

changes that took place from the early Victorian to the modern age. The perception of a divinely designed world was transformed to that of a godless universe, and in the process Huxley famously coined "agnosticism". Desmond follows Bernard Lightman in ascribing religious qualities to Huxley's agnosticism. Specifically and most intriguingly, he characterizes Huxley as a Cromwellian Calvinist, relying in part on Mario di Gregorio's ponderings on the subject. This characterization is casually woven into the fabric of the story, without much argument. Anglican opponents of Huxley may well have agreed: connecting Huxley with Calvinism would have been like debasing two enemies by a single equation. Not many thoroughbred Calvinists, however, would recognize in Huxley a kindred spirit or even a renegade son, and the issue needs more discussion. Such points of possible disagreement apart, Desmond deserves sustained applause for this latest show of his remarkable scholarly productivity.

Nicolaas Rupke, University of Göttingen

Elizabeth Lomax, *Small and special: the development of hospitals for children in Victorian Britain*, *Medical History Supplement* No. 16, London, Wellcome Institute for the History of Medicine, 1996, pp. vii, 217, illus., £25.00 (worldwide), \$38.00 (USA) (0-84584-064-8). Orders to Professional & Scientific Publications, BMA House, Tavistock Square, London WC1H 9JR.

Children's hospitals, once so numerous, have suffered massive closures and before the few remaining finally disappear it seems appropriate to examine the circumstances which produced them in the first place. Elizabeth Lomax has not only distilled the essence from the many "celebratory" histories, she has made much better use of hospital archives and of available statistics than any previous publication. She has given us a well researched and dispassionate, but eminently

readable account of this important aspect of Victorian medicine. She has sketched in the concern for the sick children as voiced by Charles Dickens and the unhappy contradictions inherent in the provision made for them. The worst mortality was among the infants, yet those under two years were not admitted. The fevers were the major killers, yet the small children's hospitals could not isolate them and, until the Fever Hospitals were opened, there could be no rational admissions policy. Children's diseases were perceived as medical problems, yet the wards were filled with surgical cases, mostly tuberculous glands and joints.

The fund-raising problems were less acute than for other special hospitals since they were seen as proper subjects of charity, governed by the upper classes and run by medical men of integrity. They had serious difficulties over the nursing, ultimately solved by bringing in educated upper-class women as Lady Superintendents, who recruited lady probationers as potential ward sisters. Dr Lomax, true to the American belief in the rigidity of the British class system, makes a great point about the powerful influence on the Governors exerted by these superior persons in contrast to the relatively impotent and irredeemably middle-class physicians. To be fair, she might have mentioned that Howard Marsh, the surgeon, and Thomas Barlow, the physician, both married their well-born ward sisters and happily proved that the divide was not unbridgeable.

The clash between the founders and the Governors is well illustrated in London, Manchester and Birmingham; it was a feature of all the special hospitals as the quest for respectability took over from the innovatory zeal of the originator. The Children's Hospitals in Britain were remarkable in that until 1900 they failed to produce specialist paediatricians to fulfil the founder's mission as they did in other countries. Why not? Dr Lomax notes this anomaly but hardly explores it, citing only the undoubted truth that the care of adults was more remunerative than that of children. Yet if the inclination of the British to seek out

Book Reviews

specialist opinions was such as to enrage the medical establishment, why did not paediatricians emerge to supply that demand? Perhaps the GPs already had too firm a grip on the family, while the hospital staff, recruited from the teaching hospitals' high-flying physicians, had, unlike the Germans and Americans, little experience of infants and preferred to move on to the adults. Dr Lomax has not been able to analyse the work of the Hospitals for Women and Children where infants might have been seen more often. There was remarkably little paediatric research, the prominence given here, as elsewhere, to Barlow's description of infantile scurvy emphasizes the rarity of such advances. Surgical readers will have some queries about technical points and regret that the 1900 cut-off date precludes the period in which a sepsis at last allowed a wider scope for operation. The orthopaedic children's hospitals really deserve a monograph to themselves.

It is one of the joys of this excellent book that it will be the starting point for many further fascinating studies of the pre-war children's services.

David Innes Williams,
Royal Society of Medicine

Ann Dally, *Fantasy surgery, 1880–1930:*
with special reference to Sir William Arbuthnot Lane, *Clio Medica* 38, Wellcome Institute Series in the History of Medicine, Amsterdam and Atlanta, GA, Rodopi, 1996, pp. viii, 359, Hlf. 180.00, \$112.00 (hardback 90-420-0026-0); Hlf. 45.00, \$28.00 (paperback 90-420-0009-0).

A consummate Guy's clinician and one of the most distinguished surgeons of his day, Sir William Arbuthnot Lane was well-regarded for his meticulous attention to technical detail in the operating theatre and admired for his smooth and urbane manner outside it. Lane was also enthralled by an idea about disease causation known as "autointoxication", a theory loosely based on the concept that the accumulation of decomposing material and the

associated bacteria in the colon produced toxins, which could lead to all manner of disease. Autointoxication found ready resonance in a Victorian society strikingly concerned about (some might say obsessed with) the nature and frequency of the bowels. If simple solutions to a sluggish bowel such as purgatives and enemas failed to effect a cure, the seemingly obvious approach, especially in an era in which surgery was the dominant form of medical intervention, was simply to take out the colon. Fundamentally, Lane and his followers believed in either an "empty big gut" (p. 141) or one that had been surgically removed. Ann Dally takes surgery for constipation as the central example of "fantasy surgery", the theme around which she organizes this excellent book.

Much of Dally's attention is focused on Lane's ideas and career; her critical analysis of this influential surgeon is a marked improvement over existing biographies. Included as an appendix to the book are 85 pages of Lane's manuscript papers that were left unpublished at the time of his death. Dally integrates notions of autointoxication into other medical theories of the early twentieth century, most notably the idea of dropped abdominal organs, or "ptosis", a condition in which the abnormal mobility of some organ (often the kidney) would cause symptoms due to abnormal mobility, and where the surgical fixation of that organ could afford the patient relief.

Dally does medical historians a great service by bringing into clear view a set of theories held to be vitally important by patients and medical people of the day, even if we do not today believe that autointoxication is an important clinical entity. By listening throughout to voices on both sides of the issue Dally treats the matter with the subtlety that it deserves. Her reading of the 1913 very public debate over "alimentary toxæmia" at the Royal Society of Medicine in London is a tour de force, a wonderful example of how to look beyond what people said and hear what they meant. I only wish that Dally did not feel it necessary (or possible) to distinguish between