

have become an object of general concern and even acquired a certain fashionable notoriety particularly in the USA. The most celebrated of the new generation of mycotoxins so far has been aflatoxin. It was first implicated in diseases of domestic animals — turkeys and other fowl fed on contaminated groundnut meal, and subsequently cattle, pigs, and sheep — by veterinarians in this country in 1960. Since then, it has been shown to be present in various foodstuffs of animals and of man, and the story of control is not entirely uncontroversial.

Perhaps less spectacular in their effects but equally insidious are the infections of animals and man caused by microscopic fungi, and here Dr Ainsworth elaborates the more specialized aspects of medical and veterinary mycology. Two of man's common mycoses today are thrush in infants and the skin infections known collectively as tinea, or ringworm, of which the best known is probably the *Trichophyton* infection favus. They were known to the Greeks and Romans; thrush was noted in the Hippocratic writings as *aphthae*, and the Romans, according to Celsus, knew favus under the name *porrigo*. These two conditions were also the first to be described and shown to be of fungal origin in papers published between 1841 and 1844 by David Gruby in Paris. Gruby was born in Hungary of Jewish parents, and having graduated in medicine at Vienna, he found his faith an obstacle, as did a number of other gifted early microbiologists, to obtaining an official position. Undeterred, he worked privately at his chosen subject, and Dr Ainsworth dates the beginnings of modern medical mycology from Gruby's papers, which he analyses at length. Equally seminal, and probably an influence on Gruby's work, was Agostino Bassi's demonstration of the fungal identity of the agent of the muscardine disease of silkworms in 1835. And it was in large measure due to these two discoveries that there was a tendency in the mid-nineteenth century to speculate on fungal identities for many of the disease agents which were later in the century to be shown to be bacteria, or even viruses.

From these beginnings, Dr Ainsworth moves with authority through the development of medical and veterinary mycology with a wealth of detailed information on individual contributions from later major and minor mycopathologists who over the years came increasingly to include mycologists, microbiologists, and biochemists outside, as well as inside, the medical and veterinary professions. In addition to the many and varied problems of aetiology, taxonomy, nomenclature, epidemiology, therapy, and education in this rapidly developing field, the text deals also with the relatively late appearance of specialist journals and textbooks, and with the evolution of the worldwide organizational bodies and societies which culminated in the formation of the International Society for Human Mycology in 1954 (assuming that the date of the document reproduced on p. 37 is correct rather than that given in the text on p. 38).

All in all, this is a meticulously compiled record of the development of a highly specialized subject. As such it should be required reading for all specialist students of mycopathology — incidentally, a term disliked by Dr Ainsworth. As in his earlier volumes, the author has chosen his delightful illustrations with great care.

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DEBORAH DWORK, *War is good for babies and other young children: a history of the infant and child welfare movement in England 1898–1918*, London and New York, Tavistock Publications, 1987, pp. 307, illus., £27.00.

This book reviews the development of the infant and child welfare movement in England from the start of the Boer War to the end of the Great War. During this period, several different factors combined to make it a time of rapid improvement and change for child life and health.

In the nineteenth century, infant mortality was high, and was largely accepted as inevitable by the public, both rich and poor. It was well known that artificially-fed babies were at a greater risk of dying than those breast-fed, and there were many innovations in both types of feeds and feeding bottles, but the situation seemed resistant to change. However, at the beginning of this century, things changed rapidly. The campaign to improve the purity of the public milk supply,

the growing knowledge of the importance of bacteria in causing summer diarrhoea, better understanding of nutrition, and the institution of milk depots in several parts of the country all combined to help reduce infant mortality. The progress of each of these developments, and their interaction is well researched and documented in this book.

At the beginning of the period of this study, there was marked political concern over Britain's ability to maintain an imperial role. There was a falling birth rate and high infant mortality, which contrasted to other imperial nations. Furthermore, the majority of volunteers for the Boer War had been found to be unfit for active service, drawing attention to the prevalence of poor nutrition, disease, and disability in childhood. This growing public awareness of the importance of healthy children, arising out of the poor health of the would-be recruits, partly explains the somewhat cryptic title of this book.

Deborah Dwork continues her account of the development of the infant and welfare movement in England through to the end of the First World War. Fully covered are the introduction of Health Visiting and Mothercraft classes, the origins of Infant Welfare Clinics and the start of the School Health Service, with details of the involvement of voluntary groups, Medical Officers, other professionals and politicians. As well as improving child health, the welfare movement played an important part in improving the status of women in the community. Women sanitary inspectors and health visitors were essential, and the development of these professions opened up new avenues for female advancement.

Anyone interested in the social history of the twentieth century, or in the history of medicine and public health, will find much of value in this book. It is well researched and written in a lucid and readable style. Comparatively little has previously been written on the improvements made in child health by the welfare movement, and the detailed accounts of contemporary perceptions and how change was achieved is fascinating. The book can be strongly recommended.

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W. BRUCE FYE, *The development of American physiology*, Baltimore, Md., and London, Johns Hopkins University Press, 1987, 8vo, pp. xi, 308, £26.55.

*The development of American physiology*, published in the centenary year of the American Physiological Society (APS), is a study of the specialization and professionalization of American physiology from the mid-nineteenth century onwards. Within this remit, a number of important issues are addressed: the influences of European, principally French, physiology; the importance of naturalists in the fostering of physiological science; the demands of clinical practice versus scientific work; the associated problems of funding full-time positions for teaching and research; and the roles of anti-vivisectionist agitation and the increasing sophistication of physiological apparatus, in further defining and identifying "the physiologist" within the medical community.

Considering this large and demanding picture, it comes as no surprise that the author's attention is better focused in some areas than others. This imbalance is due in part to the principally biographical arrangement chosen for much of the material. The first four (of six) chapters deal with the careers of John Call Dalton and three Founder Members of the APS, Weir Mitchell, Henry Bowditch, and Newell Martin. But closely associated with these personalities is the institutional history of American physiology (a theme that has been successfully utilized in the recent series of historical articles in *The Physiologist*), and this wider perspective does not necessarily telescope easily into the framework chosen by the author. The importance of university and college support is indeed acknowledged but more in the context of determined personalities founding schools of physiology in the face of opposition and indifference (e.g., Bowditch at Harvard, Newell Martin at Johns Hopkins) rather than a clear-cut presentation of institutional responses to the demands of new sciences and new scientific ways. Of course, this criticism is not intended to deny the considerable achievements of these early physiologists or that the author has, quite rightly, identified key individuals who potentiated the growth of American physiology. However, this "pioneer" theme is perhaps over-emphasized to the