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The later chapters include the evolution to the present day of the various methods of illumination, the binocular microscope and optical systems, and are packed with detail, including sufficiently clear information to enable a practising microscopist to understand an instrument, of whatever age, and so achieve optimum working conditions. The occasional use of bold type and the wealth of well reproduced illustrations and diagrams help to guide the less technical reader, although their usefulness could have been much enhanced had more detailed captions and labels been included. Details of the source of the illustrations, too, would have clarified their purpose and added another dimension to the narrative. Similarly, numerous typographical errors detract from the interesting style. Each chapter has a valuable list of references which offer both microscopist and historian a great deal of additional material.

Hartley does not merely catalogue events or describe objects, he explains them, and in so doing enhances the understanding of their significance. This remarkable book does not set out to be just another history of the microscope, it is very much more. It deserves a place on the shelves of historians, collectors, and practical microscopists, not simply as an adornment but as an important working volume.

Pat Bracegirdle, Cheltenham

ROBERT BAKER, DOROTHY PORTER and ROY PORTER (eds), The codification of medical morality: historical and philosophical studies of the formalization of western medical morality in the eighteenth and nineteenth centuries, vol. 1, Medical ethics and etiquette in the eighteenth century, Philosophy and Medicine vol. 45, Dordrecht, Boston, and London, Kluwer Academic Publishers, 1993, pp. viii, 230 (0–7923–1921–4).

In the face of the moral dilemmas of modern medicine the history of medical ethics has often been consulted as a source of traditional Hippocratic wisdom. A consequence of this approach was a concentration on ethical principles of the doctor-patient relationship, such as non-maleficence and confidentiality, which appeared to be almost timeless. The present volume, by contrast, constitutes a successful effort to make medical ethics a subject of meticulous historical research by putting them into the socio-economic, political, and philosophical contexts of a given period. Consisting of eight essays, which, through the editors' introductions, have gained a remarkable coherence, this book studies in three parts the preconditions, backgrounds, and circumstances of the codification of medical morality in the eighteenth century, particularly in Britain.

In the first part historical case studies by Mary E. Fissell, David Harley, and Roy Porter look into the problems and moral criticisms of medical and surgical practice in the competitive medical marketplace of the period. A recurrent theme, brought out by all three authors, was the contemporary demand that the ethical physician or surgeon had to transcend the commercial ethos of a tradesman by following the conduct and manners of a gentleman. In situations of conflict the practitioner's character and internal code of honour counted, not the precepts of the Hippocratic oath, reference to which was conspicuously absent in the eighteenth century. Moreover, correct practice was supposed to flow from scientific medical knowledge.

The philosophical backgrounds to such views are explored in the second part. Focusing on Prussia-Brandenburg, Johanna Geyer-Kordesch argues that the enlightened natural law theory of Christian Thomasius prepared the ground for the secular ethics of professional men, such as doctors and lawyers, substantiating her point with the example of responsible, empirically informed decision-making in eighteenth-century medical jurisprudence. For Britain, Tom Beauchamp gives an account of the development of the Scottish moral sense school from Francis Hutcheson, via David Hume, to Adam Smith. Its central concept of sympathy underlay—in its Humean formulation—John Gregory's influential *Lectures on the duties and qualifications of a physician* (1772), as Laurence B. McCullough shows in the third part, which deals with the formal codifications of proper medical conduct.

The genesis and meaning of the other major formalized text of the period, Thomas Percival's *Medical ethics* of 1803, drafted and circulated as *Medical jurisprudence* in 1794, is the topic of the remaining two essays of this part. John Pickstone investigates the origins of Percival's work in the

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social setting and medical politics of late eighteenth-century Manchester and its Infirmary. With the late publication of his text, argues Pickstone, Percival tried to defend a, by then threatened, civico-medical virtue ethic, in the tradition of Bishop Joseph Butler. Robert Baker finally complements this with a detailed analysis of Percival's code as such. Arguing in particular against Ivan Waddington's interpretation that Percival intended primarily to preserve intra-professional hierarchies and divisions of labour by insisting on medical etiquette (*Med. Hist.*, 1975, 19: 36–51), Baker produces evidence from the text that *Medical ethics* basically represented a social contract between a profession and the public. It was obviously inspired by the Reverend Thomas Gisborne's concept of an "office", as developed in his *Enquiry into the duties of men in the higher and middle classes of society* (1794). As Gisborne saw it, those who enjoyed the privileges of a particular "office" or station in society, such as the magistrate, the lawyer, and the physician, had tacitly contracted to fulfill carefully their specific duties. An important new element of Percival's ethics was, according to Baker, the shift from individual to collective decision-making, necessitated by the structures of the hospital.

This collection of very original essays has clearly set the standard for future research on the history of medical ethics. The announced second volume on the codes and practice of the nineteenth century will thus be read with high expectations.

Andreas-Holger Maehle, Wellcome Institute

ROLF WINAU (ed.), *Technik und Medizin*, Technik und Kultur vol. 4, Düsseldorf, VDI Verlag, 1993, pp. xviii, 340, DM 148.00 (3–18–400864–9).

Sponsored by the Georg Agricola Society in Düsseldorf, Germany, this book is part of a ten-volume series particularly aimed at the general reader and designed to examine broadly the relationships between technology and culture. In their brief introduction, the editors repeat Agricola's strong opinions expressed in his *De re metallica* (1556) about the essential role of technological know-how in securing human progress together with the contemporary imperative to understand better its effects on society.

Generously illustrated, the volume devoted to medicine constitutes a useful overview. Its main author, Rolf Winau, has divided the text into nine separate essays, beginning with a description of Western concepts of health and disease, and the gradual visualization of bodily organs and functions with the help of microscopy, endoscopy, and, recently, fibre optics. These chapters are followed by a summary of the road to organ replacement, from crude prostheses to the artificial heart, a discussion of medical electricity, occupational diseases, and the rise of a pharmaceutical industry.

Of special interest are Winau's last two chapters, in which he discusses the social consequences of our modern technical medicine and the ethical problems which arise from the application of specific techniques such as gene implants, extra-corporeal *in vitro* fertilization, organ transplantation, and the prolongation of life through the use of respirators and other devices. The author admits that technological breakthroughs such as the administration of anaesthesia and the methods of antisepsis and asepsis were largely responsible for the successes of the past 150 years together with advances in microscopy which led to the establishment of bacteriology and immunology. Yet, according to Winau, patients remain ambivalent and often fearful, aware of the beneficial effects of technology while scared of its dehumanizing side effects, all too obvious in the behaviour of healing personnel. The ethical discussion, in turn, centres on the contemporary relevance of the Hippocratic oath, normative and situational ethics, and the escalation of moral dilemmas as new techniques become available. Having raised the problematic nature of all oaths and exposed the relativism of the Hippocratic guidelines within the context of ancient Greek healing, Winau however returns to recommend a patient-centred ethic based on the old aphorism: *nil nocere*.

Günter B. Risse, University of California, San Francisco