

## 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.

Roy Porter  
Wellcome Institute

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.

T. J. S. Patterson  
Wellcome Unit for the History of Medicine, Oxford

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

## Book Reviews

scientists in Cambridge and elsewhere, it played a significant role in the progress of science, and in the development of industrial measurement and medical instrumentation. It is a story worth telling and of some historical significance.

The book is the product not of a professional historian but of two former employees who clearly share the affection for the company that seems to have been characteristic of its staff. Wolfe became Company Secretary and Cattermole Technical Manager, so they are well qualified to write about both business and technical matters. The title gives a good indication of the emphasis of the book. It is mainly about Darwin and the company, and the instruments it made at Cambridge during his tenure. The other major figure in the company's history, R. S. Whipple, does not feature so strongly. Nor is there much about the London end of the company, acquired in 1919 when it combined with R. W. Paul's business to become the Cambridge and Paul Instrument Company and later the Cambridge Instrument Company. In part, this reflects the bias of the surviving records now held in Cambridge University Library. The forty years from Darwin's death in 1928 to the end of the company's independent existence are covered in a single chapter. There is another story to be told, of the later years in detail and of the subsequent mergers, but this would need another volume.

The book is in two parts, the first and longer part giving the history of the company, and the second, by Cattermole alone, containing short accounts of ten important instruments made by the company, beginning with Darwin's famous rocking microtome. These accounts are a little disappointing, giving too much general historical information instead of concentrating on the development of the instruments by the company. The longest, and one of the most satisfactory, is about the electrocardiograph, the company's major contribution to medical instrumentation.

Inevitably, the book will not meet all the needs of the serious student, but it does provide pointers to further information. The price, though reasonable by current standards, will deter casual purchasers, which is a pity because it is a book worth reading.

C. N. Brown  
Science Museum, London

LINDSAY GRANSHAW, *St Mark's Hospital, London. A social history of a specialist hospital*, London, Oxford University Press for King Edward's Hospital Fund for London, 1985, 8vo, pp. xvi, 526, illus., £35.00.

The history of hospitals has, until comparatively recent times, been represented by histories of buildings and the men (the word is used advisedly) who administered, supported, and—most prominently—practised in them. More recently, general historians have turned their attention to these healing institutions, as they have to schools, prisons, factories, and corporations. The hospital is thus a comparatively new sub-field for professional historians, but one which shows signs of rapid growth; Granshaw's study of a 150-year-old London institution is an exemplary contribution to this increasingly sophisticated genre.

Like most nineteenth-century Anglo-American speciality hospitals, St Mark's was the creation of an upwardly mobile "outsider", in this case the surgeon Frederick Salmon. Despite the disdain or opposition of London's medical establishment, Salmon found support among merchants and bankers in the City. His fledgling dispensary opened in 1835 and was well established by mid-century. Granshaw deftly traces its history from these small beginnings through its sometimes difficult nineteenth-century history and into the National Health Service era. Most importantly, she demonstrates the policy and fund-raising decisions that allowed this institution to adapt and survive when so many of its peers died or were ingested by larger predators. In the course of this history, she demonstrates how the hospital related to changing specialist career and educational patterns, and how evolving clinical and research interests (in cancer, for example) provided adaptive mechanisms. But this is much more than a policy history. Its protagonists include nurses, patients, and domestic help—although the relevant data are sometimes skimpy. Ideas are protagonists as well. Granshaw has sought to integrate the technical with the professional and institutional—providing surveys of the changing clinical