international comparisons. The variations in practice were wide, from the shift in the 1830s to institutional deliveries in the USA to today’s longstanding tradition of home deliveries in the Netherlands (one explanation for its historically low maternal mortality, Loudon advances, is Schama’s comment on the Dutch obsession with scrubbing and cleaning everything in sight—yet, as recent correspondence in the *BMJ* has emphasized, the Dutch solution would not necessarily have the same results elsewhere). But one lesson comes out of all his work. For any country the best obstetric care has always been based on well-integrated teamwork, with particular emphasis on the antenatal period. And such a conclusion (for both maternal and neonatal morbidity and mortality) may have particular relevance for some Third World countries today. Loudon’s story, then, may have Whiggish elements—but he is entitled to them, and also to conclude, along with D. H. Lawrence in another context: “Look! We have come through.”

Stephen Lock, Wellcome Institute

NICKY LEAP and BILLIE HUNTER, *The midwife’s tale: an oral history from handywoman to professional midwife*, London, Scarlet Press, 1993, pp. xix, 215, £12.99 (91-85727-041-X).

This is, as the blurb describes it, “a fascinating oral history” about midwives’ and women’s experiences of childbirth and related matters prior to the inception of the National Health Service. The material is very strong, justifying the lengthy verbatim quotes, and has been helpfully organized. It will prove a valuable work for historians and others interested in questions of midwifery and women’s health.

However, the authors reveal a certain naïvety in the way they decided upon and set about this project. Is it really the case these days that “traditional textbook history rarely deals with the everyday, commonplace experiences of most people’s lives”? This seems very debatable, although it does not, of course, invalidate the actual project. Furthermore, oral history is by no means a new discipline and oral historians have surely encountered and considered, if they have failed to solve, the problems that confronted Leap and Hunter about the ethical position of the interviewer, the fallibility of memory, and the tendency of interviewees to say what they feel is expected. It is clear from the bibliography that the authors have not neglected the recent historiography of midwifery and childbirth, but they do not seem to have explored the wider ramifications of the methodology they (with very good reason and excellent results) chose. A mere twenty-six interviewees, though providing qualitatively rich material in “hundreds of hours of interviews”, must raise questions too about representativeness.

It would also have been interesting to place the reminiscences of old women looking back to the past alongside contemporary accounts: while such works as the Women’s Cooperative Guild’s *Maternity*, Pember Reeves’s *Round about a pound a week*, and Spring-Rice’s *Working class wives* are cited, their data is not compared in any systematic fashion with the oral accounts. A strange omission in primary material consulted is Marie Stopes’ *Mother England*, based on the letters received after her popular articles in *John Bull*: though Leap and Hunter mention these, they do not seem to have read the book. The original letters (and many, many more) are now in the Contemporary Medical Archives Centre at the Wellcome Institute, as are letters from women to Grantly Dick Read recounting their good and bad experiences in childbirth. Such documents are surely as “authentic” as oral testimony many years after the event.

Several of the anecdotes recounted by the interviewees when describing the obstetric incompetence of the medical profession feature women doctors. This point has not been taken up by

Book Reviews

the authors: was this just chance, and were there even more accounts of the ineptitude of male doctors (who would presumably have been much more often encountered) or could there have been some specific sense of rivalry between midwives and medically qualified women?

The midwife's tale can be heartily recommended for its vivid but unsentimental depiction of a lost world of women, and its undermining of myths about the "handywoman": neither a grimy-finger-nailed Sairey Gamp, nor the repository of lost treasures of female wisdom.

Lesley A. Hall, Wellcome Institute

ANTONY TWORT, *In focus, out of step: a biography of Frederick William Twort, F.R.S. 1877–1950*, Stroud, Glos., Alan Sutton, 1993, pp. xi, 340, illus., £25.00 (0-7509-0327-9).

The present volume has been long in the making, ever since the colourful and disbarred barrister F. J. de Verteuil, a friend of the Twort family, began an attempt to write a biography of F. W. Twort in the early 1960s, encouraged by the subject's widow, who had preserved her late husband's extensive collection of personal papers and correspondence. When de Verteuil died leaving only an outline of a few early chapters, the project remained in abeyance until after the death of Mrs Twort ten years later; and only in the early 1980s did the family decide to reconsider the possibility of a biography. The task has now been completed by Twort's only son. It is, then, a labour of love as well as of filial piety; the dedication suggests that such sentiments are perhaps directed more fully towards the memory of Dorothy Nony Twort, F. W. Twort's erstwhile assistant, who became his devoted wife and staunch supporter in all the ups and downs. For Twort's professional life was not without its vicissitudes; and this is not an uncritical biography.

In writing of his father, Antony Twort has chosen to provide a complex mixture, which includes family history with a touch of psychobiography, scientific biography, and in-depth recording of the many and varied controversies with scientific rivals, Army Medical Authorities during World War I, and what F. W. Twort himself regarded, not without some reason, the unfair workings of the bureaucracy of the funding bodies of the University of London and of the MRC. On the other hand, Twort's stubborn insistence on working in isolation, even without taking account of developments elsewhere, did not facilitate good relations with the authorities on whom he depended.

Today Twort is remembered by bacteriologists and virologists for a short paper published in the *Lancet* in December 1915. Under the title of 'An investigation on the nature of ultra-microscopic viruses', it recorded for the first time an observation of the effects of what d'Hérelle a few years later was to call "bactériophage". The question of whether d'Hérelle's observation was, as he himself claimed, independent, in that he had never seen Twort's 1915 paper, has been debated by medical scientists and historians ever since the first salvo was fired by Bordet and Ciuca in 1921. The bacteriolytic reaction first described by Twort became known as the "Twort-d'Hérelle phenomenon"; today nobody doubts the priority of Twort's observation, while recognizing d'Hérelle's contributions to further study of the phenomenon. Before 1915 Twort, with the veterinary surgeon at the Brown Animal Sanatory Institution, George Ingram, had made important contributions to veterinary medicine with their study of Johnne's bacillus of pseudotuberculosis. Those studies were to remain Twort's greatest achievements.

There were several reasons why Twort himself failed to follow up his observations of the "bacteriolytic agent" before d'Hérelle moved in on the phenomenon. First of all, there was a war on; Twort volunteered and went out as temporary Captain in charge of a Base Laboratory at Salonika. It was here that he became embroiled in the first of many controversies, in this case with the Medical Advisory Committee over the origin of prevailing epidemics of dysentery: "bacillary" or "amoebic"? Events led to his resignation in what can only be termed a "huff". From then on, his hot temper and feelings of frustration and resentment of those in authority led him ever deeper into controversy. In October 1918, Rickman Godlee, Chairman of the Brown Committee, tried to offer friendly advice when he wrote: "I wish you could get this notion of slights and grievances out of your head. I'm afraid a talk with a practical man like me would do no good, but if you like to try . . . I am willing . . .". To his cost, Twort did not.

What is not discussed here, is what can only be called the declining years of Twort and of the Brown Institution, which were also the years when virus research was at last taking an exciting turn