which for Roger Hutchinson ‘crystallised’ (but with much more speed than that word suggests) an ‘inchoate interest’, Fr Michael read a scholarly paper. Based on the short-lived diary of his kinsman, ‘Striving for Improvement’ described the latter’s arid engagement with a programme of near-monastic spiritual exercises. On a more positive and pastoral note: ‘Fr Allan’s commentary on the Mass is brilliant as a catechetical and devotional “tool” in the language of the people. He was constantly seeking new ways to teach eternal truths.’

Subsequent e-mails from Ardkenneth – close to publication, giving the sense of a book in the making – provided Hutchinson with some of his best material often added in footnotes. Father Michael is expert on the land struggle, Lady Gordon Cathcart and the part played by a group of young clergymen from the mainland: ‘I think that one of the things which may have influenced the boldness of the priests was simply that they had no relations on the islands who could be got at by the estate factor or others.’

But Roger Hutchinson has much to say on his own account. Here he is on Father Allan’s intellectual property rights: ‘Listening to, wondering at and then recording the syncretic “Mirth and music, song and dance, tale and poem . . . pagan or Christian” [unreferenced, as so often with this author] of the late nineteenth-century Hebrides had been a greater personal reward than he had ever hoped to find. It was not in his nature, his education or his faith to hoard or to profit from such riches. So long as his people’s culture was not corrupted or misrepresented in the retelling, he wanted the world to know of it. He assumed, with illuminating and attractive innocence, that the world in return would offer that kaleidoscopic culture the same love and respect which it had elicited from him.’ This book is worth a scholar’s tenner as well as those of the wider public.

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This book contains ten chapters exploring the history of midwifery from before the 1915 Midwives (Scotland) Act to the present. The last two chapters deal exclusively with the late twentieth and early twenty-first centuries. Reid makes the point early on (p. 7) that: ‘. . . as long as women have given birth, they have needed someone to tend, support, help at the birthing, and care for them and their babies afterwards’.
The identity of such carers has altered considerably over the last century. This is partly due to societal change and partly due to the control medical doctors exercised over trained midwives despite their independent status, as Reid mentions in a key sentence in her introduction (p. 4): ‘this book ... explores the paradox within midwifery: a legally autonomous profession yet subject to the overriding authority of another profession.’

Chapter 1 looks at the work of uncertified midwives in a whistle-stop tour of the ‘later centuries of the second millennium’ (p. 7). Before the 1915 *Midwives (Scotland) Act* an estimated 95% of births took place at home. Many women in labour were attended by untrained midwives. Reid employs the term ‘howdies’ as a shorthand for the untrained midwife, although she concedes (p. 9) that this appellation was used only in parts of the country, chiefly in the north of the country. The untrained midwife learned the midwifery craft by observing other ‘howdies’, or the local GP, at work. Other pre-1915 midwives had attended lectures and trained at maternity hospitals, and some were nurses. However, the status of both the untrained and unregulated midwife suffered in the course of the nineteenth century faced with the ‘rising ascendancy’ of the (male) medical profession.

The second chapter covers the period 1902–15, that is from the time of the *Midwives Act* for England and Wales to the passage of the *Midwives (Scotland) Bill* on 23 December 1915 (operational from 1 January 1916). This period was one of growing interest in healthy childbirth following the discoveries of the high incidence of ill health among Boer War recruits and a growing awareness of high Infant and Maternal Mortality Rates. As Reid correctly states (p. 32) a second major reason why legislation was enacted for midwives in Scotland was because new welfare legislation in the early twentieth century created an administrative basis to operate midwifery practice. This infrastructure had been said to be lacking in Scotland at the time of the 1902 *Midwives Act* for England and Wales. Legislation passed in the Edwardian period included the *Children Act* 1908, the *Education (Scotland) Act* 1908 and the *Notification of Births (Extension) Act* of 1915. The earlier, 1907, *Notification of Births Act*, which required notification of birth to Medical Officers of Health also led to more awareness of who attended births and recognition that many midwives had no training.

