

History

Medieval Woman's Guide to Health: The First English Gynecological Handbook, Middle English text with modern English translation by Beryl Rowland, 192 pp, with illus. \$17.50, Kent, Ohio, Kent State University Press, 1981.

Scholars, like politicians, often accentuate simple peripheral problems while ignoring important central ones. More scholarly energy and ink have been spent on whether the writer of a popular 11th-century gynecology treatise was the woman physician of Salerno named Trotula than on the influential text itself. Beryl Rowland's pleasing *Medieval Woman's Guide to Health* goes directly to the central point: it is a 15th-century "English Trotula" resplendent in bilingual edition, Middle English and modern. It also has 12 black-and-white illustrations of medieval birth scenes, and 16 amusing womb drawings of fetuses in unnatural or dangerous birth presentations. The book is a treasure for modern practitioners interested in medicine's estimable past, for historians of medicine, science, and culture, and for feminists.

With familiar medieval clinical sophistication, the text considers abnormal menses, prolapsed uterus, impediments to conception, difficult childbirth, inflation of breasts, and leg swelling during pregnancy; and it suggests the baths, salves, potions, pills, and poultices to aid the ailing woman. More surprising subjects are pregnancy tests, fertility tests (who is at fault, he or she?), conception stimulators and inhibitors, and advice to women (such as nuns) who cannot use intercourse as therapy to alleviate symptoms best helped by a good night with a man. Equally noteworthy is the easy attitude toward abortion, especially when the mother's life is endangered.

Conversational and practical, no superfluous medical theory clutters these pages directed to medieval women by a woman practitioner "because many women have diverse illnesses, some nearly fatal, that they are ashamed to reveal to a man, I write about curing them."

The flaws of Rowland's book are few. Surely, not every medical reader or medievalist will know immediately

the meaning of pica, mola, caul, secundine, and similar medical terms presented in the introduction without definition, and not in the text until scores of pages later. Furthermore, Rowland's references to the writer and scribe who handcrafted the original manuscript (British Library, Sloan 2463) as "he" suggests her excessive worry she might be classed as a feminist. Similarly ludicrous is the argument that because Trotula means "old procuress" it is merely a contemptuous term, not the author's name. Though people in the Middle Ages, as now, had such unenviable names as Whoare and Ramsbottom, neither necessarily was either. Study the fine *Medieval Woman's Guide to Health* with pleasure, ignoring such minor imperfections in its otherwise admirable luster.

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Gynecology: Child and Teen

The Gynecology of Childhood and Adolescence, by John W. Huffman, C. John Dewhurst, and Vincent J. Capraro, ed 2: 588 pp, 465 illus, \$55, Philadelphia, WB Saunders Co, 1981.

For the many persons involved with the delivery of care to a pediatric population, the subject of the gynecology of childhood and adolescence has become an accepted topic and a common problem in daily practice. In the 13 years since the publication of the first edition of Dr Huffman's textbook, *The Gynecology of Childhood and Adolescence*, there has been a remarkable growth in the field of pediatric gynecology. The second edition of Huffman's text reflects this explosion of information, making it even more comprehensive than its predecessor. Also, the second edition adds the expertise of two well-known authorities, C. John Dewhurst and Vincent J. Capraro, to the original edition, was based on the research and extensive experience of Huffman.

This textbook covers the gamut of pediatric gynecology from the everyday problem of vulvovaginitis to the exotica of vaginal sarcoma botryoides and carcinoma of the uterine corpus in a child (six verified cases). There is still a strong emphasis on oncology, with 124 pages devoted to gynecologic tumors of childhood and adolescence. The chapter on the

examination of the premenarcheal child provides a detailed, careful, stepwise approach to the young patient, but mentions only briefly the newer diagnostic tools of laparoscopy and ultrasonography.

Sections of chapters in the first edition have been updated to reflect the problems seen in the 1980s. The section on sexual molestation and rape now includes an expanded rape protocol and a review of the physician's role in the reporting of such cases. In the first edition, there was a brief reference to birth control, while the present chapter, titled "Sex and the Teen-Ager," provides an appropriate overview for the physician not involved daily with such issues. It lacks any discussion of counseling pregnant adolescents about alternatives to parenthood and limits the topic "Termination of Pregnancy" to 11 sentences. Information concerning DES (diethylstilbestrol) includes the most recent data concerning the long-term sequelae of intrauterine exposure and the management of patients at risk. There is a discussion of the still-unsolved problem of toxic shock syndrome and an expanded section on endometriosis in the adolescent.

A welcome addition is a chapter on the breast, which reviews development, examining techniques, and disorders of the breast common to this population.

Huffman's textbook functions as a resource for the usual as well as the unusual problems in pediatric gynecology and should be readily available to all physicians caring for children and adolescents.

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Obstetrics-Perinatology

Preterm Labor, edited by M. G. Elder and Charles H. Hendricks (*Butterworths International Medical Reviews: Obstetrics and Gynecology*, vol 1), 329 pp, with illus, \$29.95, Woburn, Mass, Butterworths, 1981.

Infants born after a premature labor and weighing less than 1,500 g account for 65% of neonatal mortality. The devastation of preterm labor is not limited to death, since the incidence of neurological damage to the survivors varies between 30% and 50%. The magnitude of the problem has stimulated intense study and

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