

business-as-usual fashion after a massive catastrophe. Surely there are other issues related to bioterrorism more worthy of our consideration.

If many of the contributions provide familiar philosophical platitudes in response to hugely complex social emergencies, what might constitute a useful contribution? First, scholars in bioethics and health law should not assume that they have useful lessons to teach physicians, policy-makers and government agencies. It would be helpful for a collection of this sort to offer contributions from a number of different perspectives and professions. For example, a discussion of bioterrorism ought to provide some insight into the major potential sources of terrorism. Recognizing that terrorist acts are difficult to predict and anticipate — uncertainty and unpredictability are important components of terrorism — are there particular scenarios that deserve our attention as we develop professional, legislative, and organizational responses to terrorist threats? These are questions that bioethicists and humanities professors are not particularly well equipped to address; contributions from researchers working in conflict studies, international relations, or in national security agencies might provide insight into these matters.

Second, discussions about preparation for terrorism are, in part, conversations about risk analysis and risk management. What terrorist-related acts ought to be uppermost in our minds as we develop antiterrorist legislation and emergency measures acts? What portion of funds ought to be allocated to preventing and responding to bioterrorism, for example, in relation to other threats to public health? If one goal of advance planning is to reduce rates of mortality and morbidity, how should planning for bioterrorism be weighed against other significant risks?

Finally, what topics most deserve public consideration when deliberating threats posed by terrorism? Various contributors to *In the Wake of Terror* mention the need for seeking “public consensus” and promoting “transparency” in public deliberations. Unfortunately, they are much less explicit about the

core social issues that ought to be at the very top of the list of matters requiring public deliberation and consultation.

If *In the Wake of Terror* suffers from one salient weakness it is that too many of the contributors were permitted to ride their favourite hobby horses instead of addressing the new and profound challenges posed by terrorism. One might think that the events of Sept. 11, 2001, would lead American bioethicists to reconsider their intellectual priorities and recognize the importance of issues that have previously attracted the attention of foreign policy specialists, the intelligence community, and emergency care providers far more than bioethicists and health law specialists. Instead, too many contributors have been content to

remain within the well-worn ruts of research ethics, organization ethics, and access to health care. After reading *In the Wake of Terror*, I am quite confident that if a bioterrorist attack ravages Los Angeles and San Francisco, and an earthquake sheers California away from the mainland, there will still be an ethicist willing to argue that the problem could have been prevented had all Americans had access to universal health care and biomedical research been better regulated.

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Illness and metaphor

Hay fever

“Try this. The chemist says it’s the best hay-fever cure there is.”

“It’s in a lot of languages,” I said as I took the wrapper off. “I suppose German hay is the same as any other sort of hay? Oh, here it is in English. I say this is a what-d’-you-call-it cure.”

“So the man said.”

“Homœopathic. It’s made from the pollen that causes hay-fever. Yes. Ah, yes.” I coughed, slightly, and looked at Beatrice out of the corner of my eye. “I suppose,” I said, carelessly, “if anybody took this who *hadn’t* got hay-fever, the results might be rather — I mean that he might then find that he — in fact, er — *had* got it.”

“Sure to,” said Beatrice.

“Yes. That makes us a little thoughtful; we don’t want to over-do this thing.” I went on reading the instructions. “You know, it’s rather odd about my hay-fever — it’s generally worse in town than in the country.”

“But then you started so late, dear. You haven’t really got into the swing of it yet.”

“Yes, but still — you know, I have my doubts about the gentleman who invented this. We don’t see eye to eye in this matter, Beatrice, you may be right — perhaps I haven’t got hay-fever.”

“Oh, don’t give up.”

“But all the same I know I’ve got something. It’s a funny thing about my being worse in town than in the country. That looks rather as if — By Jove, I know what it is — I’ve got just the opposite of hay-fever.”

“What is the opposite of hay?”

“Why, bricks and things.”

I gave a last sneeze and began to wrap up the cure.

“Take this pollen stuff back,” I said to Beatrice, “and ask the man if he’s got anything homœopathic made from paving-stones. Because, you know, that’s what I really want.”

“You *have* got a cold,” said Beatrice.

From A.A. Milne, “A Summer Cold.” In: *The Holiday Round*, London: Methuen; 1912.