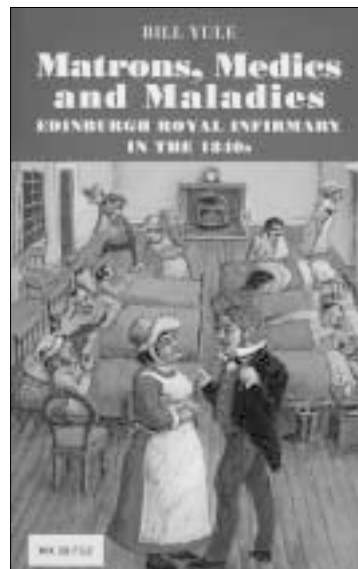


NEW TITLES



Sutton Publishing: Stroud; 1997
ISBN 0750913347

The book consists of essays written mainly but not exclusively by women, all with established academic status. The material flows well without overlap, indicating excellent editorial work by Hunter and Hutton.

What comes across is that many British women of the period, especially in the later seventeenth century, were highly active in empirical medicine and science. Opportunities were available only to women of high birth and / or the moneyed classes, and yet very few of their names were known to me, although their husbands were names from my school history-books. This would seem a good example of history being written by the winners.

Many of these women were responsible for the medical care, not only of their family and household, but often of the parish or locality, where this work was accepted and appreciated. In general, women's practical and scientific or medical contribution was acceptable provided it remained within these confines, broadly the home.

Women's services as midwives were traditional, but by the seventeenth century, not only were they expected, and many able, to read practical text-books on the management of the complications of childbirth, they were also organised to assist one another in difficult cases. The excellent proposal by Elizabeth Collier to set up a hospital training scheme for midwives was firmly rebutted by the College of Physicians (London), even when she pointed out that women had dominated midwifery since before Hippocrates.

Many women gave up the struggle; Mary Evelyn, with a brilliant intellect and a scientific bent, retreated before the teasing and often hostile display of masculine learning,

writing later that she knew time borrowed from family duties was misspent, and higher aspirations exposed her to dangerous wonder but not esteem. An example of hostility was one of the male characters in Moliere's play *Les Femmes Servantes* (1672) who says of women 'they want to write and become authors; no science is too deep for them – and my food, which I need, is neglected'. One wonders whether his intellect could have been put to boiling himself an egg.

This book gives a fascinating, well-researched glimpse into an area of the woman's world which most of us do not know. It is clear, easy to read and nicely illustrated. For anyone interested in the history of folk-medicine, or of women, written in a fair and balanced way, this is a must.

Audrey A Dawson

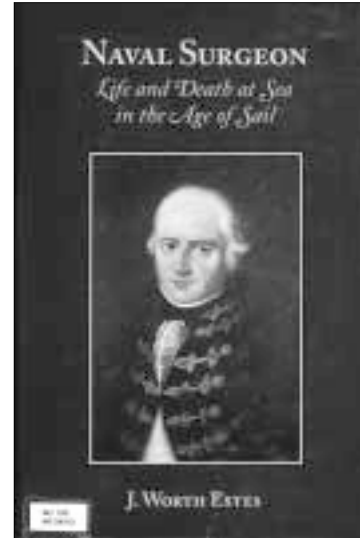


Science History Publications / USA: Massachusetts; 1998
ISBN 0881351946

Dr Peter St Medard, a French prisoner of war of the British, was released into American hands at the end of the War of Independence and established himself in Boston medicine as a surgeon in the US Navy. He saw service in the Caribbean, against France, and in the War of Barbary States. From documents left by St Medard and others, the author surveys the expectations of the captains of their commands, naval fighting, prize-money, staffing and the duties of a naval surgeon of the late eighteenth century. The medical case-load was heavy: so-called catarrhal fevers, dysenteries, bilious and nervous fevers. The surgery amounted to trauma: falls from the rigging and bullet wounds, often from duels! Discovering intact medical records of St Medard's third voyage in *USS New York*, the author has used these to tabulate monthly admissions to the sick-bay, disease categories, morbidity and mortality, work time lost, discharge rates for different diseases and the treatments used. From the pattern which emerges, he believes that the available therapy was being used rationally according to the contemporary Systems of Medicine. The author contends that St Medard's patients were satisfied with the results, but these may have been boosted by the positive response of 'fevers' to Peruvian bark, (possibly 'malaria' being serendipitously treated by quinine). The 'catarrhs' were presumably respiratory disease which in relatively fit men had a potential for recovery. There was 'dysentery' (gastro-enteritis, typhoid or cholera) and jaundice (infectious hepatitis or yellow fever) abroad; in some of these conditions survival might also have been expected.

