

enthusiast's reading of the literature. It might be more accurate to suggest that Wellcome had an inordinate respect for scholarship (which for him always meant "scientific" study) rather than thwarted talents in this regard.

Interestingly he appears to have been less directive of the scientific work closer to his own field which was carried out for the business or at the innovative research institutes which he founded. Here he was willing to give scientists a freer rein, and his talent scouting was sometimes (though not always) rewarded with men of the calibre of Henry Dale.

As this biography makes clear, Wellcome's own talent lay in business acumen and, at least in early and middle life, in that attribute known as "vision"—a sense of what might be achieved and how to go about achieving it. It is perhaps as a great facilitator that he is most accurately assessed, both in his own lifetime and subsequently. The business and other institutions he put in place now support an inordinate amount of research work by medical scientists and provide the international mainstay of scholarly work in the history of medicine.

A full exploration of how and why he was able to attain his achievements of course requires more than biographical study. The social, political and economic climates of his American birthplace and his adopted British milieu during his lifetime are clearly germane. However, this readable and authoritative work has much to offer on Wellcome the man, and will undoubtedly become the definitive "life".

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Michael Clark and Catherine Crawford
(eds), *Legal medicine in history*, Cambridge History of Medicine series, Cambridge University Press, 1994, pp. xi, 364, £40.00 \$59.95 (0-521-39514-3).

Michael Clark and Catherine Crawford's collection of essays, *Legal medicine in history*, is a timely contribution to the growing literature on the relations between medicine

and law in the early modern and modern periods. While the essays do not constitute a comprehensive survey of the relations between law and medicine even in England, they do largely succeed in providing "a set of studies of the place of legal medicine in the social, legal, administrative and political histories of societies in which it has been practised" (p. 1). Indeed, one of the many strengths of the volume is its focus less on details of forensic medicine than on the changes in status of medical expertise in law and the varied uses to which medical knowledge could be put within particular legal and administrative systems.

The essays in the first half of the collection, dealing roughly with the period 1650–1850, are particularly well integrated and mutually resonant. Crawford's own excellent contribution provides a framework for understanding the structural impediments to the development of legal medicine within common law contexts during the early modern period. Crawford argues that the Continental Roman-canon system, based on judicially-led inquisitorial methods, was structured to foster legal scholarship and to rely on the testimony of experts of all sorts, including physicians, a process that resulted in medico-legal expertise being both valued and rewarded. In contrast, she finds, common law practices, based on jury-led decisions requiring no justification and on immediate oral testimony, provided scant space for considered expert opinion or for the written elaboration of technical arguments.

While not disputing Crawford's contentions about the structural implications of common law, the essays by Helen Brock and Crawford, David Harley, and Mark Jackson none the less demonstrate that during the period 1650–1850 medical testimony came to be relied on more regularly, especially during coroners' inquests. With this increased presence, they also contend, came an appreciation that medical testimony could be used "to introduce *doubt* as well as clarity into legal proceedings", thereby allowing juries to temper the severity of laws that no longer seemed consonant with public opinion. Jackson's study of infanticide in England and Mary Nagel Wessling's account

of similar trials in Württemberg are especially perspicacious on this point. In a completely different vein, Joel Peter Eigen's essay on insanity and English law during the period 1800–1840 also depicts a situation in which criminal or civil law could be tempered, a role that medicine would continue to play nearly a century later, as Barbara Brookes and Paul Roth found in their study of the Bourne case and the medicalization of abortion.

Perhaps not surprisingly, the cohesive quality of the first half of *Legal medicine in history* is much less apparent in the second part. Covering a period when the connections between law and medicine have become much more routine and substantial, the collection fragments into a series of individual studies of particular aspects of the complex ways in which law and medicine have intersected. Among the most interesting is Stephen Watson's Foucauldian examination of the prison as a site for the production of expert knowledge about mental deficiency, a tale that highlights the ways in which the legal system itself could structure observations under which new medical conditions would become visible and real.

On the whole, *Legal medicine in history* is a highly successful collection. While it might have been improved by maintaining its focus on England and certainly by expanding its coverage of material in the period 1850 to the present, it does an excellent job of raising some important questions about the relations between medicine and law in England and of providing acute insights into the connections between developments in legal medicine and the social/political/cultural worlds in which these changes were taking place.

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R D Gidney and W P J Millar, *Professional gentlemen: the professions in nineteenth-century Ontario*, Ontario Historical Studies series, University of Toronto Press, 1994, pp. xv, 505, £39.00, \$60.00 (hardback 0-8020-0619-1), £16.00, \$24.00 (paperback 0-8020-7580-0).

A case can be made for the proposition that Canadians have been over-achievers in the fields of ice hockey and medicine. Climate is mostly responsible for predominance on skates. A much more complex interplay of social structure and cultural aspirations explains the attainment as healers. In *Professional gentlemen: the professions in nineteenth-century Ontario*, the husband and wife team of R D Gidney and W P J Millar, provide us with a splendid history of the evolution of medicine and most other professions in the formative years of Canada's foremost province. Ontario was a community that aspired to preserve the best of its British heritage in an American setting, and, in medicine, at least, came close to success.

The founders of Upper Canada/Ontario hoped to create in the American wilderness an hierarchical society led by an aristocracy of the best people. Absent a landed ruling class, they vested great power and prestige in the traditional gentlemen's professions—divinity, law and medicine. When the rude dynamism of North American life began undermining all establishments, Ontarians made creative compromises. The province rejected the United States' experiment in medical "free trade" for example, and instead co-opted homeopaths and eclectics into its licensing/regulatory system. Its leading proprietary medical schools, centred in Toronto and staffed by physicians drawn from traditional elites, remained several notches above the North American standard. At the end of the century the University of Toronto, less hamstrung than British counterparts by the strength of classical humanism, profitably expedited the wedding of science to practice that became the basis of one of North America's largest and most successful medical faculties.

It is no accident that Ontario became a net exporter of highly-talented physicians (and other professionals) to the United States and sometimes back to the mother country. Gidney and Millar note that much of the history of the evolution of Ontario professions is contained in the story of a talented Church of England clergyman, the Rev. Featherstone Lake Osler,