

JOSÉ LUIS PESET and DIEGO GRACIA (eds), *The ethics of diagnosis*, Philosophy and Medicine Series vol. 40, Dordrecht, Kluwer Academic Publishers, 1992, pp. viii, 312, £62.00, Dfl. 180.00, \$89.00 (0-7923-1544-8).

*The ethics of diagnosis* amalgamates twenty-one papers on the history, philosophy and socio-anthropology of medical diagnosis that were presented at conferences in Madrid (1979) and West Berlin (1989). The papers in the sections classified as anthropological, socio-cultural, and post-modern, reiterate a single message in various scholarly vernaculars: that the purposes, interests and values of society, of physicians, and of patients, necessarily inform supposedly “objective” diagnoses. Many of the contributors take this observation to be tantamount to the claim that there is an “ethical dimension” to all diagnosis. It is a truism that ethics involve values, but it is false that all values are ethical (values in art, for example, seem irrelevant to ethics). Moreover, as philosopher Stuart Spicker argues, if one is careful to differentiate *diagnosis* from *treatment*, most *ethical* questions seem to be posed by treatment decisions, not by diagnoses. Spicker goes on to observe, however, that the diagnostic process itself can generate ethical issues because, in so far as the process of diagnosing involves communicating a diagnosis to a patient, or to people engaged in patient care, it redefines the patient and thereby affects her or his sense of self. The fiduciary relationship between physician and patient thus creates an ethic of diagnosis: specifically a duty to tell patients the truth about their condition in a way that recognizes and respects patients’ personhood, a duty which Spicker calls “trust-telling”.

There are other perceptive papers in this volume, especially in the section on computer assisted diagnosis, however, I will discuss only papers in the Historical Perspectives section. In ‘The ethics of diagnosis in ancient Greek medicine’, Laín-Entralgo argues that “diagnosis” is an artifact of Hippocratic medicine, a form of healing in which: (1) the healer distanced himself from the sick person, whose body (2) was thought to have a dysfunction which (3) was undeserved. Hippocratic medicine did more than invent the idea of diagnosis, it also devised an explicit ethic regulating the use of diagnosis. As Spicker suspected, diagnosis was seen as morally problematic in the context of prognosing, that is when physicians distinguished between curable and incurable conditions. Insofar as the patient is incurable, “art can do nothing” (*On the art* VI, 2) and so the physician had a duty to refrain from treating and from charging for treatment. Culpability arose “if the physician . . . does not know his illness”, but nonetheless, pronounced curable a “patient who is overcome by [illness]”, for then “the physician is to blame” (*On affections* VI, 220). Laín-Entralgo concludes by analysing “blame” in Greek “shame-culture”—an analysis which, unfortunately, is obscured by a typographical error that has him discussing “same-culture”.

In ‘The ethics of diagnosis in early Christianity and the Middle Ages’, Diego Gracia distinguishes between the “etiological diagnosis” found in ethico-religious accounts of illness and true medical diagnosis discovered by the Hippocratics. The former involves concepts of moral transgression and/or impurity and “is carried out by means of a systematic inquiry into the moral precept that has been transgressed” (p. 19). Garcia argues that in the Christian tradition it is Jesus himself who rejects the ethico-religious account of illness. In John 9:1–3 Jesus is asked: “Rabbi, who hath sinned, this man or his parents, that he should be born blind?” Jesus replies: “Neither hath this man sinned, nor his parents, but that the works of God should be made manifest in him.” Thus, Garcia argues, “the ill person is not looked upon as an impure being that must be excluded from the cultural and social community, but as a privileged place or object for the salvific work of God” (p. 20). The example of Jesus was emulated in the early Christian and Medieval world, which readily assimilated, even as it transmuted, the Hippocratic medicine of the Greeks and the accompanying ethics of diagnosis. In the rest of the essay Garcia outlines the changes Christianity wrought in the Hippocratic ethic of diagnosis. He also advances the intriguing hypothesis that Judaeo-Christian physicians sought to elevate the status of the Hippocratic Oath as a way of distancing themselves from the secular shame-morality integral to Hippocratic medicine in the ancient world.

