
GENERAL PRACTICE LITERATURE

NEW BOOKS

MOTHERS AND DAUGHTERS

M. Blaxter, E. Paterson

Heinemann Educational (1982)
London

211 Pages. Price £14.50

This is the fifth in a series of volumes commissioned by the DHSS through the Social Science Research Council which examines the subject of deprivation and disadvantage.

This particular volume explores the hypothesis that health deprivation is transmitted through continuity in cultural beliefs and attitudes. Forty-seven selected grandmothers in social classes IV and V, who had daughters (also in social classes IV and V) with children of their own and who lived in the same locality were interviewed once a month for six months. At these interviews, data about health attitudes, perceptions of health services, use of health services and reported illness was collected and is presented under chapter headings which cover topics such as 'Accidents and safety', 'Immunisation', 'Fertility control' and 'Concepts of health, illness and disease'. The authors' inevitable conclusion is that the hypothesis is not supported in its original simple form because reality is very much more complicated.

The impression gained is of a mass of data rather arbitrarily and superficially collected in an attempt to support a very broad hypothesis when a more specific hypothesis might have been more easily testable. I say 'might' because of the daunting methodological problems of looking at intergenerational influences separate from wider social changes taking place over a period of time, and because of the difficulty of establishing direct causal relationships between attitudes and behaviour.

On the whole, this study reinforces my belief that materialist rather than cultural or behavioural explanations are a more appropriate model for exploring the relationship between health and inequality. Fatalism may well lead to poor uptake of preventive health measures, but fatalism is not an attitude plucked out of the air: it is part of the under-

developed sense of personal control and self-mastery found in conditions of material insecurity.

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WOMEN DOCTORS. CHOICES AND CONSTRAINTS IN POLICIES FOR MEDICAL MANPOWER

Patricia Day

King's Fund, London (1982)

136 pages. Price £2.30

That 'problem', the woman doctor, has been under discussion ever since Sophia Jex-Blake became the first woman to enter medical school in Britain. It is still common to hear opinions ranging from 'it's a waste of resources to train women to be doctors', to 'women have special skills which make them essential members of the profession'.

Meanwhile, the female proportion of the profession steadily increases, and of the 1980-81 medical student intake, 40 per cent were women. The implications for training, career structure and manpower cannot be ignored. Women doctors are a fact of medical life and it is time to take account of facts rather than opinions.

In her report, Patricia Day collates what information there is available about the careers of women doctors. She sets this against the background of present day society, in which it has become the norm for women to undertake paid employment, and also compares the situation in Britain with that in other countries.

The evidence suggests that careers of both men and women doctors are often decided by chance rather than choice. If given free choice, their preferences differ, with more women attracted towards primary care and preventive medicine (areas which are being given increasing priority by society). However, choice is limited by training which is long and involves frequent geographical movement, thereby presenting particular problems for doctors with domestic commitments and often two careers to consider.

Present career structures do not easily lend themselves to working patterns

other than those conforming to full-time continuous employment, that is, the 'normal male pattern'. Despite this, the percentage of women doctors not working has dropped to single figures and, with more opportunities for part-time work in career grade medicine, could be reduced further.

Medical knowledge and its application continually changes, and if the profession is to meet the needs of a changing society, career patterns of doctors will also need to change.

This report provides the facts on which discussion about the future contribution of women must be based. As such, it should be essential reading for all involved in training, career counselling and manpower (or should I say womanpower?) planning.

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STATISTICS IN PRACTICE

BMJ

London (1982)

100 pages. Price £7.00 inland,
\$27.50 abroad; concessionary price
to BMJ members of £6.00 inland
and \$25.00 abroad

Eight articles on statistics and ethics in medical research paint a picture of the comprehensive failure of British medicine to understand, let alone accept, the crucial importance of biostatistics. A huge proportion of published material—even in the most pukka journals—crumbles under relatively simple statistical and methodological scrutiny. Thirteen articles on the assessment of clinical trials and 10 on assessing statistical methods, provide an accessible manual in question and answer form, with illustrations, of medical research and design technique.

The double bind about statistics for the family doctor is this. He needs to teach himself to assess papers which might affect his daily work. Yet he may never get round to it, encouraged as he is to contract out his statistics to an expert when doing research himself, because 'bad statistics are unethical'. The first bind is the tighter with the dearth of digestible books imparting statistical knowledge of immediate use to those