

qualities, especially when we find ourselves caught in the soulless, pitiless existence Rapoport describes. Is he unfair? Even he gave the MGB the names of friends and colleagues (p. 120), though throughout the book he tells us the probable dire effects of doing so. Yet he also cites instances of men forgiving colleagues for their betrayal, acknowledging that they could not help it (pp. 210–11). And Rapoport understands that intimidation and torture inevitably create victims:

Fresh from prison, I had strong feelings on the subject and was not sure I would be able to overlook this 'betrayal.' But then I had a change of heart. I realized that one cannot demand heroism from everybody. People's powers of resistance vary greatly—from extreme tenacity to complete lack of physical courage. (p. 138)

The issue is not one that we can ignore as being of interest only to historians. For the medical profession, a related area is the self-governance of the profession. Occasionally—frequently?—physicians fail to protect patients by identifying colleagues who behave unethically or dangerously by reason of addiction, incompetence, or other causes. Where does loyalty to one's colleagues end and patients' rights take over? It takes moral courage to recognize that place and to act upon the knowledge.

Medical torture is a more heinous if less widespread problem. In Nazi Germany, medical torture achieved its worst manifestations in the concentration camps. The NSDAP perverted the medical profession and destroyed its ethical underpinnings soon after the Nazis came to power. Without the support of a body of ethical beliefs, the participation of at least a few doctors in such unethical and often murderous activities followed inevitably. Rapoport experienced torture of two banal though often effective types: enforced sleeplessness and the constant use of self-tightening handcuffs. Today, more refined methods are in favour. Increasingly, medical practitioners in the service of certain regimes sanction or administer torture. No twisting of the Hippocratic Oath or its analogues can justify the participation of physicians in such activities. Medical torture is well known to have gone on in the USSR; countries such as Chile and Lebanon and many others regularly use medical torture as part of their machinery of political control. (For a recent analysis see Gordon Thomas, *Journey into madness: medical torture and the mind controllers*, 1988.) How can we encourage medical practitioners to fight these types of ethical perversion? In these permissive times there are even some medical schools that do not administer the Hippocratic Oath.

The events of August 1991 may have ended blatantly illegal incarceration in the USSR. Indeed, the USSR itself has ended. But these events do not make Rapoport's book out-of-date. Many countries use illegal or extra-legal means to silence political opposition. Rapoport reveals yet again how powerless the ordinary citizen is in trying to fight such methods. He and his colleagues survived only because of the fortuitous death of Stalin. Most political prisoners are less lucky.

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DAVID P. ADAMS, "*The greatest good to the greatest number*": *penicillin rationing on the American home front, 1940–1945*, American University Studies, Series 9, History, vol. 93, New York, Peter Lang, 1991, pp. viii, 227, £22.00 (0-8204-1284-8).

When a new medicine is discovered and becomes known to the public, a great demand is liable to arise more quickly than large scale manufacture can be got going. Sick people and their relatives believe that a cure is available, if only they can get hold of it, and the alert media, already proud to reveal yet another breakthrough, reap a rich harvest of tragic stories.

The scenario includes suffering families, politicians eager to gain votes by fighting on their behalf, faceless doctors, manufacturers and administrators who have not the charity to hand over the medicine which would save the life of little Jennie or Billie, and a press conscientiously

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castigating their scandalous misconduct. There is little news value in the conscientious devotion of men forced to decide how the few available doses can be used to cure and at the same time add to the, as yet tiny, store of knowledge about how best to use the drug. Nor are there thanks for ranking the many claims, most of which cannot be met until the means of production have been created and the trickle of supply turns into the desired flood.

The introduction of penicillin to the United States generated all these hazards. In the shadow of the Statue of Liberty, to restrain individual rights to acquire a life-saving remedy was anathema, and the problems of fair and beneficial distribution were particularly onerous. They were met with great courage and coolness by responsible doctors and committees which appointed and backed them. Doctor Adams has compiled a detailed and well documented account of the crucial years, and of the implications when similar situations occur again.

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PAT HOLDEN and JENNY LITTLEWOOD (eds), *Anthropology and nursing*, London and New York, Routledge, 1991, pp. x, 228, £10.99 (paperback, 0-415-04881-8).

Growing out of a 1986 workshop convened by Holden and Littlewood for the Centre for Cross-Cultural Research on Women, Queen Elizabeth House, this edited collection "deliberately sets out to be an anthropology of nursing rather than an anthropology for nurses" (p. 1). This broadly oriented and fascinating collection, which includes historical, ethnographic, and theoretical papers, enriches our understanding of the nursing profession as only perceptive outsiders—social scientists and historians—can do. Several authors are also nurses, which enriches the anthropological perspective they emphasize here.

The first five chapters are strongly historical, examining nursing in ancient Greece and India, and from the last century in India, Japan and Uganda. The next six chapters focus on issues and themes that characterize the role and practice of nurses: social organization and identity among hospital domestics, gender and professionalism, nursing's response to human abuse, ritual psychopathology in nurses, and symbolic analysis of nurses' ambiguous role and care functions. This is a mixed bag of issues, types and levels of analysis, and writing styles, which is typical of an edited collection. It includes historical text analysis, ethnographic description, feminist research, ethnopsychiatry, and structural and symbolic analysis. The editors have seemingly avoided interfering with content but ensured that contributions are substantive, well written and well documented.

Within the enlightening heterogeneity of the contributions, there are a number of common themes, such as the influence of gender on the role and functioning of nurses in many health care systems, ancient, recent and current. Another theme is that nursing is influenced by having to deal on a daily basis with "dirt" or "pollution," which reflects and influences care, role, and status. For example, Hart describes how British hospital domestics distinguish between those who do "tops" work (clean dirt, e.g., patient sinks, changing water) and "bottoms" work (dirty dirt, e.g., floors, lavatories). Hendry and Martinez show that the cultural context within which Japanese nursing operates strongly distinguishes between "inside", in which close interpersonal relations are symbolized by sharing a saki cup (literally sharing germs), and "outside," from which one needs purification from even distant contact with others before entering the house. Somjee shows the influence of India's social organization with its rigid ideas about pollution on the nursing role and recruitment. Littlewood's thoughtful paper uses a symbolic analysis of the nurse as a mediator of pollution and how it creates part of the ambiguity of nursing care.

Overall, this is a welcome addition to the social science literature on the profession of nursing. Each chapter is interesting in itself, and together, they present a complex and fascinating picture, painted with a broad brush, of historical, cultural, social, and psychological influences on nursing in the past and present.

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