Book Reviews

IRVINE LOUDON, *Death in childbirth: an international study of maternal care and maternal mortality 1800–1950*, Oxford, Clarendon Press, 1992, pp. xxiii, 622, £55.00 (019-822997-6).

To say that Irvine Loudon's *Death in childbirth* is a hard read might seem both offensive and paradoxical. Few studies have concentrated on the topic, none of them on international comparisons, and did not his earlier *Medical care and the general practitioner 1750–1850* receive rave reviews, this journal, for instance, saying that it was crammed with wonderful detail? Yet there is neither insult nor paradox: Loudon's new book is another masterpiece, written in his customary enviably crystal-clear prose—but with an exceptional number of tortuous strands to tease out. Given that themes have to be stated, variations introduced, with detailed developments and codas to follow, complexity and length are inevitable. Loudon recognizes the difficulties. Reading the introduction and the first chapter on the statistics of maternal mortality is mandatory, he suggests; thereafter, like Tristan Tzara in Stoppard's *Travesties*, readers can construct their own da-da-esque sequence of chapters. And, in any case, as with other artists who have worked on a noble scale (Wagner or Henry James, for example), they will find that time and attention are rewarded by a deeper understanding of profound issues.

Loudon's researches into maternal mortality between 1800 and 1950 concern not only Britain but also the USA, Australia, and New Zealand, as well as some northern European countries. The salient facts are not in dispute: though different countries were varyingly tardy in introducing registration, three major causes of maternal mortality were paramount—haemorrhage, toxaemia, and, crucially, puerperal fever. Loudon's analysis, however, sheds new insights. At a time when death rates from other conditions were also horrendous, those in childbirth (however horrifying in the 1990s) might pass unremarked. Again, some commentators have added a false rise in maternal mortality to the other crescendos of the fin-de-siècle; roughly 12 women were dying every day in the 1890s, compared with 8–9 in the 1850s (and one in the 1950s and one a week at present). Relate these figures, however, to the number of women who were actually pregnant and the picture becomes quite different: a plateau in the *rate* (to be sure, showing variations year by year, possibly, Loudon interestingly suggests, owing to changes in streptococcal virulence). Such a plateau persisted until the mid-1930s, when it suddenly fell and has continued to do so. Continue the analysis, and deaths from abortion come to assume a major role within the total, but at different times for individual countries (starting in the 1890s in Germany and France; causing by 1932 as many maternal deaths as obstetric haemorrhage in the UK; and posing in the early 1940s a particular problem in New Zealand, possibly because that country seemed reluctant to use the life-saving sulphonamides).

Even more striking is Loudon's analysis of the different risks with the place of delivery. Until the 1880s the safest way for a woman in London to be delivered was at home by a trained midwife or staff member of the Royal Maternity Charity (RMC), followed by a doctor and then in the wards of a workhouse infirmary; the most dangerous was in the wards of a prestigious hospital such as Queen Charlotte's, where the mortality was ten or more times that with the RMC. Such a pattern was both traditional and international. In virtually all lying-in hospitals, the maternal mortality rate was over 100 per 100,000 (double the general rate for England and Wales), with the excess due almost entirely to puerperal sepsis.

All this leads to one of the book's major conclusions. Apart from the inherent hazards of childbirth, ignorant and arrogant doctors were among the chief culprits. In the (mostly rural) areas of England where mortality was relatively low, the skill and efficiency of English midwives played a great part. Nevertheless, both the Nordic countries and the Netherlands, where midwife training and registration had been introduced early, were safer places to have babies than anywhere in Britain. For much of Loudon's period obstetrics had been hijacked by ignorant doctors, who in the English Royal Colleges had fought yet another of their classic battles for supremacy over the specialty (with the physicians victorious). Until the 1930s the influence of the medical schools had been "malign" and any student who wanted a grounding in the discipline had had to go to Edinburgh, Glasgow, or Dublin. In 1910 in the USA, stigmatizing all of medical education as deplorable, the famous Flexner report had

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, antisepsis, 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."

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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