

Maternity In Dispute. New Zealand 1920-1939. By Philippa Mein Smith. Historical Publications Branch, Department of Internal Affairs, Wellington, 1986. xvii, 180 pp., NZ price: \$16.45.

POOR DORIS GORDON. Once she was seen as a model of middle-class feminist achievement, an indomitable defender of the rights of women, particularly in childbirth. In Philippa Mein Smith's exceptional and carefully detailed study of the inter-war conflict over New Zealand's maternity services, Gordon is portrayed not as a guardian of women's right to safe midwifery, but as an active defender of her professional brethren's private practices, ardently pursuing doctors' commercial interests in the face of overwhelming evidence of medical culpability in contemporary scandals over maternal mortality. Mein Smith undermines more than Gordon's reputation. Her account of the hospitalization of childbirth seriously questions the still-prevalent assumption that the development of welfare services was somehow frozen between 1911 and 1935. *Maternity in Dispute* also places little emphasis on humanitarian concerns or on the policies of politicians of any colour in advancing the growth of hospital services for antenatal and obstetric care. In their place are the competing personal and professional ambitions of medical practitioners and Health Department officials — all seemingly sharing a view of social policy based on eugenics rather than Christian socialism.

Maternal mortality became a major public issue during the early 1920s, when it was discovered that women were dying in childbirth at an alarmingly higher rate than they had prior to 1914. Public concern was further excited by deaths from puerperal sepsis in a number of private hospitals catering for better-off middle-class women. For Health Department doctors, the profession appeared to be the chief culprit. Medical practitioners were poorly trained in obstetrics; they were too prone to intervene in normal labour and they too often scorned aseptic procedures as unnecessary or impossible.

In responding to the scare, the Department promoted antenatal care, reformed the registration of nurses and midwives, and attempted to induce medical practitioners to maintain strict asepsis and reduce their surgical interference with normal childbirth. Leaving aside the self-serving meddling of Frederic Truby King, the Department's policy was heavily influenced by Henry Jellett, an internationally recognized obstetrician and ex-master of the Rotunda, Dublin's famed lying-in hospital. In favouring the replacement of small private maternity hospitals with large teaching hospitals, based on the Rotunda, and in seeking to hand normal deliveries over to midwives, Jellett aroused the ire of the country's private practitioners. While Tom Paget, the Inspector of Private Hospitals after 1924, shared Jellett's belief in the causes of puerperal sepsis, his twenty years' experience in a New Zealand country practice made him more flexible and more pragmatic in dealing with the profession.

The medical profession treated the Department's reform programme as a major challenge to its independence, a direct attack on professional standards and a bureaucratic interference in private practices. In 1927 the Obstetric Society was formed with the purpose of countering the Department's 'reign of terror'. The doctors blamed everyone else but themselves — the nurses and midwives, the Department, and the mothers. Departmental officials were forced to find new ways of reforming obstetric standards without threatening doctors' economic or political interests.

In the decade following 1927 major gains were made, particularly in reducing mortality from puerperal sepsis. In the process, doctors managed to retain control over childbirth while diverting criticism of their care into a campaign for improved obstetric education at the Otago University Medical School. Perhaps more significantly for the future development of maternity services in New Zealand, the Obstetric Society successfully defended its definition of childbirth as an illness requiring professional medical intervention, despite evidence that it was doctors' 'meddlesome midwifery' which had originally heightened the risks of women in childbirth. The whole campaign trained doctors in the attitudes and political responses which served them so well in resisting the introduction of social security a decade later.

While Paget and Jellet are credited with a determination to save lives, and Gordon's hard-headed professional advocacy is mellowed by her compassionate support of caesarian section over pubiotomy (the barbaric practice of sawing through the pelvic bone), Mein Smith sees eugenics as the underlying social policy motivating the major actors in this dispute. The pro-natalist arguments of the eugenicists subordinated the interests of individual women to the overall need to increase and improve the race. Women were to be freed from the fear of childbirth, not so much to make labour less painful or dangerous, but to counter a declining birthrate.

Mein Smith makes the most of the personal dimension of institutional conflict, and in its concentration on policy and policy makers, *Maternity in Dispute* remains methodologically faithful to the existing historiography of welfare in New Zealand. The conflict between the Department and the profession certainly warranted her attention to the detail of medical theory and practice. But there is still another book to be written on the hospitalization of childbirth. If the characters of the men and women who influenced the course of the dispute are well fleshed out, the experiences of the mothers, the midwives, and the nurses remain untold. Mein Smith also uses contemporary statistics effectively, but makes no attempt to rework the large fund of statistical data available. As a result, she fails to discuss the influence of the rapidly declining birth rate, either on the increasing level of institutional deliveries or on the maternal mortality rate.

The late Jim Holt (to whom the book is dedicated) made the decision to publish Mein Smith's excellent MA thesis during the few weeks he held the position of Chief Historian. The need for the best work in New Zealand history to find publishers goes well beyond the requirements of those actively involved in teaching or studying history. Contemporary discussion of social policy and social services in New Zealand needs to be informed by historical perspectives, particularly of the quality of *Maternity in Dispute*.

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Churches and People in Australia and New Zealand, 1860-1930. By H. R. Jackson. Allen & Unwin/Port Nicholson Press, Wellington, 1987. ix, 210 pp. NZ price: \$24.95.

THERE IS a growing body of scholarly material relating to New Zealand religious history as Lineham and Grigg's recently up-dated bibliography makes amply clear.