

reforms are the product of a market approach that owes more to ideological dogma than to thorough policy analysis. Unquestionable beliefs in the superiority of the market leave little scope for serious research into the appropriateness of health sector reform. The NHS experience has no lessons to offer on the value of pilot studies in introducing reforms in districts or on building effective reforms based on negotiated change or relevant experiences.

Dogmatic belief in the virtues of market-style reform has contributed to the creation of a technocratic and closed orthodoxy of universally proclaimed principles that shuns independent evaluation and research. The market approach should be neither totally endorsed nor rejected for the public sector. However, its appropriateness will depend on systematic research, learning from experience, and the development of an open and thorough policy analysis for

health sector reform. Recent health sector reform in the UK does not provide a convincing role model.

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BOOKSHELF

The myth of neuropsychiatry

A look at paradoxes, physics, and the human brain.—Donald Mender. New York: Plenum. 1994. Pp 260. \$26.95. ISBN 0-306446529.

"I feel surprise that so great a man and philosopher", wrote Spinoza, referring to Descartes' positioning of the soul in the pineal gland, "one who has laid it down as his rule to draw conclusions only such as are self-evident, he who so often has reproached scholasticism with explaining the obscure by qualities which are occult, allows himself an hypothesis more occult than all the occult qualities put together". 300 years on it seems that the flight into obscurity remains the route favoured by those wishing to make a contribution to the age-old mind-brain debate. In *The Myth of Neuropsychiatry* Donald Mender, an American academic psychiatrist, draws from ideas in physics, mathematics, and philosophy to present a new theory of mental illness.

The dust jacket promises much. We are told that the book "shakes the prevailing assumptions of wisdom to their very foundations . . . Destined to become a classic, it propounds a brilliant new theory of mental processes". As if this were not enough to whet the appetite, we are told that Mender "paves a new road for more meaningfully treating those with mental infirmities". The book is certainly unusual in its scope. Mender takes us on a world tour of quantum physics, metamathematics, and general relativity, via such fascinating by-ways as the economics of the market place in seventeenth-century Britain. The journey, though intriguing, can be heavy going, as the

poor reader is confronted with sentences such as "Gauge invariance of a quaternionic self-representation might allow torsion to distribute symmetry among the three scales of alienated identity, recast as analogues of Bose-Einstein, Fermi-Dirac, and Maxwell-Gibbs-Boltzmann statistics". If the reader understands this, then Mender has achieved his aim of presenting an intelligible new theory of mental processes. The busy clinician, however, may regret having ploughed through such abstract expatiations searching in vain for the "new road for more meaningfully treating those with mental infirmities".

Where does all this leave us? Science, as famously defined by Sir Peter Medawar, is the art of the soluble. In other words, science proceeds, not by asking the big question "What is the nature of mind?", but by asking the little question "What happens to Joe Snooks's mind when he is hit over the head by a crowbar?". And just in case Joe Snooks is reading this and starting to feel uncomfortable, don't worry Joe, a controlled experiment is not necessary. The unfortunate fact is that there are plenty of Joe Snookses out there who have been hit over the head. Science, in this context, has been the minute, particular, and systematic collection and analysis of these data. A century of neurology, neurosurgery, and neuropsychology has produced an overwhelming body of evidence that mind arises out of macromolecular

events in the brain, and that damage to the brain causes mental impairment.

Neuroscience is a young subject, but it has been astonishingly successful in its short history. So why have philosophers, physicists, and mathematicians been falling over themselves to advocate new theories of mind based on quantum physics and the like? Michael Lockwood has argued that the role of philosophy is to "pluck the fruits of knowledge before they are fully ripe". The danger, though, is that a new intellectual climate will be created in which conventional research is seen as old hat, and those who view the brain as a classical system will be regarded as eccentric. For the moment, however, it is those who deny the benefits of conventional neurobiology who appear eccentric. In Spinoza's words, they have allowed themselves an hypothesis more occult than all the occult qualities put together.

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AskRx

Camdat Corporation, 1111 Bayhill Drive,
Suite 465, San Bruno, CA 94066, USA.
\$445 (annual updates \$275). Windows,
CD-ROM versions.

AskRx is a drug database offering powerful search and analysis capabilities far more complex than any manual search can provide. Examples include: interactions hidden within a combined treatment of a dozen different medications (such as can occur in elderly patients), antibiotics that

are contraindicated in patients with glucose-6-phosphate dehydrogenase deficiency, pharmacological properties of any single drug, and anti-epileptic drugs that should be avoided in pregnancy or while breast feeding. One can search for specific information on a single drug as well as on groups of medications. Moreover, symptoms, side-effects, and contraindications can be checked to discover possible drugs that cause them.

