

R. Woods and C. Galley. *Mrs Stone and Dr Smellie. Eighteenth-century midwives and their patients* (Liverpool, Liverpool University Press, 2014). Pages 544. Hardback, £80, ISBN: 9781781381410.

The first day of life is the most dangerous, and Bob Woods' final book, co-authored with Chris Galley and published posthumously, explores the dangers for both mother and child with magnificent clarity and detail. The core of the book is a sustained consideration of case notes from midwives and man-midwives from the seventeenth to early nineteenth centuries, that provides unprecedented insights into the practical aspects of delivery and obstetric practices that have been neglected in most academic research on midwifery. The detailed descriptions of difficult births leave the reader in no doubt of the high price exacted by the evolutionary trade-off between bipedalism and cranial capacity, and of the critical importance of skilled birth attendants in these cases. Nonetheless, in the English population and in London the risks of death for mothers, newborns and fetuses declined markedly over the course of the eighteenth century, and a central theme of the book is an ambitious attempt to address whether improvements in midwifery, as revealed by medical case notes, contributed to aggregate trends in maternal and perinatal mortality.

Galley's preface provides a concise account of the physical process of normal childbirth. The first chapter reviews briefly the academic literature on the expansion of the profession of male midwifery in the eighteenth century, and then details recent estimates of historical rates of maternal, foetal and neonatal mortality in the English past. The chapter concludes with a survey of previous uses of historical obstetric case notes to assess the quality of patient care. The second chapter considers the professional and commercial contexts in which obstetric case notes were published and issues involved in their interpretation. These considerations are reiterated throughout the book, and readers may feel that they can navigate these themes without reading chapter 2. The repetition between chapters is deliberate and is intended to allow readers to choose their own course through the book. The first two chapters are heavy going and readers who are unsure of their commitment to such a lengthy tome (544 pages) should avail themselves of the authors' invitation and dive straight into the third or even the fourth chapter to whet their appetites. The third chapter introduces the midwife Sarah Stone and the rural context of early eighteenth century Somerset, and the fourth chapter reproduces her book of case notes, *A complete practice of midwifery* (1737), in its entirety. Stone was clearly an exceptionally skilled midwife, and her notes detail both her profound understanding of childbirth and its variations, and her contempt for most other practitioners. Worryingly, she refuses to divulge her method to stop haemorrhaging, a major cause of maternal mortality, in order to preserve a monopoly of the technique for her daughter. The fifth chapter provides an account of the metropolitan practice of the man-midwife William Smellie and his pivotal influence on the field of obstetrics, and chapter 6 reproduces a selection of his case notes, drawn from several publications. The case notes of both practitioners provide a wealth of detail not only regarding medical problems and obstetric techniques, but also with respect to the wide social and geographical range of their patients, and the professional rivalries and family tensions that could determine the fate of mother and child. Chapters 7 and 8 provide a fulsome further selection of case notes from 22 French and British practitioners that are used to document the major advances in obstetrics over the period c.1675 - 1850. Chapter 7 also returns to one of the central aims of the book, the impact of obstetric practice on aggregate demographic rates. The final chapter evaluates case notes as a source for patient-centred histories.

This is a very rich and ambitious book, clearly written and carefully researched and argued. The case notes are fascinating and the authors provide clear guidance to their interpretation as well as key contextual information. Those who expected from the ambitious aims of the first chapter to witness a sustained argument regarding the impact of obstetric developments on demographic trends will be disappointed. The argument is taken up again at the end of chapter 7, and Woods and Galley are rightly cautious in their conclusions. They argue that eighteenth century improvements in obstetric knowledge and dissemination of that knowledge, together with very substantial increases in access to professional midwives (male and female) did produce better outcomes for patients, but also that their impact on demographic trends, although positive, was minor. The major drivers of improvements in maternal and perinatal mortality must be sought elsewhere, and the authors suggest changes in exposure to infectious diseases. They also acknowledge the incomplete penetration of obstetric advances, and the possibility that some medical practices, particularly bloodletting, were harmful. The authors could perhaps have pursued this possibility a little further. Male midwives have been implicated in increasing puerperal fever rates, not only because surgical interventions were more likely to result in infection (pp. 194, 312), but also because as surgeons they treated other types of wounds associated with streptococcal infections that also cause puerperal fever and may have been more likely than female midwives to cross-infect their pregnant patients. The authors address the issue of puerperal infection briefly in chapter 7, but conclude that its impact 'was largely independent of the improvements in midwifery' (p. 299). Puerperal fever took several days to manifest after delivery, and therefore appears relatively rarely in the case notes because, as Woods and Galley note, few observations reported the fate of mother or child beyond the day of delivery. Therefore case notes cannot shed much light on trends in this important cause of maternal and possibly neonatal mortality, and it is possible for instance that well-trained man-midwives could have raised the rate of successful deliveries *and* the rate of puerperal fever. Further demographic work is required to establish whether improvements in maternal mortality were confined to the period immediately surrounding labour, when the positive effects of obstetric advances should be most obvious.

Mrs Stone and Dr Smellie is invaluable reading for anyone interested in the history of medicine, social history and historical demography. Exemplifying the multidisciplinary careers of its authors, the book transcends the limitations of historical periodisation and the narrow focus of most medical history, and provides a characteristically generous and diverse array of evidence and ideas.

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