

passages but assumed, since the translator's qualifications were so high, that they must be scrupulously literal versions of Symeon at his vaguest. As time went on, my curiosity grew, and on three occasions I turned to the Greek. In each case there was mistranslation. One passage (at the top of p 306) read: 'Thus he who lacks perception in one matter lacks it in all, just as he who has it in one matter is capable of perceiving all things and is beyond their sensation. He is capable of perceiving all, and is not overcome by their sensation'. This proves to be about the contemplation of the world 'in God': he who sees the One sees the world too but is not subject to the things of the world. The

standard of English in this translation is often low. To take a passage (from p 78) almost at random: 'After he has had a drink his appetite is aroused. Imperceptibly he is as it were led astray by the tasty food; without realizing it he eats it greedily and fattens his stomach and makes it intractable [sic] so that it does not respond to the impulse of the soul'. There are two elaborate Indices, one of them listing, for instance, the several hundred occasions on which the name 'Christ' occurs in the text. The energy thus spent could have been put to better uses. But I conclude that, at least in present circumstances, the book is definitely worth buying.

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**DICTIONARY OF MEDICAL ETHICS, Revised and Enlarged Edition, edited by A. S. Duncan, G. R. Dunstan and R. B. Welbourn. DLT. 1981. pp 459. £12.50.**

The original edition of this work, which appeared in 1977, seems to have established itself with practitioners and academics alike as a valuable work of reference. Workers in the medical professions must have little chance to develop comprehensive ethical positions which will enable them to cope with the day to day dilemmas, which are often of alarming urgency and difficulty. This Dictionary would be a helpful guide so long as it is not treated as a book of rules, which it does not pretend to be. Medical ethics is everyone's business and the Dictionary acknowledges this by casting its nets very widely. The social and political dimensions of the subject are vast: from alcoholism, through genetic engineering to the right to strike. As a consequence, there is bound to be some ideological position-taking which needs to be questioned. For instance, the *Pharmaceutical Industry* is over-zealously defended by the late Sir Derrick Dunlop, who will not listen to talk of excessive profits and manipulation of the market with brand names. The very short article on *Tranquillising Agents* by Peter Tyrer – which could well have been longer – is more critical in this respect.

The entry on *Marital Pathology and Counselling* by Jack Dominionian (who mentions only his own works in reference) sees marital breakdown as primarily a medical problem. Presumably this view has arisen because it is doctors who are now most often confronted with it. It has drawbacks for our understanding however. For all its welcome compassion, Dr Dominionian's position tends to swallow whole the religious/commercial ideal of the unit family and to look no farther than faults in personal development to explain why many marriages become intolerable to the partners.

The entries on *Mental Handicap* and associated subjects between them rightly stress that it is up to society to decide how best to use the available resources – and indeed how great those resources should be – for the benefit of the mentally handicapped. The role of the professional is to present the facts so that responsible decisions can be made. The same applies when an individual or a couple is faced with the choice of terminating a pregnancy where the foetus is probably handicapped. However, the writers play down their own in-

fluence both in general and in specific cases. To take an example, that of Down's Syndrome: in their general agreement that a damaged foetus should be aborted, with the parents' consent of course, there is no mention of the fact that Down's Syndrome produces various *degrees* of handicap, which cannot be identified by amniocentesis, or that children thus afflicted are, with the right support, increasingly able to lead not only happy, but useful lives. The terms 'severe mental handicap', 'severely retarded' are used throughout, and the entry on *Mongolism* – Down's Syndrome – is no more than a complaint that the latter term is likely to replace the former to describe the condition. If "the only guiding principle should be the emotional satisfaction, happiness and quality of life of the handicapped" (*Mental Handicap*) then the medical profession has a duty to insist that each handicapped person is as individual as the 'normal' person, and to avoid making the kind of generalisations which gave rise to the creation of huge, impersonal subnormality hospitals in the past.

The entry dealing with *Communication* is comprehensive in that it covers three different areas of communication: with the individual patient, with the public and within the profession. There is an encouraging awareness of the responsibility doctors have to educate themselves and their students in relating to their patients as individual human beings – an essential element in good and efficient medical care. The general excellence of the approach is however undermined by a remark such as, "Failures of communication are often blamed on patients' stupidity, forgetfulness, ignorance or pigheadedness, but all patients have these characteristics to some degree and the doctor has to recognise and overcome them so far as possible". It makes one wonder into which category the writer himself falls when in need of medical attention, and whether it is only people as patients and not as practitioners who have such characteristics.

CLARE PRANGLEY  
and ROGER RUSTON O P

**THEOLOGY AND POLITICAL SOCIETY** by Charles Davis. *Cambridge University Press* 1980 pp ix + 196 £7.95.

"... What human beings are for or what constitutes a good human existence or what it is about human beings that makes them worthy of unconditional respect are all questions now considered beyond politics. We are apparently headed for the totally administered society, run according to the latest empirical theories and technical know-how...." (p 153). Charles Davis sets out to establish a specifically theological component of political action which will alter this lamentable situation and reintroduce a concern with the nature of the good life into politics.

His starting point is a consideration of 'political theology' in West Germany and Latin America. Both are, he argues, responses to the failure of 'orthodoxy' to establish any effective relationship to social practice.

Critical of the political theology of the

German theologian Johann Baptist Metz – "... Metz ... will not allow that the truth of Christianity, eschatological in nature as it is, is socially and politically mediated in its entirety" (p 7) – Davis turns to consider the theological implications of the work of the Frankfurt School for the attempt to establish a relationship between theology and political action.

Davis shares Habermas' abhorrence of the domination of 'instrumental action' to the exclusion of 'communicative action' in (it seems) all societies. He examines Habermas' attempt to provide a rational grounding for freedom: the very act of discourse anticipates freedom in the sense that the 'ideal speech act' is characterised by an absence of coercion and a quest for rational discourse. Yet such an argument is, as Davis says, ultimately circular. "How