

Book Reviews

For this welcome development professional philosophers who are interested in bioethics are to some extent responsible. Professor Brock's republication of fourteen of his own essays on bioethics collectively constitute a "state of the art" notation, phrasing fundamental questions but offering answers that can at present, be no more than provisional.

In a very useful Introduction, Brock comments briefly on each of his fourteen essays which, when examined in detail, prove to be rough going for readers who are not familiar with the language and usage of the professional philosopher. The author touches at least briefly on virtually every aspect of life and death; but chapters 4 to 8 (Part II) are most likely to be of special interest to the clinician. The key chapter is the sixth which, as its title implies, deals with 'Death and dying'—all aspects—as encountered by both the physician and the philosopher at the bedside.

Throughout, emphasis is on the right of the properly informed patient to weigh the value of therapeutic measures and to accept or refuse according to his own criteria. But the vexed and fundamental matters of the moral differences between allowing to die and actual killing by direct action remain unsettled. The fact is, according to Brock: "Foregoing life support is permissible, but physician-assisted suicide or euthanasia are forbidden". Answers may one day emerge from the great mass of medical and legal deliberation and precedent on the topics mentioned (especially euthanasia), but that day is not yet clearly at hand. "Philosophical bioethics", according to Brock, "is barely beyond infancy".

Space hardly permits detailed comment on Brock's Part III, in which he deals at length with the supremely difficult problem of bringing philosophical bioethics into effective contact with public policy. In this complex arena fall the problems of determining the quality of life, assigning public resources to some patients but not to others depending, among other things, on the age of the patient and his or her economic situation. This, the author's *human capital approach*, lacks "any plausible moral basis". To which he adds, as a central thesis,

There is deep conflict between the goals and constraints of the public policy process and the aims of academic scholarly activity in general and philosophical activity in particular . . . When philosophers move into the policy domain, they must shift their primary commitment from knowledge and truth to the policy consequences of what they do.

Professor Brock closes with the admonition, directed at philosophers, that their "forays into the world of policy should best be limited and temporary", and that academic philosophy should remain "their primary base and commitment". Taken literally, this counsel (clearly directed at philosophers, and not at other professionals who are concerned with bioethics) contains within it intimations of the guild mentality that held London's Royal College of Physicians in thrall in the sixteenth century and later. It also does nothing to mitigate the excessively poor communication between academic philosophers on the one hand, and the very groups they seek to influence: physicians, lawyers, and other professionals, on the other. It would be ironic indeed if academic philosophers concerned with bioethics should, in the fullness of time, find it necessary to cope with paternalism in their own ranks.

All this notwithstanding, Professor Brock's *Life and death* provides us with a useful statement of the status quo, from the point of view of the academic philosopher, in bioethics in the final decade of the twentieth century. But the collection in its present form is not for Everyman.

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ROSELYNE REY, *History of pain*, translated by Louise Elliott Wallace and by J. A. and S. W. Cadden, Paris, Éditions La Découverte, 1993, pp. 409, FF198.00 (paperback 2-7071-2256-4).

This book offers a comprehensive overview of a large, problematic subject that has been rather neglected to date. The last book in English of similar scope was K. D. Keele's *Anatomies of pain* of 1957. Rey explicitly confines this study to physical pain as an objectified, impersonal phenomenon rather than human suffering and the focus is on medical and scientific theories of pain physiology and pain-relieving practices.

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In a survey spanning 2,500 years there are inevitably enormous variations in pace and level of detail. Most of the book is devoted to the last three centuries. Highlights of detailed original research include accounts of the reception of general anaesthesia in mid-nineteenth-century France, Duchenne de Boulogne's and Jacques Arsène d'Arsonval's electrotherapies, and René Leriche's "physiological surgery" of the sympathetic nervous system. The variety of historical methods employed is enjoyable, from analysis of the frequency with which different words for pain appear in Homer, Sophocles and the Hippocratic Corpus, to a detailed conceptual history of "sensibility" in the eighteenth century and the elegant summaries of key experiments. The latter require that rare combination of detailed neurophysiological knowledge and writing flair. Some effort is made to place the discoveries in institutional and intellectual context, and there are inserts on religious attitudes to pain, but this book is predominantly an "internal" history of ideas and medical practice. The use of terms such as "great discoveries", "breakthrough" and "advance" might have been tempered a little.

Rey proffers several important arguments, each of which merits further research. She argues that the secularization of pain was a prerequisite for it to become an object of scientific investigation. Protestantism and the "creation of the individual" in the Renaissance are credited with loosening pain's links with original sin and Christ's passion. It is argued that the semiology of pain remained essentially Galenic until Xavier Bichat's pathological anatomy placed special emphasis on spatial localization. Keele agreed with this view.

Rey claims that there was considerable interest in psychological determinants of pain, such as attention, mood and memory, in the early nineteenth-century writings of Bichat and Johannes Müller but it was lost as reductionist specificity theories of "pain pathways" and "pain receptors" appeared, Max von Frey's work offering a prime example. The unhelpful separation of experimental physiology from messy clinical reality is blamed, epitomized by the French academies of science and medicine.

The emphasis on temporal and competitive aspects of pain perception, such as conduction velocity, summation and integration, in the early twentieth-century research of Charles Sherrington, Keith Lucas and Edgar Adrian depended on cell theory and theories of evolution, Rey suggests. The paucity of French electrophysiological work in this period is attributed to a failure to attend to either of these broader intellectual fields.

What work on the history of pain remains to be tackled now that this large introduction is available? A patient-centred history would be of great interest, though Rey considers it would be limited by shortage of material. There is clearly room for studies of literary and religious sources in their own right. Another approach might be to single out particular pains, such as headache or dysmenorrhoea, as the focus of a review of clinical texts and case histories.

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CHARLOTTE MACKENZIE, *Psychiatry for the rich: a history of Ticehirst private asylum, 1792–1917*, Wellcome Institute Series in the History of Medicine, London and New York, Routledge, 1992, pp. x, 234, £45.00 (0-415-08891-7).

It is probably something of a truism that the beginnings of mental disorder are "usually first noticed in the family". Diseases of insidious onset, whether presenting physical or psychological signs, are notorious for the misapprehensions generated in sufferers and their close intimates. Thus part of the joy of medicine lies in its explanatory power, its ability to diagnose. This search for truth is also the basis of the detective story, unsurprisingly invented by a doctor, Conan Doyle with his Sherlock Holmes stories. The denouements of detective fiction are thus very similar to the wonders of diagnostic accuracy, hence the interaction and continuing power of both traditions to entertain in many media.

Among the enlivening questions at the heart of the debate on private (and public) asylums, is the question "what sort of people did they really look after?". Given that these asylums also dominated the care of the insane for nearly 200 years, and continue to be part of the public debate as to where the mentally ill should be housed, this question embraces a range of issues. Thus, in this history of