

Section three of the book examines regional patterns of disease related to warfare. Here, the authors examine five themes: military mobilization as a breeding ground for epidemics; the spread of disease within and around military camps; the relationship between warfare and emerging and re-emerging diseases; sexually transmitted diseases; and “island epidemics”, or epidemics among geographically isolated and non-immune populations. In this section the authors usefully employ time-sequence maps to illustrate the geographical spread of disease, showing, for example, that different phases of mobilization have distinctive epidemiological profiles. Major epidemics such as the smallpox epidemic that accompanied the Franco-Prussian war are illuminated using regression analysis, demonstrating, among other things, the importance of prisoner of war camps in the transmission of disease. The section ends with a chapter that considers a number of themes not easily incorporated in earlier chapters, such as disease in “concentration” camps during the South African and Spanish American Wars. The book ends on a relatively pessimistic note, concluding that, although immunization and other health programmes have dramatically reduced levels of many infectious diseases, war is an increasing cause of mortality, albeit concentrated largely in the Middle East and Sub-Saharan Africa.

There is much that historians can learn from this large volume, which convincingly demonstrates the value of a quantitative approach to the study of epidemics in wartime. The statistical techniques employed do provide important insights into the spread of disease during and after armed conflict, and we now have a far clearer idea, particularly, of the complex patterns of geographical diffusion. We learn rather less about changes over time, as much of what the authors have to say about changes in civilian mortality and morbidity will already be familiar to many readers, while the importance of organizational factors—rather than simply technical and medical innovations—in diminishing mortality is overlooked. Yet some aspects of the temporal relationship between war and disease are set out more clearly and examined

with greater rigour than in previous studies, and are represented succinctly in graphs and tables. This compensates somewhat for some of the structural weaknesses of the book. The use of numerous case studies and the division of the book into sections on temporal and geographical trends make it seem rather disjointed. The question also arises as to how far one can generalize from the case studies that have been chosen. This reviewer would have liked to see more in the way of a methodological rationale for the choices, or at least one that goes beyond their value as data sets.

Some historians may also challenge the very notion of “war epidemics”. Roger Cooter, for example, has warned of the dangers of coupling war and epidemics and of detaching them from their social and political contexts (Cooter, ‘Of war and epidemics: unnatural couplings, problematic conceptions’, *Social History of Medicine*, 2003, 16(2): 283–302). Have the authors of this book made a strong enough case for “war epidemics” as a distinct epidemiological category? Not quite. The authors themselves acknowledge the diversity of the phenomena they have studied and it is not clear that a single category can adequately encompass them all. However, Cliff and Smallman-Raynor demonstrate that disease dynamics in periods of “war” and “peace” tend to differ significantly and this is probably sufficient justification for their endeavour.

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**Paul Julian Weindling,** *Nazi medicine and the Nuremberg trials: from medical war crimes to informed consent*, Basingstoke and New York, Palgrave Macmillan, 2004, pp. xii, 482, £60.00 (hardback 1-4039-3911-X).

During the last decade or so, the relation between medical practitioners, biomedical scientists, and politics has received growing attention in the historiography of medicine. Central issues in this field of inquiry are

questions such as the degree of autonomy of the medical profession and of biomedical sciences in different political contexts, or the impact of changing intellectual and material resources, as well as moral frameworks in various political settings on the attitudes, conceptualizations, and practices of physicians and scientists. Obviously, periods of political crisis, totalitarianism, or war may be used as exemplary historical cases to elucidate these interrelationships. The case of medicine during the Nazi period provides a prime example for the examination of the structure and dynamics of such interrelations. Indeed, the recent historiography of Nazi medicine has elucidated that most of the medical practices, health policies, and biomedical research endeavours during this period cannot simply be set aside from the rest of twentieth-century medicine as something entirely different, only to be explained by the arbitrariness of ruthless racial ideologists ruling a totalitarian state. Apparently, there is nothing really specific about Nazi medicine and biomedical science, and strictly restricted only to the limited period between 1933 and 1945. Rather, it is increasingly becoming clear that in many respects the Nazi period confronts us with extreme manifestations of features inherent in modern medicine in general. Much of what was done was not simply the result of state oppression, but rather of the initiative, or at least willing co-operation of medical practitioners or researchers who used the ramifications of the Nazi state to stabilize or increase their status within the medical or scientific community, and to get access to new resources, including funds and human subjects deprived of their rights for research purposes.

In his new book, Paul Weindling has addressed these issues through the focus of the Nuremberg Medical Trial. It was organized by the American Military Authorities and ran from December 1946 until August 1947. Of the twenty-three defendants (twenty of them physicians), seven were sentenced to death, nine to imprisonment of various duration, and seven were acquitted. Together with the judgement, the court also formulated the Nuremberg Code, the first attempt at an international level to define the conditions and limits of legitimate research on human

subjects, with the principle of “freely informed consent” at its core.

