

uncomprehending riposte. Common sense versus scientific realism, both against an unwavering theistic backdrop.

On Leibniz's mature metaphysical views, his side of the correspondence is helpful and revealing. Leibniz straightforwardly enunciates and commits himself to positions the world then and since has seen as extravagant if not bizarre. Among them are the doctrine of the pre-established harmony. In one place he answers a question the inquirer will find seldom clearly addressed elsewhere. 'It is true that there is no production of new simple substances' (57) must imply that you and I and all other simple monads have been in the world since its first creation. (Since the creation and annihilation of monads are for Leibniz miracles whenever they occur, monadology as such might have allowed God's perfection to bring later monads into the scheme of things.)

Leibniz's transparency also makes it difficult to accept the once orthodox and now rightly contested view that he was a metaphysical idealist. These spirited adumbrations, at the very end of his life, affirm a *body realism* as clearly as could be asked for.

The broad contours of the fundamental view of the world conveyed in this correspondence are *dualist*. This is true on both sides: Clarke and Leibniz both affirm the reality of minds and bodies, and their deep difference of kind. There are otherwise of course enormous contrasts and oppositions of view between the two. In the case of Leibniz what stands out for this reviewer is a strong sense that, as with Spinoza, the centre of gravity in the system and what motivates it is to be found in the philosophy of Descartes. The fundamental conception (for both Spinoza and Leibniz) is that something at the core in Descartes is profoundly right and sound; and the primary impetus is to get the details straight, and correct Cartesian crudities, but in a deeply Cartesian way. Leibniz sets the fundamental Cartesian picture out clearly and succinctly in 124 (fifth letter): 'All the natural forces of bodies are subject to mechanical laws, and all the natural powers of spirits are subject to moral laws. The former follow the order of efficient causes, and the latter follow the order of final causes. The former operate without liberty, like a watch; the latter operate with liberty, though they exactly agree with that machine which another cause, free and superior, has adapted to them beforehand' (64). Similarly Cartesian is Leibniz's vehement repudiation of action at a distance, and non-corpusecular forces, as occult. This of course is one of the most significant sites of clash with Newton.

Some of the most interesting features of contrast and dispute are theological. Leibniz repeatedly asserts that if God had to choose between entirely equivalent alternatives, since he is perfectly rational he could not act at all; and Clarke repeatedly denies this. Leibniz repeatedly asserts that divine perfection implies creating the most possible reality; and Clarke repeatedly denies this. Each offers what they take to be compelling proof of their view, Clarke accusing Leibniz of question-begging and Leibniz accusing Clarke of accepting unintelligible or wholly unmotivated conceptions of agency.

Throughout Clarke represents scientifically-informed common sense. Indeed, he is a scientific and common sense realist, sharply aware of contrasts between the nature of things and the evidence for it. (Clarke is also a clear, fully explicit, advocate of a sense data theory of perception.) Leibniz speaks for the convergence of what is real, or possible, and what is observable or testable. He is the proto-operationalist; and the seeker of most comprehensive theoretical account.

This volume would be an ideal choice for any course in the history of philosophy in the post-Renaissance period. Because it is so short it would work well in a general survey; or in a detailed course on Leibniz, or in Enlightenment intellectual history. It would also serve effectively in a course in philosophy of religion; or a general introductory philosophy course. The positions present themselves as clear, contrasting, and at least locally persuasive — you tend to assent to whomever of the two you are reading (given their assumptions). It is fun, lively; and importantly philosophical. Highly recommended.

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Glenn McGee, ed.
Pragmatic Bioethics.
Nashville, TN: Vanderbilt University Press
1999. Pp. xvi + 302.
US\$49.95 (cloth: ISBN 0-8265-1320-4);
US\$19.95 (paper: ISBN 0-8265-1321-2).

Recent advances in medical technology have produced a veritable moral imbroglio, navigation out of which apparently requires a 'new' set of moral tools. As responses, various brands of practical moralizing have emerged on the scene, including the ever-present Georgetown principlism, the time-honoured casuistical, or case-centered, approach and various feminist approaches. The usual suspects, deontology and utilitarianism, of course, still remain live options.

On other fronts, the pragmatist philosophy of C.S. Peirce, William James and John Dewey is enjoying a renaissance of sorts, thanks in part to such sympathizers and proponents as Richard Rorty, Susan Haack, Hilary Putnam and Cheryl Misak, among others. The central insight behind pragmatism is that philosophical theories need to have some cash value in practice, for without practical consequences, theory is of no use for inquiry into what

ought to be done. *Pragmatic Bioethics* tries to bring this renewed interest in pragmatism into contact with practical investigations of health-care ethics. As its editor explains in his brief introduction, the contributors to this volume aim 'to make manifest the outlines and dimensions of pragmatic philosophy so that elements of a pragmatic method for inquiry in bioethics can be ascertained and discussed' (xv).

