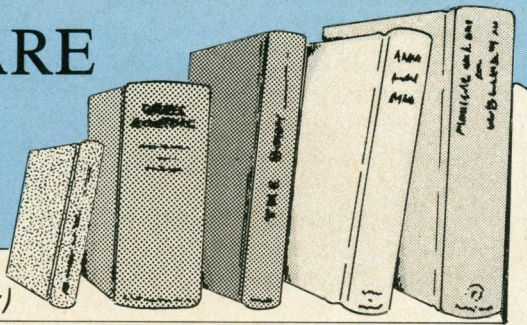


PRIMARY CARE BOOK SHELF

NIGEL STOTT (Reviews Editor)



Reviews by:-

JUNE SMAIL
JENNY FIELD
KAY CALLENDER
CLIVE FROGGATT
HELEN HOUSTON

A HISTORY OF WOMEN'S BODIES

Edward Shorter

Penguin Books, London (1984)

398 pages. Price £3.95

WOMEN'S PROBLEMS IN GENERAL PRACTICE

A. McPherson and A. Anderson

Oxford University Press (1983)

390 pages. Price £12.50

THE PREMENSTRUAL SYNDROME AND PROGESTERONE THERAPY

K. Dalton

Heinemann Medical Books, London (1984)

292 pages. Price £8.95

SEXUAL MEDICINE

G. R. Freedman

Churchill Livingstone, Edinburgh (1983)

195 pages. Price £8.50

CLINICAL IN VITRO FERTILIZATION

Carl Wood and Alan Trounson

Springer-Verlag, Berlin (1984)

212 pages. Price £22.00

HEALTH FOR A CHANGE

The Provision of Preventive Health Care in Pregnancy
and Early Childhood

Sue Dowling

Child Poverty Action Group, London (1983)

182 pages. Price £3.95

THE SOCIAL AND PSYCHOLOGICAL ORIGINS OF THE CLIMACTERIC SYNDROME

J. C. Greene

Gower, Aldershot (1984)

247 pages. Price £16.50

'There is no tragedy so sad as a splendid hypothesis disqualified by new data,' said Bertrand Russell. Nowhere has this statement been more apposite than in the way loose hypotheses have been inappropriately applied by health care workers, and it is women with children who have probably suffered and gained most over the centuries from

their interventions. As a mere male, I found myself siding quietly with Sir Thomas Browne as I read this month's reviews: 'Think not silence the wisdom of fools, but, if rightly timed the honour of wise men who have not the infirmity, but the virtue of taciturnity!'

Edward Shorter, a historian at Toronto University, has written a most interesting and absorbing *History of women's bodies*. It is a scholarly work, extensively referenced and includes numerous graphic contemporary accounts of the medical fate of women from the sixteenth century onwards.

The author points out that although the anatomy and physiology of women has changed little over the years, their lot in terms of the misadventures of childbirth, abortion and various pelvic diseases has changed dramatically. He goes on to argue that as a result of advances in the care of women's ailments over the past few centuries, a 'physical platform' has been created in the twentieth century which allowed for the emancipation of women and the launching of feminism.

In the seventeenth century women had to struggle for existence, physically exhausted from caring for large families, subjected to unwanted and unplanned pregnancies and to the hazards of giving birth, and dying from puerperal sepsis or an inverted uterus. The extremely poor medical care given to women is described; midwives were ignorant of anatomy and caused much grief and suffering during childbirth. They fiddled and meddled harmfully. Internal version and breech extraction was the much practised and dangerous remedy for obstructed labour. Failing this, decapitation and craniotomy of the fetus was practised, frequently with dire outcome.

During the eighteenth century forceps deliveries became more commonplace. The famous man midwife, William Hunter, is quoted as saying that the forceps 'murdered 20 babies for every one they saved'. Formal training of midwives began in the latter part of the century, at a time when one in four deaths among fertile women occurred during childbirth. Women had an overwhelming physical disadvantage in relation to men and were therefore felt to be diseased and inferior. The traditional husband usually ignored his wife's physical complaints. However, during the nineteenth century men became more receptive

to tenderness, and a new style of family life emerged as women's sufferings in childbirth declined and doctors and midwives became better trained. As the twentieth century progressed and as their physical health improved women could at last begin to have equality with men.

