

Baker, R. B. & McCullough, L. B. (eds): **The Cambridge World History of Medical Ethics**. Cambridge University Press USA, 2009. (HBK) 978-0-521-88897-0. xxviii + 876 p. £ 130.–.

The Cambridge World History of Medical Ethics has 55 contributors, contains 63 essays, is divided into 8 parts and runs to a total of 904 pages. Its bibliography is 90 pages long and the index runs to 63 pages. It includes a Chronology of Medical Ethics which covers 6000 years (detailing events, persons and texts) as well as an Appendix of 'Who Was Who' in the history of medical ethics giving further biographical details on 59 lives. It is edited by two of the most respected historians of medical ethics currently at work who were supported by an international editorial board of 12. It has been over 15 years in the making. It is the size of a ream of A4 paper, very like the one you restock your printer with, except that it is printed in close type, on both sides. In sum, it is an enormous piece of work, as one might expect a world history to be.

Two introductory essays discuss the nature of the history of medical and bioethics and the relation of bioethics and history. Both of these deserve to be widely read and the arguments presented fully engaged with. Subsequent sections are, for the most part, based around the examination of different 'Discourses' of Medical Ethics. We are offered examinations of discourses through the lifecycle, of religion, of philosophy, of practitioners, of bioethics and of society. With the exception of the sections on Philosophy and on Society the essays in these sections divide, in their focus, into specific religions, geographic or temporal areas or both. Given the number of pages in the book and accounting for the chronology, appendix and index we would expect the average length of the essays to be around 11 pages long. However for the most part these essays are short surveys (4–10 pages) which, in the areas I was not acquainted with, I found quite informative. I am sure that experts in these areas would not find them all that informative but such is the nature of works of reference; they are guides to beginners, such as myself, by experts in the field, such as the authors.

More interesting is the essay, written by the Volume's editors, which comprises the entire section 'Discourses of Philosophical Medical Ethics'. At 30 pages it is the second longest of the essays. Philosophical discourses of bioethics often present themselves as a historical dealing, as they propose to do, in timeless and universal objectivity which aims to move unproblematically from 'theory' to 'practice'. Drawing and summarising on the work regarding the philosophical underpinnings/ inspiration of Gregory, Percival and Hoche they give weight to their thesis that abstract philosophical thought is in fact culturally 'translated' into medical ethics via a four stage process. First a physician innovator toys with a philosophy, then they contextualise it, or fragment from it, in their writings. These are then disseminated around the community or profession as 'medical ethics' rather than philosophy. This medical ethics must then receive broad acceptance by the profession to complete the translation from theory into practice.

The detail of this historical view and its arguments presents important and as yet relatively unheeded lessons for mainstream bioethics. However it also presents a rather 'top down' view of the historical development of medical ethics and permits a reification of abstract philosophy allowing it to once again appear to escape the confines of its own contingencies. When and where the thoughts of philosophers take place as well as where and when they are appropriated by physician innovators should

not be allowed to escape the confines of their cultural and socio-historical realities. The direction of influence runs in both directions, down from abstract theoretical philosophy to medical ethics practice but also from medical practice (or the wider socio-historical contexts) up to abstract theoretical philosophy. For example it is clear that the Utilitarianism of Bentham and Mill, now so important to bioethical argument, was heavily influenced by the wider changing sociopolitical context of which they and utilitarianism were a part. For example the tendency to reify the philosophical as both ahistorical whilst at the same time being historically causal can be found in the following:

Had Plato and Nietzsche never written, or had their concept of medicine never been appropriated and reconceptualised by some medical intermediary ... [T]here would probably still have been an anti-Jewish genocide, a Holocaust, but it is less likely that physicians would have played such a central role and it is even less likely that the Holocaust would have been initiated in Hospitals, by physicians implementing a paediatric eugenic euthanasia program on children with mental disabilities¹.

Frankly, I think this view untenable. Such historical counterfactualising is unhelpful and serves to promote the view that it was merely happenstance that Hoche encountered a philosophy to which he then cleaved rather than the entirely more historically and appropriate perspective that Hoche, and German medical science more generally, found Plato's and Nietzsche's writing convenient in that it presented a philosophy which supported and justified their (pseudo)-scientific theories on race, racial purity and eugenics. If one needs proof that the medical science of the early part of the 20th Century was concerned with such issues and behaved in similarly reprehensible ways in the absence of Platonic or Nietzschean philosophical justification or the Third Reich and its political racism one only need think of the various sterilisation programmes which took place in a number of Allied and Axis countries both before and after the Second World War. Eugenics was not merely a problem of German medical science or of a medical science ethically underpinned by Nietzsche or Plato.