Chapter 3 explores issues and conflicts faced by the midwifery profession in the inter-war period. The Central Midwives Board for Scotland (CMBS) created by the 1915 *Midwives (Scotland) Act* was top heavy with medical doctors. This meant that the training introduced was organised in such a way that qualified midwives remained subordinate to doctors in terms of knowledge and status. Although countries
including the Netherlands had already introduced two-year training periods for midwives, the CMBS created a brief 6-month training period, reduced to just 4 months for those who were already qualified as nurses. According to Reid (p. 51) this decision played a part in ‘limiting the development of midwifery as a profession’.

In chapter 5 Reid notes that during the Second World War there was a shortage of midwives due to the desire of health professionals to join the armed forces. Also, those who were dual-trained felt they could make a better wartime contribution by working as nurses rather than continuing with midwifery. Lack of help at home during the wartime emergency also encouraged more women to seek hospital births rather than home deliveries. This was a trend which became more pronounced in the later twentieth century. The role of midwifery as an independent medical profession suffered following the creation of the NHS. With free general practitioner treatment now available, more pregnant women went to their local doctor to make arrangements for their child’s birth. GPs also began to offer more ante-natal care which meant that midwives did not see their patients until they went to deliver them.

Reid deals in chapter 6 with the change in the focus of health care following NHS reorganisation in 1974 to a patient-centred approach, where midwives once more had an influential role in the care of mothers-to-be. The 1979 Nurses, Midwives and Health Visitors Act made for a more streamlined administrative control structure and the distinctive Scottish input through the CMBS was brought to an end. However, the new boards set up for each of these medical professions proved more influential in policy-making since each spoke for the whole profession; they also had more representation from within the specific profession.

In chapter 7 Reid notes that the trend towards hospital, rather than home, birth reached its peak in 1981 when 99.5% of all births took place in hospital (p. 142). This chapter and the remaining three chapters offer many oral accounts from midwives in the late twentieth century, with chapters 9 and 10 focusing on present-day issues. These sections of the book would be of most interest to medical professionals, most obviously midwives. They also follow on from other work by Reid, who is also author of the popular Scottish Midwives: Twentieth Century Voices first published in 2000.

These later chapters describe the recent trend towards women-centred experiences of childbirth such as natural home births and short stays in hospital which have allowed midwives to work in close cooperation with women throughout their pregnancy, delivery and in the post-natal period. The other big change which Reid documents in chapter 9 is the development of midwifery as a university degree programme which has become the entry portal into the profession.
The book concludes by examining the views of five present-day midwives looking forward into the rest of the twenty-first century.

Lindsay Reid’s book provides a valuable account of how the profession of midwifery in Scotland evolved, faced with changing circumstances in the course of the twentieth and into the twenty-first century.

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This is volume 4 in the proposed five-volume coverage of the place-names of Fife (hereafter referred to as PNF + volume number). It covers the area between Eden and Tay and follows the same format as earlier volumes in the series. The names are arranged on a parochial basis; each parish has a detailed historical introduction; each head-name is given with Grid Reference, a list of early forms, meaning, discussion and phonetic pronunciation.

In a work of this size and complexity (over 2,500 pages published so far) there will inevitably be differences about detail. Reader A may not buy into a particular etymology; Reader B may offer a different source or analogy; Reader C may favour a different interpretation of the same material. I am not, therefore, going to go into issues of detail. One of the great strengths of these volumes is that the approach is always empirical: here is the evidence; we offer this interpretation but the data is presented for you to come up with alternatives if you think they better accord with the facts. Historians always select, but the authors have done a sterling job by making available all the raw material they know of – along with their judgements. By doing so, these volumes immediately become works of reference.

The central achievement of this series is that it provides a structure, a skeleton, onto which we may hang additional pieces of information. Without such a structure, place-names studies in Scotland would be poorer. The volumes offer, as Simon Taylor wished, an exemplar for similar studies in other parts of Scotland as well as a model of the type and level of scholarship required – careful, wide-ranging and thorough. The series is reminiscent of the county inventories compiled by the Royal Commission on the Ancient and Historical Monuments of Scotland – particularly the wonderful volumes covering Argyll. They were comprehensive and detailed, providing the basic raw material for so