merely some collection of problems with no homogeneity beyond their common reference to medical etiquette and the ethos of practice. The articles on abortion, euthanasia attitudes to death, terminal care, suicide, contraception, health care systems and the right to strike can be seen as illustrating the general points that matters of life and death constitute an area of philosophically speculative interest where metaphysics jostles with ethics for the position of primary concern. How to define the life of a fetus or the rightness of enabling a person to hasten his own death in order to terminate suffering or the justifiability of suicide – these are problems the resolution of which demand the same work of philosophical clarification of the concept of life and of the morality of certain actions which in an obvious and natural sense have to do with life and death. A different but equally important lesson which comes out very clearly is that in medical ethics the moral questions as such cannot be discussed without a good deal of purely empirical investigation. This is where the combination of information and guidance of which I have already spoken makes this volume so valuable.

It will instantly be recognised that where ethics spills over into politics it is very difficult to produce appropriate articles for a dictionary. It is not surprising that one should find the brevity of the entry on the NHS startling and the discussion of the right to strike disappointing. The absence of bias is perhaps in both cases as much a weakness as a strength. However, in both cases there are very substantial moral questions some of which, it is true, are discussed in the longer valuable entry on State Health Service. Yet I am not at all sure that Sir George Godber is right when he says that there is no serious challenge in Britain today to the right of all to health care and the duty of the state to provide it. My point is in no sense a party political one but the more fundamental moral point that there are some half-formed moral principles lurking in the background of much popular thinking, – on the part of both the public and the medical profession – on this whole business of the admittedly unsatisfactory state of our unique heritage in the NHS. However, this final quasi-discordant note will,

I hope, point the harmony of my comments and so make this review a proper and acceptable paean of praise.

J HEYWOOD THOMAS

Intimations of quality: ante-mortem and post-mortem diagnoses

H A Waldrow and Lorna Vickenstaff
Nuffield Provincial Hospitals Trust,
paperback £1.50.

This little book teaches a salutary lesson about the continuing uncertainty of medical knowledge. We have lately tended to neglect the post-mortem, feeling increasingly confident that clinicians can be sure of their diagnoses now that they have the support of a battery of laboratory investigations. The national autopsy rate has fallen to the region of 25 per cent and doctors are naturally disinclined to request post-mortems from bereaved relatives if they are convinced that the correct decisions were made before the patient's death.

The authors of this study had noted disturbing discrepancies between the judgements of clinicians and pathologists regarding the causes of death in Birmingham teaching hospitals. They set up a prospective investigation over 15 months with co-operative specialists in the West Midlands and found that ante-mortem and post-mortem diagnoses differed in one quarter of the cases which came to autopsy. In a further quarter there was partial disagreement between the doctors who had been responsible for the patient's care and the pathologists who subsequently scrutinised their bodies.

These results sound alarming. They are investigated by the fact that the errors mainly occurred in old people who had many different pathologies and in whom prior knowledge of the precise causes of death would not have modified survival prospects. However, in 8 per cent of the total sample it was possible that another treatment could have altered the outcome. Since it is the elderly who are most likely to die at home and since autopsies are generally a sequel to hospital deaths the range of error may in fact be greater than this study demonstrated.

But the shadows of the dead do not merely brood over the fate of

individual living patients. These findings also cast doubt on the quality of data which epidemiologists like to regard as relatively reliable. Mortality statistics, unlike morbidity figures, are routinely collected and go to make up our picture of the predominating diseases in society. If the causes of death as entered on certificates are mistaken then the incidence and prevalence rates derived from them for various diseases become uncertain. This study showed, for instance, that pulmonary embolism was being seriously underestimated as a contributory cause of death, to such an extent that the supposed prevalence of this condition, on clinical grounds, was only half its real rate.

The authors plead for more autopsies, on a representative sample of all hospital deaths. But, no humane purpose will be served by such a policy unless it leads to agonising reappraisals by the responsible clinicians and the candid acknowledgement of such mistakes as are uncovered. The improved accuracy of mortality data could, however, alter assessments of the changing pattern of disease and assist towards their elucidation.

UNA MACLEAN

A Fortunate Man; the story of a country doctor

John Berger and Jean Mohr
Writers & Readers Publishing Co-operative, London, 1976.

A biographical essay by John Berger accompanied by photographs by Jean Mohr would not just be like any other book, and the Writers and Readers Publishing Co-operative is to be congratulated for bringing it to us again. The range and scope of the questions it raises are enormous and anyone interested in medicine should study it very carefully.