Two other essays in the collection, "Medical Ethics and Nazism" and "Making Distinctions 'Natural': The Science of Social Categorisation in the US in the 20th Century", present differently nuanced views of eugenics and the emerging new genetic science. The latter essay points towards an untapped resource for potential historians of medical ethics. Under the heading 'Making Distinctions Natural' Nelkin and Rosner discuss various political uses of medical science, particularly genetic theories of predisposition. For me the uncited father of such analyses has to be Canguilhem and the thesis presented in *The Normal and The Pathological*². Canguilhem's acute and astute historical or historicised analysis amounts to a philosophy of biology under conditions of fact-value collapse and it is one which medicine cannot ignore. Further it, and comparable agreeing and dissenting work in the philosophy of biology, are ideas that historians of medical ethics can no longer ignore. The Cambridge World History

1 Baker, R. B./L. B. McCullough, "The Discourses of Philosophical Medical Ethics", in: R. B. Baker/L. B. McCullough (eds), *The Cambridge World History of Medical Ethic* (Cambridge 2009) 308f.

2 Canguilhem, Georges, *The Normal and the Pathological* (New York 1991). This, of course, is the work which did so much to inspire the work of Foucault, see his introduction to the Edition cited.

of Medical Ethics is an excellent reference work and one which will be invaluable to those interested in medical ethics. However, the main lesson it teaches is that historians of medical ethics should now aim at a deeper and more engaged analysis, one which will bring them into the more interdisciplinary field of the Human Sciences. Perhaps, in doing so, they might bring some bioethicists with them.

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Bergen van Leo, **Before my Helpless Sight: Suffering, Dying and Military Medicine on the Western Front, 1914–1918**, transl. Liz Waters, *History of Medicine in Context*, Franham, Surrey, and Burlington, VT, Ashgate, 2009, IX. 528 p. £ 35.–. ISBN 978-0-7546-8553-5.

L'ouvrage de Leo van Bergen, traduit du néerlandais en anglais, s'il figure dans la collection «The History of Medicine in Context» d'Ashgate, adopte en fait une perspective bien plus large que celle de l'histoire médicale. Comme l'indique le sous-titre de ce livre, il s'agit d'une histoire de la souffrance et de la mort subies par les soldats de la Grande Guerre sur le front occidental. Elle apporte sa contribution à une historiographie de la Première Guerre mondiale très productive depuis une quinzaine d'années, qui a renouvelé les visions dominantes, militaire puis sociale, de l'histoire du conflit en exerçant des approches culturelles et anthropologiques. L'histoire proposée ici est assez peu inspirée des problématiques qui ont eu le souci d'analyser le lien entre guerre et médecine – médicalisation de la guerre, militarisation de la médecine –, par exemple dans le sillage des travaux de Roger Cooter, Mark Harrison ou Steve Sturdy pour le monde britannique. Elle s'attache en revanche à décrire, au plus près possible, l'expérience corporelle, individuelle et collective, d'hommes devenus les cibles impuissantes de la «violence militaire». Le ton se fait volontiers dénonciateur, réquisitoire contre les «horreurs de la guerre» dont la condition du combattant des tranchées, blessé, malade, traumatisé, exténué, violenté, souvent jusqu'à l'anéantissement, est devenue la figure sacrificielle. Le propos se veut également plein d'empathie à l'égard de soldats saisis comme les «victimes» emblématiques de la guerre moderne.

Se fixant pour objectif de restituer «une petite part de l'horreur», Leo van Bergen ne mène pas de recherche originale dans des sources inédites, mais livre un ouvrage panoramique sur la souffrance sur le champ de bataille à partir de sources documentaires de deux types. D'une part, il fait la synthèse des apports de travaux historiques sur la Grande Guerre, d'auteurs anglais, néerlandais, allemands, américains, français – la part française étant particulièrement congrue toutefois, alors que nombre de travaux, ceux de Sophie Delaporte par exemple, auraient pu être éclairants. Ces travaux de large focale, privilégiés aux nombreuses études récentes publiées dans les revues d'histoire médicale peu utilisées ici, sont soumis à sa grille de lecture des corps blessés et malades, en cinq amples chapitres consacrés à la bataille, au corps, à l'esprit, au soin et à la mort. D'autre part, l'auteur mobilise des témoignages de combattants et de soignants, et surtout des récits et fictions littéraires bien connus – les Remarque, Jünger, Barbusse, Duhamel, Céline, Owen, Sassoon ..., longuement cités – qui, juxtaposant les approches individuelles, offrent une vue kaléidoscopique nourrie de la