

## Book Reviews

first time in almost two centuries, Gregory's lectures on medical ethics. McCullough has enhanced the value of these lectures by including previously unpublished student lecture notes. These notes permit us to chart the evolution of Gregory's ideas, and, indeed, the formation of core concepts of bioethics. Consider, for example, the evolution of what is probably the first use of the expression "patient's rights" in English. In 1767 a medical student recorded Gregory declaiming that, "If the [dying] patient or his friends insist in applying [a medicine not approved by the physician], let them do so. Why not let a man die in his own way if he will?" (p. 75). In the *Observations* (1770), Gregory says, "a physician has no right to hinder any man from going out of the world in his own way" (p. 107). Two years later, in the *Lectures*, which Gregory himself published, he wrote: "Every man has a *right* to speak where his life or his health is concerned, and every man may suggest what he thinks may tend to save the life of his friend. If a patient is determined to try an improper or dangerous medicine, a physician should refuse his sanction, but he has no *right* to complain of his advice not being followed" (p. 174, emphasis added). These passages suggest that the concept of patients' rights—which is central to contemporary bioethics—originates in a simple observation: "Why not let a man die in his own way if he will?" As years progress, Gregory's language hardens into the more formal statement that, "Every man has a *right* to speak where his life or his health is concerned"—perhaps the earliest and certainly one of the clearest evocations of the concept that a patient has rights.

Gregory's words are too important to lie, largely unread, in rare book rooms. Everyone interested in the history of medical ethics is indebted to McCullough for making them accessible once more in a well-edited authoritative edition.

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**Wolfgang U Eckart, *Medizin und Kolonialimperialismus: Deutschland 1884–1945*, Paderborn and Munich, Ferdinand Schöningh, 1997, pp. 638, illus., DM 78.00 (3-506-72181-X).**

While the topic of medicine and health in the British Empire has drawn the attention of several historians during the 1980s and 1990s, German colonial medicine has remained a comparatively neglected area of research—except for the contributions by the Heidelberg medical historian Wolfgang Eckart. With his *Medizin und Kolonialimperialismus* he has now presented his *magnum opus*, which covers all the German protectorates between 1884 and 1918, in Africa (Togo, the Cameroons, German South-West and German East Africa), the Pacific (German New Guinea, Samoa, Caroline, Mariana and Marshall Islands), and on the Chinese shore (Kiauchou). Moreover, he examines the participation of the health care professions in the colonial societies of the Second Reich, the establishment of the Hamburg Institute for Ship and Tropical Diseases (1901) and of the German Institute for Medical Mission in Tübingen (1909) and—after the loss of the German protectorates in the First World War—the role of tropical medicine within the colonial revisionist politics of the Weimar Republic and the Third Reich.

Eckart's study draws upon a wealth of archival sources and primary literature, making particularly extensive use of official medical and administrative reports. Readers will find detailed information on the epidemiology and health care provision in each of the German colonies as well as on attitudes of colonial medical officers and medical missionaries towards their work. Furthermore, the dismal health situation (e.g., dysentery, beriberi) of plantation, mining and railway workers is described as a regular feature of colonial economic exploitation. Health care, as far as it was available, served to maintain the

## Book Reviews

“indigenous human capital”. Beyond this, Eckart’s work brings out a number of overarching themes that deserve special attention. One is the influence of racism and racial hygiene on much of German health care in the colonies. It found its tangible expression in the strict segregation of European and indigenous patients in colonial hospitals, and in the support by doctors for efforts to separate white from indigenous urban settlements as a means to prevent malaria and other infectious diseases. A related theme is the involvement of medical men in oppressive politics, as demonstrated by military doctors as combatants in the war against the Herero and Nama in German South-West Africa (1904–7) and during the Maji-Maji uprisings in German East Africa (1905–7). Yet, as Eckart likewise shows, medicine in the colonies also had its philanthropic side, which became especially evident in the health care provided to the indigenous population by the missionary stations—another topic considered in detail. Typical were governmental efforts to improve the medical infrastructure and simultaneously save costs through encouragement of medical missionary work, e.g., in the care for lepers.

Perhaps the most striking theme that this study develops is that of human experimentation by colonial doctors with new drugs against sleeping sickness. Eckart describes the relentless treatments with arsenic compounds of the black inmates of “concentration camps” for sleeping sickness in Togo, the Cameroons, and German East Africa between 1908 and 1914. Blindness was a frequent toxic side-effect. Patients who refused treatment were disciplined, many fled the camps. It seems that the specific colonial setting and the hopeless prognosis of the disease led doctors involved in these trials to ignore relevant ethical standards that they probably would have observed in homeland Germany. Here, a Prussian directive demanded information and consent of human subjects in hospitals

as early as 1900, though not for interventions that served therapeutic, diagnostic, or immunization purposes. Yet, Eckart’s account also draws a historical line from the colonial enthusiasm of doctors, via the sleeping sickness trials in the colonies, to the deadly human experiments with malaria in concentration camps of Nazi Germany.

It lies in the nature of its sources that this book tells us more about the perspectives of colonial doctors and administrators than about the perceptions of the indigenous populations. It seems, however, that the flight from the sleeping sickness camps (as well as from leprosy camps) cannot be generalized to an overall rejection of Western medicine. The figures that Eckart provides from contemporary sanitary reports show usually a high acceptance of inpatient and outpatient hospital care as well as of smallpox vaccination programmes.

In sum, this book provides both a comprehensive and differentiated survey and discussion of German colonial medicine. Readers will also benefit from its meticulous list of archival sources, 40-page bibliography, full name and subject index, and appendix with maps. Without doubt it will serve as a standard work for many years to come.

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**Peter Baldwin,** *Contagion and the state in Europe, 1830–1930*, Cambridge University Press, 1999, pp. xiii, 581, £45.00, \$69.95 (0-521-64288-4).

Comparative historical studies are rare, especially so in the history of medicine, and multiple comparative ones even rarer. In this respect, Peter Baldwin’s monumental survey of the divergent health policies of nineteenth-century European states makes a