

(p. 12), many psychiatrists in fact helped to legitimize the enforcement of societal norms in the courtroom. Yet psychiatry's development did not stop here. It proceeded to morph into a discipline concerned not only with the abnormal but with all humans. Slippery concepts such as "instinct" (pp. 129–34, 138–9, 282–7), "condition" (pp. 311–13), and "heredity" (pp. 167–8, 313–16) were stepping stones on the path of this transformation. Yet if psychiatry came to wield a position of scientific, social, and cultural prominence, this emergence was in large part due to its profound entanglement with the theme of human sexuality, especially the ever-present dangers of abnormal sexual behaviour: "Sexuality enables everything that is otherwise inexplicable to be explained" (p. 241). The eighteenth-century anti-masturbation campaign served as both a precursor and a model for nineteenth-century psychiatry. It set a fundamental anxiety into motion that revolved around the sexuality of children, a danger so persistent and elusive that it has stayed with us ever since.

The strengths of the genealogical approach to the writing of history are clearly in evidence on almost every page of this volume: historical time appears as remarkably multi-layered. Foucault, the "historian of the present" (J G Merquior), moves imaginatively between different periods, ever mining the past in order to probe its later sediments, incrustations, and erosions. Thereby, historical practice à la Foucault differs markedly from historicism with its focus on historical origins and its obfuscation of the researcher's own subject position. By sidestepping conventional understandings of historical agency and narrative sequence, Foucault the genealogist carves out historically situated, interconnected configurations. In fact, genealogy is at its best in capturing the internal logics of certain constellations or "domains", to use Foucault's own terminology, such as the confessional (lecture seven), possession (lecture eight), or psychoanalysis (pp. 266–8).

It is fair to say that Foucault's own expertise varies greatly within the expansive reach of this argument. While his command

of nineteenth-century forensic literature is impressive, his familiarity with medieval predecessors to the early modern phenomena he describes at some length is spotty. Surprisingly, eighteenth-century physiognomy makes no appearance, to pick only one of many omissions. Even so, reading these thought experiments and historical sketches remains tremendously inspiring, not least because Foucault's musings continue to spur critical engagement and dissent.

From the vantage point of this volume, some of Foucault's grand formulations in his better known book publications qualify as condensations of arguments he developed more extensively in lectures like the ones published in *Abnormal*. This is why this text is indispensable reading for anybody interested in the history of medicine, psychiatry, sexuality, or the fluctuations of Foucault's thinking. If only we knew more about the original audience's responses, their mumbling or their laughter.

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Sydney A Halpern. *Lesser harms: the morality of risk in medical research*, University of Chicago Press, 2004, pp. xii, 233, \$37.50, £26.50 (hardback 0-226-31451-0).

Medical research has always been a risky enterprise. The management of risks produced by doctors' actions is especially difficult when the goal of a medical intervention is not curative. Sick persons may be willing to take many chances to get well, but healthy people tend to reject risk, however slight. It is not surprising that the first well known public debate about the dangers of medical intervention dealt with the risk/benefit ratio of smallpox inoculation. In this debate, conducted at the Académie des Sciences in Paris in 1760, the opposing speakers were the Swiss mathematician Daniel Bernoulli and the French philosopher Jean D'Alembert. Bernoulli compared the risk of dying from inoculation with the lifetime risk of death from smallpox, and concluded that inoculated persons gained on average three years of life expectancy.

D'Alembert affirmed that parents who face the danger that their decision will lead to an immediate death of their child do not reason in terms of the probability of remote events, and that only persons who face the consequences of a given action—and not experts or politicians—have the right to decide what kind of risk they are willing to take. At the same time, the smallpox vaccination debate interrogated the limits of state intervention in private decisions and the reliability of data used to define public health policies. All these questions, Halpern shows, prefigured later dilemmas.

At the centre of *Lesser harms* is an analysis of early attempts to develop a vaccine against polio. In spite of its relatively low impact in terms of overall mortality and morbidity, polio was seen as an especially threatening disease: it mainly killed or crippled children, was not related to poverty or poor sanitation, and nobody knew how it could be prevented. Halpern has uncovered rich archive material dealing with attempts to develop an anti-polio vaccine in the 1930s and early 1950s. In the mid-1930s, two US scientists, Maurice Brodie from the public health laboratory of the city of New York, and John Kolmer, who collaborated with a private company, the Institute for Cutaneous Medicine in Philadelphia, conducted clinical essays with candidate polio vaccine. Both Brodie's and Kolmer's vaccines were problematic. Brodie's vaccine, made with a killed virus did not induce a sufficient level of protective antibodies and it occasionally produced severe allergic reactions. Kolmer's vaccine, made with live virus, was probably insufficiently attenuated, and could therefore produce polio. Neither Brodie nor Kolmer made extensive tests on animals before turning to human experimentation, probably because of the high cost of testing the vaccine in monkeys. In the 1930s, human experimentation was not regulated by the law, and the accidents of anti-polio vaccination were not discussed in the media. Nevertheless, Halpern shows that thanks to the moral pressure of the scientific community, the discovery of the existence of such accidents led to a rapid interruption of the vaccination campaign. The memory of the 1930s' failed attempts to

develop anti-polio vaccine led to better public supervision of clinical trials of that vaccine in the 1950s. On the other hand, some of the 1950s' trials of anti-polio vaccine were still hidden from the public's gaze. Moral pressure of colleagues, Halpern argues, is efficient only when exercised against individuals whose reputation and status may be seriously affected by criticism of their peers (say, academic scientists), not against those (say, industrial scientists) who can afford to ignore such criticism.

Halpern tells an interesting story well, and she provides a stimulating analysis of moral dilemmas related to the choice of "lesser harm". Such dilemmas are, however, only a part of the story of medical experimentation. One would like to learn more about the structure of relevant professional communities, the criteria of acceptance or rejection of evidence, hierarchy and stratification among virologists and epidemiologists, the role of statisticians or the economic issues at stake. Halpern does not provide all the answers, but she asks many important questions—not a small achievement.

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Volker Roelcke and Giovanni Maio (eds), *Twentieth century ethics of human subjects research: historical perspectives on values, practices and regulations*, Stuttgart, Franz Steiner, 2004, pp. 361, Euro 64.00 (paperback 3-515-08455-X).

Most of the twenty-two papers contained in this collection were first presented at a conference on the 'History of Human Experimentation during the Twentieth Century', held at the University of Lubeck in 2001. As Volker Roelcke explains in his introduction, the object of the resulting volume was to examine debates on the ethics of human trials, and efforts in regulation, in the context of different traditions of experimental practice. Readers will find some new discussions of key events and landmarks in the modern history of human experimentation: the scandal around Albert Neisser's experiments with syphilis serum and