

(p. 7). So far, so good. But within several pages, we are off on a disjointed, at times perplexing tour that takes us, in the ensuing chapters, from *Gilgamesh* and the *Odyssey* to Charles Dickens and Gabriel García Márquez. Nor are references wanting to East Asian authors. In short, the author brings little rigour or discipline to her narrative. Making matters worse is that the topic of insomnia all but disappears amid metaphors and digressions that are at best tangential, involving such diverse matters as the European colonization of indigenous cultures, the prevalence of boredom in eighteenth-century England, and the Atlantic slave trade (“like insomnia, the slave trade was an actively dark state—dark because unseen, often distant from the site of investment and dealing—as well as a lack: the inability to see how to run an economy without it” [p. 12]).

Not that the narrative is devoid of interesting insights, particularly in its discussion of modern sleep research; but these are obscured by prose that is often impenetrable, a grab-bag of jargon that undercuts the book’s appeal to either non-specialists or historians of medicine. What are we to make of the following: “To wake from sleep is to be found in the world and to have been remade by it, and to experience insomnia is to be kept from seeing, most often by means of excessive thoughts, how the productions of consciousness forestall the arrival of an unconscious state” (p. 12)?

The principal thesis seems to be that insomnia has become a growing problem given the decreasing amount of sleep enjoyed by industrialized societies—what Summers-Bremner refers to as the increasing demands of a “wired world” that rarely pauses for rest or relaxation (p. 131). This, in turn, presumably fuels over-stimulation and anxiety that render sleep both troubled and brief. Fair enough; but in actuality, we have probably never slept so well, due to the problems that typically afflicted our forebears. Had Summers-Bremner relied less on literature and sought instead to incorporate a larger number of empirical sources, such as diaries, memoirs,

legal records, and newspapers, she might have given greater credence to the impact of disease, hunger, frigid temperatures, noise, and lice, among myriad other sources of disturbed slumber—hence the chronic sleep deprivation that plagued labouring classes in pre-industrial western societies.

Such is the importance of the history of insomnia that it deserves systematic study in its own right rather than to serve as a device by which to reflect upon a disparate body of imaginative literature. An index might also have helped.

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Andrew Knox and Christopher Gardner-Thorpe, *The Royal Devon and Exeter Hospital 1741–2006*, Exeter, Andrew Knox and Christopher Gardner-Thorpe, 2008, pp. xiii, 222, £16.99 (hardback 978-0-9561700-1-9), £8.99 (paperback 978-0-956170-0-2).

This book has its origins in a series of Devon and Exeter Medical Society lectures in 2006–7. It successfully combines a scholarly approach with a very readable and accessible narrative that covers not just the Royal Devon and Exeter Hospital (RDE) but the delivery of health care in the large area between Plymouth and Bristol. The surprisingly affordable price, with all profits going to the Medical Society for the promotion of medical research, combined with the carefully arranged text and the lovely images on the dust-jacket will ensure its appeal to a wide audience. The authors are both retired RDE consultants and they offer a warm insider view of the development of the institution. Building on past histories of the Hospital, this new work concentrates on the National Health Service era.

While many publications marking the sixtieth anniversary of the NHS have grappled with its problems and analysed its organizational structures, financial pressures and persistent inequalities, Andrew Knox and

Christopher Gardner-Thorpe provide an optimistic view of the past, present and future of health care at the Royal Devon and Exeter. They argue that after 1948 more doctors and other specialist staff were employed, and they innovatively developed new services, brought in the latest surgical and medical techniques, and treated more patients with better outcomes than ever before. The sense of progress, driven by key personalities and a sense of collective endeavour amongst the local medical community, is highlighted by the way chapters 3 to 10 are organized to facilitate description of each of the medical specialities. This structure places the work within the medical history rather than the social history of medicine tradition but the authors locate their analysis within current policy as well as historiographical debates.

One of the main themes in the book is the importance all communities place on having a good local hospital. For Knox and Gardner-Thorpe the ability to recruit and retain highly qualified medical and other staff is the key to this. They identify three significant phases in the history of the Hospital and associate them with the delivery of medical education. From the 1740s, the RDE had an enviable reputation as a centre of excellence but lost national prominence after the 1858 Medical Act, before rediscovering something of its former glory within the structures of the NHS, despite concern about an apparent financial bias towards regional rivals in Plymouth and Bristol. Staff at the Hospital helped pioneer new surgical and other treatments, and the authors provide a very interesting explanation about their ability to do so and the attraction a city like Exeter had for leading clinicians and researchers.

Despite a clear commitment to objectivity, this celebration of medical achievements at the Royal Devon and Exeter at times lacks a critical edge, and I, personally, would have liked to see a little more attention given to both the role of the other staff, particularly nurses, and the patient experience. This is however a unique record, offering insights not just into the history of one hospital but health

care in provincial areas more generally. It is fortunate that the authors were able to capture the memories of so many colleagues who experienced most of the changes after 1948 first hand. It is a sad fact that the first half of the twentieth century already eludes this type of study. There remains something of a question about why doctors in Exeter, a city with conservative views, were so quick and keen to embrace what we would now recognize as the principles of the NHS. Knox and Gardner-Thorpe offer only tentative suggestions, but the wartime blitz and the somewhat problematic involvement of RDE consultants with pre-1948 local authority medical services seem to merit further investigation. In fact the whole project seems designed to encourage and facilitate further work on the history of various aspects of the Royal Devon and Exeter Hospital. Future scholars will owe a considerable debt to this publication.

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Thomas F Baskett, *On the shoulders of giants: eponyms and names in obstetrics and gynaecology*, 2nd ed., London, Royal College of Obstetricians and Gynaecologists, 2008, pp. xxii, 440, illus., £75.00 (£67.50 to Fellows, Members and Trainees of the RCOG), (hardback 978-1-904752-64-6).

What defines a “pioneer” in any field of medicine (or, for that matter, in any aspect of life)? Pioneers—the older the better—are so often central to constructions of professional identities, reflecting the potent appeal of seeing present practice standing, as in the title of Thomas Baskett’s new book, “on the shoulders of giants”. Baskett was born and educated in Northern Ireland, but spent his working life as an obstetrician and gynaecologist in Canada. In recent years he has turned to the history of medicine, taking the Worshipful Society of Apothecaries’ diploma course, and in *On the shoulders of*