

Book Reviews

(1919–1923), as models of wise policy and sensible treatment. They can, and should, function as beacons for contemporary reformers.

I have a few quarrels with Professor Trebach. I do not think that the British experience with narcotic drugs is as applicable to America as he does. And I think that his view of the past tends to be too narrowly legal. But these are minor reservations about a splendid book. While this is not a history book, it contains a great deal of good history. And the uses that Professor Trebach makes of the past are, like his book as a whole, intelligent and humane.

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JOHN FRY, LORD HUNT OF FAWLEY, and R. J. F. H. PINSENT (editors), *A history of the Royal College of General Practitioners. The first 25 years*, London, MTP Press, 1983, 8vo. pp. xiii, 270, illus., £9.95.

This book consists of twenty-two independent chapters by a variety of authors, documenting the development of different aspects of the Royal College of General Practitioners over the last twenty-five years. These chapters cover topics from the College's formation to a history of the College insignia, and most have been written by College luminaries who were personally involved in the events they describe. On the one hand, this proximity of its authors to recent events provides a very readable book with much fascinating, if at times trivial, background detail. On the other hand, this intimate acquaintance with events has precluded a more distant – and perhaps more critical – assessment of the College's first twenty-five years.

It might be expected that participants in the College's history would be able to offer unique insights into events, and yet perhaps one of the most remarkable things about the book is the absence of private observation. The College, of course, was founded at a time when such events were part and parcel of the public domain, whether in the correspondence columns of medical journals or in the College's own formal records, so that, for example, in the history of the College's formation very little is added to what is available for all to see in the columns of the *Lancet* and *BMJ* at the time. What new detail is provided tends to describe where dinner was eaten or who provided it: this enriches the narrative but is hardly of historical importance.

This is very much a history of individual accomplishments. The authors themselves achieved and personally knew others who achieved. There was an obvious camaraderie between these people, but it means that the history of the College is one of gifted and prescient men (and a few women) who fortuitously came together and gave birth to a College. There is some hint of controversy and opposition in the chapters on the College's formation, but otherwise conflict is a theme noticeably absent. Indeed, even those who opposed the College tend to be shadowy, nameless people; when they are named they are members of the medical establishment such as Brain, Wakley, and Horder – though even they are reported to have joined the angels by renouncing their opposition once the College was formed.

The other effect of a "great men" approach is the total neglect of the socio-political dimension. General practice seemed to exist in a vacuum and the GP Charter, the British Medical Association, the government, the National Health Service, or the social climate receive barely a mention. There is undoubtedly a history of general practice in the post-war years to be written, but this is not it. On the other hand, to be fair, neither would it claim to be: as the dust-jacket proclaims the book is a "reminder" that will lead the reader "to be entranced". If this is not a good history, it is certainly an excellent celebration.

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WILLIAM REY ARNEY, *Power and the profession of obstetrics*, Chicago and London, University of Chicago Press, 1982, 8vo, pp. xi, 290, £20.00.

In the literature on the "medicalization" of women's health care over the last three centuries, two issues have emerged: why did it happen, in the sense of whether the doctors who "gained control" were fiendish schemers or well-meaning humanitarians?; and what consequences did it have for the women themselves? Have they overall been gainers or losers from the shift of

Book Reviews

responsibility for their health care from the collectivity of village women, where it had formerly resided, to the medical profession, which at the end of the nineteenth century definitively took command. Arney's book treats only obstetrical aspects of women's health, but it provides two quite clear answers to these questions: (a) medicalization occurred as an outrageous usurpation by doctors of women's traditional right to be attended in birth by other women; and (b) women generally suffered from this usurpation, being exposed to needless obstetrical procedures and finding themselves passive victims of a gang of male meddlers. Thus was the "natural" process of birth perverted into the intervention-dominated hospital nightmare of today. This argument will not be unfamiliar to readers who have followed the new feminist scholarship on the history of women's health.

It is exasperating for the reviewer to have to report that this poorly researched but occasionally insightful book is not altogether wrong. It is divided into three parts, each of somewhat different interest to readers of this journal. The last part finds the roots of such recent interventionist techniques as electronic foetal monitoring in the years after the Second World War when, in a sinister grab for control, the obstetrical establishment decided to start treating "the whole person and more" rather than just the vaginal introitus. Arney emerges here as a humane, informed advocate of non-violent childbirth. Whether he is right, I cannot possibly say.

The first and weakest part is a history of the early days of obstetrics, focused upon the doctors' struggle with the midwives in the eighteenth and nineteenth centuries.

The middle part is, for the historian of medicine, the most intriguing because it is based upon a considerable reading of primary sources and addresses questions on which honest scholars might easily disagree. Clearly, in the years between the two world wars a massive increase in the level of obstetrical intervention did occur. In Arney's view it is because obstetrical specialists, in need of a battle cry around which to rally themselves as a "profession", began to dwell upon the potentially pathological outcome of any birth. The Americans found themselves on a more slippery slope than the British, however, because in the United States the midwives had already been suppressed and the obstetrical profession feared that the boundary separating it from general practice was a rather fluid one. The solution: drum up all kinds of dangerous techniques, such as episiotomy, forceps, abdominal delivery, and so forth, which could best be done by specialists. In Arney's view, British obstetricians in the 1920s could be more relaxed because they had their speciality to defend only against the midwives, and thus needed to meddle less with the birth process, intervening only in clearly demarcated emergencies.

