

Book Reviews

Laurence B McCullough, *John Gregory and the invention of professional medical ethics and the profession of medicine*, Kluwer Academic Publishers, 1998, pp. xv, 347, £86.00, \$140.00 (0-7923-4917-2).

Laurence B McCullough, *John Gregory's writings on medical ethics and the philosophy of medicine*, Kluwer Academic Publishers, 1998, pp. xi, 254, £66.00, \$105.00 (0-7923-5000-6).

We do not expect sympathy from a good accountant, or a good lawyer. An unsympathetic accountant or lawyer can be good, we might even take the lack of sympathy to be a mark of professionalism; however, there is something profoundly wrong, even unprofessional, about unsympathetic physicians. Good doctors ought to have a caring heart. We inherit this expectation from the Scottish Enlightenment. Undoubtedly, the pre-eminent apostle of this ideal was the philosopher-physician, John Gregory of Edinburgh (1724–73). Yet, despite the global influence of Gregory's writings, they have been out of print for all but the last two years of the twentieth century. Thanks, however, to the initiative of Laurence McCullough, an American bioethicist who works at the Baylor College of Medicine in Houston, Texas, we now have a comprehensive scholarly edition of the two published versions of Gregory's lectures on medical ethics, as well as five previously unpublished manuscripts, including student transcripts of Gregory's lectures. McCullough has also written the first book-length intellectual biography of Gregory. This is a welcome addition to the literature on medicine during the Scottish Enlightenment, and to the history of eighteenth-century medical ethics.

In *John Gregory and the invention of professional medical ethics and the profession*

of medicine, McCullough offers a comprehensive critical account of the development of the Edinburgh physician's medical ethics and of his philosophy of medicine. The book divides into four chapters: an introduction; an intellectual history of Gregory, his life and times; a critical exposition of his lectures on medical ethics; and an assessment of his significance. McCullough uses his detailed knowledge of Gregory's life to analyse the man's ideas. Thus, he spotlights Gregory's relationship with Elizabeth Robinson Montague of the Bluestocking Circle (1725–1800) to lend support to his claim that Gregory deliberately set out to "feminize" the qualities of a good physician.

Like Gregory's other recent biographer, Lisabeth Haakonssen (*Medicine and morals in the Enlightenment: John Gregory, Thomas Percival and Benjamin Rush*, Amsterdam and Atlanta, Rodopi, 1997), McCullough paints Gregory as subscribing to a conception of the medical profession that was initially outlined by Francis Bacon (1561–1626) in his influential Latin-language essay, 'The advancement of learning' (1605). Haakonssen, however, reads Gregory as one of several variations on Baconian themes sounded by Protestant Dissenters, including Percival and Rush. McCullough's Gregory, in contrast, is more secular and much more innovative. Specifically, McCullough argues that: (1) Gregory invented English-language medical ethics by transforming an informal tradition of lecturing medical students on medical propriety into a formal tradition; (2) that Gregory invented secular medical ethics by providing a theoretical account of the norms of medical propriety in non-theological terms; (3) that Gregory invented the idea of medicine as a fiduciary profession; (4) that Gregory invented the idea of professional medical ethics (i.e., an ethic for medicine as a fiduciary profession); (5) that Gregory invented bioethics by

analysing the norms of medical propriety in terms of a theoretical account of ethics that was grounded in philosophical theory, specifically, David Hume's account of sympathy; and (6) that Gregory invented the idea of feminine medical ethics, an ethics of care, by making feminine virtues—sympathy, tenderness—essential qualities of the virtuous physician.

To what extent is McCullough's assessment of Gregory persuasive? Biographers are naturally inclined to overemphasize the importance of their subject. To a certain extent McCullough succumbs to this temptation. Claims (1), (5) and (6), however, are compellingly argued. By carefully contrasting Gregory's lectures with those of his contemporaries, McCullough establishes that Gregory transformed and formalized the tradition of prefatory ethical comments into fully fledged lectures that used philosophically-grounded concepts to illuminate teaching of medical morality. He also demonstrates that, although Gregory's commitments were Baconian (in much the way that Haakonssen suggests), Gregory's orientation towards ethics was decidedly Humean (in precisely the way that Haakonssen denies). In addition, he adduces compelling evidence in favour of his most controversial claim that John Gregory self-consciously sought to construct a medical ethics around virtues traditionally considered feminine—particularly, the virtues of sympathy and tenderness.

