

Book Reviews

CHRISTOPHER LAWRENCE (ed.) *Medical theory, surgical practice: studies in the history of surgery*, Wellcome Institute Series in the History of Medicine, London and New York, Routledge, 1992, pp. x, 331, £45.00 (0-415-00046-7).

Finally a book on surgical history which steps outside the well trodden paths of—albeit indispensable—(auto)biographies and the progressivist descriptions of ever new technical achievements! As Christopher Lawrence shows in his introductory essay on ‘The history and historiography of surgery’, there remain many aspects in pre-modern and early modern surgery, let alone that of the twentieth century, that still need to be researched. This first paper summarizes the state of the art of surgical historiography of the volume under review although it does so chiefly from the Anglo-American point of view; more recent continental scholarship is hardly taken into consideration, yet there would certainly be a case to be made for a comparative approach.

Three contributions give a refreshing insight into “classical” figures and themes such as ‘Giovanni Battista Morgagni and eighteenth-century physical examination’ (by Malcolm Nicolson), ‘John Hunter’s physiological surgery’ (by Stephen Jacyna), and ‘Joseph Lister and the germ theory of diseases’ (by Christopher Lawrence and Richard Dixey). The direct insight into an atypical seventeenth-century London surgeon’s work is given by Lucinda McCray Beier’s analysis of Joseph Binns’s casebook indicating a wider range of therapeutic possibilities than one would expect from the known reports of contemporary military surgeons. Roger French, too, uses unpublished material for his paper on ‘Surgery and scrofula’ namely the patients’ records of the Aberdeen Infirmary from the eighteenth century, enabling him to link concepts and practice. Gert Brieger finds two periods in modern nineteenth-century American surgery which he terms “conservative” and “radical”. His definitions of these often used terms are borne out by the American evidence he produces, although they might also be formulated quite differently against another background (which has actually been done by others).

An enlightening view on the differences between systematic anatomical and surgical concepts of one same bodily structure (as they evolved over 150 years) is given by Lindsay Granshaw in her paper on ‘Surgeons, anatomists, and rectal surgery 1830–1985’. Christopher Lawrence looks closely into the older nineteenth-century controversy over chloroform and ether anaesthesia in its continuation in the twentieth century by the experimentalist Alfred Goodman Levy and his clinical counterparts between 1910 and 1960. The volume is concluded by Ghislaine Lawrence presenting us with a rewarding paper on non-verbal sources in the history of surgery: instruments and other artefacts which raise a spectrum of fascinating questions other than those coming from traditional written sources, questions that can, however, only be answered satisfactorily with the help of such written sources.

Medical theory, surgical practice is a very useful and stimulating book both for its new (and sometimes debatable) theoretical insights and for its many refreshing factual perspectives. A must for all those interested in serious history of surgery.

U. Tröhler, Institut für Geschichte der Medizin, Göttingen

JOHN M. RIDDLE, *Contraception and abortion from the Ancient World to the Renaissance*, Cambridge, Mass., and London, Harvard University Press, 1992, pp. x, 245, illus., \$39.95 (0-674-16875-5).

In this book John Riddle proposes a radical revision of the accepted view that effective contraception began only in the eighteenth century. Instead, he believes, our pre-modern ancestors “knew important things about birth control that we do not”; “the ancients discovered what we only recently rediscovered”.

The argument approaches the topic from two directions. First, Riddle notes the apparently low fertility of both the ancient and the medieval worlds. Finding insufficient the usual explanations given for this situation—such as restraint, late marriage, coitus interruptus, condoms, non-fertile positions for intercourse, the rhythm method, pessaries, abortion and infanticide—he calls for a reassessment of the efficacy of oral contraceptives and early stage abortifacients described in the