

merely some collection of problems with no homogeneity beyond their common reference to medical etiquette and the ethos of practice. The articles on abortion, euthanasia attitudes to death, terminal care, suicide, contraception, health care systems and the right to strike can be seen as illustrating the general points that matters of life and death constitute an area of philosophically speculative interest where metaphysics jostles with ethics for the position of primary concern. How to define the life of a fetus or the rightness of enabling a person to hasten his own death in order to terminate suffering or the justifiability of suicide – these are problems the resolution of which demand the same work of philosophical clarification of the concept of life and of the morality of certain actions which in an obvious and natural sense have to do with life and death. A different but equally important lesson which comes out very clearly is that in medical ethics the moral questions as such cannot be discussed without a good deal of purely empirical investigation. This is where the combination of information and guidance of which I have already spoken makes this volume so valuable.

It will instantly be recognised that where ethics spills over into politics it is very difficult to produce appropriate articles for a dictionary. It is not surprising that one should find the brevity of the entry on the NHS startling and the discussion of the right to strike disappointing. The absence of bias is perhaps in both cases as much a weakness as a strength. However, in both cases there are very substantial moral questions some of which, it is true, are discussed in the longer valuable entry on State Health Service. Yet I am not at all sure that Sir George Godber is right when he says that there is no serious challenge in Britain today to the right of all to health care and the duty of the state to provide it. My point is in no sense a party political one but the more fundamental moral point that there are some half-formed moral principles lurking in the background of much popular thinking, – on the part of both the public and the medical profession – on this whole business of the admittedly unsatisfactory state of our unique heritage in the NHS. However, this final quasi-discordant note will,

I hope, point the harmony of my comments and so make this review a proper and acceptable paean of praise.

J HEYWOOD THOMAS

Intimations of quality: ante-mortem and post-mortem diagnoses

H A Waldrow and Lorna Vickenstaff
Nuffield Provincial Hospitals Trust,
paperback £1.50.

This little book teaches a salutary lesson about the continuing uncertainty of medical knowledge. We have lately tended to neglect the post-mortem, feeling increasingly confident that clinicians can be sure of their diagnoses now that they have the support of a battery of laboratory investigations. The national autopsy rate has fallen to the region of 25 per cent and doctors are naturally disinclined to request post-mortems from bereaved relatives if they are convinced that the correct decisions were made before the patient's death.

The authors of this study had noted disturbing discrepancies between the judgements of clinicians and pathologists regarding the causes of death in Birmingham teaching hospitals. They set up a prospective investigation over 15 months with co-operative specialists in the West Midlands and found that ante-mortem and post-mortem diagnoses differed in one quarter of the cases which came to autopsy. In a further quarter there was partial disagreement between the doctors who had been responsible for the patient's care and the pathologists who subsequently scrutinised their bodies.

These results sound alarming. They are investigated by the fact that the errors mainly occurred in old people who had many different pathologies and in whom prior knowledge of the precise causes of death would not have modified survival prospects. However, in 8 per cent of the total sample it was possible that another treatment could have altered the outcome. Since it is the elderly who are most likely to die at home and since autopsies are generally a sequel to hospital deaths the range of error may in fact be greater than this study demonstrated.

But the shadows of the dead do not merely brood over the fate of

individual living patients. These findings also cast doubt on the quality of data which epidemiologists like to regard as relatively reliable. Mortality statistics, unlike morbidity figures, are routinely collected and go to make up our picture of the predominating diseases in society. If the causes of death as entered on certificates are mistaken then the incidence and prevalence rates derived from them for various diseases become uncertain. This study showed, for instance, that pulmonary embolism was being seriously underestimated as a contributory cause of death, to such an extent that the supposed prevalence of this condition, on clinical grounds, was only half its real rate.

The authors plead for more autopsies, on a representative sample of all hospital deaths. But, no humane purpose will be served by such a policy unless it leads to agonising reappraisals by the responsible clinicians and the candid acknowledgement of such mistakes as are uncovered. The improved accuracy of mortality data could, however, alter assessments of the changing pattern of disease and assist towards their elucidation.

UNA MACLEAN

A Fortunate Man; the story of a country doctor

John Berger and Jean Mohr
Writers & Readers Publishing Co-operative, London, 1976.

A biographical essay by John Berger accompanied by photographs by Jean Mohr would not just be like any other book, and the Writers and Readers Publishing Co-operative is to be congratulated for bringing it to us again. The range and scope of the questions it raises are enormous and anyone interested in medicine should study it very carefully.

A committed Marxist, Berger is a didactic writer who seeks to elucidate and communicate to us ways of looking at the world. The central problem for him is the meaning and value of human life, and in this age of the disintegration of meaning it is salutary to have someone prepared to diagnose the causes of this terrifying malaise in our society and indicate means of combating the virus that is undermining the creative powers of our people. '... they have learned