McCullough is less persuasive, however, in establishing that Gregory invented secular medical ethics and bioethics. What distinguished Gregory's lectures from those of his contemporaries was their length, formality, philosophical sophistication, and the fact that, like most other lectures given at Edinburgh, they were delivered in the vernacular, i.e., in English. Thus, to assess the extent of Gregory's innovations, one needs to compare Gregory's lectures with their Latin-language counterparts. Given the dearth of scholarship in this area, it is

presumptuous to credit anyone with "inventing" an idea—as opposed to, let us say, "translating" or "introducing" it into English. In *Medical ethics in the Renaissance* (Georgetown University Press, 1995), for example, Winfried Schleiner credits Roderici Castro Lusitani (1564–1627), a "converso" or nominally Christianized Portuguese Jew, with inventing *secular* "medical ethics". Michael Ryan (1800–41), a professor of surgery at the University of London—the first academic anywhere to style himself a "professor of medical ethics"—also read Gregory as a follower of Castro. While this corner of intellectual history remains in the shadows, it is likely that Gregory translated an older tradition into English-language Scottish intellectual culture thereby developing an innovative hybrid of Renaissance and Enlightenment ideals for medicine and its morality.

One of the larger issues raised by McCullough's reading of Gregory is whether the professional ethics envisioned by Gregory became the form of professional medical ethics that we recognize today. Gregory believed in the gentleman physician. He held that "the confinement of the study and practice of physic, entirely to a class of men who live by it as a profession, is unfavourable to the progress of the art" (McCullough, p. 246). The profession of medicine today, however, consists entirely of a class of men and women who confine themselves to its study and practice, and who attempt to make their livelihood thereby. Our professionals are thus those that Gregory feared—and the ethics that these professionals developed is not that encouraged by Gregory. Gregory anticipates contemporary bioethics in his suspicions of medical professionalism, but, for this very reason, one should not claim him as a founder of professional medical ethics.

These debates should not distract from McCullough's achievements in providing us with the first book-length biography of Gregory, and in making available, for the

Book Reviews

first time in almost two centuries, Gregory's lectures on medical ethics. McCullough has enhanced the value of these lectures by including previously unpublished student lecture notes. These notes permit us to chart the evolution of Gregory's ideas, and, indeed, the formation of core concepts of bioethics. Consider, for example, the evolution of what is probably the first use of the expression "patient's rights" in English. In 1767 a medical student recorded Gregory declaiming that, "If the [dying] patient or his friends insist in applying [a medicine not approved by the physician], let them do so. Why not let a man die in his own way if he will?" (p. 75). In the *Observations* (1770), Gregory says, "a physician has no right to hinder any man from going out of the world in his own way" (p. 107). Two years later, in the *Lectures*, which Gregory himself published, he wrote: "Every man has a *right* to speak where his life or his health is concerned, and every man may suggest what he thinks may tend to save the life of his friend. If a patient is determined to try an improper or dangerous medicine, a physician should refuse his sanction, but he has no *right* to complain of his advice not being followed" (p. 174, emphasis added). These passages suggest that the concept of patients' rights—which is central to contemporary bioethics—originates in a simple observation: "Why not let a man die in his own way if he will?" As years progress, Gregory's language hardens into the more formal statement that, "Every man has a *right* to speak where his life or his health is concerned"—perhaps the earliest and certainly one of the clearest evocations of the concept that a patient has rights.

Gregory's words are too important to lie, largely unread, in rare book rooms. Everyone interested in the history of medical ethics is indebted to McCullough for making them accessible once more in a well-edited authoritative edition.

Robert Baker,
Union College (NY)

Wolfgang U Eckart, *Medizin und Kolonialimperialismus: Deutschland 1884–1945*, Paderborn and Munich, Ferdinand Schöningh, 1997, pp. 638, illus., DM 78.00 (3-506-72181-X).

While the topic of medicine and health in the British Empire has drawn the attention of several historians during the 1980s and 1990s, German colonial medicine has remained a comparatively neglected area of research—except for the contributions by the Heidelberg medical historian Wolfgang Eckart. With his *Medizin und Kolonialimperialismus* he has now presented his *magnum opus*, which covers all the German protectorates between 1884 and 1918, in Africa (Togo, the Cameroons, German South-West and German East Africa), the Pacific (German New Guinea, Samoa, Caroline, Mariana and Marshall Islands), and on the Chinese shore (Kiauchou). Moreover, he examines the participation of the health care professions in the colonial societies of the Second Reich, the establishment of the Hamburg Institute for Ship and Tropical Diseases (1901) and of the German Institute for Medical Mission in Tübingen (1909) and—after the loss of the German protectorates in the First World War—the role of tropical medicine within the colonial revisionist politics of the Weimar Republic and the Third Reich.

Eckart's study draws upon a wealth of archival sources and primary literature, making particularly extensive use of official medical and administrative reports. Readers will find detailed information on the epidemiology and health care provision in each of the German colonies as well as on attitudes of colonial medical officers and medical missionaries towards their work. Furthermore, the dismal health situation (e.g., dysentery, beriberi) of plantation, mining and railway workers is described as a regular feature of colonial economic exploitation. Health care, as far as it was available, served to maintain the