

Experimental Evolution, not the Eugenics Record Office (p. 168); Chicago ecologist Warder Clyde Allee is referred to as Warner; Earnest A. Hooton is spelled as Hooten in two places but Hooton in a third; psychometrician Carl C. Brigham is referred to as Harold C. Brigham, and the Carnegie Institution of Washington (CIW) is referred to throughout as the Carnegie 'Institute'. And, to my knowledge, Thomas Hunt Morgan was never involved as part of a team to set up a dog breeding programme at the University of Iowa in the 1920s (p. 168).

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Marc A. Rodwin, *Conflicts of Interest and the Future of Medicine* (New York and Oxford: Oxford University Press, 2011), 384 pages, \$29.95/£18.99, hardback, ISBN: 978-0-975548-6.

Marc Rodwin is the author of *Medicine, Money and Morals: Physicians' Conflicts of Interest*, first published in 1993. At the time, conflict of interest was not the buzzword it has since become in debates about medical ethics, publication ethics, and health policy. His earlier book set a high standard for the discussion of the role of commercial pressures, ties, incentives and influences in shaping doctors' conduct towards their patients. It was deservedly widely noticed at the time, with considerable praise from influential voices in the medical community. The arrival of his new book, some eighteen years later, is a useful occasion for reflecting on what progress, if any, has been made in tackling the problem of conflict of interest.

As the subtitle indicates, this is a comparative study. Rodwin examines the different ways in which medical care is organised institutionally in three very different health systems in the developed world. He describes carefully the attempts made in each country since the nineteenth century to identify the nature of medical conflicts of interest, and to control such conflicts as they arise in each context. He shows in detail the interactions between the structural organisation of the profession, the policy of the regulatory and professional bodies, the economic organisation of health services, and business practices of professionals, commercial providers of goods and services instrumental to healthcare, and the ways in which conflicts are conceived, arise, and are managed.

I found the book a wearying read. This is not because the author has a difficult prose style – he writes lucidly and for a general readership. The accumulation of detail and the winding path through each country's difficulties is impressive. But it is a profoundly pessimistic book. At each turn, a measure to contain or control conflicts is introduced; it fails; the very mechanism introduced itself becomes a vehicle for conflicts in a fresh form. There is neither a 'land of lost content' to frame the story's beginning, nor much prospect of a 'reformed medicine' at the end, nor indeed any putative location of which we might say 'they do it better elsewhere'. There is just difference.

From a historical point of view, and from a historiographical point of view, this is unsurprising, perhaps. However, from a normative or practical policy-making point of view, it would be useful to know what our expectations of doctors, and healthcare systems, should be, and how they could better be enforced. The concluding pages of the book do offer some proposals, but they involve better ethics statements, more continuing

professional development, a tougher debate within the profession about conflicts. As the history of conflict of interest sketched in his book shows in detail, the ways in which professional ethics and the professional and regulatory bodies more or less thoroughly mystify the operations of conflict of interest by portraying them as legitimate business practice, necessities of good professionalism, and even, on occasion, union rights, this set of proposals does not inspire hope or confidence. Similarly, Rodwin's practical proposals for institutional and structural reform depend on introducing a greater regulatory role for the state, a more thoroughgoing transition of medical care into the public sector, and more scrutiny and oversight by public officials and the courts. Again, his own historical narrative, and the general lessons of the history and economics of regulation, suggest that regulatory capture is just as serious a risk here as in previous generations and under previous forms of healthcare governance.

All of this gloomy reflection noted, Rodwin does us an important service in bringing these issues into clear sight. Too often medical ethics, health policy and indeed history of medicine focuses on the social, normative, and technological side of medical change. The economic and business side is every bit as important and influential. And while we might despair of ways to *improve* the practice of medicine in the face of conflicts of interest, he does show us how it could get *worse* without continuous public and professional efforts to resist the steady pressure of conflicts of interest on good, patient-centred medical practice.

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Rachel E. Boas, *In Search of 'Aryan Blood': Serology in Interwar and National Socialist Germany*, CEU Press Studies in the History of Medicine, M. Turda (ed.) (Budapest-New York: Central European Press, 2012), 256 pages, \$50.00/€45.00/£40.00, hardback, ISBN: 8-963-9776-50-0.

Ever since 1919, when Hanna and Ludwik Hirszfild published their serological survey of the bloods of 8,000 prisoners in Salonika at the time of the First World War, race-conscious researchers have hoped to find in blood-group serology something or other that would pinpoint racial origin. The Hirszfilds' most striking finding was that, though all the populations tested had all four blood groups, European bloods mostly typed as either Group O or A, with very little B, but that the further east the homeland of his soldier subjects, the more frequently they typed as Group B or AB. Clearly, in spite of the different frequencies, it was not possible to say that any one group specified a particular racial origin but, broadly speaking, the group frequencies differed from place to place. Blood held a special meaning for Germans in the interwar period: Walther Darré, Minister of Agriculture under the Nazis from 1933 to 1942, saw the transmission of the bloodline through an uncorrupted peasant stock as representing the eternally lit fire on the domestic hearth. His *Blood and Soil* (1930) became the slogan of the *völkisch* ideologists of Nazism.

The first half of Rachel Boas's book details the efforts of German blood-group researchers to live up to the sacred symbolism of German blood. The German Society for Blood Group Research was set up in 1926 by Paul Steffan, a naval surgeon, and Otto Reche, a specialist in racial anthropology at that time at the University of Vienna. The society's organ, the *Journal of Racial Physiology*, ran from 1928 to 1943. Reche