Although this book is written primarily for medical historians, a wider audience would be interested in it. As a midwife I found it both informative and absorbing, but some lay people may find the prose too lurid to stomach. It should certainly prove of interest to general practitioner obstetricians and enlightening to medical students.

J.E.S.

The introduction to *Women's problems in general practice* refers to a manuscript dating from 1500, with the title 'Medieval woman's guide to health', which was produced 'because women were dissatisfied with their treatment at the hands of male physicians and were endeavouring to instruct one another as to how to help women with their gynaecological problems'. Many women still echo these dissatisfactions, but this text provides evidence that at least some doctors are listening and trying to understand their difficulties.

The editors have chosen the main health problems which are specific to women (excluding obstetrics) and each is covered by a different author who gives critical review of current opinions on both aetiology and management. This style is especially good in areas where there is therapeutic confusion such as premenstrual tension and the menopause. A patient-centred approach is adopted throughout, so the excellent chapter on menstrual problems could combine an account of menstrual myths likely to influence women's experience of menstruation with a balanced view of the literature. Practical help to the general practitioner is given in the guidelines for counselling in cases of unwanted pregnancy, including awareness of the importance of the doctor's own feelings. A bibliography of further reading for patients is provided with each chapter.

The authors come from diverse backgrounds and they are neither all doctors nor all women. This leads to refreshing variations in approach with the possible exception of the traditional textbook nature of the chapter on vaginal discharge. I was also surprised to find no mention of the role of *Chlamydia* in pelvic inflammatory diseases, and *Candida* and *Trichomonas* are listed under 'Bacterial causes'. This book is not a feminist tract but I should have liked the editors to have given the final chapter to Hilary Graham's article about the deficiencies of health education for women and the political implications of this. Perhaps they were anxious to leave the reader with more comfortable thoughts by closing the book with a helpful account of eating problems and a calorie-rich diet for anorexics.

I believe this book should be on the bookshelf of every general practitioner for reading and for reference. Is it too much to hope that books of this kind will enable women, after 500 years, to feel more satisfied with their care from male physicians?

J.F.

The forte of Dr Dalton's second edition of *The premenstrual syndrome and progesterone therapy* lies mainly in the first five chapters, where she emphasizes the importance of establishing the correct diagnosis of the premenstrual syndrome. The definition she includes at the beginning of each chapter is: 'The premenstrual syndrome is the recurrence of symptoms in the premenstruum, with an absence of symptoms in the postmenstruum.'

She stresses that the diagnosis is based on the timing, not the nature, of the symptoms. Patients must keep a daily record of their symptomatology in order to exclude menstrual distress and other non-cycling disorders. Menstrual distress involves the presence of symptoms in other phases of the cycle, however mild. The symptoms are legion, and she elaborates on both the psychological and somatic ones.

Her description of the numerous hypothesized aetiologies is remarkably comprehensive and up-to-date. This covers not only the sex hormone theories, but also more recent ones of endorphin and CXMSH disturbances. The finding that low sex-hormone binding globulin levels may be a useful diagnostic test is also mentioned. Her irrational conclusion to this chapter, that progesterone is the treatment of choice in severe cases, regardless of aetiology, is unfortunate, and detracts from the scientific credibility of an otherwise excellent account.

The second section of the book describes fully the differences between, and the function of, progesterone (the real thing) and progestogens (synthetic progesterone). Progestogens actually lower plasma progesterone levels and 'should play no part in the treatment of the premenstrual syndrome'.

Dr Dalton's view is that the treatment of the syndrome depends not on the nature of the symptoms, but on whether it is mild, moderate, or severe. The first two categories require explanation and education. Moderate premenstrual syndrome requires an alteration of diet and lifestyle, as well as non-hormonal medication. Diuretics, pyridoxine and bromocryptine are considered but the accounts of their efficacy, and conclusions as to their use, are very muddled. Cases in which the premenstrual syndrome is severe should be treated with progesterone therapy in a tailor-made regimen for each patient. If this fails to work, either the diagnosis is wrong or the dosage is inadequate. Details of the use of progesterone suppositories, pessaries, injection and implantation then follow.

The closing chapters describe the problems of clinical studies and the relationship between the premenstrual syndrome and a variety of menstrual and pregnancy disorders.

