

Acland's, and it is highly likely that Acland had seen them before his own maps were published. The evidence is not quite conclusive, but Snow published early in 1855 and Acland's Preface is dated 1 May 1856. Acland (who was quite warm towards the water-borne theory) also made reference to Snow but did not make clear to which text he was referring. But since Acland made this reference (*Memoir*, p. 77) in the context of his discussion of the Golden Square epidemic of 1854 (shown on Snow's St James's map), Snow's 1855 publication seems the most likely target. There are other problems of mistaken identity and, astonishingly in a book about maps, geography: Sir George Greg, who appears on p. 91, turns up in the bibliography as Sir George Grey; England appears as an island (p. 85). The Scots and the Welsh would disagree. Oscar Wilde had something relevant to say: "To lose one parent, Mr Worthing, may be regarded as a misfortune; to lose both looks like carelessness".

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**Ian and Jennifer Glynn,** *The life and death of smallpox*, London, Profile Books, 2004, pp.x, 278, illus., £17.99 (hardback 1-86197-608-9).

Writing on the history of smallpox is shaped by the global eradication of the disease in 1979. The success of the World Health Organisation's campaign provides a natural end point to a story of man's ultimate triumph over a disfiguring killer. Thus histories of smallpox portray Lady Mary Wortley Montagu's introduction of inoculation (the process of deliberately infecting children with smallpox to induce subsequent immunity) to Britain and Edward Jenner's discovery of vaccination (in which the same technique was used to transmit cowpox, a much less dangerous means of acquiring immunity) as staging points on the road to the final conquest of the disease. This positive account has survived even though recent works, including *The life and death of smallpox*, now counterpoint the triumph

of the eradication with the potential for disaster should laboratory stocks of smallpox virus be used in biological weapons on unprotected populations.

This book follows the traditional triumphal narrative path with its familiar cast of heroes and villains. The authors choose not to engage with the historiography of smallpox and with works by historians of medicine on the relationship between public health and politics, the less attractive aspects of Jenner's character, or the social and moral complexities of anti-vaccination protest. The authors take a rather Whiggish line which does not seek to engage with contemporary understandings of disease and therapy. Thus they describe early attempts to treat smallpox by bleeding, purging and so forth as based on unsound rationale. However, their stance is equivocal and they show more sympathy when describing the work of medical heroes. Modern assessments of Jenner's vaccination experiments on children as "medical malpractice" are dismissed by the authors as "grossly unfair" (p. 103).

There is much to recommend in this book. For the historian or general reader seeking a short account of smallpox and smallpox prevention from a western perspective *The life and death of smallpox* is the best book on the topic. Unlike many other works in the field, it deals with smallpox, inoculation, vaccination, and the WHO eradication campaign. In addition to the familiar events, it covers some less well recorded developments in smallpox prevention such as the use of glycerinated calf lymph in the late nineteenth century. Perhaps the best parts of the book are the chapters on the WHO eradication campaign, where the authors bring out the varying techniques used to control smallpox and have no qualms about identifying the failures as well as the successes of the programmes used in different countries. *The life and death of smallpox* is shorter and more readable than Frank Fenner's seminal volume *Smallpox and its eradication* (1988). It is as comprehensive in its chronological and geographic scope as Donald Hopkins' *Princes and peasants* (1983; reissued as *The greatest killer*, 2002) covering the near and far East, Africa, north and south America.

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.

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**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