seems to beg the question, why there was a growth of the profession in the first place, and why so many people with “inconveniences” welcomed their expertise. This leads us back to the demand side. The authors explicitly argue that it is hard to measure demand, which they seem to restrict to the expression of psychic needs by potential patients. Yet pressure to create a supply of psychiatric professionals also seems to come from political, financial or bureaucratic expediency (as is the case in the expansion of extramural care), or from the competition between different groups of specialists for professional recognition. However, the authors in the end explain an increased need for psychiatric care by pointing to cultural developments, such as increased individualism, but also to the specifically Dutch appetite for post-materialist values and a “feminine” orientation towards mutuality and care, which require a “fine-tuned management of emotions” (pp. 1263–5). Maybe it is this phenomenologically inspired, mildly anti-modernist position that is most characteristic of Dutch psychiatry, as well as of some of its historiography.

Ido de Haan, Utrecht University


Research on the history of medical ethics in Germany has so far focused on the Third Reich and the Weimar period. Except for a few studies we hardly know how medical ethics developed and was shaped in the Kaiserreich. A new book by Holger Maehle provides for the first time a comprehensive overview on doctors’ professional ethics in Germany from the foundation of the German Empire in 1871 to the beginning of the First World War. In order to understand why there might have been a German Sonderweg (a unique way) in medical ethics, one has to remember that the professionalization of German doctors was more closely linked to state interventions than that of physicians in the United States or in Britain where a more liberal system prevailed. A special feature of the professionalization of medicine in Germany was the growing dependency of the medical profession due to the compulsory health insurance system which Chancellor Otto von Bismarck had introduced in the 1880s. “Medical professional ethics in Imperial Germany was”, according to Maehle, “as much about defusing competition among doctors as about enforcing solidarity vis-à-vis the health insurance boards” (p. 3). The Penal Code of 1871 also had an important influence on medical ethics in the Kaiserreich, especially those paragraphs dealing with physical injury and professional secrecy.

The first chapter of this book shows that German doctors sought the backing of the state in disciplining their colleagues. An interesting fact is that in Germany the direct model for professional courts of honour was the Lawyers’ Ordinance of 1878. In 1899, a disciplinary tribunal was introduced in each of the twelve Prussian medical chambers, while in Bavaria, for example, this was the case only thirty years later. Examining the activities of these medical courts of honour one discovers that a relatively small number of cases were in fact brought before these tribunals, dealing mostly with maltreatment or with patients’ complaints. The most frequent reason for disciplinary punishment was excessive advertising, which was regarded as dishonourable and quack-like by the medical profession. Likewise, it does not come as a surprise that a large number of accusations were made by other doctors, indicating the fierce competition in the medical market in the age of professionalization.

The second chapter discusses the codification of secrecy for medical staff in Germany, shedding light on the medico-legal
debate on the priority of public versus private interests in cases where doctors were asked to give evidence in court. A good example of the way in which the doctor’s duties to the general public ought to carry more weight than his duty to the individual patient and to confidentiality is the debate on the combat of venereal diseases in Imperial Germany, culminating in the decision of the Supreme Court in 1905.

One of the most fascinating and illuminating chapters in this book is that dealing with patients’ information and the right to self-determination. Germany can certainly be considered a pioneering state in this respect. In 1894, the German Supreme Court endorsed the legal view that medical interventions constituted physical injuries. This meant that any operation (except in medical emergencies) required the patient’s consent.

The fourth chapter deals with the ethical views that were expressed in late-nineteenth- and early-twentieth-century writings about doctors’ duties, considering especially the issues of truth-telling, euthanasia and abortion. The main focus lies on Albert Moll’s seminal book on medical ethics, published in 1902.

Maehle’s conclusion is convincing, although it does not come as a surprise for those who are familiar with the medical history of this period. Medical ethics in Imperial Germany were guided more by political considerations, notions of honour, and professional reputation than by any concern for patients’ interests.

Robert Jütte,
Institute for the History of Medicine of the Robert Bosch Foundation


Popular perceptions of vegetarianism often stipulate that its attractiveness as a dietary choice is essentially a recent phenomenon, with its recognition being mostly stimulated by the counter-cultural movements of the 1960s. Yet, as James Gregory rightly stresses, the complex interrelationships between abstinence from meat and modernity date much further back, especially in the British context. Gregory insists that the significance of the role in British vegetarian ideals and its organized activities throughout the nineteenth century was striking, paving the way for a movement that would ultimately attract thousands worldwide.

Accordingly, one of the primary arguments of this book is that vegetarianism has not played such a marginal historical role as might be expected.

From the 1840s onwards, a well organized national network of meat abstainers developed whose members were often highly vocal in persuading the community at large to join their cause, promoting what they perceived to be the ethical, hygienic, moral and aesthetic benefits of a meat-free life. Notably, the Vegetarian Society formed branches throughout Britain and Ireland, organized campaign meetings, banquets and published a sophisticated series of publications, newspapers and pamphlets. Vegetarianism ultimately developed into a very vocal movement, attracting serious responses from various sectors of the community. This might take the form of the incorporation of vegetarian recipes in cookery books, support from scientific men and prominent adherents such as George Bernard Shaw and Annie Besant.

Yet Gregory is careful not to overplay the movement’s relevance. Certainly, the form of vegetarianism presented here is one that was never going to win over the public to a significant degree. In particular, the failure of the movement to attract much working-class support is noted. However, it is portrayed as holding a more successful function in helping to shape public education on dietary matters, a role that was not insignificant given the period’s obsession with issues such as food adulteration, digestion and food provision. It can also be seen to have provoked debate on