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instead to explore the range of social, cultural, and epistemological factors at work in the formulation and prosecution of such cases. His conclusions, while sound, are not all that surprising: despite some scattered gestures in the direction of anthropology (his suggestion, for example, that a woman giving birth in secret might have been subjected to a charge of new-born child murder as a form of punishment for breaking the community tradition of childbirth as a public event for local women) and of epistemological underdeterminacy (the ambiguous signs of pregnancy, for one), Jackson ultimately embraces a less adventurous explanation—defence of the parish rates. Threatened with the cost of maintaining bastard children, rate-paying neighbours hounded women they suspected were pregnant with an illegitimate child in an attempt to force filiation; if the pregnancy ended without live issue, neighbours were quick to make accusations of child-murder, as a deterrent, Jackson explains, to any future begetters of parish wards.

This recurrent formulation tends to overwhelm Jackson's efforts to tease out a textured culture of suspicion, a limitation that might in part be explained by the nature of his sources. Despite his stated objective to treat the claims of the accused on an equal footing with those of their accusers, and to take seriously the ambiguities besetting the charges levelled against them, his focus on legal documents makes it difficult for him to do so. For example, he cogently demonstrates that determining the basic fact of pregnancy was itself a problematic interpretive task, contestable both between suspects and their accusers, between suspects and experts enrolled to determine bodily truths, and between medical men themselves. However, for the purposes of Jackson's broader multivocal agenda, this elasticity is ultimately irrelevant: once a suspicion has become a case, the fact of pregnancy is no longer disputed. Thus, despite his best intentions to give the accused equal time, they are inevitably found out, and thus their resistance to hostile communal suspicions is in fact read in only

one way—as an ultimately futile exercise in subterfuge. In setting out the contested grounds of knowledge and judgement in these highly-charged cases, *New-born child murder* none the less provides a useful and suggestive analysis of a fascinating subject.

Ian A Burney, University of Warwick

Robert Baker (ed.), *The codification of medical morality: historical and philosophical studies of the formalization of western medical morality in the eighteenth and nineteenth centuries*, vol. 2, *Anglo-American medical ethics and medical jurisprudence in the nineteenth century*, Philosophy and Medicine, vol. 49, Dordrecht and London, Kluwer Academic Publishers, 1995, pp. x, 238, £74.00, \$122.00 (0-7923-3528-7).

This volume unites seven essays on American and British medical ethics in the nineteenth century and includes reprints (with introductions) of the *Boston medical police* (1808), the *Code of ethics* of the American Medical Association (1847), and Jukes de Styrap's *A code of medical ethics* (1878). As in the first volume (see *Med. Hist.*, 1994, 38: 222–3), Robert Baker argues against the interpretations of historical sociologists, such as Jeffrey Berlant and Ivan Waddington. In his view, ethical codes in medicine were not merely etiquettes to cover the profession's monopolistic tendencies, but serious ethics. Accordingly, he describes the AMA code as an extension of the "tacit compact between the profession and society", which had been the underlying concept of its model, Thomas Percival's *Medical ethics* (1803). The American code explicitly introduced patients, with both rights and duties, as the third party to this "contract", an idea originating from Benjamin Rush. In the same vein, Baker understands the emphasis on consultations in the Boston and AMA codes not as a clinging to old medical etiquette, but as an expression of a very real "cooperative dilemma" for contemporary doctors: the second opinion

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could benefit the patient, but the consulting physician was also a potential competitor. With this philosophical analysis Baker opens up a more sympathetic view of medical professional ethics, which also characterizes several other contributions to this volume.

Stanley Joel Reiser for example, from his reading of the AMA code, concludes that it aimed at the doctor's benefit through "meeting the true needs of and serving the patient". The patients' interest is also at the centre of Tom Beauchamp's discussion of Worthington Hooker's views on truth-telling in *Physician and patient* (1849). The concept of benevolent deception in cases of gloomy prognosis, adopted by Percival and the AMA, was criticized by Hooker with consequentialist and rule-utilitarian arguments, which emphasized the advantages of consistent truth-telling and the harm done to the doctor-patient relationship in general through deception. In this way, argues Beauchamp, Hooker moved away from the traditional, paternalistic beneficence model in medical ethics towards the modern concept of patient autonomy. Robert Veatch's contribution reminds us, however, that there is more to medical ethics than professional codes. He shows how Roman Catholic medical ethics in nineteenth-century North America, as formulated in manuals of moral theology, the *casus conscientiae* literature, and works on pastoral medicine, differed considerably from those of the AMA code with respect to organization, concerns, and positions. Abortion, for example, a topic of Catholic ethics under the heading of the Fifth Commandment and punishable with excommunication, was not mentioned in the American doctors' code of ethics. Veatch raises the important question of seemingly "diverging traditions" of religious and professional ethics in the nineteenth century. We might similarly ask whether such divergence occurred also between contemporary academic moral philosophy and the doctors' ethics.

