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of name. The author is faced with some difficulty in defining his subject matter. Only a few sentences are devoted to this question. His remit is taken as the “antithesis of collective or statutory authority”, but within this framework of non-collective action, it is unclear where boundaries lie. Trade unions and friendly societies are excluded, but local charities of the friendly society type seem to be included. Major acts of individual philanthropy are excluded, but Nuffield and Wellcome are briefly mentioned. Voluntary agencies relating to health and social welfare occupy a dominant place in this account. Medical historians would have appreciated attention to the voluntary hospitals, charitable dispensaries, the hospital savings movement, and perhaps also the formidable voluntary effort devoted to social hygiene and mental health in the twentieth century. However, Prochaska’s intelligent commentary contains many insights helpful to the understanding of charitable medical bodies not specifically mentioned in the text.

This book succeeds well in fulfilling the object of the series to provide short, informed studies in the evolution of current problems. It strikes the right balance between past and present. It is particularly gratifying that historical material is not devalued by use for merely exemplary or illustrative purposes. The author also avoids his text degenerating into a chronological catalogue of voluntary organizations. The first two historical chapters consider the rise of philanthropy in the eighteenth century, and local philanthropy in action, with special consideration of district visiting. These chapters elaborate on the Society for Bettering the Condition of the Poor and the Ranyard Mission, two particularly good choices, both of which are relevant to medical historians. There follows a short but helpful chapter on fund-raising. The final chapter, on the adaptation of voluntary effort in the twentieth century, is arguably the least successful. In particular it gives little sense of the relative and shifting balance between public and voluntary agencies in the field of welfare. Such minor deficiencies do not detract significantly from the success of this excellent introduction to philanthropy and voluntary action.

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IAN KENNEDY, *Treat me right: essays in medical law and ethics*, Oxford, Clarendon Press, 1988, 8vo, pp. xvii, 375, £35.00.

Medical ethics is a fast-expanding field of study. This is doubtless as it should be, for, with the rolling back of the frontiers of what is technically possible in medicine, ethical problems multiply: *may*, or *must*, doctors do all they *can* do? Some of the studies produced in this relatively young sub-discipline appear, however, to be more interested in developing philosophically comprehensive discussions of moral dilemmas for their own sake, than in addressing themselves to practical problems in ways directly helpful to the medical profession and the sick alike. This charge of academic irrelevance cannot be laid against Ian Kennedy.

As is fully demonstrated in this volume—which brings together and updates essays published over the last decade and a half on the interface between medical ethics and medical law—Kennedy is profoundly committed to the notion that morally contested medical choices must be made and justified on the basis of good reasoned argument. But his ultimate goal is less to produce a watertight summa of medical ethics (a fatuous notion, he would argue, in a pluralist society in which values are changing as quickly as medicine itself), than to enter a plea that the good of the sick should always be given priority when difficult decisions have to be made. In too many of the contested medical cases that have reached the courts (as his razor-sharp and sometimes passionate discussions amply reveal), the professional interests of physicians, or the all-too-often antediluvian prejudices of eminent judges, or the wishes or authority of other third parties, have instead taken precedence.

Kennedy’s essays address a variety of issues faced by courts and legislators: must severely malformed neonates at all costs be kept alive? should euthanasia be legalized? when, if ever, may a doctor switch off a respirator? may doctors prescribe contraceptives to under-age girls? how far

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must doctors inform patients of risks in treatment, or of alternative treatments? He rejects the commonly-expressed medical contention that these are essentially matters of technical and professional judgment best left to doctors to decide. Yet these essays show none of the animosity against doctors that some detected in his Reith Lectures; Kennedy's position, rather, is that all such difficulties cannot be doctors' dilemmas alone, for they necessarily involve other people and broader principles, and—like it or not—raise questions of law and legislation.

Indeed, if Kennedy displays animosity, it is directed not against doctors but against the evasions of parliamentarians (for failing to legislate adequately on matters such as transplants), the muddle-headedness of philosophers (he tears the Warnock Report to shreds), and the asinities of judges (all too often, as he shows, they are out of touch not merely with the modern world but even with the letter of the law itself).

Throughout his essays there runs a common thread. Almost every difficult ethico-legal issue in medicine involves a clash of interests between two parties; on the one hand, the person being treated, and, on the other, a physician, a spouse, a parent, a local authority. Parents may want a Down's syndrome baby to die; a physician may want, or will feel morally or legally obliged, to use heroic measures to keep a dying person alive against that person's express wishes. In all such cases, Kennedy argues, humanely and persuasively, one principle should guide our actions: the autonomy of the person undergoing treatment must come first. The interests and needs of patients must take priority, and the best indicator of these should standardly be their expressed wishes, past, present, and future.

Thus take the 15-year-old girl, the doctor, and the Pill. In the Gillick case, the Appeal Court judgement apparently found that the rights of parents must take priority over the expressed wants of a person of an age thought by society to be mature and responsible enough to be making decisions in most other areas of life. Kennedy thinks the ruling bad ethics and inconsistent law. He is not arguing, of course, that doctors have a duty to shower teenage girls with contraceptives. He is claiming, however, that parental paternalism is not automatically a trump card in resolving difficult cases.

Likewise with medical paternalism. Perhaps the most eloquent discussions in the whole book protest against the hostility of sections of the British medical profession, and of much of the Bench, to the notion of "informed consent"—i.e., the right of the patient to be told the implications and risks of the treatment he or she is undergoing. In Lord Diplock's view, not only do doctors know best (a view many doctors share), but the danger is that, were patients' rights in this matter to be acknowledged, the floodgates would be opened to American-style medical litigiousness; we would end up with the horrors of "defensive medicine". Kennedy offers good reasons to suggest these latter fears are ill-grounded, while implying that the implications of the present paternalist practice of "ill-informed" consent are little less than feudal.

Not all will agree with Kennedy's position, on this or other matters. Kennedy would not expect them to: after all, he is a lawyer, and the common law enshrines adversarialism, the notion that different viewpoints must be put. All will, however, benefit from reading his humane and robustly-argued pleas on matters of great public interest. Shame upon the Clarendon Press for issuing this important book at such an exorbitant price.

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KATHLEEN E. McCRONE, *Sport and the physical emancipation of English women, 1870–1914*, London, Routledge, 1988, 8vo, pp. 310, illus., £30.00.

The history of sport has recently become a fashionable subject, with its own journal and the launch of a series of monographs by a university press. The period between about 1870 and the First World War saw the rise of mass, commercialized, professional spectator sports. Although their origins lay in the public schools and the desire of middle-class reformers to remake the