

frankness about defects and the intention to learn from them. The idiosyncrasies of the author will irritate some, but all who read or merely dip into this book will be informed and their wits will be sharpened. I did not find 'puns, twists or double-entendres', but I hope they are there waiting for me when I return to the book, as I shall.

All the major areas of concern indicated by the title are discussed. The book should be available in the library of all institutions that appoint research ethics committees. Too often ethics committee members are unaware that there is available rigorous discussion of issues that at present most of us deal with by good intentions informed by intuition.

DR LAURENCE

*Emeritus Professor of Pharmacology and Therapeutics, University College, London and the Middlesex Hospital Medical School, London*

## Human Experimentation. A Guided Step into the Unknown

William A Silverman, 204 pages, New York, £15, Oxford Medical Publications, 1986

Dr Silverman has written a book which links the methodology of clinical science with social and ethical concerns; a book which is consequently directed at a broad audience both within and outside the medical profession. In describing the basic design of clinical experiments and the problems that are inherent in investigation in medicine, Silverman also makes an eloquent plea for increased discipline in a profession which is entrusted with enormous power over the well-being and lives of patients. This plea is not restricted to clinical investigators but directed also to practising physicians, to students, and indeed to society at large.

The book discusses, in detail, the architecture, components and problems of the randomised controlled clinical trial which is certainly the most powerful method of clinical investigation available today, especially in evaluation of therapy. Despite the title of the book little mention is made of laboratory experimentation or the investigation of physiology and pathology (often misleadingly called 'non-therapeutic' investigation). Consequently certain problems in

human experimentation are not discussed – one thinks, for example, of the question of whether healthy incompetent persons can be exposed to any form of experimental risk. In addition, the failure of the public (and also the profession) to discriminate between research in which the subject has no interest (other than pecuniary or altruistic) and that in which the subject may gain (for example by receiving a new or different treatment) is not mentioned.

Silverman's philosophy regarding ethical issues is encapsulated in a comment from Rutstein that 'it may be accepted as a maxim that a poorly or improperly designed study involving human subjects is by definition unethical'.

This approach to ethical concerns is utilitarian to the point of pragmatism. For example, he answers concerns about random allocation to different treatments by pointing out that they arise from a paradox. On the one hand is the concern that one group will *not* receive a new and potentially valuable treatment while on the other is the concern that the experimental group *will* be exposed to an un-proven and potentially dangerous new treatment. In practice since it is equally as likely for a new therapy to be beneficial as not, then neither of these concerns has any basis. Similarly, in making a plea for increased openness in the discussion of scientific investigation Silverman relies not upon the rights of individuals to be informed but upon the needs for an increasingly scientific medicine to be objective and open to criticism.

Silverman is a paediatrician and he makes frequent reference to his experience in newborn paediatrics and to the problems in evaluating the cause of blindness in premature infants. It is somewhat of a surprise, therefore, that the section dealing with surrogate consent or permission from children and infants is short and does not really do justice to the problem. There is a brief discussion of a proposal to change the procedure for obtaining consent from adults to a plan that Silverman calls 'informed surveillance'. In this format a patient's personal doctor is responsible for providing information to the patient who then gives a written affirmation that he/she has 'no objections to proceeding'. Such a proposal would be entirely dependent on the nature of the relationship between the individual doctor and patient and could conceivably result in varying loss of autonomy by the patient. It certainly deserves a greater discussion

than has been provided in this book.

However, these criticisms are minor when placed in the context of the remainder of the book which is detailed but easily readable. An unusual characteristic is the placement of anecdotes, comments and quotations throughout the book, rather like illustrations; these verbal illustrations often take the place of footnotes and make *Human Experimentation* a book which is easily picked up and browsed through. Despite this ease of browsing I would strongly recommend that the book be read cover to cover by anyone who is likely to be performing, reading about, or the subject of, clinical experimentation. In particular the book should be recommended to those in the earliest stages of learning the discipline of medicine and the discipline of science, that is to medical students and residents.

JOHN WATTS

*Professor of Paediatrics, McMaster University, Hamilton, Ontario*

## Mental Health Services – Law and Practice

Larry Gostin, 800 pages, £85, London, Shaw and Sons, 1986

The 1983 Mental Health Act created a new framework for the treatment of the mentally ill. It married welfarist principles with their emphasis of the proper treatment of the patient, with principles of legalism which seek to protect the human rights of the patient. The result is not only a set of new rules governing admission, treatment and discharge but also a new institutional structure with key roles for the approved social worker at one end of the process, and the Mental Health Act Commission at the other. As legal director of MIND the author of this text was closely involved in the development of the consensus which led to the legislation. This shows in the text: it is not just a comprehensive account of both the common law and legislation affecting the mentally ill, it is written with an evident feel for the subject matter. It is a looseleaf text but unlike many of its kind, it is not simply a dry exposition of the sections of the statute. Rather, it sets the law in its historical and social context producing as a result, a very readable text. To the reviewer, a lawyer, it presented an accurate and