between part-time and whole-time, provincial and metropolitan officers was deep. Did the occupation become entirely homogenous in the twentieth century or did new divisions replace old ones? Were there singular or multiple professional aims and goals amongst public health officers? Were they agreed amongst themselves? Dr Lewis tells us there were two major features of ideological development. On the one hand, massive incoherence of philosophy; on the other, a singular narrowing of focus which concentrated on the delivery of personal health care services. This seems to be a contradiction. Was there a lack of hegemony amongst public health professionals or was there an overwhelming reduction of horizons that governed all members of the profession equally?

Whatever the conflicts, failures, or achievements of the public health profession have been, the current state of community medicine is one of disarray. The role of the community physician is best summarized by Alwyn Smith, past-president of the faculty, as “primarily an administrative assistant to his clinical colleagues or seeming to advocate curtailment of his activities”. Redefinition of the role cannot be achieved without understanding the history of its development. Jane Lewis has written a very important book since it provides an excellent basis on which decisions concerning future direction can be based.

Dorothy Watkins
Wellcome Institute


A German-trained organic chemist, Frankland’s greatest contribution to nineteenth-century chemistry was the formulation in 1852 of the concept of chemical bonding, or valency, which as an eminent adviser to, and examiner for, the government’s Department of Science and Art he was able to push into the emerging science educational system of the 1860s. A crony of Huxley, Tyndall, Hooker, and Spencer, he was also one of the formidable band of Victorian experts and exponents of scientific naturalism who gave scientific evidence and advice in legal and parliamentary inquiries and who exerted influence on the science policies of the Royal and other learned societies. Frankland’s most significant connexion with medicine was in the cleansing of the nation’s water supplies through his development of a powerful method of water analysis (which brought him into violent dispute with a former pupil, Alfed Wanklyn) and in his work as a commissioner on river pollution. His knighthood was well deserved; yet despite the fact that his contribution to the transformation of Victorian science and society was as important as that of a Chadwick, Simon or Huxley, he had remained a little-known and little-studied Victorian.

Colin Russell has set out to remedy this neglect by writing what will be a two-volume biography based upon a decade’s study of Lancastrian archives and the newly-available and extensive collection of Frankland’s papers. The first volume, which is engagingly written as mystery story, tells in rich local detail of Frankland’s illegitimate birth to a Lancashire servant-girl in 1825, of his disjointed education, his apprenticeship to the Lancaster pharmacist, Stephen Ross, in 1840, and of how he (and several other youths) were encouraged to learn chemistry by two local doctors, the Lancaster Mechanics Institute, and through the ideology of mutual improvement. Destined for a medical career, in the event Frankland qualified neither in pharmacy nor medicine, for in 1845 the local medical grapevine found him employment as an analyst in Lyon Playfair’s laboratory in the Museum of Economic Geology in London.

Considering how disadvantaged Frankland was by the social stigma of illegitimacy, Russell concludes that no single factor in his fascinating Lancashire upbringing—even the identification of his natural father—will explain his later success. The detailed exploration of that success in a sequel will be awaited with relish.

W. H. Brock
University of Leicester

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