Scurvy was a major disaster and in this long voyage few patients left St Medard's sickbay. James Lind is quoted as failing to prove the efficacy of his 'acids' from citrus fruits and vegetables, though his disciple Gilbert Blane finally made the latter compulsory in the Royal Navy. Although not all would agree with his main thesis, J. Worth Estes, a Boston Professor of Pharmacology, has researched his material well and provides an authentic account of the life of a surgeon in the age of sail.

Adam N Smith



Tuckwell Press: East Linton; 1999
ISBN 1 86232 0918

As the twenty-first century gets underway and we reflect on the achievements of the last 100 years, high on the list will be the advances in medical science and care. A better understanding of disease mechanisms, more efficient diagnostic techniques, and rational drug therapy have all contributed to a less distressing experience of illness with the greater prospect of a satisfactory outcome.

Not so in the middle of the nineteenth century, the period covered by Bill Yule in his account of medical practice in the Edinburgh Royal Infirmary using material taken directly from the original ward journals of that hospital. Many of the issues causing concern then are still with us today; inappropriate bed occupancy, periodic intense pressure on beds, and underpaid junior doctors and nursing staff. However, the staff and patients were fortunate in having a Board of Management which was conscientious and fair. Flitting in the background are the shadowy figures of James (not Robert) Syme, Robert Christison, Hughes Bennett and James Simpson. The book is built around a series of the case records of patients admitted during the 1840s. The surgical histories deal mainly with trauma patients admitted under Syme. The majority of the medical records are of patients suffering fevers of one sort or another, difficult to identify with certainty today, and there is a moving and illuminating record of the clinical course of syphilitic aortic aneurysm. However, it is not clear why some of the case histories are reproduced, although the prescribing habits are of some historical interest.

This modest book is easy to read and will be enjoyed by anyone who wishes to become acquainted with the practice of medicine in Edinburgh during the mid-nineteenth century.

Ian A D Bouchier



Princeton University Press: New Jersey; 1998
 ISBN 0 691 03708 6

This is a remarkable book about a remarkable man. René Théophile Hayacinthe Laennec was born into times of great political strife and violent social change in Quimper, Brittany in 1781. At the age of eight his family moved, for reasons of safety, to stay in Nantes with an uncle who was a physician. From an early age young Théophile was exposed to medical life and, at the age of 14 years in 1795, he became apprenticed to his uncle. Therafter he served in the army as a doctor until 1801 when he went to Paris to the Charité Hospital to train with the great physicians and surgeons of the day (Corvisort, Dupuytren, Buisson and Bayle) in the École de Santé. His initial thoughts were towards physiology and pathology, but he was extremely popular and successful as a clinician and eventually devoted almost all his time and energy to this in the Necker Hospital.

In his short life (he died in 1826) he published widely, but it is probably for his invention of the stethoscope and his subsequent descriptions of the various auscultatory signs that he will be forever remembered. In 1816 when being consulted by a very plump young lady, he had difficulty in applying his ear to the chest wall directly (the traditional method) and used a rolled-up notebook to hear clearly the beating of the heart. He then collected and collated

the findings of the next 37 patients and attempted to attribute his findings to the autopsy results. These findings were presented to the Academie des Sciences in February 1818, and were published in *Traité de l'auscultation* in 1819. All his initial experiments were with rolled paper and it took time to realise that the 'hole' transmitted the sounds best. His design evolved until he was content with 'a wooden cylinder about a foot long with a quarter inch central canal, a break in the middle joined by a screw and a funnel-shaped hollow in the end'. This he called, after much thought, a stethoscope.

As a result of his invention he was eventually credited with the first clinical descriptions of pneumothorax, pleural effusion, emphysema, acute pleurisy, pneumonia and tuberculosis. In addition he described many cardiac sounds, but others were required to correlate these with cardiac pathology.

He died on 13 August 1826 after a long intermittent pyrexial illness which may have been tuberculosis. In his 45 years he produced a revolution in clinical medicine and the development of clinical skills.

Charles D Forbes