in various population projects, especially in family planning programs, but sometimes seem to have little impact. Even, as is the case in Cebu, when the desired family size is well below completed fertility, there may be very strong cultural factors mediating against acceptance of family planning. The present study provides us with some valuable insights into the types of intervention, and the level of intervention which is likely to be most effective.

Finally it should be noted that if these lessons are really to be useful for policy development of a given country or region, they must be learned quickly. Sufficient to note that the time it will take the Philippines (and other countries with similar demographic rates) to *double* in population size is about 20 years! Of course, there must always be a balance between careful scholarship and the urgency of planning. Nevertheless, the importance of making available to planners as quickly as possible the results of research as relevant as the present study cannot be overstated.

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Prevention of Handicap and the Health of Women, by MARGARET WYNN and ARTHUR WYNN. Routledge & Kegan Paul, London, 1979. 247 pp.

Margaret and Arthur Wynn are well known for their crusading publications on aspects of family policy and the prevention of handicap. The theme of this tightly-packed book is that infant handicap, an important factor for the health of nations as a whole, can be reduced only by improving the health of women.

To support this incontrovertible thesis they present, in clear and readable form, a great deal of statistical evidence. In particular, they compare Britain on the one hand and Sweden and Finland on the other. They discuss the etiology and prevalence of perinatal disadvantage, and show that rates of infant mortality are closely correlated with women's health as demonstrated by death rates from heart disease, diabetes and cancer. Among 20 countries considered, Scottish women have the highest death rates and the highest risk of bearing malformed children.

It is difficult to find the appropriate adjective for this book. Polemical, naive, interesting, timely, infuriating? The headings of some of its sections may best give its flavour: Is something missing from the food of the Celts? Poor health and untimely death from disease in Her Majesty's Armed Forces. Causes of unequal resistance to cancer. Infant winter deaths in Britain. What do Swedish parents want?

Indigestible—in content, not in style—is perhaps the best description, given the authors' conviction that diet is crucial. Poor diet, they believe, may be a determinant of the rates of congenital handicap, the cause of susceptibility to cancer (therefore wives of farmers have the lowest cancer mortality rates, since "Farmers keep the best table"), the cause of poor health in the Scots, the cause of high death rates in the wives of members of the Armed Forces. Some of these discussions are oversimplified, sweeping aside as they do all questions of mobility and selection, or the problematic nature of official categorisations of social class. Much is made of the wartime European studies of infant mortality and child development, ignoring the very extensive literature which suggests that, these catastrophic situations aside, there are considerable problems in separating the effects of poor nutrition from the complex of social disadvantage with which it is usually associated.

The other major topic which is tackled is the provision of health services for women and children. Here, the analysis of policy issues is interesting, and the description of the Swedish and Finnish systems informative. One of the conclusions is that shortcomings in British services derive from the lack of awareness of the users about costs, and an absence of the democratic control exercised, for instance, in Sweden where elected representatives raise local taxes to pay for local services. There is, however, no clear feeling from the authors of what the services are actually like in Britain, or how many features Scotland (say) shares with the Scandinavian systems described as if they were unique—health visitors, community clinics, home helps, the encouragement of hospital rather than home confinements (with a helicopter service available, too). In an interesting earlier section, the authors show by international comparison that many aspects of the health of mothers and babies are not explained by levels of service-provision.

And yet—as a whole the book is more important, and more impressive, than its parts. There is no doubt that the plea for a greater emphasis on preventive medicine is timely. It is true that nutritional information and policy are neglected. The "open government of health" is certainly a desirable development. And the health of women is a topic which requires much more specialised attention, for as the authors say "The health of women and their children is indivisible". The opening sentences to the book are "In every age men and women contemplate an evil which is a source of human suffering and ask how it can be averted. And having found the means they commit themselves to remove the evil". Epidemiologists and sociologists may quibble about the way in which data are being used, but the Wynns' commitment to the wider publicising of these issues must in the end be welcomed.

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Gezondheidszorg en Samenleving (Health Care and Society), by C. W. AAKSTER. Van Gorcum, Assen, 1981. 197 pp. f. 25.00

This is a concise and informative, but somewhat dry, book which places health care in the Netherlands in the context of Dutch society. The author's starting point is the present crisis in medicine. The question which dominates the book is: should we continue with a money-devouring health care system which is not able to produce better health or longer life? Or should we radically change our views on health and health care? The book adresses itself to both health care workers and lay people.

First the author describes a few developments in the field of medicine such as changes in morbidity patterns and the growing medicalization of society. This is followed by a brief exposé about the sociological view on disease and medicine. Next he discusses recent trends in health care, some of which occur within the official medical system, some outside. Trends within are for example patient initiatives, the shifting emphasis from curing diseases to promoting health and the democratization of services. A trend outside regular medicine is the growing popularity of alternative medical systems, which are largely illegal in the Netherlands. The author pleads for their recognition and legalization. Then follows a survey of the field, the history and the status of medical sociology with special reference to the Dutch situation. The last chapter provides a very useful—mainly quantitative—sketch of the input, throughput and output of health care in the Netherlands.

The most interesting part of the book is without doubt the argument that the present system of health care cannot be changed. The author perceives a "structural conservatism", unwillingness and impotence to change at the level of both providers and receivers of health care. Obstacles to change are found in the consumer society as a whole, in the

medical bureaucracy, in the parliamentary system, among health workers and even among patients. This basic view that the present system cannot be changed contradicts somehow the author's enumeration of alternative developments. What is missing is a conclusion with the author's final appraisal of the future of health care in the Netherlands.

