

tion, so that the new specialism had to be carefully nurtured until 1950 when Australia had the critical mass to form an Australian Neurological Society. The assessment now of Cox's contribution to neurological research is that while he was not the first Australian to conduct a program of research on neuroscience, he was the first to undertake work in Australia that has made an enduring contribution. Specifically, his contributions were his work on the cellular origins of gliomatous brain tumours, that on the localisation of the brain mechanisms that mediate consciousness, and his compilation of knowledge on torulosis.

Volkhard Wehner has written of Cox the man—son, husband, father, friend. Cox was a complex, not always likeable character, much scarred by a difficult relationship with his mother and his experiences in World War I. He was also struck down in his early career by tuberculosis and forced into isolation and life-changing contemplation in the Dandenongs, an area that he came to love. He married into a well-known medical and sporting dynasty and had a wide circle of friends in the distinctive closed world of Protestant, private-school Melbourne. But while he shared the deep conservatism of that world he broke away from it theologically and, in later life, politically, when he came under suspicion for his affection for China despite the Cold War. Above all, his life story is a reminder that gifted men have often not revealed their potential in childhood and youth. Had Leonard Cox lived in these times, he would certainly never have qualified for medical school on his school performance, and his immense contribution to neuroscience and the lives of his patients would have been lost.

Janet McCalman  
University of Melbourne

*Forty Years on: The History of Moorfields Eye Hospital, Volume 3.*  
By Peter K. Leaver (Royal Society of Medicine Press, London, 2004,  
hb, ISBN 1-8531-5580-2) 320pp.

HOW DELIGHTFULLY QUIANT! A HOSPITAL HISTORY WRITTEN BY A RECENTLY retired senior consultant detailing the heroic achievements of his (overwhelmingly male) colleagues. In Australia we have become used to hospital histories written by historians who attempt to give a voice to nurses and other hospital staff and to the patients they treat. With the glittering example of *Sex and Suffering* as a guide, it is unlikely that any serious hospital history written in Australia would completely ignore the patient experience—in spite of the difficulties imposed by our misguided privacy laws and their frequently wilful misinterpretation by

bureaucrats. However, the McCalman revolution has clearly not reached the upper echelons of the British medical establishment and this history takes us back to simpler times when senior medicos held undisputed sway in both hospital wards and hospital histories.

Peter Leaver worked at Moorfields Eye Hospital from 1967 until 2001, virtually the entire period covered by this history, which is the third volume written on the hospital since its foundation in 1805. Many of the strengths of the book come from this close personal association, particularly the discussions of changes in clinical practice and the impact of government policies on Moorfields. The story of the efforts of the hospital to defend itself from the extremisms of Barbara Castle and the 'loony left' in the 1970s, and Margaret Thatcher and her steely-eyed fanatics in the 1980s makes fascinating reading. I doubt if any CEO of an Australian hospital has had the experience of the new 'House Governor' at Moorfields, who in 1976 was visited by two officers from MI5 to tell him that his hospital harbored two cells of a revolutionary socialist organisation.

The book has an unusual structure. The first chapter briefly summarises the early history of the hospital and then gives a chronological account of events since the early 1960s. The author then reverts to a thematic structure, with chapters on clinical services (by far the longest section), medical education, research, management and administration, finance and, yes, a very short chapter on nurses. My first instinct on seeing the structure of the book was that it could not possibly work and would lead to endless repetition, but these fears proved to be misplaced and it is a successful approach to the real problems of structuring a history that covers a relatively short period.

Mr Leaver writes well, as an educated English gentleman should, and he avoids falling into the morass of managerial jargon with which the health bureaucracy has smothered hospitals in recent years. At times his writing has a delightfully light touch: 'In ophthalmology, as is so often the case, the situation was plain for all to see'. However, while the introduction makes the claim that he is writing for a general audience, lengthy passages of detailed medical descriptions make large sections unintelligible to the lay reader, especially as the book lacks a glossary of ophthalmologic terms.

The nature of Leaver's work—primarily as a history of ophthalmology at Moorfields as experienced by the senior medical staff—is emphasised by the fact that the first suggestion that nurses work at the hospital does not come until page 31, and the chapter on nursing covers just nine pages in a book of more than 300 pages. The treatment of patients is even more peremptory. Mr Leaver makes a revealing statement in his account of the changes he has seen at Moorfields with his claim that back in 1967, when he began working there,

[p]atients were, for the most part, compliant and accepting. Ironically, in spite of all the medical advances and the greater degree of respect for their wishes and feelings, they seemed to be happier with their lot and to complain less than is the case today.

It is hard not to detect a certain nostalgia for the days of ‘compliant and accepting’ patients. With the exception of a few humorous anecdotes, this is the only mention of patients in the book. We are not even told if the work of the hospital has been affected by changing patterns of eye disease in the community. Has, for example, increasingly strict safety legislation led to a decline in admissions due to accidents?

Accepting that there are large areas of the hospital’s history which are of no interest to him, Mr Leaver is strong on the aspects he regards as important. During his research he interviewed 150 people, primarily senior medical staff and administrators, and he uses their stories well. In particular, his account of the development of clinical practice is enlivened by vivid accounts of the often lively relationships between consultants. He is lavish with his praise for those who served the hospital well, but less worthy souls are dealt with briefly and severely. His particular hero is a New Zealander, Professor Barrie Johns, who

transformed Moorfields from an institution with a formidable reputation as a hospital of the old school, but with a dwindling influence on the world outside, to a centre of excellence equipped to compete successfully with any eye unit around the world.

In stark contrast, one consultant ‘was a competent and conscientious surgeon, but did little to advance the subspecialty before retiring in 1981’, while another ‘continued to design and use his own anterior chamber implants, with questionable judgment and even more questionable results’.

Peter Yule  
University of Melbourne

*Narcotic Culture: A History of Drugs in China.* By Frank Dikötter, Lars Laamann & Zhou Xun (London, University of Chicago Press, 2004, ISBN 0-226-14905-6), 256pp.

A RECENT POSTING ON AN EMAIL DISCUSSION LIST FOR THE HISTORY OF alcohol and drugs drew attention to the Opium Wars of the nineteenth century when the British fought for the right to continue peddling mas-