

Book Reviews

There have been many calls of late for the study of medical politics; Evans has put precept into practice, going beyond analysis of abstract ideologies to plot the precise interplay of real power politics with medical crises. Not least, he has drawn explicit international comparisons. Hamburg turns out to have been more English than the English: by contrast to the ramshackle public health arrangements in Hamburg, mid-Victorian England is made to look positively Prussian!

As Evans is the first to admit, much remains to be done: his rich-textured study makes one wish for a comparable in-depth account of Berlin or Munich, or indeed Birmingham or Manchester for that matter. Even within a 650-page book, Evans himself says tantalizingly little about Hamburg's own medical community and its medical services for the poor. Yet this is a remarkable work which has surely pitched the study of urban health, epidemics, and medical politics on to a new plane.

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FRANK MORT, *Dangerous sexualities. Medico-moral politics in England since 1830*, London, Routledge & Kegan Paul, 1987, 8vo, pp. ix, 280, £7.95 (paperback).

There are numerous ways of telling the story of the rise—and apparent fall—of concern with public health in England over the last century and a half. The Whiggish recension sees sanitarian state medicine emerging, doing its job in overcoming the environmental threats of industrial society, and finally leading to the National Health Service. A much more subtle reading, as offered in Jane Lewis's *What price community medicine?* (London, 1986; reviewed in *Med. Hist.*, 1987, 31: 368-369), focuses its attention on how the public health profession lost its way early in the twentieth century, becoming marginalized in 1948 and more or less extinguished in 1974. A thoroughly jaundiced interpretation, drawing upon the work of Foucault, views the basic missions of public hygiene and state medicine with fundamental distrust, seeing them essentially as engines for the social control of difficult and dangerous elements of the community.

Frank Mort reassesses these issues in his provocative yet judicious survey of attempts by reformers, including doctors associated with the public health movement, to deploy the law and state power to police sexuality in England from the 1830s. In one respect he accepts the premises of the “social control” theorists: all programmes for the medical solution of problems such as venereal disease or national “unfitness” were, in reality, moral crusades as well—indeed, were often primarily moral reform movements hiding behind the apparent neutrality of medico-scientific rationality. Yet Mort is adamant that it would be a grave mistake to conclude from this that the history of the medico-politics of controlling sexuality should be treated as a conspiracy. This is clearly an important point to establish, given that, faced with certain public responses to the AIDS crisis today, it might be tempting for historians to maintain that the medico-political Establishment has traditionally whipped up sexual-moral panics both to marginalize the “immoral” and to augment its own legal authority.

But, as Mort rightly contends, this interpretation simply will not fit the facts. True, those in favour of maximizing central policing powers got off to a good start. The Chadwickian sanitary reforms, the advent of the Medical Officer of Health, the introduction of compulsory smallpox vaccination, and then the Contagious Diseases Acts in the 1860s left supposedly *laissez-faire* England a more heavily medically-policed nation than most in Europe. But thereafter, campaigners for the enforcement of sexual hygiene by the state in the name of health had little joy of it: in matters sexual, state medicine was eclipsed. In the wake of the repeal of the Contagious Diseases Acts, Mort skilfully shows the emergence, yet also the failure, of a variety of pressure groups—from feminist purity movements out to stop the evils of male sexuality, to the eugenists with their plans for sterilization of the unfit. They failed in part because they were perceived as “cranky”, in part because they were confronted by entrenched vested interests (was the male establishment likely to submit to the kind of curbs that militant feminists demanded?).

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