

themes of cultural geography, including ecology, regionalization, diffusion and integration. Of particular interest is a factor analysis of the recent spatial convergence in alcohol consumption among states. Two factor scores explained an impressive 95% of the overall variance. There was also very little overlap between beverage preferences. Consequently, the authors were able to differentiate 4 distinctive consumption groups, the groupings reflected preferences for either beer, wine or spirits, as well as mean per capita consumption above or below the national average. Unfortunately, the map depicting these groupings of states was drawn incorrectly, a distracting error for a geography book. Nevertheless, this added level of analysis strengthened this section.

The focus of the third chapter is on the etiology and epidemiology of alcoholism and alcohol abuse. Within this framework, Smith and Hanhan provide an excellent overview of progress toward and methods for estimating the prevalence of alcohol abuse. However, the most interesting portion of this chapter was the discussion of contextual effects on alcoholic consumption. Drawing heavily on Cahalan's drinking surveys, the pattern of alcoholic consumption and abuses at the regional and neighborhood scales are evaluated.

The final chapter of this book is perhaps the most important. Titled "Prevention and Control of Alcohol Abuse", it examines the theories of alcohol abuse and control and the policy options available to western governments for ameliorating the problem. After an extensive literature research, the authors conclude that in most cases alcohol policy is determined by "a combination of economic need or greed, and political expediency". Paradoxically, we continue a laissez-faire alcohol control policy, while the economic costs of alcohol abuse and alcoholism in 1975 were estimated at \$42.75 billion and substantial sums of public monies are spent for alcohol treatment programs. Nonetheless, as the authors point out, given attitudes toward individual responsibility, the profits of alcohol industry, the tax revenues for the public sector, and the opportunities for professionals to practice their favorite therapies, the current policies are quite suitable.

In sum, this book is a long overdue introductory geography to the topic of alcohol abuse. One hopes it will find wide use in undergraduate classrooms, and serve as a stimulus for increased research activity by geographers in this field. Finally, this short and inexpensive paperback is recommended to non-geographers as well. The unique spatial perspective of the geographer will provide the non-spatial scientist with a different approach to viewing the alcohol abuse problem.

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Silent Knife, by NANCY WAINER COHEN and LOIS J. ESTNER. Bergin & Garvey, South Hadley, MA, 1983. 382 pp. \$14.95

This book is a heralded newcomer among the boom of baby books published in the last decade. This generation of how-to, what-it's-like and where-it's-at manuals covers everything from the decision to attempt parenthood to the perfect birth and beyond. Regrettably, they all imply that individual women or couples are in control not only of the outcome, but also of the process.

Cesarean prevention is the theme of *Silent Knife*. Following her own cesarean section (c-section) Ms Cohen and

another cesarean "victim" founded C/Sec, an organization committed to cesarean support and education. Later she introduced the acronym "VBAC" for "vaginal birth after cesarean" at a time when scheduled repeat cesarean was the standard practice in the U.S.A. As more concern for this country's rising c-section rate culminated in an NIH Consensus Development Conference, innovative medical centers were imitating the European experience and studying vaginal birth in the woman with a uterine scar. Although discussion of appropriate candidates, proper conditions and attendant risks will continue, VBAC is an idea with increasing support in the medical community. In their book Cohen and Estner review in considerable detail, if with singleminded perspective, the literature supporting VBAC. They give some historical information and then work hard to build a logical argument for vaginal birth almost no matter what. This would make for interesting reading if it weren't diluted with so much repetitive discussion of childbirth practices in general. Furthermore, consideration of the advantages of VBAC is constantly confounded with commentary about unnecessary primary c-sections.

Silent Knife uses the style popularized in *Our Bodies, Ourselves*, the Boston Women's Health Book Collective's best selling female self-health book. First person experiences are punctuated with references to medical journals and texts as well as opinions on all aspects of birth and life (including a recommendation for a marriage encounter weekend). Although this approach definitely enhances the readability, it emphasizes the anecdotal quality of the work.

When Cohen and Estner start expounding on more general aspects of obstetrics, they abandon their attempts to be scientific. They state a 3% c-section rate is acceptable, but they are vague at best about how those mothers should be identified. Most of their references to the potential complications of childbirth are in the form of slightly smug reports of good outcome in uncertain clinical settings. Their view of poor obstetric results is a c-section, or "unpure" birth. They only reluctantly admit modern medicine might have anything to offer women and their babies. Cohen and Estner never discuss such imponderables as how many cesareans it is worth performing in breech presentation to prevent brain damage or fetal demise from one trapped head?

Cohen and Estner have "complete information" on 105 out of 173 of the VBAC women they worked with. 91% of them delivered vaginally, including 20 at home. Only 4% had medication in labor. These are impressive results from determined women which obstetricians must acknowledge in evaluating their current practices. However, Cohen and Estner need to realize that not all women and babies will tolerate or even aspire to their blueprint for childbirth.

