The Human Use of Animals: Case Studies in Ethical Choice

F B Orleans, T L Beauchamp, R Dresser, D B Morton, J P Gluck,
£39.59 (hc) £20.00 (sc).

This is an extremely valuable book for anyone concerned, practically or theoretically, with the ethics of the human use (or abuse) of animals in a variety of ways. The authors are respectively two philosophers, one lawyer, one veterinarian and one psychologist, based mainly at American universities.

The book opens with a chapter explaining the main types of ethical theory as distinguished by philosophers and how they have been applied to the issue of the moral status of animals. The main distinction here is between utilitarian theories and rights-based theories (in this case animal rights). Perhaps more subdivides would have been useful without making the book too forbidding; for example, different types of utilitarianism might have been usefully contrasted (for example, for their different implications for killing animals as opposed to hurting them).

The remaining sixteen chapters examine a range of controversies over representative but particular (mostly American, but of general significance) disputed cases relating to: (A) biomedical research or purposes (illustrated by reference to baboon-human liver transplants in Pittsburgh, head injury experiments on primates at the University of Pennsylvania, the Harvard Oncomouse and its patenting); (B) cosmetic testing; (C) behavioural research (illustrated by reference to Washoe and her successor, animal aggression studies by Elwood and Ostermeyer at Queen's University, Belfast, Harlow and his monkeys without mothers); (D) wild-life research (illustrated by a disputed killing of a rareish wild bird for a museum collection); (E) compulsory dissection etc in life science courses (illustrated by the fifteen-year-old Californian Jennifer Graham's refusal to dissect a frog); (F) food animals (force-feeding of geese, real crates, broiler chickens); (G) companion animals (docking of dogs' tails, sale by pounds in some American cities of lost or stray dogs or cats to laboratories), and as a final surprise, (H) animal sacrifice (by adherents of the Santeria religion in Florida). There is also a chapter on the public's right to know, illustrated by disputes over this between the Progressive Animal Welfare Society (PAWS) and the University of Washington and its Animal Care Committee.

Thus most of the central ethical issues (the use of animals in biomedical research, cosmetic safety testing, behavioural research, wild-life research, education) are covered by way of these representative examples, the exceptions I have noted being circuses and field sports.

After a very helpful and full factual account of each case, both what was done and what lawful efforts (and how successful they were), have been made to stop its being done, the main ethical attitudes which can be adopted, both for and against such use of animals, are presented well and impartially and related to the distinctions made in the first chapter.

This book would be an excellent basis for a course on the moral status of animals whether for life science or philosophy students, and should be of interest to all those concerned to work out their views on this subject, with reference to concrete issues.

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The New Dictionary of Medical Ethics


The Dictionary of Medical Ethics published in 1977 and revised and enlarged in 1981 was one of the pioneering achievements brought to United Kingdom by a cluster of concerned clinicians, philosophers and theologians led by Edward Shorter. The New Dictionary of Medical Ethics is its dynastic successor, edited by three worthy heirs to the Duncan, R Dunstan and R Welbourn. Satisfied users of the previous volume will rejoice that the size and format remain much the same, but does the number of contributors and that the "same spirit of interdisciplinary cooperation and concern for the practicalities of medical ethics" endure. The orientation toward affairs in the United Kingdom is still a feature. So what is novel apart from the second generation of editors and contributors?

The editors claim to have effected a different approach, better able to cover the enormous increase in public and professional interest in medical ethics and to keep up with recent mass shifts in the culture of health care. Their main purpose is now to "clarify and question rather than to define. Topics have been revised or replaced and diversity has been deliberately sought by encouraging the 150 or so well chosen contributors to give their personal flavour to their pieces."

The more than 700 entries range from short essays to brief definitions. Inevitably there will be disagreement about the selection of topics, allocation of space, and the degree to which diversity in style and meaning is beneficial. Most readers whether searching, seeking or merely browsing will find easy access
to pertinent information by means of the alphabetical arrangement, a good index and an effective system of cross references. Entries are not in standard format but most contain a definition, a description of usage, an explication of the medico-moral issues involved and a discussion of the practical implications. References to published work are scanty but the dictionary is not intended as a bibliographic source. Some of the entries are masterpieces of succinct readable prose, and most are more than adequate but a few depart from the "noble gravity" which Dr Johnson required from a lexicographer.