Another point of criticism is that the author discusses the various trends in health care as if they take place in a political vacuum. Different options on health care arise from differences in political views. We can no longer talk about health care without talking about politics.

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Medicine and Literature, Edited by ENID RHODES PESCHEL. Neale Watson, New York, 1980. 204 pp. $12.95

One of the projects I was saving to enliven my dotage was a history of medicine based largely on literature. To that end I have been collecting materials for some 30 years. *Medicine and Literature* makes it clear that I must abandon that cherished intention, or at least, any notion of doing it alone. The 23 essays edited by Peschel were authored by literary scholars, most of whom had done significant work on the writers they analyze in this volume. The depth and breadth of their analyses could never be matched by a single interpreter in a single lifetime. Stephen Greco, for example, makes use of the earlier versions of Chekhov's plays, and only a subspecialist could have accomplished Robert Mitchell's exposition of the liberating effects that medical vocabulary in the hands of Baudelaire, Rimbaud, and Corbière had on nineteenth-century French poetry.

The book contains three divisions: Doctor-Writers, Doctors-Portrayed in Literature, and Disease as an Altered State of Consciousness. The essays are short, ranging from four to fifteen pages with an average of only nine each. This is fitting in the sense that the essayists deal with a sharply delimited aspect of their subject as in Anna Balakian's nice exposition of the contributions of psychiatry to surrealism as reflected in the works of André Breton. Only rarely, for example Slaby and Tancredi on "Literary Insights and Theories of Person", is the subject too broad for its accorded treatment. More often than not, the aftertaste of the short treatment is bittersweet—the reader simply wishes for more. And the writing, as one would expect, is uniformly excellent. Peschel on Richard Selzer deserves particular mention; her imagery approaches that of her subject himself.

In a book such as this, it is critical that the contributors know the medical aspects of their subjects as well as the literary. Stanley Weintraub underscores this point in his essay, "Medicine and the Biographer's Art". For the most part the contributors earn high marks in this regard. There are lapses—physicians scarcely enjoyed "universal admiration" prior to the last generation (p. 129), there are at least two errors in the statement that Semmelweis "discovered the contagious nature of puerperal fever fifty years before Louis Pasteur proved the existence of bacteria" (p. 18), and it is simplistic to state that the Church opposed dissections as of 1530 (p. 12). Yet, in general, when the authors in this collection venture on to medical ground, their step is sure.

In his excellent introduction to the present collection, Edmund Pellegrino says, "To look compassionately is the summit of artistry for both medicine and literature; to take part in the struggle is the morality they share". Collectively, these essays illuminate Pellegrino's meaning precisely. One is moved to wish the book had been announced as the first in a series of twelve.

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Rural Medicine, by STANLEY S. WALLECK and SANDRA E. KRETZ. Lexington Books, Lexington, MA, 1981. 184 pp.

Beginning in the mid 1960s large scale efforts have been instituted to improve rural health care. Through federal initiatives such as the National Health Service Corps, the Rural Health Initiative Grants, and grants from private foundations such as Robert Wood Johnson Foundation, the major emphasis has been to sponsor new medical practices in underserved areas with the belief that these practices would become stable and self-sufficient. Unfortunately, the reality of the last 15 years has been different from the goals of these programs. Only a small minority of the practices have become self-sufficient with retention of the sponsored physicians. The federal initiatives such as the National Health Service Corps have undergone major program objective changes and indeed face extinction partially as a result of failure of the original goal to place viable practices in rural areas on a large scale.

The purpose of the book by Walleck and Kretz is to address the question of why financial self-sufficiency of rural practices is so difficult to achieve. As such, the scope of this book is not the entirety of rural medicine but the problems of establishing rural medical practices. The authors, members of the Health Policy Consortium at Brandeis University, attempt to answer the question of self-sufficiency by an in-depth study of eleven medical practices, especially by analysis of the parameters of patient encounter volume, costs, and pricing. While the book reports in-depth the medical practice study, the review of literature and conclusions provide major aspects of the manuscript.

A review of the chapters highlights the scope of this book. Chapter 1 is a brief statement of purpose especially emphasizing an assessment of sponsorship or rural practices. Chapter 2 addresses the problems of rural health care. Chapter 3 covers the federal initiatives such as the National Health Service Corps and excellently reviews the literature of the studies of rural practice viability. Chapter 4 details the methodology of the study. Chapters 5 and 6 reveal the results of the study, and Chapter 7 addresses the conclusions of the authors.

The authors were dissatisfied with the secondary data sources that previous studies prevalently used. Thus they gathered in-depth primary data from 11 practices in various regions of the country. To assess the effects of sponsorship, five pairs of sponsored and unsponsored practices of the same organizational configuration in same region of the country were chosen non-randomly. For example, a sponsored and an unsponsored solo practice in the Midwest were chosen. The primary data was derived from analysis of practice revenues, patient encounters, and costs as well as interviews with administrators and providers to ascertain practice-community relations, practice management styles and scope of services.

The authors conclude that the major reason for lack of financial viability in sponsored rural practices is low patient volume. Rural practices are hard to begin and sponsored practices tend to be plagued by low numbers of patient encounters per physician. Reasons for low patient volume include lack of hospital and emergency room encounters, and a narrow range of primary care service