

medicine and the law. The medical expert's role has always been problematic, and this collection considers not only the criminal law but also the growing importance of medical expertise in the civil courts, public health, and current social debates. The editors explain that their subject falls into two broad categories: attempts by medical professionals to influence legislation, particularly in regulating medical practice; and the tensions between the medical and legal professions in pursuing sometimes incompatible aims. Although its chronology runs from the late eighteenth century, with Catherine Kelly's account of the growth of government interest in medical matters, the collection is weighted towards the more modern period, with three essays on the nineteenth century and five on the twentieth. James Hanley carries forward the theme of lay participation in health policy through the complex process of by-law making before the major public health acts. Although local authorities are often seen as the problem rather than the solution, Hanley argues that by-laws laid the foundation for central legislation, and indeed made it inevitable, even though councillors usually bypassed medical views and relied on 'the common judgment of the propertied citizenry' (p. 55).

The editors note that when the medical profession was divided, the law could marginalise medical opinion, as Katherine Watson demonstrates in her essay on vitriol throwing. Under English criminal law, Ellenborough's Act (1803) included 'malicious wounding' in its title, but specified only poisons, cutting and stabbing. Vitriol burns did not feature, leading to acquittals on this technicality. The medical profession was not helpful, A.S. Taylor noting in his medico-legal textbook, that there was no consensus over the meaning of 'wound'. English legislators finally settled on an all-encompassing notion of 'grievous bodily harm' that neatly by-passed medical uncertainties. Joel Eigen's analysis of the Old Bailey Session papers reveals the changing language of medical witnesses in criminal trials involving an insanity defence, and the

sometimes-testy reaction of judges to changes in medical opinion. Angus Ferguson produces even more extreme examples of a conflict between law and medicine in the early twentieth century, with the very forcible reassertion by the Lord Chancellor of the doctor's duty to give evidence in court, even if this negated professional secrecy. One example was the division between the Ministry of Health and the divorce courts: the former offering free public clinics for VD with confidentiality guaranteed, the latter demanding that clinicians disclose their patients' venereal record as evidence of infidelity. In these cases, lawyers were inevitably the winners.

The twentieth-century themes addressed by Goold, Roger Davidson, Gayle Davis and Duncan Wilson relate to questions where medicine and the law were sometimes at odds, but subject to powerful currents of public opinion; namely, *in-vitro* fertilisation, homosexuality, abortion and the use of human tissue in medical research. Davidson and Davis use Scottish examples, benefited by an easier scholarly access to sensitive case materials north of the border, and emphasise that medical 'experts' are heavily conditioned by their social background and personal beliefs. Davidson's description of the collusion between doctors and judges in attempting to 'cure' the more 'amenable' homosexual offenders of their perversion strikes with depressing force.

Collections of this kind sometimes suffer from failure to cohere around a theme, or from inequality of substance between the individual contributions. This very interesting collection does neither. The main themes are well sustained, and all essays reflect mature and well-presented research, revealing how often medicine bends to legal pressure and wider social forces.

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Linda Bryder, *Women's Bodies and Medical Science: An Inquiry into Cervical*

Cancer, Science, Technology and Medicine in Modern History (Basingstoke: Palgrave Macmillan, 2010), pp. vi + 250, £55.00, hardback, ISBN: 978-0-230-23603-5.

The book *Women's Bodies and Medical Science: An Inquiry into Cervical Cancer*, tells the story of a well-known 'medical scandal': the presumably unethical experimentation on women with abnormal cervical smears in the National Women's Hospital, Auckland, New Zealand. A 1987 newspaper article drew attention to unorthodox treatment of cervical cancer and precancerous lesions at the Women's Hospital that, the article claimed, resulted in the unnecessary deaths of several women. This publication led, in 1988 to the creation of an official investigation commission, the Cartwright Inquiry, which condemned physicians of the National Women's Hospital, in particular the gynaecologist Herbert Green. The book, *Women's Bodies and Medical Science: An Inquiry into Cervical Cancer*, is a fascinating unpacking of the complexities of this supposedly straightforward case. The book follows intersections between medical practices, politics the press and the law, studies the effects of the women's health movement on the delivery of healthcare, and is a stimulating reflection on the management of therapeutic uncertainty and closure of medical controversies.

Green advocated a conservative treatment of cervical carcinoma *in situ* (CIS) and, in many cases, proposed a 'wait and see' attitude. The Cartwright Inquiry stated that Dr Green and his colleagues failed to conform to the accepted standards of treatment of CIS and conducted an unacceptable 'experimentation' on women. However, as Bryder's careful research shows, in the 1950s and 1960s, treatment of CIS treatment was controversial. The majority of the experts proposed a more aggressive approach to the therapy of this lesion than Green did, but others advocated a conservative therapy. Both approaches were risky. An insufficiently aggressive treatment sometimes failed to prevent a malignancy, and

an aggressive one carried a significant danger of unnecessary morbidity. In the absence of reliable, quantitative data on outcomes, doctors were only able to make educated guesses. Moreover, Bryder argues that the accusation that Green conducted an unauthorised experiment on women was groundless. The supposed 'experiment' never existed. Green did not aim to compare therapies, but merely attempted to provide his patients with the best standard of treatment as he understood it.