For the purpose of this review I looked particularly at the handling of topics that have become highly profiled in recent years. I also took the stance of the Duchess in *Alice in Wonderland*: "Tut, tut, child! Everything's got a moral, if only you can find it". Firstly, "reproduction": the fundamental biology is precisely described and includes this sentence: "Reproduction in eutherian mammals also involves internal fertilisation and development (viviparity), the development of a choriovallantoic placentaion system, and the production of milk post-natally". Exactly so, and clear enough but associated ethical issues, as for instance; (i) the fetomaternal conflict produced by transplacental exposure to alcohol, heroin, and tobacco; (ii) placental insufficiency as major factor in coercive obstetric interference; (iii) the placenta as source of material for genetic diagnosis and for transplantation; (iv) ethics of breastfeeding and of the marketing of breastmilk substitutes, and (v) justification for the use of eutherian mammals in medical research, are missing.

In different style is the jokey statement: "English food has low fibre but Indian diet has high fibre. The former may lead to constipation but the latter to the "hurry with curry" syndrome". This light-hearted bit of popular gastroenterology appears in the entry on *transcutural medicine*, which also contains the now unacceptable categorisation of ethnicities into: Caucasian, Asian, Negroid, and Mongoloid (better discussions of ethnicity do occur elsewhere in the dictionary). There is no definition of "infant" despite the epidemiological, legal and philosophical significance of the term. The entry on *hospital medicine* makes no mention of mental or of Special Hospitals; the term traditional medicine is used differently in the entry on *screening* from the definitions given in that on *traditional medicine*.

Nowadays medical moral judgments are increasingly formulated by public opinion and media outrage which is widely disseminated but often poorly informed and has little regard for philosophical reflection, or balanced presentation of science and technology. The new dictionary acknowledges these shifts by excellent entries on medical journalism and on *society, views in medical ethics* but overall it comes over as an updated edition rather than a new work.

**THOMAS E OPPE**  
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**Volunteers in Research and Testing**


I enjoyed this slim, well-edited conference proceedings! The editors did a fine job in selecting contributors who elucidated different aspects of the problem in 18 good brief chapters. Discussions of human volunteers are presented with emphasis on consumer and physician perspectives, existing law, special problems posed by the disadvantaged, and the role of ethics committees.

Several authors note that two factors dominate the motivation of volunteers: the need for money or the fear of an illness not well treated by current therapies. Thus, decision making is seldom autonomous as the consentee is intrinsically biased in favour of participation in the experiment.

This limits the absolute authority of informed consent and makes clear language very important. Any delusions I had about writing succinct clear English were nicely dispelled in Stanly Blinkinops's chapter, "Whatever happened to plain English?" He repeatedly snipped and shortened, transforming paragraphs which seemed clear into the simpler and clearer.

Diminished autonomy lessens the distance between the mentally competent volunteer and the mentally diminished or imprisoned volunteer. All humans undergoing human experimentation must be protected:

The experiments must:

1. Be necessary,
2. Involve good science,
3. Have a favourable risk/benefit ratio, and
4. Provide data not obtainable by other means.

To ensure that these goals are met outside review is essential. Which brings me to Douglas Smith's presentation of The Institute of Naval Research's system for protecting military personnel. The protocols and review procedures, with different levels of review for different degrees of uncertainty, are quite exceptional. While the nature of naval research is different from many sorts of innovative therapeutic and drug evaluations, the range of considerations in this fine chapter was gratifying. Because the risk to the volunteer is so often evident—let's see how well this suit protects you from this huge fire—the need for independent and dispassionate review of science, protocols and ethical matters are all required before the matter of consent can be broached.

Terrific model.

Moreover, as is evident throughout but explicitly in Michael Orme's chapter on risk, the risks of human experimentation are both small and considerable (at least 1:3,000 of a serious adverse event requiring hospitalisation). Good investigators are biased, at best because they believe in their experiments, at worst because ambition clouds judgment or diminishes concern for the patient.

Caution is essential. Good book.

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**The Making of the Unborn Patient: a Social Anatomy of Fetal Surgery**


This book describes the development of interventions and surgical treatments for the fetus in the mother's womb. Such treatments, whether medical or surgical, performed to benefit the health of the fetus inevitably also affect the mother. The making