

disease' are rationalisations of practices related to the maintenance of social order. However, I believe the full measure of Tomes' achievement is that she has succeeded in illuminating the very processes and relationships Elias refers to. The evolution of germ consciousness in American society meant the emergence of an interpretative framework within which a relationship was established between disease avoidance and social order. That the cultural artefacts—the practices and conventions which developed within this framework—took on different meanings in different places, even on occasion appearing as superstition, does not diminish the cultural centrality or the artefactual character of the framework. To pick up the New Testament analogy, in the house of rationality, there are many rooms.

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Joined across the Water. A History of the Urological Society of Australasia. By Sally Wilde (Hyland House, 1999, x + 229).

Since the nineteenth century, scientific discoveries and institutional development have created specialties in medicine, with some focusing on particular diseases, some on body systems, and others on patient groups linked by common factors. Defining the boundaries of specialties has meant concentration on specialised training, assessment and licensing, which has sometimes engendered what might be termed 'turf disputes'.

The surgical specialties in Australia are a good case in point. Until the 1970s most Australian surgeons undertook their specialty training in the United Kingdom even though Australian colleges or councils had been established much earlier. Some surgical specialties established their own colleges, while others formed themselves into faculties or sub-specialties of the parent college and/or into specialised craft groups. The general functions of specialist organisations is to set standards for the specialty, to assist in the selection, training and examination of would-be specialists, to provide for continuing education of members, and to foster a collegiality that includes the sharing of experience and knowledge.

The Urological Society of Australasia was the first society of its kind in the British Commonwealth, the developments in the specialty being divided between centres in both Britain and the United States. Urologists originally descended from lithotomists (urinary stone-cutters), venereologists (particularly the practice of aggressive local treatment and instrumentation of gonorrhoeal manifestations) and general surgeons. The gender split between the work of urologists and gynaecologists lies outside the scope of the book.

The ingenious title of this work is an extension of the Society's motto, which embraces the union of the two countries across the Tasman and the focus of the specialty—the watery environment of the urino-genital tract. By the 1940s, and continuing to this day, the major focus of urologists had moved from obstructions in the urinary tract itself to problems of the prostate gland and prostatic obstruction, and the application of advances in specialised technology and surgical techniques.

Wilde has cleverly organised the book into three sections. The first part documents the growth of the urological specialty in the international context, and the concentration in Sydney of urologists that led to the foundation of the Sydney Urological Association and, soon after, the Urological Society of Australasia. The somewhat troubled beginnings through WWII, the continued dominance of Sydney, the role of individuals, and the problems of organising meetings and sharing information under war-time restrictions are colourfully described. Part 2 outlines the heightened role and functions of the Australasian Society, the continued adherence to restricted membership, and the gradual sorting out of the Society's relationship with the College of Surgeons and other medical organisations, thereby emphasising the role of the specialty's pioneers. The third part takes the reader on a journey to view the practice of urology in the various centres of Australia and New Zealand, and highlights through photographs the personalities involved as well as documenting the developments in the specialty.

Histories of institutions or organisations are problematic beasts. Generally to please the commissioning group a history must concentrate on the role of individuals and make mention of as many as possible. To attract outside readership a history usually needs to take a particular line of analysis that may not fulfil the expectations of those involved in the organisation. This history might not at-

tract a wider readership—although it is well researched, well organised, well indexed and pleasantly illustrated—but it will form an important resource for researchers in the history of medicine.

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Pharmacy Families: Henry Francis in Australia 1849–1999. By David & Kathleen E. Sharpe (B. D. Cossar, 1999, xi + 195, hard back, \$30, from Henry Francis Chemist, 286 Lt Bourke St, Melbourne, Vic. 3000, or the Pharmaceutical Society, Vic. branch, 381 Royal Pde, Parkville, Vic. 3052)

What drives the founder of a successful business in the professional sciences? The pursuit of scientific excellence, money, influence, community care, personal fulfilment? For Henry Francis, who spawned a pharmacy chain of twenty-nine branches in Australia including some in Myer stores, a particularly important stimulus was the need to prove his worth in the eyes of important people in his life.

Suffolk-born Henry arrived in Australia in 1852, a 22-year-old with high-level training in pharmacy. An apprenticeship spent working with his pharmacist father, George, and further training in the London firm of Jacob Bell provided the ingredients for advancement. But Henry was not excited by a career in pharmacy.

Against his parents' wishes he left England for far-flung Australia, intent on making his fortune on the goldfields. Within a year of arriving he reluctantly concluded that he was not suited to the gold-digger's life and returned to 'the old business (pharmacy) which I'd hoped to have done with'. After working for a few years in a chemist and druggist store in Swanston Street, Melbourne, Henry helped purchase a pharmacy in thriving Kyneton, an important stop on the road to Sandhurst (Bendigo), north-central Victoria. By the late 1950s he and his brother-in-law owned two pharmacies in Kyneton and another at Woodend, fifteen kilometres closer to Melbourne.

He might have consolidated the business at that point, having amply demonstrated that he had a sound business sense and the