on its poisonous qualities than on the quantity consumed. The medical failure to provide "coherent" (p. 57) leadership in the lay campaign to curb alcoholic production and consumption is therefore understandable and casts doubt on Prestwich's own conclusion that "the appropriation of alcoholism by the medical profession" constituted "an important advance" in "the development of treatment and preventive measures".

Some readers might also dispute Prestwich's claim that temperance interest in worker alcoholism was "scientifically acceptable" (p. 199) and needs no further explanation. These, however, are only small complaints and do not detract from Prestwich's impressive achievement. She has succeeded in showing that the French response to the public health dangers of alcoholism was distinctive and resists pat formulations that defy historical evidence.

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JOHN KEOWN, *Abortion, doctors and the law: some aspects of the legal regulation of abortion in England from 1803 to 1982*, Cambridge History of Medicine, Cambridge University Press, 1988, 8vo, pp. xii, 212, £27.50/$44.50.

NORMAN FORD, *When did I begin? Conception of the human individual in history, philosophy and science*, Cambridge University Press, 1988, 8vo, pp. xviii, 217, £19.50/$32.50.

John Keown's book *Abortion, doctors and the law* attempts to answer the question which James Mohr explored so well in the American context: what role die the medical profession play in shaping abortion legislation in the nineteenth and twentieth centuries? The nineteenth-century English evidence is much more circumstantial than the American material where Mohr was able to document direct links between physicians and legislatures and a crusade by regular physicians against abortion from 1857 until 1880. Keown's book lacks the cohesion and social context that make Mohr's analysis compelling reading but it is a painstaking account of eminent medical opinion and legislative change over the period.

Keown concludes that the medical profession did indeed have a major influence on the development of abortion legislation. To be totally convincing, however, this argument requires support from a wider range of sources. Were legislators totally uninfluenced by other pressure groups such as the churches or, for that matter, by public opinion in general? Keown's narrow focus precludes such analysis.

A similar problem lies in Keown's tendency to treat the medical profession as a unified whole acting out of self-interest with no regard for the demands of their clients. The profession's response to the abortion issue must be understood in the context of women's growing demand for, and the increasing acceptability of, family limitation. There were always those within the profession such as the surgeon, Mr Turnbull, who, the *British Medical Journal* reported in 1885, had acceded to the demands of clients and practised as an abortionist for thirty years. Keown asserts that there are no reported cases of practitioners being prosecuted for performing abortion for "professionally approved criteria" from the late eighteenth century until 1938. An examination of the prosecutions reported in the *British Medical Journal* or heard by the General Medical Council might well have indicated just how "professionally approved criteria" were applied differently according to the status of the doctors concerned.

Keown unquestioningly accepts the medical profession's distinction between "medical" and "social" criteria for abortion and their desire to have this distinction upheld in law. Yet comparative studies of the operation of current abortion laws suggest that the content of the law makes little difference to abortion practice. The purpose of legal grounds, apparently, is not to provide criteria for whether or not an abortion is legal but rather to justify an operation that will be performed anyway. The medical profession is more comfortable with believing that its decisions are purely clinical; why they cling to such a belief requires further examination.

The strength of the book lies in its analysis of legal developments and it is these which determine its structure. Keown suggests that the 1938 Bourne case should not be considered as a landmark which liberated "medical discretion from an uncompromising law". Bourne, he argues, sought clarification rather than reform of the law. This is so but Bourne specifically

stated that he brought the test case on behalf of general practitioners who were caught between the uncertainty of the law and pressure from patients. This suggests that public pressure had a role to play in medico-legal developments which cannot be viewed entirely in a vacuum.

While Keown is concerned to trace the legal interpretation of biological facts, Norman Ford, a Catholic philosopher, seeks to make a moral judgement on the basis of embryological development. He brings Aristotelian philosophy to bear on scientific knowledge in order to determine when the human individual begins. In doing so Ford examines the historical significance of Aristotle's theory of human reproduction and then looks closely at the criteria for being a human individual. He argues against those who suggest that the human individual begins at fertilization. To substantiate his claims Ford guides the uninitiated reader through the complexities of embryological development to determine at what stage an ontological human begins. The complex embryology is made clear by useful diagrams and illustrations.

Ford suggests that it is not possible to speak of an ontological human being as long as it is still possible for twins to develop. He concludes, therefore, that it is at the primitive streak stage (fourteen to fifteen days after fertilization) that is the crucial moment which differentiates between a potential and actual human individual. Ford's moral interpretation of the biological facts lends support to the conclusion of the Warnock Committee that experimentation on human embryos should stop at the fourteen-day stage. However, he does not go far beyond his carefully-drawn argument to look at its wider implications.

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F. B. SMITH, *The retreat of tuberculosis 1850–1950*, London, Croom Helm, 1988, 8vo, pp. 271, £25.00.

This book, as its title suggests, concerns the declining significance of tuberculosis for human health after the middle of the nineteenth century. The author, a historian at the Institute of Advanced Studies of the Australian National University has published books on Victorian Britain, including *The people's health* (1979) in which he vividly dramatized how health problems and medical services varied between 1830 and 1910. In that book he drew attention to the importance of the physical, social, and economic environment on human health as compared to medical interventions. The underlying theme of this book is similar, but it is difficult to separate the author's research enquiries and the convictions he brings to this study.

The first chapter reproduces a table from the 51st Report of the Registrar General for Ireland comparing reported deaths in Scotland, England, and Ireland from tuberculosis between 1864 and 1914. Most readers are familiar with the decline in mortality that had begun in the western world somewhat earlier, and many are aware that as vital data began systematically to include causes of death, they revealed the contribution of tuberculosis to this decline after 1860. The fact that Ireland (and Norway) did not share this record, but rather lost ground from a relatively advantageous position in 1865 until the turn of the century is something of a shock. Smith concludes from raw mortality statistics that grinding poverty persistently overwhelmed factors that might have otherwise reduced TB mortality. At the heart of his concern is the question of whether the poor in England, Wales, and Scotland shared the benefits of reduced TB mortality and, if so, how the poor participated in and contributed to that decline. Dr Smith attempts to show the circumstances and beliefs, both social and medical, that on the one hand aggravated the impact of TB on the lower classes, and on the other hand mitigated the disease's potential for destruction to the point of reducing mortality.

In the first chapter, 'Incidence', he provides some support for the argument that TB mortality was higher where the standard of living was lower: "Tuberculosis respected rank. Few escaped exposure, but richer people had at every stage of the life cycle better chances than poor people of escaping infection or of enjoying a remission or cure" (p. 10). Equally important, risk of disease is associated with resistance as well as with exposure to the tubercle bacillus, and poverty is, and was recognized between 1850 and 1950 as, evidence that the capacity to maintain or enhance resistance is compromised. Smith identifies the deliberate