

Book Reviews

Roger Cooter and John Pickstone (eds),
Medicine in the twentieth century,
Amsterdam, Harwood Academic Publishers,
2000, pp. xix, 756, £75.00, \$120.00
(hardback 90-5702-479-9).

Forty-six chapters plus a substantial introduction, fifty-one contributors, 745 pages of packed text (with surprisingly little repetition)—*Medicine in the twentieth century* is indeed a formidably determined attempt to encompass a very complex period in medical history. Its editors have been, furthermore, ambitious in more than mere scale. The book is divided into three long sections whose titles, ‘Power’, ‘Bodies’ and ‘Experiences’, signal their aspirations toward late-century historiographical sophistication. The structure of the book, moreover, cleverly parallels the changes that its text documents.

Given the probability that only dutiful book reviewers can be depended upon to read every line, perhaps some advice as to how to navigate through this mighty tome might be welcome. My suggestion is—don’t start with the Introduction or with Chapter 1. Retrace the century’s own trajectory from triumphant modernity to post-modern uncertainty and relativism by beginning at Chapter 2, ‘The golden age’ (by Allan Brandt and Martha Gardner), and moving on through the first section to Rudolf Klein on ‘The crises of the welfare states’ and Stuart Blume’s carefully poised survey of the problematic impacts of medical technology. A pause, at this point, is recommended—to revise your ideology before tackling the major ‘Bodies’ section. If the first section is substantially predicated upon the Old Left’s conviction that politics is essentially economics, then the second section exemplifies the New Left’s credo that “the personal is the political”. Here, moreover, post-modern fragmentation of the individual is taken some distance

towards its logical conclusion. In total, eighteen different ‘Bodies’ are identified and discussed, ranging from the ‘Healthy body’ (Dorothy Porter) through the ‘Temporal body’ (Armstrong in typically stimulating and quirky form), the ‘Sexual body’ (Lesley Hall), the ‘Reproductive body’ (Naomi Pfeffer) and on to the ‘Diseased body’ (David Cantor) and the ‘Disabled body’ (Roger Cooter), finishing, appropriately enough, with the ‘Dead body’ (also Cooter). In the middle of this section, there is a particularly interesting triptych on the ‘Psychological’, ‘Psychoanalytical’ and ‘Psychiatric’ bodies (Mathew Thomson, Sonu Shamdasani and Mark Micale, respectively). At this point, ‘Mental illness’ (Joan Busfield), in the following section, merits a detour. Read together, these four articles provide a very comprehensive introduction to the historiography of twentieth-century psychiatric medicine.

The ‘Experiences’ section starts with ‘Media’ (Susan Lederer and Naomi Rogers), a concise survey of how doctors have been portrayed in those characteristic twentieth-century novelties, film and television. One might be tempted to suspect the editors here of some subtle hint at a post-post-modern reflective turn in their ordering of the essays. Thus, after much peering into different sorts of bodies, we have a unified narrative of the body looking back. But perhaps they wished simply to refresh us after the long haul of the middle section, for ‘Media’ is, no pun intended, marvellously entertaining. Among much else, Lederer and Rogers aptly illustrate the century’s long march from deference. In the 1930s, for example, the British film censors were able to prevent a proposed filming of Bernard Shaw’s *The doctor’s dilemma* on the grounds that it might “shake the confidence of the nation in the medical profession”. Sixty years on, oddly enough, doctors now complain that the popular television show

Book Reviews

ER projects undue optimism regarding the potentialities of medical intervention upon critically ill patients. So successful is 'Media' that one wishes that it had companion pieces on the novel and the theatre, not to mention poetry and the visual arts.

Journeying further into 'Experiences', it will soon become clear, however, that we are not yet finished with bodies and their fragmentation. Hence, for continuity, read first Jennifer Stanton on 'Supported lives' and Pat Thane on 'Old age'. These essays would not have been much out of place if they had been included in the previous section and entitled respectively 'The technologically sustained body' and 'The aged body'. They are contrasting, if equally compassionate, accounts of the century's attitudes to two extremities of human dependence, the former characterized by sustained optimism, the latter recording a recent and only partial redemption from scandalous neglect. Six of the remaining essays might be coherently read together as a sub-section entitled 'Medical professions and institutions'. Gerry Larkin's sensitive piece on 'Health workers' exemplifies the (overall) excellent quality and admirable range of this part of the volume. Then we have another little group of essays, "framing" three diseases of particular significance in the late twentieth century, namely 'Cancer' (Patrice Pinell), 'AIDS' (Virginia Berridge), and 'Malaria' (Lyn Schumaker). An illuminating piece on medicine in China (Francesca Bray) provides an effective coda. The most intriguing (to this reader at least) aspect of Bray's essay was her account of the extent to which Chinese health care is funded on an individual, private basis. (The contrast with the socialized medicine of the Soviet Union, the subject of a useful chapter by Mark Field in the 'Power' section, is remarkable.) The fear that serious illness will result in financial destitution haunts the Chinese peasantry as it does the American lower middle-class. Several contributors,

indeed, point out how the benefits of twentieth-century medicine are very unevenly distributed.

