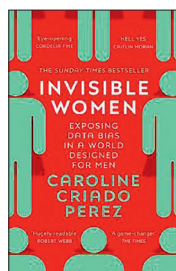


Life & Times Books

Invisible Women: Exposing Data Bias in a World Designed For Men

Caroline Criado Perez

Vintage, 2020, PB, 432pp, £7.99, 978-1784706289



MIND THE GAP

This book is a startling exposé of the bias that exists against half the world's population. Through case studies, Perez illustrates the impact on women's lives of a world constructed on male data. Three themes recur: the effects on the female body, women's unpaid care burden, and the impact of male violence against women.

In 1977, in the US, women of childbearing age were excluded from drug trials, because of the thalidomide scandal.¹ Women remain under-represented in studies. Menstrual cycle impacts have been found for antipsychotics, antihistamines, antibiotics, and heart medication, meaning that dosages can sometimes be too high or too low,² and drug-induced arrhythmias more likely.^{3,4} UK research suggests that women are 50% more likely to be misdiagnosed following a heart attack,⁵ not only because doctors fail to recognise signs, formerly attributed as 'atypical,' but also that biomarkers are geared towards men, for example, the normal diagnostic threshold of troponin may be too high for women.⁶ Even medical textbooks have a male default bias,⁷ and medical curricula have been found lacking in gender-related issues.⁸ Town planning, public transport, car seat-belt design, toilet facilities, pension shortfalls, smartphone tracking apps, and occupational health are subjects revealed as to women's disadvantage. There are a wealth of references for further reading. The facts are there; we just haven't been looking for them.

So what has to change? The author is clear: we must close the female representation gap in all spheres of life. Social attitudes must change. Women must become more visible.

Soon after I read *Invisible Women*, two noteworthy stories hit the headlines. In January 2020, the BBC journalist Samira Ahmed won an equal pay tribunal when it transpired she was paid just one-sixth of the salary that a male colleague earned who undertook a similar job.⁹ The same day, the Institute for Public Policy Research stated that the gender pay gap for GPs was as high as 35%, with female GPs earning, on average, £40 000 a year less than their male counterparts, in part because of a two-tier system.¹⁰ On the 50th anniversary of the 1975 Equal Pay Act progress is slow.

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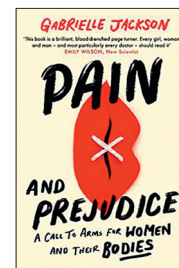
REFERENCES

1. Keitt SK, Fagan TF, Marts SA. Understanding sex differences in environmental health: a thought leaders' roundtable. *Environ Health Perspect* 2004;**112**(5): 604–609.
2. Schiebinger L. Women's health and clinical trials. *J Clin Invest* 2003;**112**(7): 973–977.
3. Soldin OP, Chung SH, Mattison DR. Sex differences in drug disposition. *J Biomed Biotechnol* 2011;**18**(7): 103.
4. Anderson GD. Sex and racial differences in pharmacological response: where is the evidence? Pharmacogenetics, pharmacokinetics, and pharmacodynamics. *J Womens Health (Larchmt)* 2005;**14**(1): 19–29.
5. Wu J, Gale CP, Hall M, et al. Editor's Choice — Impact of initial hospital diagnosis on mortality for acute myocardial infarction: a national cohort study. *Eur Heart J Acute Cardiovasc Care* 2018;**7**(2): 139–148.
6. Khamis RY, Ammar T, Mikhail GW. Gender differences in coronary heart disease. *Heart* 2016;**102**: 1142–1149.
7. Plataforma SINC. Medical textbooks use white, heterosexual men as a 'universal model'. *Science Daily* 2008; 17 Oct.
8. Henrich JB, Viscoli CM. What do medical schools teach about women's health and gender differences? *Acad Med* 2006;**81**(5): 476–482.
9. Roberts Y. Samira Ahmed's victory has taught us a lesson: it's still gender that fixes our pay. *Guardian* 2020; **12 Jan**: <https://www.theguardian.com/commentisfree/2020/jan/12/samira-ahmed-victory-taught-lesson-still-gender-fixes-pay> [accessed 2 Apr 2020].
10. Thomas C, Quilter-Pinner H, Harvey R, Wastell D. Revealed: GP gender pay gap as high as 35 per cent. *IPPR* 2020; **10 Jan**: <https://www.ippr.org/news-and-media/press-releases/revealed-gp-gender-pay-gap-as-high-as-35-per-cent> [accessed 2 Apr 2020].

Pain and Prejudice: a Call to Arms for Women and Their Bodies

Gabrielle Jackson

Piatkus, 2019, PB, 368pp, £14.99, 978-0349424552



THE PLEA TO BE HEARD

It is a truth universally acknowledged, that man is the default human being, and any deviation from that is atypical, abnormal, and deficient. This is the conclusion I reached on reading Jackson's *Pain and Prejudice*, and this, surely, must change. Following on from *Invisible Women*, if further proof of the gender data gap and the bias against women's health is needed, it can be found in this polemic.

Fourteen years after receiving the diagnoses of endometriosis and adenomyosis, and after suffering pain for many years, the author is shocked to find that little has changed in the understanding or management of these conditions. One in 10 women of reproductive age has endometriosis, yet it is funded at 5% of the funding rate for diabetes, despite affecting the same number of women and costing the economy more. Other grossly underdiagnosed and mismanaged conditions such as irritable bowel syndrome, migraine, pelvic pain, and auto-immune conditions also come under the spotlight, as the author charts our historical understanding of the diseases and their social impact.

