

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 chorio-allantoic placenta system, and the production of milk post-natally". Exactly so, and clear enough but associated ethical issues, as for instance; (i) the foeto-maternal 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 **transcultural 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.

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Volunteers in Research and Testing

Edited by Brony Close, Robert Combes, Anthony Hubbard and John Illingworth, London, Taylor and Francis, 1997, 198 pages, £45.

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 Blenkinsop'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

Monica J Casper, New Brunswick, New Jersey, and London, Rutgers University Press, 1998, pages, \$50 hc, \$20 sc.

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

of the unborn patient is the phrase used here to describe the introduction of treatment primarily directed at the fetus.

Early in the book the author states: "it is a key goal of this book to reframe fetal surgery as a women's health issue and to re-situate fetal personhood within the specific relationships in and by which it is produced". This perspective results in questioning much of the practice of fetal surgery, but whether this perspective is shared by expectant mothers is debatable.

The book documents the period from the start of intrauterine transfusions for Rhesus disease in 1963 through to the present, describing new developments in intrauterine surgery and other therapies given to the mother but designed to benefit the fetus in utero.

Describing in utero procedures, the author uses powerful language. Examples include: "the new practice fascinates and horrifies because it transgresses a number of medical and cultural boundaries"... "breaches the womb in new and unsettling ways"... "makes us rethink some of our most cherished assumptions about life and the natural body"... "inspiring wonder and concern about our capacity to alter human destiny"... "This book offers a critical social and cultural analysis of this nascent yet significant innovation in biomedicine"... "foetal surgery is not by any means 'old stuff' especially in terms of its social and political consequences. It is medicine without boundaries, cowboy surgery on what is considered, at least for now, the final frontier."

The introduction of intrauterine transfusion in the early 1960s was the first direct intervention aimed at the fetus, and the social and ethical issues are discussed. From this beginning, the number of intrauterine interventions that can be carried out has markedly increased, and in specialist centres operations may be performed on the fetus which is then returned to the womb. Inevitably, such procedures have a profound effect on the mother, when the direct benefit (if achieved) is to the fetus. However, most mothers would probably want such surgery to be undertaken.

The author provides an interesting and partisan review of the development of intrauterine interventions to aid the fetus, and draws attention to new ethical situations. These will need thoughtful analysis and debate in the years to come.

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Buddhism and Abortion

Edited by Damien Keown, London, Macmillan, 1998, 222 pages, £45.

This interdisciplinary collection of nine essays is a welcome and pioneering attempt to explore the abortion question from a number of Buddhist ethical and cultural perspectives. The book is divided into three parts. Parts one and two are area studies focused, respectively, on Thailand and Japan/Korea. Part three is concerned with textual and normative issues.

The first chapter, by Robert Florida, provides a very useful introduction both to some basic Buddhist ethical principles, including the traditional prohibition on taking life, and to the current legal situation in Thailand, a Buddhist country with an abortion rate 50% higher than the US figure for the equivalent number of citizens. Cleo Odzer's succeeding chapter on Thai prostitutes, however, surprisingly reveals that while married women in Thailand regularly seek abortions, prostitutes do not. Pinit Ratanakul's chapter adds further information on the Thai context (including the increasing number of abortions of HIV positive fetuses), advocating a Thai "middle way" which acknowledges that sometimes abortion may be the lesser evil.

Part two includes two essays on the Japanese practice of *mizuko kuyō*, a Buddhist memorial service for aborted children. The first of these is an excerpt from William LaFleur's acclaimed 1992 book, *Liquid Life*, commending this Japanese response as one from which the West might learn. LaFleur suggests it is an interesting exemplar of the way in which Japanese "societal pragmatism" has achieved a consensus on abortion, forefronting the need for a solution without tearing the social fabric apart. The second essay, by Elizabeth Harrison, presents some of her research on lay participants' perceptions of the ritual and the way in which it fulfils a number of important social and psychological functions for Japanese women. In the third essay in this section Frank Tedesco provides a good deal of new information about the situation in Korea. As in Japan, the

abortion rate in Korea is very high (partly driven there by son preference). Moreover the rate among Korean Buddhists is as high or higher than that of the rest of the population. However, only rather recently have Korean Buddhists begun to express concern for aborted fetuses and demand memorial services for them, though of a distinctively Korean form.

Part three begins with a review by James McDermott of the ancient Pali textual sources on abortion, which regard it (especially for monastics) as a serious breach of the Buddhist precept against taking life. James Hughes's succeeding essay, however, suggests that modern Western Buddhists do not need to follow these ancient texts slavishly. Instead Hughes favours a Buddhist blend of utilitarian and virtue ethics, a "paradoxical unity of compassion and wisdom", which would allow abortion where the intention is compassionate and the act achieves the best outcome for all concerned.

The concluding essay by Damien Keown takes a more conservative line. Keown is sceptical of claims that Buddhism can offer a "middle way" to abortion that steers a course between "pro-choice" and "pro-life" extremes. To this end he helps himself to the dubious assumption that any such proposed Buddhist middle way must be "distinctly or uniquely Buddhist" (page 202) before going on to make some conceptual heavy weather of what the phrase "middle way" might mean here (surely just a position that gives full moral weight to both the value of choice and the value of life). Keown's central objection, however, is that the Pali textual tradition, particularly its monastic code, unequivocally commits Buddhism to an exceptionally less pro-life position (his evidence for the textual claim is not presented here) but in his 1995 book, *Buddhism and Bioethics*. Hence the only viable Buddhist middle way on the issue is one between the extremes of vitalism (the doctrine that life is an absolute value to be preserved at all costs) and "quality of life" utilitarianism. It is noteworthy how far Keown's fundamentalist understanding of the authentic Buddhist position on abortion is from that of so many modern Asians and Westerners who count themselves Buddhists, including some of the other contributors to this volume.

Although all of the essays included in the volume are interesting and informative, there are obvious lacunae. Indeed the editor himself disarms