

## Book Reviews

must doctors inform patients of risks in treatment, or of alternative treatments? He rejects the commonly-expressed medical contention that these are essentially matters of technical and professional judgment best left to doctors to decide. Yet these essays show none of the animosity against doctors that some detected in his Reith Lectures; Kennedy's position, rather, is that all such difficulties cannot be doctors' dilemmas alone, for they necessarily involve other people and broader principles, and—like it or not—raise questions of law and legislation.

Indeed, if Kennedy displays animosity, it is directed not against doctors but against the evasions of parliamentarians (for failing to legislate adequately on matters such as transplants), the muddle-headedness of philosophers (he tears the Warnock Report to shreds), and the asinities of judges (all too often, as he shows, they are out of touch not merely with the modern world but even with the letter of the law itself).

Throughout his essays there runs a common thread. Almost every difficult ethico-legal issue in medicine involves a clash of interests between two parties; on the one hand, the person being treated, and, on the other, a physician, a spouse, a parent, a local authority. Parents may want a Down's syndrome baby to die; a physician may want, or will feel morally or legally obliged, to use heroic measures to keep a dying person alive against that person's express wishes. In all such cases, Kennedy argues, humanely and persuasively, one principle should guide our actions: the autonomy of the person undergoing treatment must come first. The interests and needs of patients must take priority, and the best indicator of these should standardly be their expressed wishes, past, present, and future.

Thus take the 15-year-old girl, the doctor, and the Pill. In the Gillick case, the Appeal Court judgement apparently found that the rights of parents must take priority over the expressed wants of a person of an age thought by society to be mature and responsible enough to be making decisions in most other areas of life. Kennedy thinks the ruling bad ethics and inconsistent law. He is not arguing, of course, that doctors have a duty to shower teenage girls with contraceptives. He is claiming, however, that parental paternalism is not automatically a trump card in resolving difficult cases.

Likewise with medical paternalism. Perhaps the most eloquent discussions in the whole book protest against the hostility of sections of the British medical profession, and of much of the Bench, to the notion of "informed consent"—i.e., the right of the patient to be told the implications and risks of the treatment he or she is undergoing. In Lord Diplock's view, not only do doctors know best (a view many doctors share), but the danger is that, were patients' rights in this matter to be acknowledged, the floodgates would be opened to American-style medical litigiousness; we would end up with the horrors of "defensive medicine". Kennedy offers good reasons to suggest these latter fears are ill-grounded, while implying that the implications of the present paternalist practice of "ill-informed" consent are little less than feudal.

Not all will agree with Kennedy's position, on this or other matters. Kennedy would not expect them to: after all, he is a lawyer, and the common law enshrines adversarialism, the notion that different viewpoints must be put. All will, however, benefit from reading his humane and robustly-argued pleas on matters of great public interest. Shame upon the Clarendon Press for issuing this important book at such an exorbitant price.

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KATHLEEN E. McCRONE, *Sport and the physical emancipation of English women, 1870–1914*, London, Routledge, 1988, 8vo, pp. 310, illus., £30.00.

The history of sport has recently become a fashionable subject, with its own journal and the launch of a series of monographs by a university press. The period between about 1870 and the First World War saw the rise of mass, commercialized, professional spectator sports. Although their origins lay in the public schools and the desire of middle-class reformers to remake the

working classes, they soon escaped from the control of headmasters and philanthropists. But did this mean that sport had ceased to be a means of "social control", and had developed as an autonomous working-class phenomenon? The interesting point which is raised by McCrone is how women fitted into this characteristic late nineteenth-century development: was sport for women a step towards feminism and a woman's right to control her own body, or a reinforcement of traditional gender roles?

Sport was part of the ethic of the male public schools and universities; what should its role be in the new schools for girls and the women's colleges at Oxbridge? Women's sport at the universities was seen by the men as frivolous and unnatural, and the heads of women's colleges and schools wished to keep it within strict limits, as an adjunct to academic success. The playing of games had to remain "feminine", unlike studies in the lecture hall and class room. The new colleges which produced physical training mistresses were based upon exercise regimes which stressed racial progress, deportment, and regimentation rather than individuality. Sport could, in fact, be used to maintain traditional gender relations. The medical profession came to see the virtue of mild exercise and to move away from the mid-Victorian preception of the woman as an invalid. But this was largely in terms of the woman as a potential mother: exercise in moderation was admirable; too active a pursuit of sport would endanger her reproductive system and make her masculine and repugnant. Individual sports were most likely to be accepted, for they accorded with traditional views of womanhood. Team sports were more problematical, for they were intended to create character traits associated with men. Girls might be permitted to play lacrosse or hockey or even cricket at school; persistence in such activities later in life was seen as a threat to the separation of the male and female spheres, and the governing bodies of these sports refused to take any part in the organization of women's activities.

Yet sport was not simply another means of enforcing gender divisions: it could also provide a challenge. Women did take part in non-traditional roles, did transgress the image of the dependent female, and did alter the image of the ideal woman. "The legitimate use of the female body through sport was", concludes Kathleen McCrone, "crucial to women's struggle to control their own destiny". Although there had to be a compromise with traditional notions of femininity in order to win acceptance of sport for women, it could then act as a force in redefining women's rights.

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COLETTE VAGANEY-TEMPÈRE, *Médecine de la Belle Époque à nos jours dans le Lyonnais*, Le Coteau, Éd. Horvath, 1987, 8vo, pp. 173, illus., (paperback).

The ambitious title of this book may mislead potential readers into thinking it a substantial local study of the medical organization of the *département* of the Rhône. Even in France, though, there is local history and local history; exemplary modern studies such as Dessertine and Faure's *Combattre la tuberculose* (see *Med. Hist.*, 1989, 33: 394) may appear almost simultaneously with volumes whose antiquarian interest in local history offers information but no stimulus beyond irritation to the reader. Colette Vaganey-Tempère's thesis falls into the latter category.

This study is focused on the careers of two general practitioners in the rural canton of Vaugneray (population 2,000 in 1926), which together span the years 1895 to 1980. While there is some attempt to give the study a context by briefly examining the demography and medical institutions of Vaugneray, no effort has been made to place the careers of Raoul Serrulaz and Lucien Partensky within any wider picture of general developments in the French medical profession in this period. Nor is there any but the most perfunctory reference to events beyond the Lyonnais. Sweeping generalizations occur frequently, without satisfactory support in either text or footnotes, and a note of uncritical Whiggishness dominates the entire account.

Mme Tempère is a social worker whose hobby is history. Perhaps it is too much to expect that her thesis should demonstrate the judgement of a trained historian. As it is, her work appears both