

However, it includes a more comprehensive treatment of European techniques of smallpox prevention. The final chapters on the afterlife of smallpox as a biological agent of war avoid sensationalism in favour of a cool assessment of the potential threat.

**Deborah Brunton,**  
The Open University

**Ulf Schmidt,** *Justice at Nuremberg: Leo Alexander and the Nazi doctors' trial*, Basingstoke, Palgrave Macmillan, 2004, pp. xiv, 386, £60.00 (hardback 0-333-92147-X).

My first acquaintance with Leo Alexander was in my own research on the 1946–47 trial of Nazi doctors in Germany. The doctors' trial was the first of twelve trials of Nazis from various sectors of the Third Reich, which American Military Tribunals prosecuted at Nuremberg. It involved twenty-three prominent physicians and scientists accused of torture and murder in the conduct of medical experiments on concentration camp prisoners. For me, Leo (as he liked to be called) emerged as a powerful figure, self-proclaimed author of the Code (the first authoritative statement of informed consent), a tireless investigator of Nazi medical crimes, a valued medical expert and a formidable advisor to the American prosecution of Nazi doctors. I read *Justice at Nuremberg*, subtitled *Leo Alexander and the Nazi doctors' trial*, with great expectation. I wanted to know more about Leo, the American neuro-psychiatrist, born in Vienna, and a Jew who had played such a remarkable role in the prosecution of Nazi physicians.

Ulf Schmidt, a German medical historian at the University of Kent, explains that his book has a dual focus: to write a personal history of Alexander's life and "to link it with the social and political history that shaped the responses to the legacy of the Third Reich" (p. 8). He emphasizes that "this is therefore not a biography in the conventional sense . . . but rather one that allows itself to be guided by the richness and diversity of the source material, and by the multiplicity of factors that help to explain the nature and

outcome of the trial" (p. 14). This is an ambitious but perilous goal. The trial of Nazi doctors is unique in the history of international law and medical ethics, and merits full attention in its own right. A review of the transcript of the doctors' trial, background documents, and the final judgment reveals that the formulation of research ethics principles, known as the Nuremberg Code, grew out of the trial itself, which was shaped by many participants, including Nazi defence lawyers. Neither the "nature and outcome of the Doctors' Trial nor the Nuremberg Code" can be "explained" from the perspective of a single individual, even one as influential and forceful as Leo Alexander.

Schmidt portrays Alexander as a "frustrated and traumatized Jew" with a dominant personality, "unlikable", "very authoritative", "conscious of his own importance, his role and mission", "obsessed" with research, and a "loose cannon" who never really fitted into American society (pp. 59, 60, 63, 117). He reports that Leo resented being forced to immigrate to the United States and to abandon his most precious ambition, which was to be like his father, a revered Austrian physician and a celebrated scientist. Schmidt claims that Alexander's "longing for revenge became a reality no matter how hard he tried to suppress these feelings after the war" (p. 46). I found this and other similar statements more in the category of "psychobabble" than serious scholarship. Alexander was deeply conflicted and ambivalent about reporting German physicians who committed horrific medical crimes. But his ambivalence stemmed less from being a Jew than from being a medical researcher. These physicians were his own colleagues who received similar education, and shared the same scientific interests and the very culture that made him who he was. Alexander's ambivalence was palpable when he conflictingly reported on Sigmund Rasher who conducted the deadly hypothermia and high altitude experiments on prisoners at Dachau concentration camp. He wrote (and later denied) that "Rasher had settled the issue of treatment after exposure to cold" (pp. 104, 108). Another example was the case of neuro-scientist Julius Hallervorden who shared with Alexander

similar research interests, and had common international colleagues. While Alexander felt disgusted and sickened by Hallervorden's use of brain specimens obtained from victims of the Nazi "euthanasia" programme, he was genuinely fascinated with the way in which this German scientist had preserved human brains and could not help but appreciate his methods.

Schmidt also tells us briefly about Andrew Ivy, the other medical expert for the US prosecution who also claimed authorship of the Nuremberg Code. Ivy, a noted scientist and internationally known American physiologist testified in rebuttal on the ethics of human experimentation. Schmidt rightly concludes that the "primary objective of Ivy's medical ethics principles was to make human experiments possible in the future. All other issues, like the protection of human and patient rights in medical science, or the role of the informed consent principle, were secondary to this overarching objective" (p. 137). This is consistent with post-war conduct of both Alexander and Ivy. These physicians never viewed the Nuremberg Code as applying to their own research work. After Nuremberg each reverted to pre-war physician-centred Hippocratic ethics. Alexander thought that his Hippocratic view of research coincided with the intent and vision of the Nuremberg Code, and did not distinguish research from treatment in his own practice. Ivy wanted no interference with decisions of Hippocratic physicians, and did not recognize the rights and authority afforded the research subject by the subject-centered Nuremberg Code he helped to articulate.

This book has special relevance to physicians engaged in research on human beings, and I hope it is widely read by them. It is a very serviceable biography of Leo Alexander, and tells us as much as most non-specialist readers would like to know about Leo. The book does not, however, exhaust what most readers, even non-specialists, should want to know about "Justice at Nuremberg", and a more fitting title would have been: "The Nuremberg Code".

**Evelyne Shuster,**  
Veterans Affairs Medical Center,  
Philadelphia

**Lisa A Long,** *Rehabilitating bodies: health, history, and the American civil war*, Philadelphia, University of Pennsylvania Press, 2004, pp. 322, £35.00, US\$49.95 (hardback 0-8122-3748-X).

Disappointment lies in store for anyone expecting this book to attend to rehabilitation therapy during the American Civil War. Indeed, anyone inclined to an unproblematic view of the body or to a notion of the practice of history as the discovery of truth should brace themselves. Not that Lisa Long isn't fundamentally concerned with medicine, the Civil War, and the writing of history. She is—passionately and eloquently. But as a fervent anti-essentialist she starts from the position that there is no such thing as an ontologically and epistemologically stable body, and no such thing as a stable past. She's right; and right to remind us that the modern disciplines of medicine and history-writing grew up together during and after the Civil War, the one objectifying the body, the other objectifying the past. Uniquely, her study is about the collusion of these two "as their practitioners developed strategies to narrate and organize radically particular bodily experiences" (p. 7). She also posits (though does little systematically to prove) that in the face of the epistemological limits of unstable bodies both history and medicine were empowered.

Against mountains of scholarship on the Civil War, which ironically confirm that traumatic event as a stable and powerful trope in American culture, Long sets out to expose the profound dis-ease beneath the entwined corporeal and historical surfaces of the war and its memory. She shows how war and post-war writers (and even today's war re-enactors) have sought to impose narrative meaning on the corporeal unsettling of the war in order to lend shape and meaning to their inner lives and social realities. It is to this culturally carved and somewhat psycho-social definition of "(re)habilitation" that Long's title refers, not the conventional "return to good health". For it is largely to the invisible and elusive (if now historically over-represented) physical and psychic effects pronounced through phantom