

close at hand? The second is money: the income GIDS brought to the trust represented 5.9% of total income in 2015/2016 and 13.5% in 2018/2019 (p. 184). Deficits for 2022/2023 mean that *'the Tavistock may run out of money in 2022/23 and will need help to survive'* (p. 63).

Then there are relationships to charities and lobby groups. Working with patients and families is generally seen as vital, but *'where ideology impacted GIDS so strongly was in the service's inability to keep an appropriate distance from charities and support groups like Gendered Intelligence and Mermaids'*, who would go to the Director of GIDS directly, and *'demand clinicians be reprimanded or switched, and the service go further and faster with physical interventions'* (p. 364).

And that is the most pressing issue. Medicine should hear multiple voices – but act independently and on the basis of evidence. Even well-intended individuals, acting on no or poor-quality evidence, can still do much harm.

Margaret McCartney,

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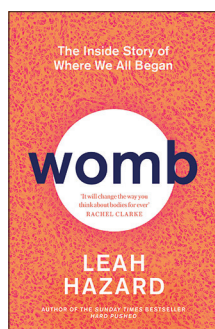
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Womb: the Inside Story of Where We All Began

Leah Hazard

Virago Books, 2023, HB, 368pp, £18.99, 978-0349015798



ROOM FOR THE LIFE

Leah Hazard was a journalist before re-training as an NHS midwife and she has a lovely descriptive writing style with lots of humour to balance the somewhat heavy content. This is her third book, after the huge success of *Hard Pushed: a Midwife's Story*, a book I now want to read.

Womb is an unashamedly feminist book exploring anatomy, science, and history related to the female genital tract. The author brings the topic alive by not only describing historical research but also exploring the researchers' lives and considering the women involved in the research. I learnt the history of primitive menstrual cycle tracking through to modern-day tracking apps, early caesarean section, and the discovery of syntocinon and some of the unintended consequences of its widespread use today.

She describes her interviews with leading researchers, and their work and theories for the future. Could analysing menstrual blood aid diagnosis without the need for invasive investigations? Could there one day be uterus transplants for women struggling to conceive? Could babies be grown outside of the body in the future? And what are the ethics of doing that?

Her description of approaching a pregnant woman to examine her is beautiful and reminds me of the honour it is to be trusted by a patient and the importance of trying to understand the uniqueness of the person before you. Her admiration for the process of pregnancy and labour, as well as the individual women she is treating, radiates from the page.

Hazard is candid about her personal womb history including her own investigations for menorrhagia. It is humbling to be reminded of what it feels like to be a patient. She describes her exploration of alternative medicine including *'squatting bare-vadged over a pot of tepid herbs on my bathroom floor'*, possibly the most wonderfully descriptive sentence ever written in a medical book! She discusses many cultural traditions as well as the current trend for 'womb wellness' and, while she does emphasise the potential harms and ineffective mechanisms, I think non-medical readers could possibly be influenced by such a highly trained professional trying vaginal steaming for her own symptoms. As a GP,

menorrhagia is a condition I am extremely keen for patients to consult me on as I have seen the dramatic difference we can make to women's lives. However, I understand her point that women can feel forced to seek out alternative treatments when they feel dismissed by conventional medicine and that the treatments we offer do not work for everyone. Perhaps GPs could learn from alternative medicine's empathy and acknowledgement of suffering – but I'd like to lose the false promises and expensive price tag.

The book discusses the importance of medical language and how this can be perceived by patients, for example, 'incompetent cervix' and 'hostile or irritable uterus'. However, I found that the way the author commented on traditional science and medicine in relation to transgender people difficult to understand.

In the book, Hazard states that *'Medical tradition ... has long insisted that sex is binary, and that gender is fixed at birth.'* While I agree that medicine does see sex as binary (genotype XX or XY that is usually suggested by genital phenotype at birth), I don't agree that medicine 'assigns' gender; I think that in fact it is *society* that imposes gender onto people. While I understand that this language is used in the interests of inclusivity, I do find Hazard referring to women as *'uterus havers'* or *'menstruators'* very reductive and potentially confusing to some groups of women, such as those for whom English is not their first language.

However, I really enjoyed this book and learnt a great deal about the history of obstetrics, gynaecology, and midwifery as well as the potential future direction of research. Hazard is passionate about her area of expertise, and she wants women to feel empowered and listened to.

To sum up, I don't think *anyone* could read the book and not want to do better by women.

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