the activity was undertaken by the Royal College of Psychiatrists and the American Psychiatric Association which both set up special committees to liaise with the WPA review committee.

Perhaps of even greater interest is the authors' account of resistance in the Soviet Union, and their comment on whether internal and/or external pressure actually changed Soviet practices. The figures are complex, but it is fair to conclude that there has been a drop in psychiatric internment in the USSR and that it might be causally related to outside pressure.

It is today almost easy to see Soviet abuses of psychiatry as self-evident, while being less than vigorous in critically analysing Western abuses. It is of interest that much of the criticism of Soviet psychiatry has come from her two great ideological adversaries – the United States and Britain. What I like about Bloch and Reddaway is that they are prepared to delve into this potential cultural bias. In a lengthy first chapter, they examine the question – 'Political abuse: what is it?' An analysis of Soviet law shows some of the shortcomings of that system. Criminal confinement to a 'special hospital' requires psychiatric evidence and a finding of incompetency. Release from a special hospital is based upon a prediction of dangerousness, and the executive branch of government in the Soviet Union is also involved.

This is not very different from Britain, and it is worth pointing out that our system, until the Mental Health Act 1983, required the Home Secretary's consent to discharge restricted mental patients. The European Court of Human Rights found this to be a violation of Article 5(4) of the Human Rights Convention in 1982. The most obvious flaw in the Soviet facade of justice is the fact that the courts will almost never allow the defence to introduce their own psychiatric evidence, particularly if a report from the prestigious Serbsky Institutes is offered by the State.

Bloch and Reddaway are perhaps too complacent when they point to the vagueness in the language used by Soviet psychiatrists, while ignoring the vagueness in our own nomenclature. The Soviets use such terms as 'psychomotor excitement with a tendency towards aggressive actions'. But our own definition of 'psychopathic disorder' is vague and somewhat tautological: it implies a disorder originating from anti-social behaviour, while purporting to explain the behaviour by the presence of the

disorder. The British term was itself criticised by the World Health Organisation in 1978.

It is just conceivable to understand (but not forgive) Soviet psychiatrists' readiness to use their skills in serving the State. But it is the State itself which is the root cause of the problem. The Soviet criminal system extends the definition of danger radically to cover 'political' as well as customary physical forms of 'danger'.

Bloch and Reddaway's book firmly places the issue of Soviet psychiatric abuse back on the world stage. But the Soviet Union is not alone. There have been well documented cases of shameful conditions in Japanese psychiatric institutions causing death and despair (1). Much also needs to be done to expose the deliberate use of psychiatry as a measure of repression against black protesters in South Africa. On a smaller scale should we ask why medical pressure prevented a new Mental Health Act being signed by the President in Eire despite its passage in both houses of the Dail; or why America can 'dump' psychiatric patients into the street; or why British special hospitals don't have any independent complaints system for patients?

If Bloch and Reddaway's book is to have some purpose it should be to spur international human rights groups into action. I was a member of the Committee of Experts which met in Siracusa (Sicily) in 1981 to draft a United Nations Convention on the Rights of Mentally Disordered Persons. Yet, partly through Soviet filibuster, the Convention has still not seen the light of day, and is unlikely to for perhaps a decade to come. How many more abuses of psychiatry worldwide must occur before national and international human rights groups take a firm initiative?

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To Do No Harm – DES and the Dilemmas of Modern Medicine

Roberta J Apfel and Susan M Fisher, 199 pages, New Haven and London, £13.95, Yale University Press, 1984.

Sex hormones are fascinating and dangerous substances. Natural surges of the male hormone, testosterone, can make stags and bulls fighting mad, and in our own species testosterone no doubt makes its subtle contribution to football riots and world wars. The natural female hormone, oestrogen, is implicated in the development of cancer of the breast and uterus. Over 150 million women throughout the world now take synthetic oestrogens in the oral contraceptive pill, though as far as breast cancer is concerned we still do not know whether these artificial hormones are safer or more dangerous than natural ones.

The first synthetic oestrogen, diethylstilboestrol (DES), was discovered in Britain in the 1940s, and was chemically very different from either the natural hormone or those now used in the Pill. It quickly became popular in the United States of America as a treatment for threatened miscarriage, but is now known to be valueless in this condition, and worse still, to be teratogenic. DES can cause genital malformations and even vaginal cancer in female fetuses – abnormalities which may not be discovered until the affected child is in her teens or early twenties. *To Do No Harm* looks at this sad story from a psychological viewpoint. Dr Apfel and Dr Fisher, both female American psychiatrists, first became interested in DES when affected young women consulted them for psychotherapy – ostensibly for reasons other than DES exposure. The authors realised that the psychological ramifications included guilty feelings in the mothers and a curious mechanism of denial among doctors. Castration anxieties, distortion of mother-daughter and doctor-patient relationships, and the effects on physicians' self-esteem provide a fertile jungle for psychological exploration.

