

legislators, regulators, and the main labour union all too often combined to protect their own pecuniary interests at the expense of mine workers' health, welfare, and lives. Only with the development of grass roots activism, supported by independent medical expertise (for many years a rare commodity in the American workplace) and the civil rights movement was this unholy alliance outmanoeuvred. In the face of such pressure, vested interests capitulated, but their acceptance both of the existence of CWP and of the need for remedial measures was born out of self-interest and the desire to forestall the possibility that they might be forced to bear the burden of compensating all ageing miners with lung infections, regardless of the origin of such disease.

In many respects Derickson's line of argument will be familiar to anyone acquainted with the burgeoning literature on the history of occupational health and safety in the USA. Nevertheless, meticulously researched, elegantly written, and handsomely produced as it is, *Black lung* is an important and welcome addition to the history of health in the twentieth-century American workplace.

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Allen M Hornblum, *Aces of skin: human experiments at Holmesburg Prison. A true story of abuse and exploitation in the name of medical science*, New York and London, Routledge, 1998, pp. xxii, 297, illus., £18.99 (0-415-91990-8)

One of the well-springs of modern bioethics was the revelation during the 1960s that doctors in the USA and the UK had experimented on the elderly, the very young, the mentally incapacitated,

prisoners, the poor, and blacks (in the USA), and had treated these vulnerable people as somehow deserving of less consideration than the white middle classes from which the doctors themselves came.

The social commentator Jessica Mitford detailed the extent of medical abuse of prisoners in one chapter of her 1974 book, *Kind and usual punishment*. Under the provocative heading, 'Cheaper than chimpanzees', she laid out how commercially lucrative it was to use captive populations for drug testing and how pervasive and corrupting such practices were.

Allen Hornblum has taken a different route to Mitford's. He has focused not on the whole system but on just one institution. Mainly under the direction of Dr Albert Kligman, a dermatologist at the University of Pennsylvania, an extensive range of experiments was conducted on inmates of the Holmesburg Prison for nearly two decades. As one might expect with a dermatologist in charge, some were tests for cosmetics; others included the administration of radioactive materials, and mind-bending drugs on behalf of the US Army and the CIA (not to be expected from a dermatologist). Some of the experimental methods may have been so slipshod that the results cannot be relied upon.

Hornblum tells the story as far as possible through interviews with the surviving inmates who underwent some of the experiments. He has succeeded admirably in letting speak those whose voices were once muted. But there is a price to pay for this approach. Concentration on the personal inevitably means that the institutional escapes scrutiny. Thus he tells a simple tale of victims (the inmates) and villains (Dr Kligman).

Hornblum writes of the entire US prison experimentation system: "Liberties were taken, ethical corners cut, and sensitivity relinquished not by the collective medical community but by ambitious and

occasionally amoral individual physicians and researchers. One such was Dr Albert M Kligman.” But this is to let off the hook the checks and balances, the internal scrutinies of a civilized society and of the professional bodies within it.

Why did the prison system permit this abuse of inmates? A late chapter reveals that the cash paid to inmates as an inducement to participate in the experiments financed a system of homosexual rape and prostitution within the jail. Why did the Superintendent of the Philadelphia Prison System, Edward Hendrick, “a tall, stern public official with strong religious beliefs” countenance such a thing? Why did the pharmaceutical companies not just connive at but actively finance these experiments and the payments? Why did the medical establishment in the USA not put an end to the whole thing?

Jessica Mitford came to a very different conclusion to Hornblum. By focusing on the systemic, institutional and financial she showed conclusively that this was more than a couple of bad apples in the barrel. It is from Jessica Mitford, rather than from Allen Hornblum, that one learns that the World Medical Association proposed as long ago as 1961 that prisoners should not be used in medical experiments but that “the recommendation was never formally adopted, largely because of the opposition of American doctors”.

It is the curse of American bioethics that, like Lady Thatcher, it can see only individuals and has no concept of society. Allen Hornblum’s is a necessary and worthwhile book, but by writing essentially a collection of individual biographies rather than a work of history, he fails even to ask the most important question: when a great evil has been done, where do the boundaries lie between individual and collective guilt?

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T A Ban, D Healy, E Shorter (eds), *The rise of psychopharmacology and the story of the CINP*, Budapest, Animula, 1998, pp. 448.

I started work as a medical practitioner in 1952 before the introduction of any modern psychotropic drugs, and began in psychiatry in 1958 in a very large (3000-bed), poorly staffed old-fashioned mental hospital. As junior doctors we had great responsibility. We now had chlorpromazine, imipramine, chlordiazepoxide and related drugs. ECT was widely used. I vividly recall the impact of such drugs as patients, who were cured or much improved, were discharged. But of equal importance were the changes in society; full employment; social security benefits; and finally government-provided accommodation at affordable rents. We must also not forget the change in psychiatrists’ attitudes to patients.

This volume is made up of reminiscences of members of the Collegium. While I was initially irritated by the self-congratulatory tone (which was to be expected by the format), I was fascinated by the accounts of the pioneers in the field of psychotropic drug therapy. How great was the part played by serendipity—how little inductive science was used! Trial and error were and are the name of the game. The book shows that we lack an overall understanding of how the brain is organized. As Joel Elkes puts it (p. 20): “The good boot of empiricism had propelled our field mightily forward. New drugs were beckoning on the horizon and facts were hunting for an explanation. Yet the Science of it all was sparse, a mere silhouette”. Not that much has changed.

The pharmacological industry’s creditable role is well described. It is salutary for Anglo-Saxons to note that the effects of chlorpromazine were discovered by Jean Delay and Pierre Deniker in France, and those of imipramine by Roland Kuhn in Switzerland. (I enjoyed Kuhn’s justification for his dislike of double-blind controlled