The two chapters on psychiatry consist of short sketches which range from a brief reference to the experiments in Nazi Germany, to a plea that psychiatry is different from other disciplines and that part of the declaration of Helsinki cannot be applied to psychiatric experimentation.

The chapter 'Can computer simulation replace human experimentation' seems out of place and as the author remarks in his last paragraph, he has avoided any detailed consideration of ethical questions. The reference section is again out of date and a large and rather irrelevant 'bibliography' takes up six pages of references, most of which are between 10 and 30 years old.

It is unfortunate that the chapter 'Prisoners and medical experiments' consists largely of a muddled description of a study dealing with prisoners' motivations for participating in experiments. Many of the tables are to me incomprehensible and the last sentence sums up the chapter 'A second, more comprehensive examination of our impressions would be desirable'.

Martin Norton has written a succinct and well-referenced description of the undesirable uses of succinylcholine which range from the administration of the drug to conscious patients in psychiatric institutions, to its use for interrogation of prisoners.

Richard Weiss's contribution 'Consent to medical experimentation in the eyes of the law' is well and clearly written and although his remarks are taken for the most part in the context of Israeli Law, certain of his comments with regard to research in children, might well be relevant in other countries. Weiss's list of guidelines to the medical researcher on page 97 can be read with profit by all physicians engaged in medical research.

In 'Legal problems of clinical experiments' Gerfried Fischer's states that 'the patient need not be informed about every such particular [research measure] if it only slightly impairs his well-being. General information given in the hospital's fine print, and the patient's acceptance by entering a hospital with the knowledge of such research activities, will be sufficient.' This should be enough to make patients entering such a hospital acutely anxious; furthermore his statement

that 'therapeutic experiments on patients who are unconscious or mentally incompetent, may fall under the doctrine of presumed consent in cases of urgency, although this will not be very often the right occasion to test new treatment' is at best naive.

When does an experimental innovative procedure become an accepted procedure? Martin Norton points out that unless a procedure falls within the local definition of accepted practice, a physician should be considered to be experimenting under all the obligations and responsibilities which this entails.

The next two chapters 'The rights of the unborn and human experimentation' and 'Codes of ethics' are short and anecdotal. Unfortunately a good discussion and reference list are absent.

In the last chapter 'The religious and ethical dilemma in the case of the critically ill' Goren uses writings from the Bible and the Talmud to Maimonides to support the concept that the benefit risk ratio may change when patients are critically ill and that previously dangerous procedures, may become acceptable. It is interesting that in his penultimate paragraph, he states that the 'Shvut Ya'acov' advises a procedure rather similar to that currently recommended by the FDA, namely 'that before making final decisions, it is necessary to seek the advice of the best physicians of the city and to include the opinion of the Rabbinic authority'. . . does this mean a Peer Review Committee?

Despite flashes of inspiration, this is not a book to be recommended and does not portray the true picture in Israel.

Over the past three to four years, I have had the opportunity and privilege of working with a large number of physicians in the State of Israel in different hospitals and clinics throughout that country. I can say, therefore, from personal observation that the standards of medical care and the standards of ethics were of the highest order in all the institutions that I visited. The deep human understanding shown by the Israeli doctor, whatever his national background, was most impressive. All patients, Jew or Gentile, Caucasian or Arab, were approached with humility and kindness.

Dictionary of Medical Ethics (Revised and enlarged edition)

Edited by A S Duncan, G R Dunstan and R B Welbourn, Darton Longman and Todd, London, 1981, 459 pp, £12.50 (cased)

The fact that the *Dictionary of Medical Ethics*, first published only four years ago has been revised and enlarged so soon, doubtless reflects its impressive popularity. Already it has become a standard reference work for a wide variety of readers, health professionals and others. The text has been enlarged by a third and there are 32 new contributors with new entries ranging from acupuncture and African medicine through genetic engineering and infanticide (an excellent summary of the issues) to sex therapy tranquilisers and voluntary work. The dictionary also contains two important new introductory articles, one on medical science and the other on the subject of medical ethics itself. In the former Professor Welbourn offers nine pages of lucid and usefully wideranging synopsis of the development and basic tenets of contemporary medical science, indicating extensively headings in the dictionary which relate to the points he makes. Professor Dunstan's introductory article on medical ethics is a mere four pages long, but within the limitations of space provides a succinct and elegant introduction to the nature, complexity and scope of the moral issues confronted in medical practice. The discrepancy in the size of these two introductory articles reflects a more-or-less consistent balance in the dictionary between the practical and scientific on the one hand and the theoretical and philosophical on the other. In so far as one can generalise about multi-author publications (and of course one shouldn't) this one gives the distinct impression of the working health professional writing about an area of his practice while looking over his shoulder at some aspect of ethics. This contrasts with the approach more common in North America in which the professional philosopher or theologian writes about some issue of ethics while looking over his shoulder at some aspect of health. Each method has advantages and disadvantages. The main disadvantages of the 'American approach' - an excessive theorising divorced from the realities

of medical practice and obscured by the professional philosopher's obsessional and entirely proper concern for possible counter-arguments to his thesis – these are certainly avoided in the dictionary, which, in general, gives important practical information and simple and straightforward summaries of the ethical arguments, usually with a short list of relevant references. However the corresponding disadvantages of the 'British approach' are sometimes manifested in this volume – namely an excessive concern with the practicalities at the expense of theory, and an inadequate concern with counterargument.

