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kind of practitioner to contend with in the druggists and chemists who took the apothecaries' place in the shop when the apothecaries began to spend most of their time in visiting people in their homes. For long after the House of Lords decision on Rose the apothecary was unable to charge for attention and advice, and had to make his living by adding this charge to the price of the physic he prescribed. The conflict between the apothecaries practising medicine and surgery and these new vendors of medicines and drugs was, therefore, bitter.

The history of the Society of Apothecaries of London is the history of the general practitioner in London. It would be dangerous to apply conclusions arrived at from these archives to the country as a whole, but this in no way detracts from the value of this work.

A Cottage Hospital Grows Up. The story of the Queen Victoria Hospital, East Grinstead. E. J. Dennison. London. Anthony Blond Ltd. 1963. Pp. vii +223. Price 30s.

The middle years of the nineteenth century saw the development of a new kind of hospital. Until then there was nothing between the hospitals of the Metropolis and the provincial towns which had been founded for the most part in the eighteenth century, and the hospitals of the Workhouse unions—the development of which had been forced upon usually reluctant Boards of Guardians. In the words of Dr Andrew Wynton (1866) quoted by Dr Dennison "In large tracts of country there was no refuge to which poor creatures suffering from the terrible accidents on the introduction of steam machinery to agricultural pursuits and the railway, could be taken, but the Union Workhouse . . . If taken to the nearest Town hospital, perhaps 20 miles, in a rough cart, the injury was necessarily aggravated. If treated at home, possibly miles from his doctor, or a case requiring hourly attention, he could only get a visit once a day." The cottage hospital movement was started in 1859 by Dr Albert Napper of Cranleigh in Surrey and spread swiftly through the country. After Cranleigh, came Fowey with five beds (now it has 12) in 1860 at Bourtonon-the-Water in Gloucestershire with six beds (now 16) and then camer Iver and East Grinstead.

Dr E. J. Dennison has written a very comprehensive account of East Grinstead hospital. Situated as it is in a dormitory area for London, East Grinstead's hospital was destined in the nature of things to become more than a 'cottage hospital,' and two great wars have made it one of the most renowned of special hospitals. This book will interest three kinds of readers: those who are interested in the early work of the cottage hospitals; those who are interested in the development of the art of facio-maxillary surgery in particular and plastic surgery in general; and those—and there are many—who have worked in East Grinstead as doctors, nurses, and auxiliaries, as members of the staff and as postgraduate students. General practitioners will be interested to find how it has been possible, not, be it said, without an occasional struggle, to maintain their access to beds in a hospital where so much, so distinguished, and so specialized work was being done.

This book is packed with facts. Many who have not been personally

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connected with East Grinstead will find the lists of names, the entries concerning quite minor characters, and the sometimes jumbling together of the important with the trivial to be rather irritating but, as the author says, this is a book which had to be written and he has done a service not only to his hospital but to the general history of hospitals of this country.

The Recovery from Poliomyelitis—A Study of the Convalescent Phase.

MARTIN SINGER, M.B., CH.B., F.R.C.S. and PETER ROSE-INNES, M.B.,
CH.B. Edinburgh and London. E. & S. Livingstone Ltd. 1963.
Pp. vi + 106. Price 25s.

This monograph deals with the care of the patient affected by poliomyelitis from the end of the acute phase (approximately three weeks after onset), until maximal recovery. The authors describe the planning and practice of a regime of treatment and the results achieved by this in the 1957 epidemic in Cape Town, when 163 patients were treated in their unit.

Although it is to be hoped that poliomyelitis is a vanishing disease, cases still occur, and this work should prove a valuable source of reference to all concerned in any way with their management. The style is readable throughout and the numerous photographic illustrations are of high quality.

Smallpox 1961-62. Ministry of Health Reports on Public Health and Medical Subjects, No. 109. London. H.M. Stationery Office. 5s.

In this grey book of 70 pages is a detailed account of the importation of smallpox into this country in December 1961, and of the way in which the disease spread, was recognized, and finally controlled. In all there were 62 patients who developed the infection, and 25 died. The incubation period was between 9 and 14 days. The protective action of vaccination was clearly confirmed.

Some embarrassment arose from the huge public demand for vaccination in areas where there was no disease, but the supplies of lymph were never in danger of exhaustion. Five and a half million doses were given out during six weeks. Such delays in distribution as occurred were to meet "inessential demands in a few localities". There was much morbidity needlessly caused by vaccination of numerous people who had not been in contact with cases of the disease.

The medical officer of health of the area in which a case came to light proved to be the pivot around which the control of the infection revolved. He was the primary source of authentic information and the one responsible for liaison with neighbouring authorities. The help he got from various authorities concerned varied from place to place.

Some problems arose through the opening of a number of first line smallpox hospitals simultaneously, and disinfection was sometimes complicated.

The book gives a fascinating account of the epidemic from start to finish, and should be read by all those likely to be involved by a reimportation of the disease, in other words, everybody.