

discussed in the late 1980s and early 1990s with regard to the Nazi concentration camp trials: whether the immorally obtained data from those experiments may ever be used for scientific purposes. The international dimension of human subject research and abuse in the twentieth century is further highlighted by contributions on vaccination experiments on Senegalese infantrymen in the French army between 1916 and 1933 (Christian Bonah), on metamphetamine tests in the German *Wehrmacht* (Peter Steinkamp), on the Tuskegee syphilis study (James H Jones), and on American cold war research on flash burn in preparation for a feared nuclear attack (Susan Lederer).

The general conclusion that arises from all these papers is obvious: war, racism, and scientific opportunism were the key factors that led, often in combination, to exploitation of human subjects and disregard for consent (even where and when official guidelines on information and consent requirements had been issued, as in the German Reich in 1931). Beyond this insight, what can the future historiography of human experimentation contribute? Paul Weindling's essay, focusing on the victims of Nazi medical experimentation, rightly complains that most of the historical research in this area has been perpetrator-oriented so far. His call for more attention to be paid to the fate of human subjects mirrors, perhaps unwittingly, recent trends in philosophy towards a patient- or victim-centred conception of ethics. Finally, David Rothman, reflecting on the debate of the 1990s about the standards of human trials on AIDS treatment and prevention in developing countries, makes clear that the achievements of ethical codes, such as those of Nuremberg and Helsinki, are under threat in contexts of socio-economic hardship. Historical analysis, one may conclude, may well warn against an ethical relativism that is prepared to compromise on standards of human subject research in situations of poverty and medical need. Eckart's volume has made a significant contribution to this historical enterprise.

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**Rafael Huertas, *El siglo de la clínica: para una teoría de práctica psiquiátrica*, Historia y crítica de la psiquiatría series, Madrid, Frenia, 2005, pp. 297, €15.00 (paperback 84-609-4361-5).**

The history of psychiatry has been approached from a myriad of perspectives and intellectual settings. Social history, conceptual history, intellectual history or history of ideas have all played an important role in defining historiographical trends. From the history of institutions to the history of illnesses, from the perspective of patients to the constitution of concepts and theories, they all have shed light on one of the most thought-provoking issues of modern times. Accepting the value of history of science as an epistemic tool, *El siglo de la clínica* rests on a complex middle ground between historical knowledge and psychiatric practice. The historiographical framework chosen by Rafael Huertas provides what he calls, a "theory of practice", an expression indebted to the sociology of Pierre Bordieu that Huertas uses to link the production of theoretical discourses with diagnostic and therapeutic needs. Since the emphasis of the book lies on those conceptual tools that played an important role in clinical activity, the reader will find here neither a purely conceptual history of psychiatry, nor a history of diagnosis or therapeutic practices, but rather a history of conceptually relevant tools used by clinicians during the nineteenth century, from the beginning of the alienist discourses at the end of the eighteenth century to the description of schizophrenia in 1911.

The book, focused mainly on the French psychiatric tradition, contains four sections: 'The medicalization of madness'; 'The somatization of the soul'; 'At the borders of alienist orthodoxy' and 'Therapeutic dilemmas'. In all four, Huertas pays attention to the social conditions behind the contents of psychiatric production and to what he considers the two most recurrent issues in the conceptualization of psychiatry: the multiple versus the singular conceptualization of mental illness, and the natural versus the

moral sciences regarding its understanding. Though most of the authors studied in this book are already very well known by historians, from Pinel to Chiarugi, Esquirol, Georget, Bayle, Tardieu, and Morel, among many others, Huertas does not attempt to provide a lengthy and complete account of their work. He concentrates, rather, on those neglected aspects whose study serves the purpose of the book. When writing on degeneration, for example, Huertas explains how, despite the emphasis placed on a somatic conception of mental diseases, based mainly on biologically determined causes and physical stigmata, delirium still played a preponderant role as a diagnostic category. In the same vein, the discussion of Joseph Guislain rests on his classification of mental disorders and the use of a new psychiatric terminology. While Guislain claimed that all mental disorders had a common origin, named phrenalgia, he was also forced to accept an enormous variety of symptoms and manifestations.

*El siglo de la clínica* provides a picture of the medicalization of madness, where the shortage of therapeutic resources was balanced by the richness of conceptual tools regarding nosological and nosographic approaches. The author takes a middle ground between the social construction of mental illness and the history of therapeutic practices. He claims “that any objective interpretation of reality has always been given by the dominant culture and that systematic classifications [of mental illnesses], though very useful as intellectual tools, are but artificial abstractions with their (diagnostic) categories made up in given historical moments” (p. 259). From this point of view, nothing, except a misunderstanding of history and an irresponsible fear of change, prevents the arrival of new developments. These combined statements turn the history of psychiatry into both a critical rejection of stagnation and a heuristic tool for new practices. From an epistemological viewpoint, Huertas draws a necessarily schematic picture of the development of psychiatric discourses between social and cultural history, between the formation of concepts and their interaction

with psychiatric practice. This gives important insights into the study of a highly elusive and culturally mediated object. However, the emphasis on practices could have gone a step further to include the conditions under which a given therapy or nosology was thought to be sound or adequate. After all, though many of us may very well accept that hysteria, for example, was constructed as a diagnostic category, as the author explains at length in one of the chapters of the book, the questions still remain as to whether or not that category had a diagnostic value within a given epistemological culture.

Written with clarity and gusto, and relying heavily on Spanish historiography of psychiatry, this book will be very useful not only for the historian of psychiatry, but also for the scholar interested in an up-to-date bibliography of Spanish secondary sources on the history of psychiatry.

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**Martin Gorsky and John Mohan with Tim Willis,** *Mutualism and health care: British hospital contributory schemes in the twentieth century*, Manchester and New York, Manchester University Press, 2006, pp. xii, 243, illus., £60.00 (hardback 978-0-7190-6578-1).

In today's health service, the values of voluntarism, mutualism and participation embodied in the ethos of the hospital contributory schemes that emerged in the nineteenth century and came to the fore in funding voluntary hospitals in inter-war Britain are little in evidence. In *Mutualism and health care*, Gorsky and Mohan re-examine the history and impact of such schemes on hospital finance and policy. Sympathetic to the brand of mutualism the schemes embodied, they position themselves in the revisionist school of welfare and use the idea of the “moving frontier” of welfare and a Tocquevillian model of civil society. At the same time, they draw on contemporary concerns about the role of mutualism and participation in the NHS with