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research" (p. 89). Such infelicities, however, should not lull the reader into a routine denunciation of a positivism-inspired plot, for the judgement would be mistaken. Canguilhem's account of science and progress in history arises from the epistemological configurations hatched up by Gaston Bachelard. The Anglo-American reader who can tolerate what seem on first hearing to be whiggish pronouncements will find much in this text of value. It comprises a number of different essays, written at different times, mainly on nineteenth- and twentieth-century biology and medicine. Unless I am looking in the wrong place, however, the essay on John Brown's medical system contains nothing original. By contrast, the paper on biological regulation is full of insights as is the piece on nineteenth-century medical theory. Unfortunately and tantalizingly, both papers sketch a view of Claude Bernard's physiological programme as ideologically congruent with nineteenth-century political theory, but fail to fill in the details. At over ten pence a page, this is a rather expensive price for an Impressionist. As a French import, Pasteurization may well represent better value for money.

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PATRICIA E. PRESTWICH, *Drink and the politics of social reform: anti-alcoholism in France since 1870*, Palo Alto, The Society for the Promotion of Science and Scholarship, 1988, 8vo, pp. viii, 365.

Patricia Prestwich's book is a well-researched and carefully reasoned history of both anti-alcoholism and alcoholic consumption in France since the last years of the Second Empire. It goes well beyond the scope and depth of earlier attempts by historians to interpret the French approach to the public-health consequences of drink. Prestwich's interpretive challenge is to explain why the French temperance movement was less successful than its English and American counterparts in pressuring the state to pass anti-alcoholism legislation. Her account undermines the resilient myth that anti-alcoholism mainly attracted teetotal, puritanical, and moralizing men and women of the middle class. She also disputes Michel Foucault's thesis that anti-alcoholism movements were dominated by bourgeois reformers who, obsessed with fear of mounting social disorder among the lower classes, mainly sought to impose greater discipline on vulnerable social groups. "If discourse on drink has often revealed bourgeois values of order and progress, as well as insecurities about the growth of the working class," she writes (p. 286), "it is also true that middle-class temperance movements had a valid and well-documented concern about the effects of increased consumption of alcohol." These concerns about the growth of alcoholism, Prestwich concludes, had a basis in reality and therefore enjoyed a certain "scientific validity" (p. 2).

Prestwich argues convincingly that French temperance advocates had a stiff task because "in France anti-alcoholism had no natural allies" (p. 190). There were powerful economic interests and well-entrenched habits which encouraged the consumption of wine, beer, cider, and distilled alcohol. Even when anti-alcoholism propaganda was able to convince French men and women that excessive consumption of some forms of alcohol could be dangerous to health, it was hard to destroy the customary belief that wine was a nutritious drink which could be rarely abused. Consequently, French legislation against alcoholism proceeded slowly. However, Prestwich finds reason for satisfaction in recent years, as the effects of a century-long public education campaign about the dangers of alcohol seem to have finally taken effect and have led to a decline in French alcoholic consumption since the 1970s.

For the historian of medicine, Prestwich's book is valuable because she sheds light on medical participation in the anti-alcoholism movement. Medical interest was primarily psychiatric in origin, she argues, and gathered momentum after mid-century, when Magnus Huss coined the term "alcoholism". But medical interpretations of alcoholism, informed as they were for so long by degeneracy theory, were contradictory, "delphic in . . . obscurity" (p. 57), largely unrelated to therapeutics, and frequently punctuated by "moralizing". Moreover, doctors tended to share the popular attitude that wine was immune from criticism. They concentrated their efforts on publicizing the notion that the effects of alcohol depended more

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on its poisonous qualities than on the quantity consumed. The medical failure to provide “coherent” (p. 57) leadership in the lay campaign to curb alcoholic production and consumption is therefore understandable and casts doubt on Prestwich’s own conclusion that “the appropriation of alcoholism by the medical profession” constituted “an important advance” in “the development of treatment and preventive measures”.

Some readers might also dispute Prestwich’s claim that temperance interest in worker alcoholism was “scientifically acceptable” (p. 199) and needs no further explanation. These, however, are only small complaints and do not detract from Prestwich’s impressive achievement. She has succeeded in showing that the French response to the public health dangers of alcoholism was distinctive and resists pat formulations that defy historical evidence.

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JOHN KEOWN, *Abortion, doctors and the law: some aspects of the legal regulation of abortion in England from 1803 to 1982*, Cambridge History of Medicine, Cambridge University Press, 1988, 8vo, pp. xii, 212, £27.50/\$44.50.

NORMAN FORD, *When did I begin? Conception of the human individual in history, philosophy and science*, Cambridge University Press, 1988, 8vo, pp. xviii, 217, £19.50/\$32.50.

John Keown’s book *Abortion, doctors and the law* attempts to answer the question which James Mohr explored so well in the American context: what role did the medical profession play in shaping abortion legislation in the nineteenth and twentieth centuries? The nineteenth-century English evidence is much more circumstantial than the American material where Mohr was able to document direct links between physicians and legislatures and a crusade by regular physicians against abortion from 1857 until 1880. Keown’s book lacks the cohesion and social context that make Mohr’s analysis compelling reading but it is a painstaking account of eminent medical opinion and legislative change over the period.

Keown concludes that the medical profession did indeed have a major influence on the development of abortion legislation. To be totally convincing, however, this argument requires support from a wider range of sources. Were legislators totally uninfluenced by other pressure groups such as the churches or, for that matter, by public opinion in general? Keown’s narrow focus precludes such analysis.

A similar problem lies in Keown’s tendency to treat the medical profession as a unified whole acting out of self-interest with no regard for the demands of their clients. The profession’s response to the abortion issue must be understood in the context of women’s growing demand for, and the increasing acceptability of, family limitation. There were always those within the profession such as the surgeon, Mr Turnbull, who, the *British Medical Journal* reported in 1885, had acceded to the demands of clients and practised as an abortionist for thirty years. Keown asserts that there are no reported cases of practitioners being prosecuted for performing abortion for “professionally approved criteria” from the late eighteenth century until 1938. An examination of the prosecutions reported in the *British Medical Journal* or heard by the General Medical Council might well have indicated just how “professionally approved criteria” were applied differently according to the status of the doctors concerned.

Keown unquestioningly accepts the medical profession’s distinction between “medical” and “social” criteria for abortion and their desire to have this distinction upheld in law. Yet comparative studies of the operation of current abortion laws suggest that the content of the law makes little difference to abortion practice. The purpose of legal grounds, apparently, is not to provide criteria for whether or not an abortion is legal but rather to justify an operation that will be performed anyway. The medical profession is more comfortable with believing that its decisions are purely clinical; why they cling to such a belief requires further examination.

The strength of the book lies in its analysis of legal developments and it is these which determine its structure. Keown suggests that the 1938 Bourne case should not be considered as a landmark which liberated “medical discretion from an uncompromising law”. Bourne, he argues, sought clarification rather than reform of the law. This is so but Bourne specifically