

Book Reviews

I would also have liked to have known what Bürgel and Maulitz, who wrote the most interesting essays, make of the co-existence of lay and scientific concepts of pathology. Bürgel shows how Prophetic and Galenic systems intersected in Arabic medicine: orthodox Muslims were obliged to question whether rational, secular therapies were compatible with pious striving and trust in God's omnipotence. Prophetic medicine, according to Bürgel, shifted authority from the ancients to the Koran and to the Prophet. In an aside, he suggests that orthodox Muslims today face a similar question in regard to scientific medicine; indeed, the sayings of the Prophet (Hadiths) are sometimes invoked to legitimize such scientific practices as organ transplantation. Maulitz traces the development of American pathology to the early twentieth century, a tale of increasing technical complexity and sub-division. Unfortunately, there is no discussion of the pathology's impact on the doctor-patient relationship. The technical and social complexity of scientific pathology distanced pathology from clinical medicine, even as this very complexity facilitated the divergence of clinical from lay conceptions of disease.

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BRYAN M. HIBBARD, *The obstetric forceps: a short history and descriptive catalogue of the forceps in the Museum of the Royal College of Obstetricians and Gynaecologists*, London, Royal College of Obstetricians and Gynaecologists [27 Sussex Place, London NW1 4RG], 1988, 8vo, pp. iii, 69, £2.00.

The introduction of forceps into obstetric practice is variously described as one of the great advances in obstetric care, or alternatively as an example of the brutal use of new instruments whose only purpose was to advance the cause of man-midwifery. The latter view was held by many eighteenth-century midwives who saw their business slipping into the hands of medical practitioners, and sometimes by modern historians reacting against what they see as the subsequent domination of childbirth by men, with their persistent tendency to intervene unnecessarily in a physiological process. Whatever one's views, however, there can be no doubt of the historical importance of obstetricians and their forceps.

The number of British and Continental designs which followed the publication of the Chamberlen model in the first half of the eighteenth century almost suggests that any obstetrician worth his salt had to have a pair of forceps to his name. Witowski, whose *Histoire des accouchements* was published in Paris in 1887, described mid-nineteenth-century obstetricians as "possessed with an incredible ardour for inventing instruments sometimes dangerous, often useless, but always ingenious". If you had your name attached to an instrument, you were tempted to use it whenever it was necessary and often when it was not; and your students learnt to do the same. But most of the designs were ephemeral. Today most of the ingenious and occasionally horrifying instruments of the past are where they belong, in historical collections. "Give me a pair of Kiellands and a pair of Wrigleys and I am content" was, as I remember it, the received obstetric wisdom in the 1950s, with Wrigleys only for general practitioners. The past proliferation of forceps does, however, provide an important clue to past practice. The massive intervention in normal or slightly delayed labours, which was such a feature of obstetric practice from the mid-nineteenth century to the 1930s, stimulated the production of new designs. Some inventions, such as axis-traction, were undoubtedly useful. In the hands of an experienced practitioner, forceps could relieve an enormous amount of distress and save maternal and infant lives. Their misuse, which admittedly occurred on a grand scale, is no reason to condemn them.

Bryan Hibbard, Professor of Obstetrics and Gynaecology at the University of Wales and Curator of Instruments at the Royal College of Obstetricians and Gynaecologists, has an unparalleled knowledge of this important and complex subject. With the judicious use of detailed tables, he has produced a guide to the collection in a text whose brevity may, at first

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sight, disguise the originality of his work. This is an indispensable and inexpensive source for anyone interested in the history of obstetric care. Cost may prohibit such a plan, but the present modest version suggests that an expanded edition, with illustrations, would be well worth while.

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CHARLES TRUAX, *The mechanics of surgery, comprising detailed descriptions, illustrations and lists of instruments, appliances and furniture necessary in modern surgical art* (1899), with an Introduction by James M. Edmonson, Norman Surgery Series, No. 1, San Francisco, Norman Publishing, 1988, 8vo, pp. xliii, 1024, illus., \$145.00.

This reprinted reference book is much more than Chicago-based Truax Green & Co.'s surgical instrument catalogue for 1899 (prices are not given). It starts with a brief history of the evolution of surgical instruments and proceeds to describe their manufacture and their care. Thereafter the book follows the familiar modern instrument catalogue format, but with better illustrations, and notes of the instruments' use. Because Truax Green & Co. both manufactured and imported (from Europe) the book shows a cross section of almost all the instruments in world use at the end of the nineteenth century. The lists of instruments required for each set-piece operation would have made the original invaluable to the theatre sister or scrub-nurse of the time. Today's theatre sisters would enjoy and learn from it, but its great value today is to those who collect surgical instruments or who curate collections.

Dr Edmonson is the Curator of the Dittrick Museum of Medical History in Cleveland, and his introduction to Truax's magnum opus is wide-reaching and well documented. He defines the practical difficulties which Truax overcame and points out (p. ix) that currently

The most obvious and universal use of Truax's work will be in accurate identification and proper naming of instruments, which continue to challenge even the most knowledgeable of collectors. It is worth noting that many forms of surgical instruments enjoyed remarkable longevity, remaining in vogue from the early nineteenth century well into the twentieth. Truax's identifications and nomenclature are thus applicable to instruments from a far greater time span than one might at first suspect. *The Mechanics of Surgery* is a standard reference for both pre- and post-aseptic-era instruments, and, therefore, is of considerable value to collectors who focus on medical and surgical artifacts of the pre-aseptic period which ended around 1885–90.

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AUDREY DAVIS and MARK DREYFUSS, *The finest instruments ever made: a bibliography of medical, dental, optical and pharmaceutical company trade literature, 1700–1939*, Arlington, MA, Medical History Publishing Associates I, 1986, 8vo, pp. iv, 448, illus., [no price stated].

Despite its subtitle, this book is in fact a guide to only some of the medical trade literature held in 56 libraries or collections, rather than a complete bibliography of the field. The emphasis is firmly on North American sources—49 institutions in the United States and Canada have been surveyed, but only five British, one Australian, and one European (Zurich Medical Museum and Library).

Selectivity is unavoidable in such a large and relatively unresearched area, but the authors have made their task harder by including the makers of such disparate goods as laboratory glassware, pharmaceuticals, microscopes and hospital furnishings, as well as instruments *per se*. For none of the categories can the bibliographic listings be regarded as anything more than partial, and hence the book must be used with caution. As the authors themselves point out, the absence of entries for particular manufacturers or catalogue editions may mean only that they were not represented in the institutions searched (and some of these libraries apparently held