So far as the former is concerned, one helpful approach adopted by the editors which might be used more often is exemplified by the entry under 'Embryo transfer and re-plantation'. Here a scientist writes about the scientific aspects of the subject, a clinician about the clinical aspects and a philosopher or, as in this case, a moral theologian, about the ethics. So far as inadequate concern with counterargument is concerned most entries undoubtedly indicate at least the bones of the relevant conflicting arguments and give references to representative literature. Not all the entries however can be credited with outlining the strongest arguments for alternative viewpoints or with giving representative references for counterarguments to the writer's own thesis. Thus the entry on psychosurgery, while it has a well-reasoned account of the arguments in favour of the modern British practice of psychosurgery, gives scant regard to the counterarguments, either in the text or in the references. Contrast this with the entry on euthanasia, which although it is also written from a straightforwardly partisan viewpoint (opposing voluntary euthanasia) nonetheless provides some opposing argument to the author's views, as well as references to both sides of the controversy. Perhaps before the next edition of the dictionary appears authors might be reminded of the need to outline impartially the main arguments which relate to their topic and to give appropriate references to these arguments, regardless of the view defended in the dictionary entry.

Another shortfall which seems important is the lack of entries concerning moral philosophy in

general, as distinct from medical ethics in particular. Medical ethics cannot properly be divorced from ethics, and a dictionary of medical ethics seems strangely incomplete when it contains so few entries related to the standard components of moral philosophy. Thus there are no entries on the various theories of ethics, not even on utilitarianism, or more generally on consequentialist theories of ethics, and not even on deontological theories of ethics (though Kant does get a mention in a useful, if very brief, article on moral autonomy). Clearly there is no room in such a dictionary for a textbook on moral philosophy – but need this limitation of space really exclude short introductory articles on important theories of ethics, on important controversies in moral philosophy (eg determinism/freewill; the is/ought question; sources of morality, including psychological theories of morality; scepticism) and on some of the basic moral concepts such as right, wrong, good, evil, virtues, duty, conscience, freewill, person, happiness, fairness, equality, justice, value, supererogation? Such concepts are surely fundamental to a study of medical ethics.

All these suggestions are offered in a spirit of constructive criticism of what, it should be emphasised, is already an admirable volume. As it stands the dictionary provides a readable introduction, with brief, lucid, informative, simply written, and for the most part, fair entries to most of the issues of medical ethics. It is the sort of book that can as well be consulted in the surgery (with or without the patient) as it can be dipped into before the light goes out at night. That is a remarkable achievement. But some more moral philosophy would, I think, make it even better.

RAANAN GILLON

The Ceremonial Order of the Clinic: parents and medical bureaucracies, P M Strong. Routledge and Kegan Paul, London, Boston and Henley, 1979, pp 267, £8.95.

This is an important book: first because it is a careful analysis of over a thousand observations in children's clinics mostly in the NHS in Scotland, but some in the US;

second, because it relates the detailed analysis of these interactions to the wider society taking account of their material base, their political underpinning, their basis in organised knowledge and in the social order of the generations and to a lesser extent to the gender order; third, because it makes valuable additions to sociological understanding, particularly developing some of Goffman's ideas; finally, because it has some important implications for policy. In all of this a number of important ethical issues are revealed.

While using technical language when essential for his analysis, and including a valuable chapter on methodology, Strong writes for the most part in a straightforward and accessible manner. He analyses the consultations observed according to their social forms or, technically their *role formats*. These are, 'not structures which totally determine action, but are instead routinised, culturally available solutions which members "use" to solve whatever problems they have in hand' (p 13). The formats are not altogether *ad hoc*. They are constrained by other surrounding social relations and they become institutionalized. Their form derives in part from negotiations which may have taken place originally a long time ago, but of which the users are quite unaware. At the same time, participants create new forms 'taking bits from here and there and combining them as it suits' (p 194).

Strong isolated four types of role formats: bureaucratic, charity, clinical and private. The latter occurs when medicine is in the market place, as is typical in the US; the clinical format occurs in discussions among professionals; the charity format was observed only once and was characterised by the doctor making moral judgments about the patients' mothers, denigrating them and attempting to reform their moral characteristics. In contrast, in the bureaucratic format, which Strong found overall to be the most common despite the wide variety of settings he observed and which therefore forms the main part of the analysis, no 'character work' was done. In this format the mothers were idealised, it was assumed they acted in the best interests of their children, that it was utterly natural and therefore unquestionable that this should be so although a few mothers who were