HELEN BUSH and MAREK ZVELEBIL (eds), *Health in past societies: biocultural interpretations of human skeletal remains in archaeological contexts*, British Archaeological Reports, International Series 567, Oxford, Tempus Reparatum, 1991, pp. viii, 145, £20.00, illus. (0-86054-716-7).

The examination of skeletal remains of past populations has been a matter of interest to physical anthropologists and medical historians since the nineteenth century, and "palaeopathology", defined and pursued as such, predates the First World War. In the main, however, such studies were long limited to efforts to detect disease at the individual level and to identify gender and age of death in specific cases.

This does not, of course, provide more than raw data for the reconstruction of the health of past populations, and over the past decade archaeologists in Great Britain have become increasingly involved in what is called the "biocultural approach" to skeletal analysis. This volume publishes the proceedings of a 1988 Sheffield conference devoted to this approach by the Theoretical Archaeology Group, and consists of eleven papers: six on conceptual and methodological issues and five case studies (all concerning sites in Europe or North America). Overall, the volume is characterized by a rejection of the traditional study of individuals in favour of assessing the communal group which individual cases represent, and by focusing on the general health of such groups rather than on the natural history of specific diseases. As health and disease are viewed as value-laden and culturally defined notions, it emphasizes the interplay between health and culture.

Both parts of the work offer insights of value to medical historians, but this reviewer found some of the case studies of particular interest. Anne Grauer uses her study of over 1,000 skeletons from medieval York as a vehicle for an inter-disciplinary assessment of the controversial topic of palaeodemography; Leslie Eisenberg's analysis of a prehistoric site in Tennessee is a fascinating case study on connections between health and culture; and Christopher Meiklejohn and Marek Zvelebil use the biocultural study of skeletal remains to illuminate the shift from hunting to farming in Mesolithic-Neolithic Europe.

Medieval historians will welcome the proposition that the study of human skeletal remains should aim to elucidate broad patterns of health conditions, and should have some further bearing on patterns of cultural change; and it is unlikely that any archaeologist, however narrowly he or she has interpreted human remains, would be unhappy to see these results pursued in new directions. To those unfamiliar with controversies within the field of archaeology in general, some of the rhetoric of the volume will thus seem to charge an open door. Still there can be no doubt that this is an important and stimulating contribution which medical historians of all regions and periods should take seriously into account.

Lawrence I. Conrad, Wellcome Institute

DAN W. BROCK, *Life and death: philosophical essays in biomedical ethics*, Cambridge Studies in Philosophy and Public Policy, Cambridge University Press, 1993, pp. xi, 435, £40.00, $54.95 (hardback 0-521-41785-6), £13.95, $18.95 (paperback 0-521-42833-5).

Professor Brock's *Philosophical essays* might be subtitled 'The decline of paternalism in the doctor-patient interchange'; and, by inference, it signals the decline of Sigerist's view of medical history as *iatrocentric*: concerned solely or mainly with doctors and the medical profession. There seems to be no analogous term of Greek derivation that focuses solidly on the patient first. But Brock comes close to providing an appropriate definition when he cites "One prominent version as viewing the goals of health-care decision-making as the promotion of patients' well-being while respecting their self-determination". Yet more compelling is the prominent position accorded by the author to the conclusion "that one major ground for shared decision-making is that the patient's well-being should be the fundamental aim of medicine".

Many veteran physicians, viewing the controversy with which Brock is concerned, are likely to reply that most men and women of medicine have been mainly concerned with the patients' well-being for generations, and that the central focus of the celebrated Oath of Hippocrates is precisely that. But the reality of paternalism as one of medicine's most powerful traditions runs counter to such a comfortable point of view: systematic thought concerning "a new, more egalitarian ideal of shared decision-making between physicians and patients has emerged".

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.

Carleton B. Chapman, Hanover, New Hampshire

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.