The software is a comprehensive annually updated drug information system covering over 6000 brand, generic, and over-the-counter drugs. It offers information on indications, contraindications, interactions, side-effects, dosing, precautions, and paediatric and geriatric considerations, among other aspects of pharmacology. The data are taken from the US Pharmacopeial Dispensing Information (USP DI), which is an ongoing publication independently compiled and reviewed by national advisory

panels of professionals from the medical, pharmacy, and health-care fields.

AskRx runs under Microsoft Windows, offering a graphical environment. The software is user friendly, operated by clicking on icons, each representing a function. Various self-explanatory features include icons for indications, side-effects, and interactions. Some icons include a feature producing a list of drugs for treating a predefined medical condition (eg, asthma, epilepsy, or glaucoma). Another feature generates a list of medications to be avoided in a predefined condition (eg, cirrhosis, congestive heart failure, or porphyria). The program also contains a patient record module that creates personal patient files. The module gives on-line access to USP DI information while keeping the patient's record on display.

Windows, version 3.0 or greater, is needed as are 12.5 megabytes of free

space on the hard disk. A CD-ROM version is also available. The program requires 2 megabytes of RAM and a mouse. *AskRx* performs well on 386 and 486 processor-equipped personal computers.

We recommend the database as a powerful tool that integrates drug information in a package facilitating retrieval, thus replacing the need for tedious manual search. The program's strength lies in cross-referencing and integration, thus providing instantaneous information relevant to solving daily clinical problems. The reliance of the database on a single source of information, comprehensive as it may be, is somewhat restricting. However, we recommend it to clinicians and health-care institutions as well as to researchers and students in medicine. But the price tag is a drawback, excluding it from the reach of many individual buyers.

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Folk tradition and folk medicine in Scotland

The writings of David Rorie.—Edited by David Buchan. Edinburgh: Canongate Academic. 1994. Pp 317. £20. ISBN 1-898410011.

When the London Gender Clinic Ltd opened for business last year, the resultant hue and cry in the UK media was predictable. "Now you have a chance to choose the sex of your baby", proclaimed the clinic's promotional leaflet *Gender Preselection*. To be able to do just that is regarded by certain groups as morally repugnant, whereas others see sex preselection as merely another useful facet of family planning. Whereas most would eschew the idea of preselection if it were used to, say, reassure parents about their choice of the nursery wallpaper or the colour of baby's first pair of booties, few would deny the advantages of freeing parents from anguish about sex-linked inherited disease.

Decisions about life, it seems, were so much easier in days of yore, with folk tradition having the answers to every ailment and problem. According to Scottish folklore, for instance, becoming the proud parents of a child of the sex of your choice was simple. It all depended on how love-making had been carried out. In *Folk Tradition and Folk Medicine in Scotland*, a collection of the writings of David Rorie, there is a description of

how a woman blessed only with daughters believed that the child she was soon expecting would be a boy because "at the time of conception marital relations had been carried out with the pillows at the foot of the bed, and the husband keeping his cap on". The thinking behind this strange belief, explains Rorie, is that if daughters had been conceived in the usual position of the bed, a reversal of its arrangement would reverse the sex of the child. The influence of the cap was that it is part of outdoor clothing and therefore a sign of virility and activity. On another occasion he heard that the birth of a male child was attributed to the fact that it was "gotten under a tree", trees being supposed to have a fertilising effect on women and, he adds, cattle. A male could also be conceived if the mother anointed her "privities" with the "juice and seed of male mercury having round seeds hanging in pairs", the imagery being rather obvious. There were cures for impotence (gall of a boar anointed on the penis), spinsterhood (pilgrimage to Clach-na-Bhan, a huge granite rock on a hill in Glen Avon), and barrenness (crawling through The Deil's Needle

in Aberdeenshire, a large stone with a circular hole).

Doctor, poet, writer, songwriter, performer, and editor, David Rorie (1867–1946) was the pre-eminent folklorist of his day, his writings on folklore spanning some 40 years. *Folk Tradition and Folk Medicine in Scotland* is the culmination of a project to bring together the best of Rorie's work on folk culture and folk medicine. The task, commissioned by the David Rorie Society, fell to David Buchan, whose editing has shown the breadth of Rorie's knowledge. Occasionally the writings show flashes of today's medical dilemmas. In, for example, the chapter "Hastening the Death of the Aged, Infirm and Sick", Rorie reveals the folk evidence (not only from Scotland but also from England and Brittany) in favour of euthanasia, in all but name. It seems that choosing the sex of one's child has also turned full circle. However, I am tempted to imagine how a woman from nineteenth-century Scotland would react if she were to be transported through time to an in-vitro fertilisation clinic for treatment with donor insemination. On being told about how the sample was collected she might well ask "Did he have his cap on?"

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