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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 conjive 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?

Tom Wilkie,
The Wellcome Trust

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
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trials, as I have long felt them to be a rationing device beloved of regulators who need reassurance.) On another note, I felt that many of the contributors may not have appreciated the impact that mescaline and LSD induced states had had on the psychiatric “psyche” leading to the “shift in the paradigm” facilitating the discovery of psychotropic drugs.

The wide spread of the nationalities of the members of the Collegium is impressive, and their accounts show how universal are science and clinical practice. Many of those whose names come up in the book are well-known researchers and authors, and their personal histories brought to life for me the intense excitement of the time when we started to use modern drugs.

David Marjot,
Sunbury-on-Thames

Adele E Clarke, Disciplining reproduction: modernity, American life sciences, and “the problems of sex”, Berkeley and London, University of California Press, 1998, pp. xvii, 421, £35.00, $45.00 (0-520-20720-3)

From the mid-nineteenth century, sexuality and reproduction have become biomedical subjects. In her long-awaited, comprehensive monograph on the emergence and evolution of scientific approaches to human reproduction in America from the early twentieth century to the 1960s, Adele Clarke analyses important sections of this history.

Central to Clarke’s analysis is the argument that the loosely defined group of reproductive sciences have always had to struggle with low and marginal status in the scientific hierarchy—a position that Clarke, not very satisfactorily, denotes in shorthand as “illegitimacy”—and their pervasive influence has been obscured by their apparent marginality within the scientific world. “My focus”, says Clarke, “is on how certain scientists in specific locales came to envision a set of problems of reproductive research, how they organized themselves to work on those problems, and how they interacted among themselves and with their audiences, sponsors, and consumers to sustain this research and develop it into a recognized discipline” (p. 27). The so-called reproductive sciences, she shows, were constituted during a formative period in American life sciences by the amalgamation of forces stemming from the worlds of biology, medicine, and agriculture, greatly aided by the contemporaneous expansion of American universities and research institutions. These forces, in turn, existed in an often creative state of tension with the rather different worlds of birth control activists and eugenicists.

Initially, scientists interested in reproduction steered clear of socially sensitive issues such as birth control, focusing exclusively on basic physiological research. The elucidation of the menstrual cycles of laboratory animals, for instance, was considered a truly scientific subject while the development of a simple contraceptive device was not. Similarly, the study of human sexual behaviour and its supposed aberrations was also left strictly alone. In all this, the emerging science of the endocrine secretions provided the paradigm, which was influenced significantly by the well-established embryological orientation of American biology. Although, as Clarke documents, the reputation of endocrinology itself was rather dubious in the earlier years of this century because of its associations with matters such as biological rejuvenation, it was still a dazzling new science and eminently suited to provide a scientific foundation for reproductive biology. The establishment of the reproductive sciences in America was not, however, an exclusively intellectual matter: as Clarke shows, the reproductive sciences, despite their apparent marginality, were remarkably successful in attracting generous funding from sources such as the Rockefeller Foundation and from the