

Book Reviews

But they failed not least because they were too divisive and doctrinaire: purity crusaders such as Frances Swiney were offering emancipation for women based on the refusal of sex, at the very moment when for many women changing social conditions and the advent of better contraception were making sexual fulfilment an attractive possibility for the first time. All too often, these ladylike campaigners seemed to target their repressive activities principally against prostitutes and fallen women. Class and gender divides splintered the activists.

Above all, as Mort emphasizes, such programmes of sexual regulation—aimed at whichever ends—were always received with the greatest suspicion by both the organized medical profession (which feared interference with “confidentiality”) and the politicians, who, having burnt their fingers over the Contagious Diseases Acts, argued that sexual reformation should be voluntaristic, within the sphere of persuasion and education rather than enforcement. While many other nations moved to the compulsory treatment of venereal disease, or to sterilization programmes, in England the competition of rival lobbies led to a stalemate, which allowed politicians to do nothing, and to do so in the name of protecting traditional liberties.

This is a cogent, intelligent, and often witty book, both polemical and self-aware, though it is a pity that the period from the First World War to the present receives rather skimpy treatment. It is the best survey of the “medico-moral complex” and the politics of the state regulation of sexuality in modern Britain currently available.

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L. STEPHEN BOSNIAK (editor), *Advances in ophthalmic plastic and reconstructive surgery*, vol. V: *History and tradition*, New York, Pergamon Press, 1987, 8vo, pp. ix, 461, illus., [no price stated].

Before the nineteenth century, reconstructive surgery dealt only with the nose, lips, and ears. The principles of what was first called “plastic surgery” in 1838 were developed mainly in Germany, and were used to restore noses that had most commonly been destroyed by syphilis. The new techniques were soon being applied to other surgical problems, including defects and distortions of the eyelids. Ophthalmic reconstructive operations were then carried out by surgeons who were tending to specialize either in ophthalmology or in plastic surgery. After World War II, some of them combined their skills into the separate speciality of oculo-plastic surgery.

This volume, the fifth of seven, contains no “advances”, but gives, in its first half, a fully-documented and illustrated account of the development of this speciality. The general plastic surgical background is lightly sketched in. Poor Cowasjee, the mutilated Mahratta who lost his nose to Tippoo Singh in 1792, is portrayed, as so often, as a patient of Susruta’s two thousand years earlier. The second half of the book covers the development of the speciality in different countries, with handsome tributes to past masters, many of them still living, by their pupils, and details of all special units and training programmes in the United States. However, the future is not forgotten, and there is some speculation on problems that have still to be solved. As one contributor writes: “there is much to be done, but each step is a nibble at the base of the mountain of knowledge. The path upward is lined with many unknown obstacles, but we cannot afford to rest on our laurels.”

There is no subject index.

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M. J. G. CATTERMOLE and A. F. WOLFE, *Horace Darwin's shop. A history of the Cambridge Scientific Instrument Company 1878-1968*, Bristol, Adam Hilger, 1987, 8vo, pp. 285, illus., £35.00.

The Cambridge Scientific Instrument Company was one of the most prominent and important instrument-making concerns in Britain. Through its relationship with eminent