The author provides interesting commentary on social taboos. For example, in India, poor menstrual hygiene severely impacts girls' education and causes 70% of all reproductive illnesses. In many cultures sex is used as a method of control, sometimes with extreme consequences, such as stoning, female genital mutilation, foot-binding, and honour killing. There is also a thought-provoking critique on discriminatory workplace culture (including that affecting women in medicine), and analysis of the #MeToo movement.

The chapters on female anatomy and

physiology are aimed at a non-medical readership but there is much to learn for clinicians, especially for doctors dealing with medically unexplained symptoms (the highest risk factor for which is being a woman). As Jackson states, *'I gave myself the title of hypochondriac before it became a complaint whispered behind my back.'* She is not alone. Women need to exert greater control over their health and this starts with being heard.

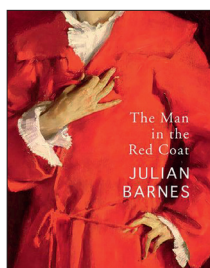
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The Man in the Red Coat

Julian Barnes

Jonathan Cape, 2019, HB, 280pp, £20.00,
978-1787332164



A RICH AND WITTY TOUR OF BELLE ÉPOQUE PARIS, VIA THE LIFE STORY OF THE PIONEERING SURGEON SAMUEL POZZI

This biographical account of the famous doctor in the life-size picture produced at the time of the Belle Époque in France (1871–1914), is a tour de force by Julian Barnes. The oil painting in ravishing red hues by John Singer Sargent celebrates a young surgeon who is going places and knows his mind. The scarlet cloak with dangling tassel and delicate doctor's hands with assured visage was deemed too scandalous to exhibit in France. Perhaps this was due to the fact he was a very successful gynaecologist (and womaniser who is presumed to have slept with some of his celebrity patients) or perhaps because he was from Jewish Protestant Italian parentage. This did not sit well with Catholic aristocratic France. Remember this was at the time of the Dreyfus Affair, which split France in half and caused societal turmoil similar to Brexit Britain.

Dr Samuel Pozzi married in his early thirties to a young French Catholic heiress

and had three children, but the marriage was not a success and in his later years he had a long-term mistress with whom he travelled extensively. He did not leave any diaries of his life so Barnes has had to extrapolate from material written by others such as his daughter's diaries and gossip magazines.

Dr Pozzi was an impressively modern surgeon who worked in a public hospital. He attended lectures and ward rounds by Lister in Edinburgh, who described his aseptic and antiseptic procedures as well as advanced surgical techniques, such as catgut sutures, which Dr Pozzi applied in France. Women with fluid-filled ovarian cysts were common in Paris and Dr Pozzi was one of the first in France to operate successfully to cure benign versions of this condition. He did insist on full bimanual examinations on his female patients, which were frowned on by his colleagues. Nevertheless, he became the first Professor of Gynaecology in France.

He consistently applied modern scientific methods in the care of his patients and built a hospital in France with the latest medical ideas from the US, Germany, and England. He commissioned beautiful frescos to adorn the walls and corridors, and warned against the then fashionable use of ovariectomies to induce menopause for the treatment of female mental ill health. He was famous for his medical achievements and even joined other notable Frenchmen whose photographs adorned upmarket confectionery boxes.

Dr Pozzi was an aesthete with fashionable tastes and went on an 'intellectual and decorative shopping' trip to London with two of his aristocratic friends. These closet homosexual dandies were important gateways into the upper reaches of French society. Wisely, Dr Pozzi kept hospital bed number one especially for lady patients referred by the Count Robert de Montesquiou-Fézensac, who was a key figure in Paris society. Homosexuality was not a crime in France so it became a safe haven for Oscar Wilde and others. Perhaps here the book dwells too much on wider Parisian society and not enough on the medical and personal matters of Dr Pozzi.

No lady patients ever complained about his care, although in his sixties Dr Pozzi was killed by a disgruntled male patient who shot him three times: in the arm, the chest, and the gut. Dr Pozzi had survived duels and attended duels as a personal doctor, and worked as an army doctor, but death was to come in his consulting room. Despite attempting to assist at his own operation to deal with his own mortal wounds, he died.

Dr Pozzi may not be remembered in medical history but his legacy is an artwork of himself in his prime that has transcended time.

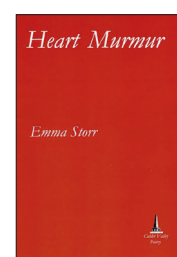
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Heart Murmur

Emma Storr

Calder Valley Poetry, 2019, pamphlet, £8.70



DEFT, LYRICAL, AND BITINGLY FUNNY

Emma Storr's poetry book *Heart Murmur* was inspired by Emma's fascination with the human body. The book contains 27 poems, written in contemporary language. These weave a path through the complexities of medicine, moving from a focus on a specific organ through to a contrite contemplation on clinical trials.

These reflective poems are written from both the doctor's and patient's perspective. They draw on the ethical, moral, and emotional aspects of medicine. Importantly, the poems consider the effect of disease and management particularly through the uncertainty of everyday medicine.

I enjoyed reading 'Delivery' with its calm account of the experience of an emergency section from the mother's point of view: *'Midnight slipped between their births, the witching hour split in two.'* Moving forward, I felt I was there examining a newborn infant in 'Six-Week Check'. Here, Emma describes the incredible wonder of the new life, fragile and fresh in her hands: *'your baked cub-like scent'*. Yet I was perplexed by and have not understood 'Clinical Trials', with each paragraph ending with *'you bastard'*. There is discerning familiarity in 'Repeat Prescription', which starts with *'I want to prescribe panaceas for teetering marriages, for kids that disappoint.'* Furthermore, an excerpt from the poem 'Consultation' reads, *'You've got a terrible sore throat and streaming nose ... Sounds*