witness. Smith advocates listening more than prescribing in the course of an impressive account of how a christian group in Sheffield moved from concentrating on helping the drug-dependent to the self-poisoners, glossing none of the difficulties. Smyth¹⁴ says that 'to possess the mind of Christ is not to have clear answers but humility in seeking them'. In McAllister's¹¹ treatment of the relatively recent recognition of alcoholism as a disease, which he welcomes, the old evangelical rule of abstinence (miscalled temperance) is not mentioned.

In view of the prescriptive tone of the writing the general absence of clear rulings is welcome. My impression is that the medical competence of the writers has triumphed over doctrinal pre-suppositions. Perhaps they give up too soon because to wrestle further with the complexities of moral decision in particular cases might raise a query about the specifically Christian nature of their position which they are anxious to stress. Abortion and euthanasia worry them, as indeed they worry many others, but talk of the absolute value of human life¹⁴ does not resolve urgent questions of social priorities or of the conflicting claims of life with life.

Medical competence leads the writers also to draw attention to problems insufficiently faced, certainly by Christian opinion, such as the growing volume of chronic degenerative illness and the possibility of do-it-yourself abortion within a decade, but they do not develop the discussion of these.

Two other tendencies in the pamphlets call for mention. One is a certain individualism which leads to difficulty with the vexed questions of vocation versus those of professionalism in the context of the structures of operation of the NHS. This individualism is probably not endemic to the evangelical position but more 'culture bound', since western evangelicalism has been so much part of an individualist capitalist culture; some evangelical Christians in eastern Europe, Hungary for instance, take a different line. The suspicion of other ethical stances is not thought out in terms of a plural society, and seems to indicate that implicitly many of the authors are still assuming the old 'Christendom' position, mistaking the outward structures of the Church of England and the Church of Scotland for the

reality. The other tendency is a certain fear of man's greater control over the details of his life, especially over his medical situation, as if this in some way diminishes God's authority. No thoughts of man as co-creator with God can be discerned here. Perhaps this is not unlike the common evangelical suspicion of the visual arts as a distraction from concentration on God.

The pamphlets are well and impressively produced; and the steady production of them is admirable. One is left with the judgment that the peculiarly evangelical Biblical and doctrinal positions are not decisive for the contents, that they should not preclude cooperation with those of different persuasion, and that everyone would gain by more cross-fertilisation of ideas between Christians working in this field.

The books reviewed

¹*Christian Ethics and Medical Practice: an affirmation* (1975) n.p.

²*Our Priorities* (1976) D P Burkit. 20p.

³*The Challenge of Medical Education* (1976) M M Webb-Peploe. 20p.

⁴*Imparting Ethics to Medical Students* (1977) Muriel Crouch. 25p.

⁵*By What Standard?* (1977) R F R Gardner. 30p.

⁶*The Future of Professional Freedom* (1977) Roland R Winton. 25p.

⁷*The Place of Faith in Medical Practice* (1978) J Stuart Horne. 25p.

⁸*Medicine as a Vocation* (1978) David Short. 25p.

⁹*Leprosy in the Bible* (1979) S G Brown. (3rd rev. & enlarged edn.) 60p.

¹⁰*Some Thoughts on Faith Healing* (1979) V Edmunds & G Scorer (£1.00).

¹¹*The Problem of Alcohol* (1979) W T B McAllister. 30p.

¹²*Healing: biblical, medical and pastoral* (1979) G Scorer. 35p.

¹³*The Overdose* (1979) A J Smith. 30p.

¹⁴*The Value of Human Life* (1979) Harley Smyth. 25p.

¹⁵*Legalised Abortion: the continuing dilemma* (1979) Gordon M Stirrat. 30p.

(All published by Christian Medical Fellowship from 157 Waterloo Road, London, SE1 8XN.)

RONALD PRESTON

Bibliography of Bioethics

Volume 5, LeRoy Walters (Ed). Gale Research Co, Detroit, 1979, 334pp. \$44

The systematic study of medical ethics and of the broader field which the Americans call bioethics, is a relatively recent phenomenon, so despite its exponential growth over the past two decades it may seem rather excessive to have two regularly published bibliographies devoted to its literature. Nevertheless, we are blessed with two - products of American-style competition (and cooperation) between the Hastings Center (otherwise known as the Institute of Society, Ethics and the Life Sciences, at Hastings-on-Hudson) and the Center for Bioethics, Kennedy Institute, Georgetown University.

The first, the *Bibliography of Society, Ethics and the Life Sciences*, has been produced annually for the past decade and has been available in a handy magazine format. Under a limited number of subject headings relevant books and articles have been listed alphabetically according to author. Until five years ago one had to be content with this guide to the current literature in English. With the appearance of the much more comprehensive *Bibliography of Bioethics*, produced by the Kennedy Institute, the whole scene has changed. Computers have caught up with the amateurs in the field and now everyone has to look to their laurels if the quality of scholarship is to match the professional standard set by this analytical compendium. This series of volumes is intended to be the definitive bibliographical index of material on the subject and no library, public or private, with an investment in medical ethics can afford to be without it.