Pragmatic Bioethics is broken down into three sections and contains eighteen papers, in addition to an introduction by the editor. The first section, 'The Pragmatic Method in Bioethics', contains five essays devoted to articulating the pragmatist bioethical method. In the main, the philosophical content of these essays is somewhat thin and somewhat vague. The chapters emphasize that pragmatic bioethical decision-making employs a plethora of criteria, and relies on no logically prior morally salient criteria, e.g., good consequences, in making decisions. In other words, the authors emphasize the idea that different contexts require different considerations for use in arriving at decisions. What these essays fail to provide, however, is an overall account of what the method of pragmatism hopes to achieve when it is applied to problems in health-care ethics.

The second and third sections of the anthology attempt to put various aspects of the methodology to work by visiting it upon a few contemporary debates and issues in health care ethics, including death and dying, patient-physician relationships, alternative forms of healing, genetics, mental illness, old age, and so on. Lamentably, many of these essays provide mostly exegesis and little in the way of new elucidation of complex moral problems. Consider, for example, 'The Medical Covenant: A Roycean Perspective': C. Griffin Trotter concludes his chapter by stating that 'when faced with a conflict between patient preference and community interest, physicians should act in the spirit of loyalty ... [where] the art of loyalty requires more than applying a formula' (96). This is an important and interesting issue, but Trotter never quite articulates what acting on loyalty actually entails in these difficult situations. D. Micah Hester argues that if we take the idea of dying with dignity seriously, 'it will not be surprising to find that we are not only initially but reflectively — that is, "ethically" — obligated to help some particular terminally ill patients' (127). Rather than examining and defending this idea, Hester is content to conclude that 'through genuine, sincere, and thorough reflection we will find that moral justification exists for these acts' (128). True, but to be of any interest the paper ought to have started rather than concluded here.

Both the editor and Herman J. Saatkamp discuss how we should let morality guide the use of genetic information in social and individual choices. McGee's article discusses the possible negative impact of genetic information and its use on the relationship between parents and their children. Saatkamp begins to outline a set of pragmatist-inspired guidelines for both individual and social decision-making on the basis of genetic information. In, 'Ethical and Cultural Competence', Marian Gray Secundy discusses the nature of the 'scope of knowledge, scope of responsibility, limitations, and characteristics

of ethics consultants' (247). Her main thesis is that consultants, whatever their role, require 'a minimum level of literacy, or ... cultural competence' (249). Even though it is unclear what it means, or whether it is ultimately possible, to possess cultural competence, the paper raises the important issue regarding the nature of the currency that ethics consultants traffic in. Yet, there is no explicit discussion of the role of a consultant, since Secundy thinks that no matter what the consultant's role turns out to be, cultural competence is a key component of the consultant's knowledge base.

And this gap in Secundy's essay points to a major lacuna in this anthology: there is no explicit discussion of the nature and role of the philosopher or clinician qua health-care ethics consultant. Are health-care ethicists responsible for delivering edicts? If so, what is the basis of these edicts? Or should they be primarily concerned with methodological or conceptual questions? What role ought they to play in shaping policy, if any? Whatever the proper role, this anthology does not grapple with this issue directly, and given the state and popularity of health-care ethics both in and out of the academy, it ought to have done just this.

One of the blurbs on the jacket recommends this book for use in teaching undergraduates and clinicians. This is unrealistic, for the chapters do not engage in enough stage-setting to be pedagogically useful for students and clinicians entering this area of philosophy for the first time. Moreover, the lion's share of the chapters are devoted to interpretation of the various pragmatist philosophers, posing a real impediment for those in need of a barrier-free introduction to the problems in health-care ethics. Those looking for an introduction are advised to look elsewhere.

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Noburu Notomi
*The Unity of Plato's Sophist:
Between the Sophist and the Philosopher.*
New York: Cambridge University Press 1999.
Pp. xxi + 346.
US\$64.95. ISBN 0-521-63259-5.

Noburu Notomi's book offers an exciting new interpretation of one of Plato's most difficult dialogues; a reading that attempts to answer the question of what issue it is which the dialogue *as a whole* confronts. As the dialogue's prologue indicates, this turns out to be the problem of identifying the sophist and differentiating him from the philosopher. Because this problem is due to the sophist's ability to appear wise without being so, the nature