To Do No Harm begins with a review of the history of DES, followed by a chapter setting it in the context of medical knowledge in the 1950s, a summary of its physical effects, and chapters dealing with the psychological effects on affected girls, on mothers and on doctors. The authors avoid

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apportioning blame, and look coolly at both the excessive outrage of feminists and the unsavoury underreaction of gynaecologists. Coolness, however, is always relative. Although the book tries to be objective, there is a repeated dramatic emphasis on the 'irony and horror' of trying to improve pregnancy outcome by giving a teratogen. The case-histories tend to be extreme (a girl who asks her gynaecologist if she, like her mother, should use a douche, gets the reply: 'Mom just douches for jollies'), and psychological problems are described in purple prose, with lurid references to 'turmoil', 'brutality', 'sobbing', 'rage', 'hate', 'struggle' and 'terrible pain'. As psychoanalysts, the authors believe that everyone seethes with unconscious emotion – though some people 'suppress' it completely. They do not acknowledge that psychoanalysts, no less than other physicians, have a vested interest in finding disease where none exists.

The other area of introspection left unexplored is the fact that the DES story is a peculiarly American one. The drug was discovered by the British Medical Research Council, but relatively few British doctors prescribed DES in pregnancy. Dr Apfel and Dr Fisher discuss medical aspirations in cosmic terms, implying that across the globe doctors were universally adored until the DES experience shattered patients' trust, but in fact the DES story tells us something about the American character as well as about the nature of medicine. Nevertheless, it would be wrong to be smug because of British conservatism. This book, despite its earnestness and exaggerations, has a useful message for doctors and by and large puts it over tactfully and effectively. But will those who need the lesson read the book?

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What Sort of People Should There Be?

Jonathan Glover, 190 pages,
Harmondsworth, UK, £2.50, Penguin,
1985

It is the fate of scientists to have their work and their methodology explained to them by philosophers, while the possible problems they may unleash

upon the world are also regarded by philosophers, theologians and writers of science fiction as being essentially in their province. It is also the fate of philosophers to meet with approval from a few scientists, with irritation from some and with total indifference from most. Nevertheless not all scientists are uninterested in the ethics and social implications of their work. Many scientists have publicly taken ethical stands which owe nothing to the promptings of moral philosophers. It was scientists who were concerned about genetic engineering and pressed for standards and safeguards to govern future research in these areas. It was scientists who warned that the indiscriminate use of antibiotics in agribusiness would lead to the appearance of resistant forms of organisms which infect humans. It is scientists who are warning us of nuclear winter. Those scientists who are not interested in such issues when their own colleagues raise them are unlikely to be moved by moral philosophers.

To whom, then, is Dr Glover's book directed? If it is to the lay public, it would surely be helpful to distinguish clearly between the imaginative, the possible and the likely.

Readers of science fiction will know that most of the possible scenarios have been tested out already. We may take a few well known and well presented examples which deal with personality change and manipulation, or with genetic modification and species crosses – all themes in Dr Glover's book. The issues which might arise if human – subhuman hybrids were made, the ethics of the use of primitives, groups with low or limited intelligence, and of animals, are explored in the novel *Les Animaux Dénaturés* by Vercors: aspects of sexuality and the possible psychological and social consequences of sex changes, whether regular, as in *The Left Hand of Darkness* by le Guin, or at will, as in *Options* by Varley; genetic optimisation by Brunner in *Total Eclipse* and in *Stand on Zanzibar* – a book which also considers the development and use of techniques for control and manipulation of the mind and personality (for military purposes, in this case) – also a theme in Haldeman's *By All My Sins Remembered*. When I read Dr Glover's non-fictional, decent, humane and earnestly informed treatment of these problems I felt less enlightened than by these works of fiction. I was irritated, often, by his inclusion of all imaginable outcomes; wholesale extrapolations from current techniques without

consideration of the biological realities and the contexts in which biological systems operate – (yet there are occasional disarming paragraphs admitting that a lack of social content might indeed vitiate some of his arguments). Why am I unable to react favourably to this book? It is not the minor errors of fact, although there are some: for example he refers to spina bifida as a genetic mistake (p 31) but there is no clear evidence for a genetic component in this condition (although it is unlikely indeed that there is none). He says sickle cell anaemia is genetically linked to resistance to malaria (p 35) but 'genetic linkage' has a precise and specific connotation and this statement is simply incorrect. Nor does he see that clones would pose no new problems concerning individuality – we are already accustomed to this genetic phenomenon, in identical twins. The dissatisfaction stems rather from the tenor of the book as a whole. Clear though the arguments are, they remain within limits and strictures that make the book a mere exercise, without any feeling of reality or urgency.

Certainly he has done homework on the basic approaches of genetic engineering, yet the discussion is affected by beliefs and postulates, some of which appear to be unconsciously held. These include an apparent belief that resources and skilled personnel to manipulate them are inexhaustively available, a certain innocence concerning the regulation of gene expression, and a failure to recognise the existence and nature of randomness and error. He considers the objections to committees of experts having power over our genetic fate and that of our offspring by deciding which genes may or may not be inserted into the fertilised egg, fetus or individual (this he calls the 'Russian' model) and considers his alternatives: a 'genetic supermarket' which, driven by consumer demand, and presumably subject to market forces, '... (perhaps with genotypes being sold by TV commercials) can be thought of as an "American" model' or a 'genetic supermarket' with a few critically determined limitations on choice 'the mixed system' (which) 'may appeal to Western social democrats ...' (p 51). This 'genetic supermarket' would, he suggests, enable anyone to decide to have his or her offspring improved by the insertion of desirable genes. Presumably in the 'American' system the better the gene the higher the price; and the less affluent would have to make do with cut-price varieties. However, we cannot