

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.

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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.

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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

thoroughly researched account of the law with sufficient background material for the significance of the legal rules to be clear. To a mental health professional, the clear structure of the text, the absence of legalistic jargon and the sympathetic handling of the subject matter should make this an invaluable guide.

Despite the comprehensive nature of the Act, problems still remain. Sometimes the problems stem from ambiguity in the legislation, for example the application of the 'three month rule' under which medication cannot be administered for more than three months without either the consent of the patient or a second opinion. Sometimes they relate to matters outside the legislation, for example the application of the common law principle that information given in confidence should not be disclosed. How does this square with the view adopted by the American courts that information must be disclosed to those who may be assaulted by the patient? Similar problems apply in relation to searching a patient's person and property. It is in these grey areas of the law that ethics may play a leading role in forming opinions, directing action and ultimately, in formulating law. All are discussed in Gostin's text. On some issues, such as the type of treatment to be used, it is noted that guidance may be provided by a code of practice. On others such as the application of the three month rule, Gostin suggests a solution. On others still, such as the recently controversial issue of the sterilisation of the mentally handicapped, the author plays safe with an account of the existing case law up to 1985, the cut-off date for the text. But again, one has to emphasise that the value of the text lies not so much in specific guidance but rather in the understanding of the overall context that it provides. A practitioner would be in a much better position to make an ethical judgement having read the text. The text might not give the answer but it would at least give an accurate and understanding account of the question.

This is an excellent book, a masterly account of both law and practice and one that will be widely consulted by lawyers and practitioners alike. The only disappointment is the one identified by the author, that the European Commission on Human Rights has failed to use its opportunity to interpret the basic freedoms as including that of a right to minimally adequate treatment. Perhaps that will form the cornerstone of some future

piece of legislation. The absence of Larry Gostin's campaigning spirit from these shores unfortunately makes this less likely.

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Transsexualism and Sex Reassignment

William A W Walters and Michael W Ross, 191 pages, Melbourne, £17.50, Oxford University Press, 1986

The diagnosis, cause and treatment of transsexualism is the subject of this collection. It includes contributions from and for, nurses, surgeons, lawyers, general practitioners, social workers and psychiatrists as well as transsexuals. There is also a chapter addressing some of the ethical issues. Although geared for Australian circulation, the contents are informative, not overly technical and fulfil the book's stated aim of being an overview rather than a comprehensive textbook. In addition, it reflects some of the unresolved ethical and philosophical problems generated by the classification of transsexualism and its 'treatment' using the sex-change operation.

First, there is an absence of those objective diagnostic tests normally available to confirm or indicate the presence of pathological illness or disease. The doctor, or so it seems, can only assess the validity of the potential transsexual's claims in relation to his/her actions and when compared with the behaviour and statements of previously 'diagnosed' sufferers'. This problem is further compounded by the variety of theories outlined, which suggest possible causes for transsexualism ranging from the biological to the cultural, and from psychosis to upbringing. Selection is made by matching the claims of existing clients to those of past clients for whom reassignment was successful. Not only is this an unsatisfactory method of diagnosis (though not perhaps of selection) it implies that ultimately, radical surgery is performed on the strength of the patient's self-diagnosis.

Second, the measurement of masculinity and femininity as part of the diagnosis creates philosophical difficulties. It is observed that transsexualism is most prevalent in classes, societies and cultures which adhere to rigid sex-stereotyping or

roles. These same roles are, however, then used as a gauge of masculinity and femininity in transsexuals when drawing conclusions about gender adaptation and when assessing progress and success during the pre- and post-operative stages.

Even if one ignores the question of whether it is these stereotypes or the 'patient' that requires alteration, several issues remain. In the case of male to female transsexualism, (female to male transsexualism is hardly discussed being rarer, the surgical techniques employed more common and the 'patient's' transition smoother) of the supposedly feminine traits isolated, it is the most undesirable (passivity, non-assertiveness etc) which are promoted.

Also, having noted that it is general adherence to these rigid sex-roles which may be responsible for the transsexual's condition, he/she is then encouraged to adopt the opposite role in its extreme and equally oppressive form. The price, it seems, for social (and clinical) acceptability is adherence to a narrow interpretation of male and female sexuality and social expectations.

Within the context of transsexualism, the radical nature of the surgery itself poses several ethical questions. Most obvious is that of gaining fully informed consent. It is reported that the majority of patients selected for the operation are at best intermittently depressed and at worst simultaneously suffering from psychiatric illness. In either case, judgement may be impaired. Furthermore, the research results given suggest that post-operative euphoria declines over the years, meaning that complete long-term adjustment cannot be inferred from early apparent success. This uncertainty should raise the question of whether the whole procedure is still experimental and, accordingly, the ethics of permitting a steady number of operations without more research.

One might also ask why initial long-term research with a control group was not undertaken. Without such studies it is difficult to see how the patient can be informed about the potential outcome of his/her operation. In addition, the book does not satisfactorily answer criticisms that the sex-change is an attempt to treat the mind by mutilating the body. Despite the undoubted sincerity of those selected, and the obvious anguish of self-professed transsexuals in general, the fact remains that as far as it is currently possible to ascertain, there is no physical disorder present. Even the contributors recognise that transsexualism may be