A committed Marxist, Berger is a didactic writer who seeks to elucidate and communicate to us ways of looking at the world. The central problem for him is the meaning and value of human life, and in this age of the disintegration of meaning it is salutary to have someone prepared to diagnose the causes of this terrifying malaise in our society and indicate means of combating the virus that is undermining the creative powers of our people. '... they have learned

and have been brought up to settle for a minimum (which) reduces sex to a passing urge, effort to what is necessary in order to maintain the *status quo*, love to kindness, comfort to familiarity. It dismisses the efficacy of thought, the power of unrecognised needs, the relevance of history.' (p. 142.)

Berger has chosen as the subject of his essay, a country doctor, John Sassall because he has empathy with him, because he claims that 'after years of observation of my subject I believe what I am saying reveals . . . a large part of the psychological reality of Sassall's life' (p. 110); and on his own authority that he is 'aware of most of Sassall's opinions. I think I can imagine how he might choose in any foreseeable situation'. (p. 163). It is no coincidence that the biographical essay followed his novel *Corker's Freedom* which deals with large sections of the English people who are 'deprived of the means of translating what they know into thoughts which they can think'. (p. 99). This is the situation which Sassall encounters every day with his patients.

He has chosen to locate himself in an inarticulate section of the English people and serve them as their doctor. There is an underlying sadness that his patients cannot collaborate with him – he is separate from them. He 'belongs' to their community, he is embedded in it like a pearl in the oyster of their nature. His knowledge, his science, his life which he puts at the service of the community itself, allowing him no private life become a subject worthy of art.

A Fortunate Man is not straightforward biography, it is a work of art and like a work of art it intimates truths, it does not give us the facts. It demands effort on the part of the reader in order to understand.

The difficulty with this book for

most readers will be to see it as a whole – either they will study the text and neglect the photos or look at the photos and ignore the text. Both are necessary.

The surrealists were the first to experiment consciously with photos accompanying a text to illustrate the vibrant significance which lay within ordinary objects of experience. To obtain an idea of what is meant just read the text and study the photos at the beginning of the book (pp. 12f and 14f) – you will find they complement each other. The poignancy of the text on p. 23 is brought out by the photo on p. 22. In counterpoint to the poem in prose on p. 24 is the photo on p. 25. The realism of the photo on p. 41f illustrates the realism of the position Sassall seeks after and tries to maintain. When considering the 'narrow range of opportunities' and the 'fifth best' which these people learn to accept as their minimum study the faces on p. 138f. To 'see' Sassall, study the photos on pages 148–157 – the survivor from the 19th century view of a doctor, the romantic, the paternalist, the brother in suffering, the witness.

As we read about Sassall, we may be reminded of Chairman Mao's revolutionary dictum 'Go to the people, study with them, serve them' and think here is one man at least who is acting in a revolutionary way. Yet as Berger points out Sassall is still locked into the repetitive moment of illness. He has not broken out with his people to take control over their history.

Thus we are reminded of a great literary current of the twentieth century, which presents doctors and hospitals as symbols of the human condition. *A Fortunate Man* reminds us of Rieux (in French 'rieux' would suggest a smile, joyfulness) the doctor in Camus' book *The Plague*. In many ways Rieux, a

fictional character, could be the model Berger has drawn upon unconsciously whilst writing about Sassall. Like Rieux fighting the Plague which symbolises the Fascist menace, Sassall fights a plague which he isolates as the virus of 'common sense' in his patients which renders them incapable of becoming his equals in the struggle, but which for Berger symbolises something far more serious – their alienation from themselves. Because Sassall lives in reality and shares his patients' struggles he is brought to believe in moments of depression that he 'cannot perform as a doctor on any level.' (p. 146.)

The roots of Sassall's continuing personal crisis Berger sees in his position as a fortunate man in our present society.

Two world famous doctors also struggled to realise their ideal, Schweitzer and Franz Fanon. Both were able to express their views for themselves. Schweitzer like Sassall was a fortunate man because his privileged position of service was due to the deprivation of those he chose to serve.

On the other hand Fanon did not defer the moment of choice. He committed himself to 'the issues which occupy three-quarters of the world as matters of life and death'. (viz. p. 162). When he wrote in a letter to the resident minister in Algeria 1956,

'Monsieur le ministre, there comes a moment when tenacity becomes morbid perseverance. Hope is then no longer an open door to the future but the illogical maintenance of a subjective attitude in organised contradiction with reality . . .'

it was his letter of resignation. He then became fully committed to the revolution and to the people he chose to serve.

MICHAEL SALE