over the valuables of the plague stricken. Thus, the trial transcripts report that health workers targeted the homes of the wealthy for the spread of plague, that is, those homes where the pickings would prove the most profitable.

The final chapter of Naphy’s analysis branches beyond Geneva, investigating trials, council deliberations, and plague in the nearby cities of Lausanne, Lyons, and Milan. As with Geneva, accusations of plague-spreading centred on the medical and health professions, and profit, not witchcraft, appears as the root cause. As with Geneva, the trials show little evidence of scapegoats, or of stereotypical and supernatural causation. Unlike Geneva, the accused in Milan tended to be male instead of female, but the reasons had to do with the employment of those who cleared the homes of the plague dead and not with witchcraft or other sexual stereotypes. The most basic difference between Geneva and these other cities was in the numbers accused: in Geneva the conspiracies were more common with larger networks of the indicted.

While Naphy’s arguments are persuasive, he leaves a number of key questions unexamined: why did these plague-spreading conspiracies not erupt until the 1530s? Why did witchcraft take over as the main conspiracy in the plague of Geneva in 1571? Why did plague-spreading conspiracies largely cease as a major threat in Geneva after 1571? And why were these conspiracies more prevalent in sixteenth-century Geneva than elsewhere? It is to be hoped that Naphy’s fine monograph will spark new enquiries into these and other questions, stimulating historians to analyse broad changes and interrelationships in the cultural and medical histories of late medieval and early modern Europe.

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The historiography of obstetrics has nicely mirrored changing perspectives in the wider history of medicine in the last quarter century. In the mid-1970s there was a choice of sorts between chronologies of instrumentation, such as K Das’s *Obstetric forceps: its history and evolution*, first published in 1929, and books such as Harvey Graham’s *Eternal Eve* (1950). The history of obstetrics at this time had largely been written by obstetricians and was mainly the history of what they did, that is, interventionist procedures.

Onto this rather lifeless scene came books such as Jean Donnison’s *Midwives and medical men* (1977) and Jane Lewis’s *The politics of motherhood* (1980). The history of obstetrics was reclaimed, largely by women, for the social history of medicine, itself going from strength to strength at this period. Obstetrics, or rather childbirth, would never be a gender or patient-free zone again. Later came work by Edward Yoxen and others on the social construction of technologies such as obstetric ultrasound, Irvine Loudon’s studies of maternal mortality, and Ludmilla Jordanova’s insights into the representation of women’s bodies in obstetrical literature.

Now, it seems, we have come full circle. An eminent obstetrician, Bryan Hibbard has produced, in a very large book, an exhaustive catalogue of instrumentation, especially that icon of male intervention, the obstetric forceps. It is even called *The obstetrician’s armamentarium*. Is this a bad thing? Not at all. Hibbard’s book is a
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treasure house waiting to be plundered by historians of other persuasions, who will be immensely grateful for his painstaking research, his marshalling of the primary sources, and his descriptions of the artefacts themselves. The one type of history needs, and feeds on, the other.

The obstetrician's armamentarium stays close to the instrumentation, spanning the seventeenth to early twentieth centuries, and has copious illustrations. It is strong on description, but also on quotation from original accounts of new or modified devices. Not all modifications were intended to assist the process of birth. Thus we learn that, in 1889, certain folding bladed forceps were advocated by their inventor as a solution to the problem of the "country practitioner who... found himself seated perhaps on a restive horse with a long forceps dangling against its sides, on a dark night and on a dangerous road". And not all arguments in favour of instruments were made on medical grounds alone. Advocating the use of craniotomy forceps to destroy the child in obstructed labour in 1891, one American obstetrician asserted "we know that almost all those cases occur among the poorest classes; that a large number of these children die within one year; that scarcely one half live five years, and that life for many of the survivors is misery. Taking all these facts into consideration, I do not hesitate to perform craniotomy, even on a living child, when it is necessary to save the life of the mother."

Often the text raises potentially fascinating questions. Frequently we hear of discrepancies between British, Continental and US instrumental practice. Why was this? And was British, Continental or US practice indeed uniform, or could further distinctions be made? Disputes, a traditional and still fruitful focus for science, technology and society research, abound. The reader must not expect to find these perspectives explored in the text, nor any analysis of the many original illustrations reproduced. But as a rich sourcebook and stimulus for further research, Hibbard's book is inspiring, and as an introduction to technical changes in obstetric instrumentation over three centuries it is unsurpassed.

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Clare Gass was one of 73 nursing sisters from McGill Hospital who went to France in 1915, along with 35 officers and 130 rank and file, to form the Third Canadian General Hospital, where she had the rank of Lieutenant in the Canadian Army Medical Corps (CAMC). The officer in charge of medicine was Lt Colonel John McCrae, whose poem In Flanders Fields became world famous. Interestingly Clare Gass quotes the poem in her diary entry of October 30, some six weeks before it was published in the magazine Punch.

The diary is one of the few written in wartime by Canadian nurses to reach a public archive. It starts in March 1915, just before embarkation from Canada, and ends with her return home in December 1918. She served in eight hospitals, including Buxton and Taplow in the United Kingdom, and Boulogne in France. While she was working in the Second Canadian Casualty Clearing Station in the Ypres salient area, it came under shellfire and eventually the staff had to be evacuated rapidly in the face of the advancing German army.

In the early years, the diary entries include comments about social and off-duty activities, enlivened by poems and