

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*

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giants he offers an encyclopaedia of 365 “pioneers” in the field of obstetrics and gynaecology, from Soranus via Louise Bourgeois and Nicholas Culpeper to Ian Donald and Dugald Baird. Each entry consists of a two- to five-hundred-word essay on their life and the techniques or ideas with which they are associated, accompanied by portraits or illustrations and a short bibliography of their most influential publications. Baskett throws a few curveballs—Thomas Malthus, Marie Stopes, Margaret Sanger—but for the most part he is content to minimize controversies, sketching a (relatively) smooth path to contemporary practice.

Like many books in this genre, *On the shoulders of giants* may be most useful to future generations of historians as a snapshot of the way in which clinicians of the early twenty-first century chose to interpret their past. Judging by the press release, the RCOG Press see Baskett’s work in this way, framing the future in terms of past achievements by “perpetuat[ing] the names and provid[ing] an introductory profile of some of the more significant and fascinating characters in whose steps we follow”. Whatever else this past might be, it is overwhelmingly a male preserve: only fourteen of Baskett’s heroes—less than 5 per cent of the total—are women. Though their voices break through in some places, mothers and babies appear most frequently as body parts or organs, and generally defective ones at that: narrowed pelves, recalcitrant ovaries, distressed foetal hearts, incompetent cervixes. In a book which makes such a show of celebrating and

perpetuating great names, it is ironic to find the recipients of all this progress given so few opportunities to speak for themselves.

For this reason, it is perhaps more enlightening to read *On the shoulders of giants* against the grain. With page after page of formal portraits and photographs this is, amongst other things, a fascinating gallery of medical haircuts through the ages. Most sitters present themselves as sober and respectable medical gentlemen, all starched collars and gold-rimmed spectacles, but a few break this rule: Naguib Mahfouz’s jaunty fez, Grantly Dick Read’s unimpressed-looking cat, Albert Neisser’s luxuriant beard (which looks, as Billy Connolly used to say, as if he had eaten a bear and left its bottom hanging out). Readers might also pause to enjoy the index and contents page, where such oddities as the Braun decapitation hook, Brenner’s tumour and the Burch colposuspension are jumbled together to create a strange and brutal *musique concrète*.

On the shoulders of giants is not a book which will sharpen or revolutionize our understanding of the history of obstetrics, nor is it intended to be. But for retired clinicians reflecting on the changes they have witnessed through their careers, for historically inclined house officers who want to pass ten minutes in the staff room, for medical students seeking an anecdote that will break the ice with their consultants, this might be just the ticket.

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