Volume 5 of the *Bibliography of Bioethics* covers 1,601 documents published from 1973 through 1978, (with the majority of those published in 1977). Like previous volumes in the series, it covers a variety of forms of published documents, ranging from books to court decisions, newspaper articles to serious academic papers. Material has been culled from no less than 82 periodicals representing such diverse fields as medicine, psychology, religion, philosophy and political science. Each volume is arranged in six sections: Introduction, List of Journals cited, Bioethics Thesaurus,

Subject Entry Section, Title Index and Author Index. The most useful and distinctive features of this *Bibliography of Bioethics* are its Bioethics Thesaurus and analytical Subject Entry Section, which allow for most detailed cross-referencing and systematic study of related or over-lapping areas, terms or concepts. The range of subject headings covered is enormous. In addition to the familiar topics of euthanasia, abortion, psychosurgery, human experimentation and the definition of death, it also covers a vast range of less familiar issues – including issues of an ethical, social, political, religious, legal as well as of a specifically medical character.

This points to a difficulty in the use of the term Bioethics – it can cover almost anything. In the introduction to the *Bibliography of Bioethics*, LeRoy Walters defines bioethics as 'the systematic study of value questions which arise in the biomedical and behavioural fields'. He goes on to explain that this covers health-care ethics, research ethics and the development of reasonable public-policy guidelines. The use of the term 'medical ethics' in the rest of the English-speaking world is not just a matter of old-fashioned linguistic prejudice and allergy to the almost prescriptive use of neologisms like 'bioethics' and 'ethicist' in American literature, but also represents an attempt to limit the scope of the subject. Nevertheless it is a remarkable achievement to classify and present in such a useful form a bibliography of literature in this rather diffuse multi-disciplinary field – where there is little agreement about appropriate methods of research or investigation.

The bioethics thesaurus is a most useful instrument for finding one's way about the field. A typical entry on abortion gives the following cross-references: abortion laws, compulsory abortion, mandatory abortion, abortion on demand, illegal abortion, selective abortion, therapeutic abortion and aborted fetuses. Under each of these headings in the subject entry section there are listed relevant articles and books. (The entry in the thesaurus on AID donors helpfully says: Use semen donors!) Current interest in death is reflected in no less than 41 cross-references given under the main headings of allowing to die, death, euthanasia, prolongation of life, terminal illness and terminal care, and the list of

authors cited is a veritable Who's Who of thanatologists. The thesaurus and indexes provide invaluable aids to detailed scholarship in the new and interesting field. Whether besides the compilers and familiar contributors there are enough specialists to make full use of so exhaustive and compendious a bibliography is another matter, but doubtless future generations will be grateful for this record of the literature of the sixties and seventies.

The *Bibliography of Bioethics*, like the *Bibliography of Society, Ethics and the Life Sciences*, purports to be comprehensive. Nevertheless it is characteristically American, both in its selection of topics and bias towards American material. Coverage of American journals is much more exhaustive than journals from other English-speaking countries and does not take account of the increasing number of articles in English appearing in European and Asian periodicals. Unfortunately its cost is prohibitively American as well, and unlike the Hastings Center *Bibliography*, the *Bibliography of Bioethics* will probably be available only in libraries at those few centres that seek to promote the study of medical ethics. With their generous and clear lay-out, admirable bibliographical tools, quality printing and expensive binding the available 5 volumes were probably designed for sale to libraries anyway. Nevertheless, wealthy doctors and the odd 'ethicist' who can afford 220 dollars for the set will find them an invaluable aid and veritable mine of information.

IAN E THOMPSON

Rethinking Community Medicine: towards a renaissance in public health.

A report from a study group. Unit for the Study of Health Policy, 8 Newcomen Street, London SE1 1YR, 1979

The Medical Role in Environmental Health

H A Waldron, Nuffield Provincial Hospitals Trust, Oxford University Press. 1978

Rockefeller Medicine Men: medicine and capitalism in America

E Richard Brown, University of California Press, Berkeley, Los Angeles. 1979

Pain, felt by individuals may be

caused by society which has a moral duty to prevent ill-health where it can and care and cure where prevention has failed. We, in this country, recognised this when at last we set up a comprehensive health service in 1948. Care and cure aspects of the service were at once more strongly developed and better supported than prevention because the social nature of medicine was improperly understood. That medicine is a social science practised by the community and its representatives is a lesson that still has to be learned above all by the medical profession. Books such as these will be the means of instruction of both the profession and the public.

Rethinking Community Medicine is full of good ideas and suggestions. However, through the inevitable compression of a large subject in a small book, it lacks argument in the last two chapters and, as the final paragraph seems to admit, it becomes peremptory and dogmatic. It claims too much for health professionals.

It is true that health affects everything and everything affects health, but to suggest, as the Study Group does, that unemployment and road transport should be investigated as causes of ill-health, in the latter case by a special 'Health Promotion team' is carrying professional interests too far. Health has always been and continues to be a by-product of increasing amenity. The sanitary revolution of the 19th century did not wait until the germ theory of disease could prove that cleaning up streets, shops and dwellings would reduce infectious disease. People improve their diet, their housing, seek employment, not with the idea that they will thereby be healthier and live longer but to feel more comfortable now. Much of what the Study Group discusses are matters for citizens' concern as political beings to be struggled for through such democratic organisations as political parties, trades unions and churches and not by the creation of what are essentially undemocratic organisations – bodies of professional people working for a local or central government, whose knowledge is not available to the public or the press. What is most needed is freedom of information to enable us to discover the mass of knowledge that already exists, in the files of the police, for example about dangerous makes of cars, of the fire service, for example