hopes that the authors consider self-interest “legitimate” when it is in pursuit of a moral duty more weighty than some other moral duty with which it conflicts. However, this is not at all clear. For example, they posit the justifiability of certain lies to protect the privacy of individuals in matters such as adultery. They do not seem to be concerned that the willingness to deceive a spouse and to pursue certain pleasures may themselves be a violation of obligations and the cultivation of a way of life prone to lying under a whole range of circumstances.

Another shortcoming of the present monograph stems from a failure to analyze the concept of “the public good.” Is it to be understood in terms of realizing moral principles such as justice, the protection of individual rights, and the moral flourishing of the community, or in terms of realizing non-moral goals such as the general happiness? While they decry narrow utilitarian arguments, they do not explicitly indicate whether they would consider a decision as ethically justified if it maximized the attainment of certain non-moral goods while violating certain strictly moral goods, such as protection of an individual right or telling the truth. These are not inconsequential questions to raise, especially since they treat utility as a principle, separate it from their discussion of justice, and never explicitly recognize that a calculation which maximizes the attainment of certain goods for the greater majority is seen by some as a concept of justice, one which contrasts sharply with the notion of justice that insists on strict equality of basic rights and requires policies to be especially advantageous to the least-advantaged.

While it is praiseworthy that the Fleishman and Payne monograph indulges in moral reasoning, some of it very sensitive and well-informed, some of the most important theoretical issues of ethics are left untidy and open the door to the potential justification of some possibly unwise and immoral policy decisions. One way to state it is that they are much more prone to justify lying because of the looseness of their views of the public good. They say, for example, that “lies will continue to be told, and be approved by many as well” (p. 27). One would think that this approval by many is precisely what a teacher of ethics in policymaking ought to challenge and what courses in ethics are designed to combat.

In the end, therefore, this monograph is only partly successful in encouraging better ethical thinking and conduct. It does raise some good points regarding the costliness of lying and the other moral wrongs explicitly analyzed.

— Arthur J. Dyck
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**Birth Control – Why Are They Lying to Women?**

Dr. Jose Espinosa

_Vantage Press, New York, 1980, 110 pp._

A new ideology surfaced within the medical profession during the 1970's. This ideology is “advocate science” and it allies the medical profession with the advocate journalists, the advocate social scientists and the advocate educators in seeking to establish assent to the values of a contraceptive mentality. This book seeks to shine a light on the dark corners of advocacy to illuminate what has been concealed from the public at large to the detriment of informed consent. The author
is a well-known and respected leader of the pro-life movement and a practicing surgeon in Cleveland, O. The book is written at the level of easy comprehension for any educated layperson. The first half is devoted to basic factual knowledge about reproduction and birth control. It re-emphasizes the incontrovertible complications of the use of the IUD and the pill in a detailed and comprehensive manner. These complications have been released to the public in piecemeal exposés over the past decade but here they are woven together into a fabric of risk not usually portrayed in the lay press or even scientific journals. It would be helpful to clergymen engaged in pastoral counseling to read Dr. Espinosa's careful documentation of the abortifacient action of the intrauterine device and oral contraceptives. It is pointed out that efficient inhibition of ovulation requires a daily dose of ethinyl estradiol of approximately 400 mcg. No birth control pill has such high doses of estrogen because the estrogen fraction is responsible for many of the undesired side effects of the pill. The reduction of the antiovulatory dose of estrogen by 80-90% (to achieve the usual commercial dose) will result in an inconsistent suppression of ovulation. The pill remains an effective anti-birth medication, however, through the additional effects of the progestin fraction-principle of which its effect on the uterine lining is to prevent nidation of the blastocyst. This latter is an abortifacient effect.

The second half of this book is aimed at a refutation of the various anti-people strategies which seem to dominate American politics both at home and in its often paternalistic activities abroad. The final chapter is an attempt at recruitment and formation in the pro-life cause with practical advice for participating in this new civil rights movement.

This is an altogether admirable and useful book written by a wise and seasoned pro-life physician.

— Eugene F. Diamond, M.D.
Professor of Pediatrics

Review of Health, Medicine and Mortality in the Sixteenth Century

Edited by Charles Webster from the Cambridge Monographs on the History of Medicine

Cambridge University Press, 32 E. 57th St., New York, N.Y. 10022, 394 pp., $39.95.

Dedicated to the memory of Sanford Vincent Larkey, the volume is divided into two major sections, the first concerned primarily with prevailing levels of health and problems of disease, the second with agencies of health care. In chapter 1, Paul Slack discusses "Mortality Crises and Epidemic Disease in England (1485-1610)." Figuring prominently among the epidemics were typhus and less well-defined disease processes such as dysentery and particularly bubonic plague which came and went before and after this period, producing years of very high mortality. In addition, there were other less well-defined disease processes. Slack