Augustín Albarracín’s, ‘The ethics of diagnosis in the modern and contemporary worlds’, attempts to trace the ethics of diagnosis from the sixteenth through to the eighteenth centuries. He also “corrects” standard accounts of the history of medical ethics. Unhappily, in doing so he loses the focus on diagnosis (the unique contribution of this volume) and disseminates misinformation. Thus he challenges Donald Konold, Jeffrey Berlant and others “who hold the first code of ethics to be the work

of Thomas Percival". "There is", he informs us, "evidence to the contrary. In 1772... John Gregory... published... on... physicians'... duties" (p. 36). The error is Albarracín's: Gregory does indeed discuss the duties of physicians earlier than Percival, but *not* in the distinctive form of a *code*. The code format—a numbered compilation of moral rules of conduct—was introduced into English-language medical ethics by Percival. Here, for example, is an excerpt from Percival's Rule II.3, which deals with the ethics of diagnosing "incurable" conditions: "A physician should not be forward to make gloomy prognostications... by magnifying the importance of his services in the treatment or cure of the disease. But he should not fail... to give to the friends of the patient, timely notice of danger... and even to the patient himself, if absolutely necessary.... For the physician should be minister of hope and comfort to the sick; that by such cordials to the drooping spirit, he may smooth the bed of death." It is a pity that Albarracín chose to engage in spurious scholarship instead of analysing what Gregory and Percival actually said about the ethics of diagnosis.

Darrel Amundsen's 'Some conceptual and methodological observations on the history and ethics of diagnosis' demonstrates the dangers of attempting to practise history *a priori*. Noting that "the ethics of diagnosis has not yet been isolated for special scrutiny as a circumscribed ethical category" in standard works on medical ethics, Amundsen asks "How... may the historian construct a meaningful history of ethics of diagnosis?" (p. 49). After a protracted analysis he hedges, but is essentially sceptical. He is misled, in part, by the expectation that diagnosis must deal with discrete diseases (as it has since the nineteenth century) rather than conditions (the norm from the Hippocratics through Percival). He is also deceived by the strong association between ethics and therapeutics in modern medicine. Knowing that, before the nineteenth century, medicine de-emphasized therapeutics and lacked a nosology with clearly delineated diseases, Amundsen is sceptical about the very possibility of a history of the ethics of diagnosis, *a priori*. In striking contrast, Laín-Entralgo approaches the question *a posteriori*. By re-examining the Hippocratic corpus he discovers injunctions governing diagnosis in the context of *prognosis*—and thereby uncovers an ethic that, as the rule from Percival's *Medical ethics* cited above illustrates, was still important in the early nineteenth century. The moral of this tale is that the history of medical ethics is a branch of history; it is thus inextricably wedded to empirical evidence— and even sceptical theories must be validated by such evidence.

These five mini-reviews should give the reader a sense of this volume. Its primary value is innovation: it is the first systematic exploration of the ethics of diagnosis. Some contributors were unequal to the task; others developed a conceptual framework for analysing an ethic of diagnosis and have begun to chart its history. Their work should assure *The ethics of diagnosis* a place on the shelves of any library seriously interested in medical ethics and/or the history of medicine.

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JAN GOLINSKI, *Science as public culture: chemistry and Enlightenment in Britain, 1760–1820*, Cambridge University Press, 1992, pp. xii, 342, £32.50, \$54.95 (0–521–39414–7).

The period from 1760 to 1820 was one of immense political and social turmoil in Europe. It was also one in which the science of chemistry underwent a transformation so profound that the phrase "chemical revolution" is not wholly inappropriate. In his ambitious book Jan Golinski takes a new look at British chemistry in this tumultuous era, particularly in relation to its public audience. Scotland receives one chapter, but the spotlight is chiefly on the English workers Joseph Priestley, Thomas Beddoes and Humphry Davy. Some new material is presented and use is made of much recent scholarship. With the aid of meticulous research, backed by careful documentation, the author has disclosed many hitherto unrecognised features of the scientific scene around 1800. Those interested in the history of medicine will find much of value in the accounts of pneumatic medicine, ranging from early experiments with nitrous oxide that did not acknowledge its analgesic potential (Beddoes and Davy) to the allegedly antiscorbutic properties of soda-water (Priestley and his successors).

The author claims that his approach is "sociological rather than conceptual, rhetorical rather than philosophical" (p. 66). This (together with the title) may alarm those aware of the limitations and hazards of such an approach, where so-called sociological insights into science may be unacceptably reductionist, self-contradictory, completely unverifiable or merely complicated ways of stating the