

Book Reviews

subtle, in the process by which the doctor comes to see not the patient but the disease. In the course of her discussion, Lawrence illuminates the changing significance of case history taking—an underexplored subject; the appearance of medical societies and journals in Britain; the evolution of physician/surgeon relationships and approaches to medical knowledge; and the underpinnings of experimental medicine.

Lawrence's book is based on extensive research in manuscript and print sources conducted over at least a decade. The result amply demonstrates the worth of this investigative endeavour. The sophisticated narrative not only displays the author's erudition and awareness of historical concerns, but is enhanced by well-presented quantitative information. For those who wish to see an example of the maturation of medical history, this book is recommended.

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Mark Jackson, *New-born child murder: women, illegitimacy and the courts in eighteenth-century England*, Manchester University Press, 1996, pp. ix, 206, £35.00 (0-7190-4607-6).

This is a thoughtful and well-documented study of a subject interesting to medical and legal historians, to social historians, and to historians of women and gender. At the centre of Jackson's analysis lies the notorious 1624 Act to prevent the Destroying and Murthing of Bastard Children. This statute placed cases of suspected new-born child murder on a special evidentiary footing, greatly easing the burdens of prosecution by creating, in the author's words, a legal presumption whereby a woman who had concealed the death of her illegitimate child was presumed to have murdered it (p. 33). Jackson deals intelligently with the complex consequences of the Act, taking as his own evidentiary base an unusually complete set of archival materials from the records of the Northern Circuit

Assize. His clear guide through the maze of English legal tribunals and procedures puts the evidence into context in a way that helps the reader to appreciate both the interpretive possibilities of the materials as well as their limitations. At times this concern for precision makes the exposition somewhat laboured—a tendency which makes Jackson's occasional forays into more expansive explanatory and interpretive modes (e.g. the new cultural history, via Thomas Laqueur's discussion of humanitarian narrative, and gender history, represented by Ludmilla Jordanova's work on the feminized corpse and the masculinized medical gaze) seem out of place. Jackson's integration of recent literature in English legal history is more successful, and lends his work an interdisciplinary richness often absent in works of medical history.

Jackson's analysis is informed throughout by his critique of the two interpretive frameworks that have dominated histories of infanticide (or, as he prefers, new-born child murder): the Whiggish narrative of progressive reformism, and the scientific claims of criminological positivism. Jackson's battle with the first of these twin perils is most productive, especially in his concluding chapter, which examines the long campaign to repeal the 1624 statute (finally achieved in 1803, under the auspices of the conservative jurist Lord Ellenborough) in order to show the reformist projects' profoundly ambiguous lineage. His observation that one of the consequences of Ellenborough's 1803 Act—due to a misreading of its provisions by local officials responsible for drawing up indictments—was the false creation of concealment as a substantive crime on its own account, is particularly revealing of the dangers inherent in assuming a linear reformist logic.

Jackson's critique of positivist criminology is also salutary, though in the end not equally satisfying. By proposing to focus not on the commission of crimes by criminals but on the processes whereby certain women were suspected of, and prosecuted for, murder (p. 15) Jackson seeks to use court records not to measure the incidence of infanticide, but

Book Reviews

instead to explore the range of social, cultural, and epistemological factors at work in the formulation and prosecution of such cases. His conclusions, while sound, are not all that surprising: despite some scattered gestures in the direction of anthropology (his suggestion, for example, that a woman giving birth in secret might have been subjected to a charge of new-born child murder as a form of punishment for breaking the community tradition of childbirth as a public event for local women) and of epistemological underdeterminacy (the ambiguous signs of pregnancy, for one), Jackson ultimately embraces a less adventurous explanation—defence of the parish rates. Threatened with the cost of maintaining bastard children, rate-paying neighbours hounded women they suspected were pregnant with an illegitimate child in an attempt to force filiation; if the pregnancy ended without live issue, neighbours were quick to make accusations of child-murder, as a deterrent, Jackson explains, to any future begetters of parish wards.

This recurrent formulation tends to overwhelm Jackson's efforts to tease out a textured culture of suspicion, a limitation that might in part be explained by the nature of his sources. Despite his stated objective to treat the claims of the accused on an equal footing with those of their accusers, and to take seriously the ambiguities besetting the charges levelled against them, his focus on legal documents makes it difficult for him to do so. For example, he cogently demonstrates that determining the basic fact of pregnancy was itself a problematic interpretive task, contestable both between suspects and their accusers, between suspects and experts enrolled to determine bodily truths, and between medical men themselves. However, for the purposes of Jackson's broader multivocal agenda, this elasticity is ultimately irrelevant: once a suspicion has become a case, the fact of pregnancy is no longer disputed. Thus, despite his best intentions to give the accused equal time, they are inevitably found out, and thus their resistance to hostile communal suspicions is in fact read in only

one way—as an ultimately futile exercise in subterfuge. In setting out the contested grounds of knowledge and judgement in these highly-charged cases, *New-born child murder* none the less provides a useful and suggestive analysis of a fascinating subject.

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Robert Baker (ed.), *The codification of medical morality: historical and philosophical studies of the formalization of western medical morality in the eighteenth and nineteenth centuries*, vol. 2, *Anglo-American medical ethics and medical jurisprudence in the nineteenth century*, Philosophy and Medicine, vol. 49, Dordrecht and London, Kluwer Academic Publishers, 1995, pp. x, 238, £74.00, \$122.00 (0-7923-3528-7).

This volume unites seven essays on American and British medical ethics in the nineteenth century and includes reprints (with introductions) of the *Boston medical police* (1808), the *Code of ethics* of the American Medical Association (1847), and Jukes de Styrap's *A code of medical ethics* (1878). As in the first volume (see *Med. Hist.*, 1994, 38: 222–3), Robert Baker argues against the interpretations of historical sociologists, such as Jeffrey Berlant and Ivan Waddington. In his view, ethical codes in medicine were not merely etiquettes to cover the profession's monopolistic tendencies, but serious ethics. Accordingly, he describes the AMA code as an extension of the "tacit compact between the profession and society", which had been the underlying concept of its model, Thomas Percival's *Medical ethics* (1803). The American code explicitly introduced patients, with both rights and duties, as the third party to this "contract", an idea originating from Benjamin Rush. In the same vein, Baker understands the emphasis on consultations in the Boston and AMA codes not as a clinging to old medical etiquette, but as an expression of a very real "cooperative dilemma" for contemporary doctors: the second opinion