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masturbation, Onanism, artificial insemination, and rape. Finally, the author considers the obligations of professional secrecy and the duty of the physician to help the patient become aware of impending death. The appendix contains the "Ethical and Religious Directives for Catholic Health Facilities" issued in 1971 by the United States Catholic Conference.

The author, Thomas J. O'Donnell, S.J., is well-qualified in the field of medical ethics having been a professor of Medical Ethics at Georgetown University, School of Medicine, regent of the School of Medicine, a vice-president of the National Society for Medical Research, the National Kidney Foundation and the Transplant Council. This book, in my opinion, would be invaluable to anyone working in the field of medicine or health care presenting, as it does, traditional Catholic doctrine as it relates to the theory and practice of medicine.

—Sister Priscilla Snell, O.P.

Operating on the Mind: The Psychosurgery Conflict

Willard M. Gaylin, M.D., Joel S. Meister, Ph.D., and

Robert C. Neville, Ph.D., editors

Basic Books, Inc., Publishers, 10 E. 53rd St., New York, N. Y. 10022, 1976.
VIII + 216 p., \$11.95.

This monograph was developed after a series of seminars conducted by a behavioral control task force of the Institute of Society, Ethics and the Life Sciences. Its aim was to present a thoughtful, balanced presentation of the arguments and controversies surrounding brain surgery for behavior disorders. Contributions from dynamic psychiatry, neurology, philosophy and law make this an important book. Although the authors are sometimes critical of neuro-surgical practices, their comments are couched in considerate and rather restrained language, a welcome relief from the emotionally charged and often unsubstantiated rhetoric of other writers.

The critical discussion of certain aspects of this book should not obscure the perspective of this review. The overall impression is favorable, and critical comments are not meant to cast aspersions on any of the authors or their contributions.

Willard Gaylin is an eminent analytical psychiatrist who presents his arguments skillfully and demonstrates that he has put a great deal of thought into the broader problems of ethics and medicine; yet, his chapter is pervaded with an anti-"organic" or anti-medical bias. For example, he feels that the use of an "organic" or medical model as a criterion for brain operations in patients with brain disease and abnormal behavior is irrelevant. He suggests "that it is the functioning of the individual that concerns us, and that we do not treat some theoretical organic integrity." He cites examples of operations on normal tissue to relieve symptoms in a spectrum of medical problems, as for instance the removal of healthy skin from the buttock for a skin graft to a deforming scar of the face, to substantiate his argument. However, he may be confusing the issue by interposing value systems used in dynamic psychiatry into other fields of

medicine. His argument loses strength if it is put into a medical framework. It does not really matter, for example, whether the therapeutic knife goes through healthy tissue, but whether the treatment, surgical or medical, is one that corrects a recognized disease entity. The crucial question is whether the patient suffers from a medically defined abnormality, disease or injury, based on a careful, accurate diagnosis, which can be corrected by rational treatment.

One can understand the difficulty produced when the concepts of dynamic psychiatry are applied to other medical specialties, for in psychiatry (more than in any other field of medicine) the border between normal and disease states may be blurred. Some psychiatrists have suggested that mental illness is the rule rather than the exception in our population; in psychiatric jargon this is phrased, "A neurotic process is universal in the evolution of human culture." Carrying this paradigm one step further, there are some psychiatrists who justify treating normal people by saying that any individual can be improved by psychotherapy. Most physicians reject this concept and will not administer treatment to individuals who do not have a recognized disease entity.

Herbert Vaughan's discussion of psychosurgery and brain stimulation in historical perspective is obviously the product of extensive research and thoughtful investigative efforts. He speaks for the inclusion of chronic pain surgery and the surgery of motor disorders such as Parkinson's disease under the general heading of "psychosurgery." He also implies that stereotactic surgery may be an "assault upon the soul," (page 46).

Other statements by Dr. Vaughan are also controversial. For example, on page 50 he states that anterior temporal lobectomy "is performed only when seizures cannot be controlled by anticonvulsant drug treatment. This surgery is not performed for purely psychological indications, nor is it necessarily effective in ameliorating personality disorders when these coexist with the epilepsy." However, neurosurgeon John Adams of the University of California at San Francisco reported that he had done unilateral anterior temporal lobectomies in two patients for abnormal aggressivity following temporal lobe injury.¹ These patients had no signs of clinical epilepsy and experienced significant improvement when their gliotic anterior temporal lobes were removed. Walker and Blumer,² as well as Falconer,³ reported striking improvement of hyperaggressive behavior in epileptic patients who had anterior temporal lobectomies.

Vaughan states (page 50) that "stereotactic procedures have not as yet been shown to be an effective therapeutic approach" for temporal lobe epilepsy. This statement is contradicted by Kjeld Vaernet of Copenhagen and others who have demonstrated the therapeutic effectiveness of stereotactic amygdalotomy in epileptic patients. Vaughan contends that "the association between temporal lobe epilepsy and violent behavior may be adventitious" (page 49). If this were the case, amygdalotomy ought to be equally effective in abnormally aggressive individuals whether or not they had brain disease. Yet Vaernet has shown⁴ that bilateral amygdalotomy does not change hyperaggressive behavior in individuals without signs of anatomical, psychological or biochemical brain dysfunction.

Space limitations preclude a detailed criticism of succeeding chapters, but the above comments about Drs. Gaylin and Vaughan should not obscure the virtues of their contributions. Their comments are of the sort propounded by reasonable men towards any controversial topic, and both present important and even powerful arguments about the circumstances under which neurosurgery on behavior disorders should be carried on.

The most serious deficiency in this book is perhaps the failure to present an opposing point of view. In at least one of these chapters an inclusion of

the neurological concepts and philosophy propounded by Professor Percival Bailey would have been appropriate. The addition of such an article or overview authored, for example, by an eminent neurologist of the stature of Harvard's Norman Geschwind would have added immeasurably to the balance and value of this book.

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The Doctor As Judge of Who Shall Live and Who Shall Die

Helmut Thielicke

Fortress Press, 2900 Queen Lane, Philadelphia 19129, 1976. 41 p., \$1.00.

Dr. Thielicke first presented this material in 1968 at the University of Hamburg where he was rector and professor of Systematic Theology. He then gave this lecture in English at an international conference on Ethics in Medicine at the Texas Medical Center (Houston) which appeared in *Who Shall Live? Medicine, Technology, Ethics* (Kenneth Vaux ed., Fortress Press 1970). It now appears separately as a contribution to the current discussion of legal, medical, and ethical issues surrounding the use of "extraordinary means."

Thielicke is best on the level of the foundations of classical Protestant ethics, for example, in arguing that ethics must begin with a theological understanding of the nature, destiny, and "alien dignity" of man. He clearly illustrates the Protestant viewpoint on original sin as an existential guilt such that any human (and therefore, ethical) decision will be tinged with evil consequences, especially those decisions aimed at transcending the human condition.

Thielicke's work also reflects the limitations of a tradition critical of and inexperienced in casuistry. Turning to practical issues of the goals and limits of medical intervention, he wanders over and around such questions as genetic manipulation, allocation of resources, and organ transplants. His arguments for a new definition of death and for separate physicians for donor and recipient are unfortunately already dated. But even more unfortunate are his conclusions for systematic global approaches to health problems, such as enforced eugenic sterilization which betray a totalitarian mentality in fundamental conflict with the revealed nature and destiny of man. In short, this one small work reflects