The author’s account is built on an impressive, indeed extraordinary range of unpublished and published sources, retrieved from archives in the US, the UK, Germany, Israel, and a number of further European countries, and complemented by oral history interviews with a number of the historical actors.

As Weindling shows, the developments leading to the trial, and the trial’s own dynamics were driven by the activities of a wide variety of historical actors. These included surviving victims of atrocious medical experiments, physicians and biomedical scientists on the side of the Allies (such as Leo Alexander, Andrew Ivy, and John Thompson) who acted as investigators and expert witnesses; lawyers both on the side of the prosecution, and of the defendants; judges; observers (e.g. Alexander Mitscherlich, François Bayle, etc.); and politicians. All these actors pursued their own interests, sometimes in convergence, often in conflict with the activities of other groups or individuals. In particular, Weindling carves out the tensions between the Allies (in the context of the beginning Cold War), as well as between politicians/civil servants on the one side, and highly motivated lawyers on the other. These conflicts referred to very basic issues such as the kind and range of charges raised, the potential extradition of perpetrators, and the right of witnesses to give evidence. In consequence, it was politics that drove the decision to locate the trial at Nuremberg, and defined its scope and participants—rather than the “nature” of the medical, moral, and legal issues at stake. As Weindling also clearly documents, severe conflicts existed regarding the goals of the immediate post-war investigations, in particular between the aim of exploiting German medical know-how, and prosecuting its criminality. Seen from a somewhat different perspective, there existed a tension between an agenda that aimed at an overview of institutional structures and mentalities (enabling both medical knowledge, and—if let free—medical atrocities), and

another agenda focused on the identification of individual perpetrators, as well as proof of their responsibility.

During the pre-trial investigations, both the American and the British medical associations, and protagonists of biomedical sciences were soon concerned that releasing news of the German atrocities might undermine public confidence in medical research. This caused medical investigators to attempt to formulate new ethical standards to ensure the future of research-based clinical medicine as early as July 1946, well before the opening of the trial. Thus, the Nuremberg Code was not simply a legal tool for the indictment of Nazi perpetrators, but the result of attempts to draw a clear line between the presumed “politically abused” pseudo-science of Nazi physicians, and “proper” science elsewhere. Such a picture implied that Nazi medicine and science were coerced by a powerful state—a picture both Allied and German doctors cherished in the post-war era, albeit for different reasons. However, Weindling also reconstructs in detail how the discussions during the trial again and again blurred such a presumed clear demarcation.

By looking closely at the evidence presented at the trial, Weindling adds substantial knowledge and insight to recent historical research on the biomedical sciences during the Nazi period. He reconfirms the conclusion that rather than being the result of a coercive state, Nazi medicine illustrates how medical researchers and their representative bodies (such as the élitist Kaiser-Wilhelm-Society) co-operated with and even manipulated a totalitarian state and political system relying on expert opinion, in order to gain resources for the conduct of research without any moral and legal regulation. It is a further merit of Weindling’s book that it gives a strong voice to the victims, depicting them not as passive historical objects, but as active agents in their specific contexts, for example, by transforming the Allied scientific monitoring operation into a quest for medical war criminals. The book thus paves the way for an agenda of future historical work: to reconstruct the history of Nazi research on human subjects from the victim’s point of view.

In sum, Paul Weindling’s *Nazi medicine and the Nuremberg trials* will be a standard reference on the topic. It is also an indispensable book for anyone concerned with the history of the relation between medicine, politics, and ethics in the twentieth century.

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**Edgar Jones and Simon Wessely,** *Shell shock to PTSD: military psychiatry from 1900 to the Gulf War*, Maudsley Monographs, No. 47, Hove and New York, Psychology Press on behalf of the Maudsley, 2005, pp. xvii, 300, £24.95 (hardback 1-84169-580-7).

In the late 1940s, the United States Air Force was unsure which Soviet cities to target with its small nuclear arsenal. So it gave a Harvard team \$1m to find out and, in the process, paid for two masterpieces, Merle Fainsod’s *How Russia is ruled* and Alexander Dallin’s *German rule in Russia*. Fifty years later, the British Ministry of Defence, facing legal action from a group of psychologically damaged veterans, commissioned an academic team to research the history of military psychiatry, which the services themselves had never bothered adequately to record.

The military’s money was not wasted. The academic heavyweights hastily imported to the courtroom were able to give British military psychiatry an intellectual authority and humane face which its everyday practice, in the hands of underfunded medical journeymen, had largely lacked. The veterans’ lawyers were outgunned and the judge impressed; the Ministry won the group action in 2003 (though it has since lost individual cases), and British taxpayers were saved millions of pounds. For their part, the well-funded academic team, having had privileged access to British records, were able to publish a stream of articles and now, a book. Although the court action is repeatedly mentioned in *Shell shock to PTSD*, Jones and Wessely’s own role in it is not.