

chaplains. It may be added that the young Father Gray's work among the poor in St Patrick's parish, Edinburgh, was hardly unusual; it was the lot of most young priests in the archdiocese to work as curates for a time in a poor district. In justice to his memory it should be said that it is doubtful if he would have appreciated the romanticisation of his pastoral work, or the attempt to prolong the artificiality of the nineties.

ANTHONY ROSS, O.P.

THE RIGHT TO LIFE, by Norman St John-Stevas; Hodder and Stoughton; 2.6d.

L'ENFANT MALFORMÉ, Centre D'Etudes Lannec; Lethielleux; 6.75 F.

Mr St John-Stevas has already given us in *Life, Death and the Law* one of the most learned and convincing expositions of Catholic teaching as expressed in the law of England and America. He has now produced a popular paper-back on similar themes which breaks fresh ground in a topical chapter on the Liège thalidomide baby trial, but shows the same talent for clear thinking and writing as his larger thesis. The *motif* that runs through all these six essays is that the principle of the sanctity of life is one of the fundamentals on which western society is based. As the author points out, the principle is not self-evident, it rests ultimately on the Christian doctrine of the worth of redeemed man in the sight of God. Further it is not absolute, for it has always been accepted that the Christian state has the right to take the life of certain criminals, and of aggressors in an unjust war. With the decay of Christian belief, this line of reasoning has fallen into disuse and has been replaced by an 'ill-formulated philosophy of natural rights', which is proving an insecure basis for defence against muddle-headed reformers. Hence the urgent need—and the value—of Mr Stevas' contribution.

In his first four essays, which deal with the Liège trial, abortion, suicide and euthanasia, Mr Stevas is able to show that the historic attitude of the Church, and the present position of the English law is actually more humane than the propositions of the humanist reformers. Thanks to the insistence of the obstetricians (Catholic and non-Catholic) who have conceived it their duty to try and save *both* mother and child, it is now recognised that 'therapeutic' abortion is very rarely indicated. By far the commonest medical reasons for abortion nowadays are in psychiatric cases and even in this ill-defined field it is becoming discredited. The demand (and there is an influential and wide-spread demand) for an extension of facilities for abortion is in fact based almost exclusively on so-called social grounds, though this not always admitted publicly. As for suicide, legislation in 1961 removed attempts at self-destruction from the penal code but they remain a disaster and Mr Stevas rightly emphasizes the need for more energetic medical and social measures for prevention. A total of over 5,000 suicidal deaths a year and some 30,000 attempts is worthy of attention in a Christian state.

That legalised euthanasia of the aged or the chronic sick would be a disaster at the material as well as the spiritual level is easily demonstrated but the alleged right to destroy the life of a severely handicapped child, such as thalidomide victims, is still the focal point of furious controversy. The admittedly agonising dilemma is not a new one. Like many doctors this reviewer has been confronted with such episodes from time to time and has found them difficult enough but not completely baffling. There is no need to resort to abortion or infanticide to prevent the parents' lives being shattered, or a child being left to linger in agony. It is however essential that proper plans for the care and institutional accommodation of such children (if necessary) should be made *beforehand*, as a part of the routine of a Health service, or doctors and parents may be shocked into panic action as apparently they were at Liège. The father should be brought into the picture at once and the doctor should discuss with him what line to take with the mother, according to the degree of defect and the woman's temperament. It may save immense distress later if she is allowed to take her own time over decisions as to what the family is willing and able (in justice to the other children) to do for the child.

As regards the state's right to kill, Mr Stevas leans heavily towards the modern view which would restrict the exercise of the right to a minimum, whether the 'unjust aggressor' is a murderer or an attacking nation. He holds that capital punishment is no longer justifiable, and he almost gets bogged down in the unilateralist position towards armaments. As a convinced unilateralist I was greatly relieved that *Pacem in Terris* with its magnificently exalted handling of the whole disarmament problem arrived in time to be included in his final chapter.

The fact that the French book on the malformed child is sponsored by the *Centre d'Etudes Laennec* is a guarantee of scholarly discussion on the highest level. It consists of some dozen of papers by Jesuit priests and medical authorities mainly from the Paris teaching schools, on the medical, educational, legal and moral aspects of the now familiar problems of the handicapped. The result is an exhaustive and authoritative survey expressed in simple language, which can challenge comparison with anything one has met in English or American literature. To the large public, clerical, medical and lay, which is deeply concerned in these medico-moral problems, both books may be strongly commended.

LETITIA FAIRFIELD

MONTEVERDI, by Denis Arnold; Dent (Master Musicians Series); 15s.

Monteverdi is one of the least known of the great composers. Like Bach he was all but forgotten after his death: conscientious historians made more or less respectful obeisances towards him, but his music was virtually unknown. Twentieth-century musicologists have recorded no greater triumph than