

similar research interests, and had common international colleagues. While Alexander felt disgusted and sickened by Hallervorden's use of brain specimens obtained from victims of the Nazi "euthanasia" programme, he was genuinely fascinated with the way in which this German scientist had preserved human brains and could not help but appreciate his methods.

Schmidt also tells us briefly about Andrew Ivy, the other medical expert for the US prosecution who also claimed authorship of the Nuremberg Code. Ivy, a noted scientist and internationally known American physiologist testified in rebuttal on the ethics of human experimentation. Schmidt rightly concludes that the "primary objective of Ivy's medical ethics principles was to make human experiments possible in the future. All other issues, like the protection of human and patient rights in medical science, or the role of the informed consent principle, were secondary to this overarching objective" (p. 137). This is consistent with post-war conduct of both Alexander and Ivy. These physicians never viewed the Nuremberg Code as applying to their own research work. After Nuremberg each reverted to pre-war physician-centred Hippocratic ethics. Alexander thought that his Hippocratic view of research coincided with the intent and vision of the Nuremberg Code, and did not distinguish research from treatment in his own practice. Ivy wanted no interference with decisions of Hippocratic physicians, and did not recognize the rights and authority afforded the research subject by the subject-centered Nuremberg Code he helped to articulate.

This book has special relevance to physicians engaged in research on human beings, and I hope it is widely read by them. It is a very serviceable biography of Leo Alexander, and tells us as much as most non-specialist readers would like to know about Leo. The book does not, however, exhaust what most readers, even non-specialists, should want to know about "Justice at Nuremberg", and a more fitting title would have been: "The Nuremberg Code".

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**Lisa A Long,** *Rehabilitating bodies: health, history, and the American civil war*, Philadelphia, University of Pennsylvania Press, 2004, pp. 322, £35.00, US\$49.95 (hardback 0-8122-3748-X).

Disappointment lies in store for anyone expecting this book to attend to rehabilitation therapy during the American Civil War. Indeed, anyone inclined to an unproblematic view of the body or to a notion of the practice of history as the discovery of truth should brace themselves. Not that Lisa Long isn't fundamentally concerned with medicine, the Civil War, and the writing of history. She is—passionately and eloquently. But as a fervent anti-essentialist she starts from the position that there is no such thing as an ontologically and epistemologically stable body, and no such thing as a stable past. She's right; and right to remind us that the modern disciplines of medicine and history-writing grew up together during and after the Civil War, the one objectifying the body, the other objectifying the past. Uniquely, her study is about the collusion of these two "as their practitioners developed strategies to narrate and organize radically particular bodily experiences" (p. 7). She also posits (though does little systematically to prove) that in the face of the epistemological limits of unstable bodies both history and medicine were empowered.

Against mountains of scholarship on the Civil War, which ironically confirm that traumatic event as a stable and powerful trope in American culture, Long sets out to expose the profound dis-ease beneath the entwined corporeal and historical surfaces of the war and its memory. She shows how war and post-war writers (and even today's war re-enactors) have sought to impose narrative meaning on the corporeal unsettling of the war in order to lend shape and meaning to their inner lives and social realities. It is to this culturally carved and somewhat psycho-social definition of "(re)habilitation" that Long's title refers, not the conventional "return to good health". For it is largely to the invisible and elusive (if now historically over-represented) physical and psychic effects pronounced through phantom

limbs, neurasthenia, hysteria, degeneration, and so on that her protagonists discourse.

Among her narrative would-be “settlers” of the Civil War’s unsettled bodies are medical writers, memoirists, journalists, and historians. For the most part, however, literary sources predominate. Some of these are relatively familiar, if now forgotten, such as the short stories and novels of Weir Mitchell (of which Long’s exegesis adds significantly to the biographical accounts offered by medical historians), and the novels of John William De Forest, and Stephen Crane. Other such sources are less well known outside courses on American literature, and perhaps not even there—novels such as Elizabeth Stuart Phelps’s *The gates ajar* (1868), which Long uses as an instance of a narrative that holistically restores the body in the hereafter, or the nursing memoir of Susie King Taylor, which Long interprets as “countering the logic of hysteria” (p. 181) through its exemplification of female regeneration divorced from women’s vexed reproductive capabilities.

Given the centrality of race in the Civil War, it is unsurprising that Long should especially savour the corporeal mobility of Afro-Americans. She observes how the war rendered racial ideology vulnerable by undoing the body truisms that fixed blacks disadvantageously in relation to whites. In her final chapter, in order to bring further into focus the instabilities of her twin objectifying forces, Long explores late-nineteenth-century Civil War histories written by Afro-Americans themselves. Penned in a context of renewed racial violence and lynchings, these sought to contend with the belief that Afro-American bodies were inherently diseased. Thus those writings laid great emphasis on the disciplined martial behaviour of the Afro-Americans recruited to the Union Army. But doomed was these authors’ hope that history’s stabilizing objectivist methods and truth-claims would proclaim the racial health of these coloured bodies. The fictions of race that were mixed with notions of black people’s ahistoricity made the strategy incomprehensible to white Americans; the Afro-American body could not be fixed. In this case, then, the

corporeal and the historical did not collude so much as collide.

As corporeal studies go, this is probably as good as it gets. *Rehabilitating bodies* is not an easy read, and Long can seem windy and pretentious in her relentless display of exegetical acuity. “I contend . . .” is as frequently encountered on these pages as the application of “vexed” and “vexing” to the corporeal imaginings under study. Of course, this is hardly to be wondered at given the (dare one say) “vexed” nature of the problem addressed and the high literary level of analysis sought. Formulaic though it is in its own heavy and unquestioned reliance on the multiple tropes of self-referential cultural studies, it is, for all that, a book shot through with penetrating original insights and refined thoughts. The pity is that they add up to no more than a virtuoso intellectual indulgence—at best a stunning instance of the American navel gaze.

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**David Clark,** *Cicely Saunders, founder of the hospice movement: selected letters 1959–1999*, Oxford University Press, 2002, pp. xiv, 397, illus., £39.95 (hardback 0-19-851607-X).

Cicely Saunders has come to occupy an iconic status as founder of the hospice movement, a status that has been reinforced by most work published on both Saunders’ biography and hospice history. This volume of Saunders’ correspondence is no exception. David Clark has selected, ordered and introduced these letters to form three chronological sections that seamlessly juxtapose Saunders’ life work with phases in a revolution in the care of the dying: ‘Realizing a vision’ (1959–67) opens on Saunders as she begins to formulate and promote a new model of care for the dying. We follow her as she builds up a network of support and obtains the necessary resources for the materialization of her project: the founding of St Christopher’s, the first modern British hospice, in 1967. During ‘The expansive