Women's Bodies and Medical Science, makes visible the difficulties of dealing with prognostic and therapeutic uncertainty. It also shows the potentially negative consequences of militant activity grounded in a generalised and non-reflexive mistrust of the medical establishment. In New Zealand, an *ad hoc* alliance between muckraking journalists, a group of feminist activists, and politicians who aspired to demonstrate their interest in women's problems, created a feverish and unhealthy climate that favoured exaggerated accusations. Journal articles described women treated at the National Women's Hospital as being 'like lambs to slaughter' and compared the treatment of CIS by Greene to medical experiments in Auschwitz.

Bryder's book provides an interesting and stimulating analysis of an exemplary case. It might have been further enriched by providing a broader context of feminist involvement in healthcare in the 1970s, 1980s and 1990s. Clearly annoyed by the way some segments of New Zealand women's movement transformed the complexities of Green's case into a simplistic accusation that male gynaecologists had an 'anti-women' attitude, her book may convey the impression (although, in all probability, this was not the author's intention) that all consumers/activists' interventions in medical controversies are dangerous, and that journalists' critique of doctors' activities may produce incalculable harm. The history of the Women's Health Movement points to a different direction. Militant interventions may indeed produce dangerous simplifications and demagogical excess, but they may also help to

put an end to harmful and unethical practices. Activists in the US drawing attention to the harm caused by the intrauterine device Dakon Shield and by DES therapy to prevent premature childbirth, helped to limit excessive medical intervention in childbirth, promoted better governmental control of pharmaceuticals, and opened the way to more equal relationships between patients and physicians.

Bryder's study provides a wealth of evidence to prove that Green's treatment of cervical cancer, called an 'unfortunate experiment' by the New Zealand Press, was neither unfortunate, nor an experiment, and, in this specific case, critique of medical practices may have got out of hand. This does not mean, however, that such a critique is unnecessary or is bound to be flawed. Bryder's own careful display of the complexities of the management of uncertainty in treatment of cervical malignancies points out possible directions of a constructive, responsible and well-informed critique of the medical establishment by healthcare users.

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Robert Tattersall, *Diabetes: The Biography*, Biographies of Disease Series (Oxford: Oxford University Press, 2009), pp. 223, £12.99/\$24.95, hardback, ISBN: 978-0-19-954136-2.

Although diabetes is a disease marked mostly by excess – elevated blood glucose, superabundant calories, increasing prevalence in sedentary societies – the historical literature about diabetes is notably lean. Most welcome, then, is the addition of Robert Tattersall's *Diabetes: The Biography*, which does a great job of compiling a formidable amount of information, clearly organised in mostly chronological order and written in an engaging manner, within the span of 200 pages. And unlike the few other historical books on diabetes, which tend to focus on one particular

episode in the overall story line with the remainder sketched in only briefly, here attention is divided equally across the various plots and themes that make the history of diabetes so redolent of the modern medical enterprise.

The book is perhaps best appreciated as a blended biography of diabetes-the-disease and of the diabetologist-author, wherein the perspectives of past physicians and scientists are merged, sometimes in the compass of a single sentence, with the perspective of an adroit present day doctor who has devoted his career to the study of aspects of the disease and to the care of persons afflicted by it. The result is a narrative that is likely quite congenial to both thoughtful physicians who seek to historicise their clinical practice, and inquisitive patients who seek to augment their lived experience, searching for the origins of contemporary concepts and practices, and to deepen their understanding of the predicaments created by human disease and medical care.

In Tattersall's account, particulars dominate: the book is crammed full of historical figures – mostly consisting of physicians and scientists, but also including occasional patients and fleeting mention of diabetes specialist nurses – and what they discovered or did. The result is a diabeto-copia of facts about the journey of discovery and diabetes disease transformation from initial descriptions in antiquity and the dietary treatments of the eighteenth and nineteenth centuries, across the drastic changes wrought by the introduction of insulin into clinical practice in the 1920s, through the era of reckoning with late onset diabetes complications, and into the present day with diabetes perceived as a looming epidemic. One learns, for instance, that a serendipitous observation in 1942 of patients with typhoid who were treated with a sulfa-based antimicrobial drug and suffered fits of hypoglycemia led to the development of oral drugs for Type II diabetes. And that a young girl whose life was saved first from diabetic ketoacidosis (DKA) by insulin and soon