This book is no doubt a valuable contribution to the literature on premenstrual syndrome. Unfortunately, because of lack of care, the closing chapters are irritating to read and one is left wondering how many of the claims are valid.

K.C.

Sexual medicine is the sixth volume in Churchill Livingstone's Library of General Practice. It is a readable and remarkably comprehensive text of less than 200 pages. Eight chapters deal with the physiology, causes, presentation, management and treatment of sexual dysfunction with sensitive attention being paid to the sexuality of the young, the elderly and the handicapped. A final chapter on sexual variations and offences is followed by useful appendices and two self-assessment papers by I.M. Stanley and J.H.Walker.

Dr Freedman uses clinical histories and anecdotes extensively in this book and combines a fairly dogmatic style with convincing patient-centred sensitivity. The further reading lists with every chapter are rather extensive for the average reader and would have been better as conventional references. However, this is a minor criticism of a useful text which focuses on the neglected emotional aspects of sexual dysfunction yet also succeeds in coverage of relevant physical problems.

Churchill Livingstone have added a book to their library which should be useful to practising doctors and to those who prepare reading lists for vocational training. The person is never displaced by the problem in this text, thus it is in a style which does credit to family medicine.

N.C.H.S.

So far as the authors of *Clinical in vitro fertilization* are concerned, the family doctor does not exist. The current status of in vitro fertilization and embryo transfer is reviewed by eminent workers in the field of breeding test-tube babies and, as such, the book is easy to read. In the detailed description of selection of suitable parents and the antenatal and postnatal care that follows, there is no mention of involving the family doctor; it is simply said to be 'mandatory that specialist obstetricians and paediatricians supervise these patients'. The principles and practices of family medicine are either unrecognized or ignored.

The authors suggest that when improved culture conditions are available, it would be quite proper to arrange cloning for couples who want identical twins. And, using a different technique, clones of up to 100 human embryos would be possible (and may be justified) in cases where genetic abnormalities may be present.

It is interesting but not surprising to a family doctor that the section on ethics is somewhat confused. Is it really true, for example, that 'all normal embryos are transferred to patients and do not undergo experimentation'?

The book spotlights many disturbing issues that are central to the debate on in vitro fertilization and embryo transfer. By describing the state of the science the authors do nothing to reassure me about the future.

C.F.

Health for a change is a study of many different schemes throughout England and Wales which have attempted to bring the preventive services in pregnancy and early childhood close to those families who most need them. All the schemes are on a small scale and have been established to try and fulfil local needs.

In her introduction, Sue Dowling points out that the higher rates of perinatal mortality, childhood deaths and childhood disease are among those who use the preventive services least — that is, the poor, single parent families, non-English speakers and social classes 4 and 5. She emphasizes that these people may not be 'poor users', but that the NHS may be a 'poor provider'.

She asked many sources for details of any local schemes to improve the provision of services for these groups and chose about 60 of them for her study. Each scheme is detailed in descriptive terms with very little evaluation except by anecdotal reports and the author's personal opinion, which pervades the whole text. The book is intended to provide all those involved in the provision of preventive care with new ideas; however, the schemes were mostly old ideas with only a few being truly innovative.

One excellent feature is the inclusion of the names and addresses of key contacts for all the schemes, enabling an interested reader to obtain more information. I do not think that this book will be general reading for most general practitioners, however it could be useful for two groups of doctors: those whose patients include large numbers of 'non-users' of preventive services, and those wishing to introduce a new method of delivering preventive care, perhaps in the workplace or by inviting specialists into the community.

H.H.

The social and psychological origins of the climacteric syndrome is an academic text by a clinician who brings together biomedical and sociopsychological research on the climacteric, its antecedents, its associated features and its consequences. Those who enjoy concise summarized research from many different disciplines will find the book a delight. The authors' unusual insight into the strengths and weaknesses of empirically based research in different behavioural sciences shines through the text as he sets his own work in the context of an international literature review of the topic.

Line diagrams, flow charts, graphs and tables help to clarify and condense the evidence presented in a book which concludes with a description of a socio-psychological model of the climacteric. This eschews a purely biomedical approach to the problem and also questions many of the common assumptions in the behavioural sciences about the climacteric syndrome.

Do not buy this book if you are a recipe-book clinician; get the book if you want to indulge in some original thinking about an important problem and question some dogma emerging from famous people who should know better.

N.C.H.S.