Arney's interpretation of this transatlantic difference might be quite seductive, for clearly the recumbent position for delivery did establish itself first and most massively in the US; clearly, American doctors did perform more episiotomies, more Caesarean deliveries, and generally were more activist. The question is why. I must declare my own bias, for in 1982 I also published a little book that attempted to explain these striking national differences, though with quite different arguments. But I believe that much of Arney's account of these matters fares poorly when confronted with the facts. General practitioners in Britain in the 1920s did deliver a great many infants. Birthing was not at all split between the obstetricians who did the abnormal and the midwives who did the normal deliveries. Arney's account of the history of episiotomy, like his chronicle of the lithotomy position, is a triumph of selective quotation and of glossing over themes in the historical record adverse to this argument. He ignores a major shift from induction for *pre*-term infants to induction for *post*-term infants. He writes of increasing inductions as though they were a devilish medical conspiracy against the poor mothers, ignoring the demands of the mothers and their families to have deliveries at times more convenient. On episiotomy, the question is not whether the procedure really does reduce infant morbidity (possibly it does not), but whether obstetricians thought it did (as I have argued), or whether they were doing episiotomies to make themselves indispensable (as Arney believes). Yet these parts of the book have much of value, and offer, for example, the best history to date of changes in the technology of induced delivery.

By contrast, the first part of the book is an embarrassment. Based entirely on secondary sources, it offers the same variety of febrile theorizing without factual knowledge that one would expect to encounter in a hastily written undergraduate essay. Its argument is that in order

Book Reviews

to gain control, men had to “reconceptualize the phenomenon of birth and bring to it a different meaning from the one it had in the hands of the midwives.” (p. 21) Oh dear, how did they do that? By declaring the body to be a machine, rather than the natural organism the midwives considered it to be, and then constantly fiddling with the machine in order to improve its performance. Forty dreadful pages, the “scientific approach” constantly in sneering quotation marks, then a section on how the man-midwives and physicians booted the poor old woman-midwives out the door. These pages stand the historical record directly on its head. Arney says that eighteenth-century midwives, who had only “nature” to buttress their claims, were pushed out by doctors who now argued that, since birth was not a “natural matter”, only men and their instruments could attend it. In fact, as Arney could have discovered by simply reading the obstetrical textbooks of men like Fielding Ould or William Smellie, the new generation of man-midwives that flourished in London after the 1740s argued vigorously *for* nature, and for leaving the natural birth process alone. Only when the mother was obviously in trouble did they want to rescue her, and then with the relatively innocuous forceps rather than by destroying the infant. It was the midwives, not the doctors, who continued to interfere with the natural process of birth, by their ceaseless manipulations and dilatations and manual fetchings of the placenta. And because Arney is so obviously clueless about all this, the usefulness of his book is restricted to the only period he knows something about, the years after 1920.

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JEAN GUILLERMAND (editor), *Histoire de la médecine aux armées*, tome 1: *De l'antiquité à la révolution*, Paris, Editions Lavauzelle, 1983, 4to, pp. xii, 511, illus., Fr. 495.00.

This impressive work is the first volume of a study which will embrace the story of military medicine from the earliest times up to the present day. The current volume begins with the literally skeletal evidence of prehistory, and terminates at the eve of the French Revolution.

The enterprise has been officially commissioned by the French Comité d'Histoire du Service de Santé, and the editor and author-in-chief, Jean Guillermand, is himself a military doctor of considerable experience, and also, as is evident in this tome, an accomplished historian. The basic research has been assisted by a team of twenty-seven authorities on medicine, history, and archaeology, and not least of Dr Guillermand's achievements has been to re-work the material into a well-organized and readable narrative.

Guillermand defines three periods in the great span of centuries under discussion, namely 'Antiquity', 'The Middle Ages' and 'Modern Times'. Each of these sections is rounded off by a succinct conclusion and a detailed bibliography. A final chapter (which Anglo-Saxon readers will find heavy going) provides a general survey. Matters of medical interest are convincingly related to changes in society, government, and culture, and to “advances” in the art of war and weapons technology, as manifest in relics as various as the bones of Stone-Age men transfixed with slivers of flint, the hacked-about mummies of warriors who died for their Pharaoh in 2063 BC, or the neat cranial cuts inflicted by the laminated swords of the Carolingian period.

The discussion of the earlier centuries is altogether admirable, and culminates in a treatment of the Graeco-Roman worlds which is worthy of the best traditions of Continental classical scholarship. As Guillermand points out, Scribonius Largus could write about the ethics of military medicine in terms that would be considered unexceptionable today. As regards the Middle Ages, Guillermand contrasts the near-stagnation of Western Medical procedures with the phenomena of the healer-saints, the monastic houses, and the orders of hospitaliers. The advent of firearms, which lodged metal deep in tissues, accounts in part for the remarkable progress made by military medicine in the sixteenth century. The prostheses and other items of surgical hardware have a remarkably modern look to them, and the heroic medieval technique of amputation (a great blow with an axe) is replaced by procedures such as those illustrated in Hans von Gersdorf's *Feldbuch der Wundarzeney* (1513), where we see a stricken limb bound with a tourniquet and removed with a saw. No less important was the setting up of the first designated military hospitals, founded by the Spanish armies in the second half of the sixteenth-century, and widely imitated in Europe.

The author is justly proud of the establishment of the French Service du Santé in 1708. It is,