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

C. K. DRINKWATER
Senior Lecturer in Family Medicine
Department of Family and Community
Medicine
University of Newcastle upon Tyne

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.

ANGELA DOUGLAS
Part-time General Practitioner
and Part-time Clinical Medical Officer
Woodbury, Devon

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

reading medical journals. The second is frustrated by the availability of too few statisticians for any businesslike approach to obtaining statistical advice to be possible.

Statistics in Practice loosens the first bind substantially. A full time College statistician at members' disposal would loosen the second.

> N. I. H. BRADLEY General Practitioner, Exeter

RHEUMATOLOGY IN GENERAL PRACTICE

Michael Rogers, Norman Williams

Churchill Livingstone Edinburgh (1982)

266 pages. Price £7.50

Musculoskeletal disorders form a large part of the general practice workload, and they not infrequently tax our diagnostic and management capabilities. This is an area of clinical care, however, which has been sadly neglected at all levels of medical training until quite recently. Only now are we waking up to the fact that what we need in the way of expertise is not what has been customarily on offer from training, books, meetings and courses.

A hearty welcome, therefore, to this clear, concise and practical manual which really gets to grips with the demands of rheumatology. Distinguishing the commoner disorders, investigating them, picking one's way through the maze of anti-inflammatory drugs; it is all here and plenty more. The authors are a general practitioner/clinical assistant and his consultant colleague, and they open with five introductory chapters covering general aspects, such as incidence, symptomatology, general principles of management and straightforward investigation.

The advice is sound, though in places a little over-cautious. For instance, under x-rays we are told that 'the patient with . . . inflammatory arthropathy is obviously going to be referred to hospital for further management.' The indispensability of the consultant dies hard.

In contrast there is an excellent section on steroid injections, the judicious use of which in general practice has saved many a patient unnecessary discomfort waiting for the clinic appointment which never seems to arrive. After a section on the commoner arthritides, regional problems of neck, arm, back and leg are given excellent coverage.

The only major quibble I have is with the final chapter—'The disabled patient'. Systematic management of arthritic disablement is an area for the concerned and conscientious family doctor and should have been allocated more space.

The only other alterations for the next edition are minor ones. A profusion of spelling mistakes and some inconsistencies tend to confuse. Very much up with the times, however, are the final 30 pages of self-assessment. Rheumatology in general practice is not for slackers.

TIM PAINE General Practitioner and Clinical Assistant in Rheumatology, Bristol

BOOKS FOR PATIENTS

TAKING THE STRAIN

Robert Eagle

BBC Publications London (1982)

96 pages. Price £2.75

A useful book-of-the-film which can be easily recommended to anyone who seriously wants to learn how to relax through biofeedback, autogenic training, hypnosis, yoga, meditation or massage. The book is based on the BBC series *Taking the Strain*.

THE NO-DIET BOOK

Michael Spira

Fontana London (1982) 156 pages. Price £1.50

Most of what the author tells us is unexceptionable, being based on common sense (which is nowadays, and in this book particularly, called behaviour modification). The message, encapsulated in 30 'rules' boils down to two things: eat a little less than you think you need,

and always stop eating as soon as you no longer feel hungry. It is not a simple business, and requires a good deal of work, but it does appear (no scientifically acceptable evidence is offered) likely to work, and to those many desperate people, patients and doctors alike, this book will hold out much hope.

PARKINSON'S DISEASE. THE FACTS

Gerald Stern, Andrew Lees

Oxford University Press (1982)

74 pages. Price £5.95

Indeed the facts, but written in overtechnical language, mixed with much irrelevant material and with some illustrations that would do for a medical textbook. Most sufferers would be better advised to join the Parkinson's Disease Society (81 Queen's Road, London SE19 8NR).

FOOD FOR ARTHRITICS

Judy Andrews, Jim Andrews

Faber & Faber London (1982)

187 pages. Price £6.95 (hardback), £2.95 (paperback)

Based on the personal experience of one of the authors, who was told he had 'arthritis, not rheumatoid', who came across the Dong diet, tried it and lost all his pain. The diet forbids all animal products (but not fish) and fruit (but not vegetables) with the theoretical aim of eliminating 'toxic substances and anogens'. The book contains many recipes that are straightforward and practical. It can be safely recommended on culinary grounds, whatever one's scepticism is about the scientific evidence for the diet.

THE FAMILY GOOD HEALTH GUIDE: COMMON SENSE ON COMMON HEALTH PROBLEMS

John Fry, Alistair Moulds, Gillian Strube, Eric Gambrill

MTP Lancaster (1982) 292 pages. Price £9.95

Fry for the middle classes. The tenor of the text and many of the figures are reproduced from medical textbooks by him. Some of the writing seems unduly influenced by the fact that the authors are all doctors (phrases like 'joints may become mechanically deranged'). Nevertheless, there is a great deal of valuable material here—the emphasis on self-care, sound commonsense, the wise advice to put up with what is not lifethreatening, and the useful guides to who does what in the care of pregnant women and children.

S .B.