presumed to hold. Historians can work only with the published *Minutes*, and other official documents. The GMC and its members have published a number of accounts of the Council's work and history during this century, but a definitive history of the Council and its relationship to the wider history of medicine remains to be written. Russell Smith's book is, however, a large step in this direction, providing a thorough appraisal of the Council's function as a judicial body. The author's aim is to ascertain "whether or not the [GMC's] jurisdiction has complied with certain aspects of substantive and procedural justice". As part of this critique of the Council's disciplinary function, he examines historical examples of criticism of its disciplinary decisions and the procedures used to arrive at them. Changes in procedure and reasons for them are laid out with legal precision.

Smith reminds us that the jurisdictive function of the Council arose out of "a half dozen inconspicuous lines" in the 1858 Medical Act which were scarcely debated in Parliament. However, in its first year it began erasing names from the register. The first practitioner to be struck off appealed to the High Court for restoration, complaining that his case had been heard in his absence. Over the intervening 136 years over a hundred cases have been brought against the GMC, demonstrating that the Council went on rather as it had begun. Smith's analysis of the Council's judgements focuses on the questions of legality, fairness, accountability, impartiality, effectiveness, efficiency and openness. The book is organized around the structure of disciplinary hearings themselves; examining the development of the jurisdiction and of proceedings, cases heard, sanctions and restorations to the Register, rather than chronologically. Perhaps his most striking conclusion is that the "judicial, quasi-criminal, adversarial procedures" of the Council are not the most effective way of setting and maintaining standards of professional conduct, their putative purpose. This begs the historical question as to why the Council not only chose, but then stuck to, a method of modulating medical behaviour that attracted criticism from the outset and is still found wanting in important ways. This and other such questions, such as who, in prosopographical terms, made up the Council, which could be explored with the sources available, are not addressed. *Medical discipline* uses the Council's history in appraising its validity and success as a judicial body, with the emphasis firmly on the present, but is not a historical account *per se*. Accordingly, it is strongest on the recent history of the Council, and provides a valuable insight into its workings during the 1980s, when Smith was able to observe them. It does succeed admirably on its own terms, and in so doing provides a wealth of information about the Council. A great deal of well collated and clearly presented raw data is included in tables and appendices, including a chronological listing of the 2,015 individuals brought before the Council since 1858, trend analyses of types of cases brought over time, and a table of Parliamentary Bills and debates.

In summary, *Medical discipline* provides a thorough, primarily legal, appraisal of the disciplinary functions of the GMC. In both its analysis and in the data presented it will prove a valuable resource for students of the development of the profession since 1858, and a solid foundation for any more general historical account of the GMC.

Andrew A G Morrice, Bath

Ellen Singer More and **Maureen A Milligan** (eds), *The empathic practitioner: empathy, gender, and medicine*, New Brunswick, Rutgers University Press, 1994, pp. vii, 266, $45.00 (hardback 0-8135-2118-1), $18.00 (paperback 0-8135-2119-X).

In the beginning was Sympathy, or so the story goes. Sympathy was an essential part of medicine before the development of biomedicine. We are told here (p. 2) that medical practice "was grounded explicitly in a deep familiarity not only with the physical but also with the psychological, spiritual, and

social particularities of patients, their families, and their communities. An intimate understanding of these factors was therefore thought to be crucial for good care". No contributor to this book tries to assess how far this view harks back to a golden age, to lost paradise (and perhaps to uncontrolled epidemics, frequent death in childbirth and other horrors). The story continues with the scientific revolution in medicine and the endless attempts by physicians "to reconcile 'scientific' styles of thought and practice with the interpersonal skills so central to successful healing". The new professionalism coincided with changing attitudes towards gender. The connotations of Sympathy became feminine and sentimental, which disqualified it from being restored to its old position. Enter Empathy to take its place, even if it was not a direct replacement. Empathy is the capacity to feel *with* the other, without identifying in a way that distorts professional judgement and action. It went beyond detached concern and, in the words of the editor, "provided practitioners with a means of engaging with the disturbing closeness of patients while guarding against the distortions of uncontrolled subjectivity". The concept was adopted from aesthetics (to signify an emotional connection between subject and object) to become part of psychoanalysis (regulating the potent combination of intimacy and professional authority). Freud saw it as that "which plays the largest part in our understanding of what is inherently foreign to our ego in other people", which he saw as the "intellectual" counterpart to identification.

Thence the concept moved to clinical medicine, an attempt to counteract one of the obvious problems of "scientific" practice, "fulfilling the promise of interpersonal resonance sought in the traditional idea of sympathy but without connoting vagueness or sentimentality". For many it became a controlled way of practising modern medicine without showing too much professional dominance and without losing professional judgement and perhaps also professional dignity, and control. No one has fully explored the fear of loss of control in the medical profession, and unfortunately no one does it here.

These thirteen papers are the products of an interdisciplinary conference on empathy and gender held at the University of Texas. Except for two co-authors, all were written by women. Seven of the authors are PhD, five are MD and one is both. They explore the concept of empathy from many different angles, most of them related to gender, perhaps too much so. The importance of gender is made plain and the message is easy to understand. This method also highlights the importance of power in professional relationships and the need to "empower" the weak and the oppressed, but, I wonder, does it give enough space to empathy that is *not* specifically related to gender? I suppose those so inclined might say that *all* empathy, like everything else, is related to gender, but that is not the point. One needs to be able to see the significance of empathy in the practice of medicine and surgery both with and without the complications of gender.

No one actually says so in the book, but it would be easy to get the message that empathy = good = holistic = female, and non-empathy = bad = reductionist = male. This is a misleading distortion, encouraged by statements such as, "All ways of looking at the doctor–patient interaction. . . reflect that medicine is a practice of domination, particularly but not exclusively over women" (p. 135). But these papers range much more widely than this. How is empathy related to quests for certainty and security? Can empathy be destructive and even evil? What is the potential of empathic feelings for abuse? Are women more empathic than men and if so why? What are the best questions to ask when one wishes to impart a sense of empathic confidence? What is empathy during a surgical operation? (Is it found in the once popular phrase "caressing the tissues"?) Can empathy be taught and if so, how? These and many more questions are discussed here, some in historical settings, others in ways more related to psychology and sociology.

Ann Dally, Wellcome Institute

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