Book Reviews

PHILLIPA MEIN SMITH, *Maternity in Dispute. New Zealand 1920–1939*, Wellington, New Zealand, Historical Publications Branch, Department of Internal Affairs, 1986, 8vo, pp. xvii, 180, illus., $14.95.

This book deserves a wide circulation. It is brief, but excellent. The 1920s and '30s were intensely worrying for all concerned with maternal welfare, not least the mothers themselves. Maternal mortality had become a major issue. In some countries (for instance Scandinavia and The Netherlands) maternal mortality had fallen to low levels by the beginning of this century. In others, no appreciable fall took place between the 1870s and the mid-1930s although other mortality rates, notably infant mortality, were steadily declining. If one constructed a league table of maternal mortality in developed societies, at the bottom with the highest maternal mortality rate was the USA, followed closely by New Zealand, Australia, and Scotland. Somewhere near the middle was England and Wales, but at the top, competing for the cup for the safest maternity service were The Netherlands, Sweden, Denmark, and Norway.

In most countries, including New Zealand and the USA, for women aged 15–44 puerperal deaths came second only to tuberculosis; what was so worrying was that experts agreed a large proportion of maternal deaths, probably as many as forty per cent, were, as the Australian Maternal Mortality Committee pointed out, preventable "by a degree of care which is not excessive or meticulous, requiring only ordinary intelligence and some careful training". There must have been, or so it was believed, negligence somewhere.

At all events, doctors, midwives, health departments, and special committees met, argued, fell out with each other, and advocated different remedies for what had become one of the major public health scandals of the century — the unnecessary death in childbirth of thousands of young women in their prime. Accusations of incompetence and negligence lay at the heart of "Maternity in Dispute". Some blamed the mothers. Some blamed the midwives. Above all, the general practitioners were blamed for carelessness, poor antiseptic technique, and excessive intervention. Most agreed that poor obstetric education was at the bottom of it, and that maternal care should be encouraged to take one of two directions, both of which, incidentally, involved the partial or total elimination of the GP obstetrician. One was to imitate the Dutch and Scandinavian system, in which the majority of deliveries were undertaken by trained midwives; the other (favoured in the United States) was to take all the mothers into hospital under the care of specialist obstetricians. New Zealand encouraged the trained midwife while moving to hospital delivery even earlier than the United States.

In a country where the annual number of births in the 1930s was much the same as in Lancashire or Middlesex, and half the number of Paris, what was decided depended on the personalities of a few individuals. New Zealand had its share of forceful characters. There was Truby King, the infant feeding expert, oddly suggestive of a fast food chain; and there was Henry Jellett, one-time Master of the Rotunda, who went to New Zealand in 1920 partly because he was *persona non grata* with *Sinn Fein* and partly for the fishing; and there was the formidable Dr Doris Gordon. They and others can be seen in the centre of this book, so large, square-jawed and determined that you suddenly sense where the All Blacks' pack came from.

The part these men and women played in the development of the maternity services of New Zealand is told very well indeed by the author. She writes clearly with perception, wit, and that rare quality, bounce. Because what happened in New Zealand was happening throughout the Western World, this is more than a local study. It is a very good account of maternal welfare and maternal mortality in the western world in the 1920s and 1930s, and her brief chapter on septic abortion is memorable.

In the 1930s, New Zealand had one of the highest death rates from septic abortion in the world. Much of it was found amongst married women and much was self-induced. In a country in which the Director General of Health said it was "much better for a married woman to hold a baby in her arms than a pet poodle", advice on birth control was deliberately withheld because

the "eugenically desirable middle class had to be persuaded to have children". Abortion was the extreme, but often the only effective form of birth control available to married women. It was devastating when it went wrong. Between 1931 and 1935, the death from septic abortion of 109 married women in New Zealand left 338 motherless children. It is a part of the story often forgotten. I have one minor criticism. The thesis on which this book is based covered the period 1920–35. By extending it to 1939, Smith took herself into the very beginning of the world-wide and dramatic fall in maternal mortality. Yet she barely mentions this and, wisely perhaps, does not venture into the dispute over what caused the fall. No matter. At a time when so many histories of maternity come with the deafening sound of grinding axes, here one has a thorough, balanced, and lively account of what it was really all about.

Irvine Loudon
Wellcome Unit for the History of Medicine, Oxford

BERT E. PARK, *The impact of illness on world leaders,* Philadelphia, University of Pennsylvania Press, 1986, 8vo, pp. xxiii, 373, £22.00

The thought of a world leader deprived of his health and possibly his sanity but still in office with his finger on the nuclear trigger, may have become dim through familiarity but it is hardly a comforting one. We may reassure ourselves by saying, "Surely, somebody responsible would do something?" Historical evidence suggests, however, that at best the leader's family, colleagues, and doctors would conspire to suppress the evidence, acting out of motives of misplaced loyalty, and at worst they would use the leader's disability for their own ends. There is the well-known example of Woodrow Wilson, an emotional and intellectual cripple from a left-sided stroke, presiding from his sick-bed where visitors were kept on his right and the paralysed arm was hidden under the blankets. New details of this story are published here. Roosevelt's paralysis from poliomyelitis was well known, and it was no disqualification for the office of President. What was suppressed at the time, however, was the extent to which he was disabled between 1940 and 1944 by a combination of severe anaemia, hypertension, congestive heart failure, and pulmonary insufficiency. He was certainly impaired mentally, but his physician constantly reassured both the patient and the public. Ramsey MacDonald's pathetic decline (from Alzheimer's disease) is an awful example of no one having the courage to stop a Prime Minister from clinging to power long after he should have resigned. Hindenburg was so senile in his final year in office that he would sign anything put in front of him — including a packet of sandwiches left behind by one of his staff. If Hindenburg and Ramsey MacDonald had not suffered from senile and pre-senile dementia, could the rise of Hitler (whose rantings and rages are attributed by the author in part to temporal lobe epilepsy) have been prevented? One doubts it. But it is probable that Roosevelt's illness affected vital wartime decisions and also that Eden's conduct over the Suez affair was influenced both by physical illness and the attempt to cope by an excessive use of amphetamines.

Dr Park, a practising neurosurgeon with a graduate degree in history, has provided a detailed account of the illnesses of a number of world leaders and he speculates on the the effects of illness on world history. The analysis of clinical records provides the basis of his cogent plea for the historical validity of retrospective diagnosis, although his accounts of the illnesses of Wilson and Roosevelt are more comprehensive and more convincing than those of Churchill and Eden. The sum effect of these accounts is to suggest the depressing if banal conclusion that the temperament dominated by overpowering ambition and vanity which is a *sine qua non* to get to the top, and the tremendous strains of office when the leader is elected, are a prescription for breaking the health of an individual. The unambitious easy-going politician, good at delegation and early to bed, never stands a chance. One also wonders whether some of the past and present leaders are (or were) more of a liability healthy or ill? It depends on the illness, of course, and to me the most terrifying possibility is the slow onset of mania when mania in its early stages can be seen to be no more than a prolonged burst of energy and high spirits; evidence that would suggest an ability to cope with the strains of office rather than incipient insanity. Mania, in