Finally, I suggest, return to the start of the volume. Having been informed by the specific essays, we are now in a better position properly to appreciate and assess the wider perspectives offered both in the Introduction and in Chapter 1. Unlike its counterparts in most collected volumes, the Introduction to *Medicine in the twentieth century* contains much substantive material not found elsewhere in the text. It is a small gem of an essay, offering not only a perceptive characterization of the broad features of twentieth-century medicine but also a compelling justification of the thesis that the history of medicine is an essential and integral aspect of the history of the century as a whole. Chapter 1, by John Pickstone, further develops this sight-raising agenda by posing the question, "What features does twentieth-century medicine share with the wider political economy of the century?" Pickstone identifies three types of medicine—productionist, communitarian, and consumerist—which he suggests were successively dominant within the last hundred years. Productionist medicine, an inheritance from the nineteenth century, was characterized by its central concern with the health and strength of the workforce and the armed forces. Communitarian medicine embodies and develops social solidarity—the National Health Service being its finest expression in the United Kingdom. In a consumerist system, medicine is a commodity bought and sold in a free market. There is certainly much evidence, both in Pickstone's essay and elsewhere in the volume, that these are categories the interpretative potential of which medical historians might fruitfully explore.

Does *Medicine in the twentieth century* represent a successful attempt to define the century's medical macrocosm in a historiographical microcosm? Inevitably, in such a large collection, there are

Book Reviews

inconsistencies in the quality, style and intention of the essays. Some contributors content themselves with quite straightforward empirical narrative; others have felt theoretically (or speculatively) more ambitious. Scholarly authority is likewise occasionally uneven. In this respect, however, the principal fault often does not lie with the individual authors. A number of contributors (Hall, for instance, Charles Webster on the welfare state, Joel Howell on hospitals) have been fortunate enough to be allocated subjects upon which they have already researched and published extensively. Some of the essays are on events or episodes upon which we have a reasonable historical perspective (Michael Worboys on tropical medicine is a good example) because they took place largely in the first, rather than the second, half of the twentieth century. A few authors have, however, been asked to take up the challenge of areas of historical research in which both they and the medical history community as a whole are comparative novices. Thus Cantor makes many thoughtful observations about the 'Diseased body', but he is unable to offer much in the way of convincing general conclusions. Not his fault, as I say, just a reflection of the overall state of scholarship. Warwick Anderson, on the 'Third world body', likewise sets out an agenda for further research. It is inevitable also that, despite the range and scope of the essays, one can readily point to lacunae. There is, for example, no chapter on the history of medicine itself (although there are some interesting remarks in the introduction) nor one on medical sociology. Thus the rise of learned discourses that are about medicine but not wholly of medicine—surely a notable, and virtually a distinctive, feature of the twentieth century—is not described.

In conclusion, one can virtually unreservedly applaud the ambition and achievement of *Medicine in the twentieth century*. By any reasonable standard, it constitutes a magnificent historiographical

accomplishment. It will, I have no doubt, be a fixture on library shelves and student reading lists for several decades of the twenty-first century. But it is telling that, in Chapter 1, Pickstone does not fully address the other major research question he poses, namely how best to describe twentieth-century medicine in terms of the perspective of a longer history of medicine. Thus, as far as the definitive historical character of twentieth-century medicine is concerned, one must concur with the proverbial Chinese Sage—it is too early to say.

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Robert B Baker, Arthur L Caplan, Linda L Emanuel and Stephen R Latham (eds), *The American medical ethics revolution: how the AMA's code of ethics has transformed physicians' relationships to patients, professionals, and society*, Baltimore and London, Johns Hopkins University Press, 1999, pp. xxxiv, 396, £45.50 (hardback 0-8018-6170-5).

In 1997 the American Medical Association and the Center for Bioethics of the University of Pennsylvania organized a conference to celebrate the 150th anniversary of the AMA's 'Code of ethics'. The twenty chapters of this volume, first given as papers at that conference, assess the significance of the AMA Code in the history of American medical ethics, discuss current issues of professional medical ethics in the US, and outline likely challenges to biomedical ethics in the future.

In the literature on medical professionalization the AMA Code of 1847 has often been characterized as a self-serving document, written for and by doctors, or as a piece of medical etiquette copied from Thomas Percival's *Medical ethics* (1803). Robert Baker and Chester Burns argue against this position by