For British medical ethics, medical jurisprudence was a relevant context, as can be inferred from Chester Burns' classic paper on 'Reciprocity in the development of Anglo-

American medical ethics', which is reprinted in this volume, and from a new study by Anne Crowther. Apart from the fact that Percival's *Medical ethics* itself contained a substantial part on legal matters, textbooks of forensic medicine, from Michael Ryan's (1st ed. 1831) to John Glaister's (1st ed. 1902), introduced a number of ethical topics to medical students. However, as Crowther points out, this meant that "medical ethics remained a marginal part of a marginal subject". Moreover, as she suggests, this legal context may not have been entirely beneficial, the reliance on precedents leading to some "fossilized" cases and comments, for instance on rape.

An intriguing question raised by this collection of essays is why the enterprise of codifying medical ethics was apparently successful in America, but seemed to fail in Britain. As Peter Bartrip observes in his introduction to Styrap's code, this was the only important code of medical ethics published in Victorian England, and yet it was rejected by the British Medical Association as a binding document. It has been argued that the position of British doctors in the medical marketplace was secured by the Medical Act of 1858, making such codes superfluous. But why then was the profession so concerned about competition from the patent medicines trade, as a study by Bartrip on the somewhat hypocritical campaign of the *British Medical Journal* against "secret remedies" illustrates? Baker suggests that the British "jurisprudence tradition" made doctors look to the law rather than to "private codes of ethics". Yet the quite limited treatment of ethics within forensic medicine, as suggested by Crowther, does not much support this view. True, medical ethics was in a way "implemented" from 1858 through the professional conduct jurisdiction of the General Medical Council, whose procedures are summarized and briefly discussed by Russell G Smith (see also *Med. Hist.*, 1993, 37: 56–67). But, as Smith points out, abstaining from giving reasons with its decisions and rarely making use of precedent, this medical jurisdiction lacked typical features of the common law. The GMC's "Warning

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Notices", distilled from earlier disciplinary cases, were a weak substitute for a uniform and generally binding ethical code.

Further questions of a comparative nature may be asked on the basis of this book. Juxtaposition of the AMA's and Styrap's code reveals interesting differences that require explanation. For instance, the latter allowed breaches of confidentiality in cases of "threatening insanity, or of pertinacious concealment of pregnancy after seduction", and it detailed the conditions under which care of a patient could be relinquished by the doctor—issues that were missing in the otherwise equivalent paragraphs of the AMA code. More broadly, one might ask whether the American medical profession's dealing with cases of misconduct (Baker discusses one case with regard to the *Boston medical police*) differed significantly from that of the British, given the different "fate" of medical ethics in the two countries. As the current work of this reviewer indicates, late nineteenth-century Prussia, with its long academic tradition of linking medicine with law (see Johanna Geyer-Kordesch in the first volume), created a medical conduct jurisdiction which was similar to the British.

Combining relevant source materials with thought-provoking philosophical and historical studies, this volume—as its predecessor—clearly constitutes an important step forward in the serious historiography of medical ethics.

Andreas-Holger Maehle,
University of Durham

F E G Cox (ed.), *The Wellcome Trust illustrated history of tropical diseases*, London, The Wellcome Trust, 1996, pp. 452, illus., £35.00 (plus p&p £5.00, cheques payable to: The Wellcome Trust) (1869835-86-7). Orders to: Charlotte Emery, The Publishing Department, The Wellcome Trust, 210 Euston Road, London NW1 2BE.

The idea of publishing this handsomely printed and richly illustrated volume arose, its editor explains, from a concern that the vast

amount of historical material that had accumulated during the production of the Wellcome Trust Tropical Diseases Videodisk project should not be lost, and should be easily accessible to persons interested in the history of this domain. A steering group was then constituted, which invited a number of scientists and clinicians to contribute particular chapters. One of the difficulties the editor and the steering group faced was selection of the pathologies which would be covered by the book. Manson's classic volume, centred on vector-borne parasitic diseases found in the tropical zone, was used as a primary guide. Another criterion used by the steering committee was the adequacy of coverage of the history of a given disease in other studies. Thus smallpox and AIDS were excluded from this volume, because these diseases are discussed in detail elsewhere. In contrast, cryptosporidiosis, giardiasis and melioidosis were included, although these pathologies are not exclusively tropical, because of their historic interest and the absence of adequate studies. A definition of a given pathology as "tropical" is often arbitrary, and can be contested, for example, the editor's choice to exclude tuberculosis but to include hepatitis and rabies. In general, however, when in doubt the editors have often chosen to include rather than to exclude a given pathology, and the forty-one chapters of the book offer a vast panorama of the history of diseases in tropical zones.

The steering committee's decision to ask scientists and doctors who were not historians, but "who had a first hand experience of the disease they were to write about and also a sense of history", to produce the history of individual pathologies, shaped the end-product—a book written from the practitioners' point of view, which examines historical events from today's perspective. Such a perspective has advantages and drawbacks. The main advantage is the authors' familiarity with the diseases they describe. This familiarity, and their concern about public health issues, has saved them from the pitfall of transforming a book on the history of tropical diseases into a