Urban Woman & Child
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TB Control in Botswana: Problem Identification, by CORLIEN M. VARKEVISSER. Royal Tropical Institute, Amsterdam, 1977 (reprint 1982). 80 pp. D.Fl.7.50

"In former times, when I was still young, this disease was only found with people who had worked in the mines and the dust. As you know, tough work in the mines is heavy for the chest and brings diseases. People who work hard breathe fast and heavily, so they inhale a lot of dust that lands on the chest". This statement by an old Botswana woman summarizes the "political economy" of TB in Botswana: labour in the mines of South Africa and

Botswana. Formerly TB appears to have been non-existent in Botswana, but in 1976 TB accounted for 20% of hospital deaths.

In 1966, when Botswana became independent, it was an extremely poor country. Its only resources were cattle and human labour working in the gold and diamond mines of neighbouring South Africa. From 1971 onwards, however, rich mineral resources were found within the country: diamonds, copper, nickel and coal. Its prospects are now bright, certainly when compared to other African countries.

However, labour migration still is of vital importance to Botswana's economy and TB still poses a serious threat to the entire population. Varkevisser, a medical anthropologist who has carried out extensive research for leprosy and TB health projects all over the world, has published a straightforward report about TB in Botswana. The report is based on a one-month orientation visit in 1977.

Although the number of medical anthropologists involved in applied medical work must be great, very little of their practical work ever reaches the general public. Their reports are for internal use only or otherwise are regarded as too specific to be of interest to academic journals. Moreover, the reports, even if their information is not strictly internal, are usually difficult to obtain. Unfortunately, their invisibility prevents us from getting to know the perspectives of applied medical anthropology. It was this consideration which led to the review of the present report.

Varkevisser first gives an optimistic account of the organisation of the Botswana health care system. The country has made a remarkable switch to rural health care. Though one of the most thinly populated countries of the world, Botswana plans to make the maximum distance for any citizen to reach a health post 15 km by the year 1984. Statistics seem to confirm that since the discovery of minerals the extension of the country's medical facilities has not occurred in urban hospitals but in rural clinics and health posts, indeed a unique phenomenon! Next the author discusses the TB services, including the immunisation program and the successes and failures in case-finding and case-holding. Causes for those failures are found mainly within the services themselves, much less among patients. The idea of the "defaulting" patient is therefore rejected.

For the anthropologist, the most interesting chapter deals with the patients' own views of TB. These views are dominated by fear, fear of medical, social and economic consequences. One woman, speaking of the risk of contagion, explains: "You cannot keep away because that would mean you look on him as a bad person. All you can do is sit with him and hide your fear".

The economic consequences of contracting TB are particularly grave for those working in the mines. Tubercular miners are dismissed and it is unlikely that they receive the compensatory sum of 200 Rand which is due if it can be proved that the disease was contracted on the job. In this regard Varkevisser quotes another author, Hepple, who found in 1971 144,000 legally recognized claims for accidents, TB and diseases in South African mines, none of which had been collected because the procedures posed such great difficulties for the miners.

The report does not enter into theoretical debates and is largely descriptive. It reveals both the possibilities and limitations of applied medical anthropology. Working within the context of a medical project, an anthropologist can hardly afford to raise criticism about problems outside the medical domain. The crucial role of mining labour is recognized, but such a delicate political-economic issue clearly lies beyond the competence of the applied anthropologist. The recommendations of a technical and organisational nature are bound to remain. The author has told me that during the 4 years of implementation of the research an attempt was made to discuss the poor health conditions in the mines with the Botswana government, but

this attempt failed, largely because of opposition from the side of the government.

Medical anthropologists who are not attached to any health project or organization do not meet such limitations and can freely criticize the fundamental causes of ill health and unequal medical service in the world. The cynic, however, may ask: Who serves the needs of the dispossessed more?

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Achievement and Women: Challenging the Assumptions, by DEBRA R. KAUFMAN and BARBARA L. RICHARDSON. The Free Press, New York, 1982. 188 pp. \$19.95

Good scientific theories state how the real world operates. They strive to be simple, yet complete. The authors of *Achievement and Women* look at prevailing psychological and sociological theories about achievement and find them a poor fit to the reality of women's lives. The book is an excellent review of the dominant theories and empirical research on adult achievement, ranging from personality theories about need achievement to sociological theories about status attainment and occupational segregation. The authors lay out the basic assumptions of each theoretical tradition, and discuss how they are too simplistic (and occasionally just plain wrong) to account for real world aspirations and behavior. Thus, the book challenges long-standing assumptions and offers new ones to be incorporated into theories and research. Its aim is to persuade social scientists to see adult achievement as a dynamic process with plenty of changes in individuals' motivations and activities, especially for women. The book itself does not provide the new theories; that job is left to others.

The book chapters move from individuals' internal worlds to the external social world, and from childhood to adulthood. Chapter 1 reviews personality theories of achievement motivations, and it notes how experimental research and childhood behavior often controvert assumptions about girls' achievement and affiliation needs. Chapter 2 considers how fear of success, fear of failure, and self esteem develop in adolescents and young adults. In Chap. 3, we are reminded that women's job and domestic activities were centered at home until this century, and that their separation limited women's opportunities for work (job) achievement. Chapter 4 points out the social barriers that women workers confront in entering some occupations and in earning occupational rewards. Chapter 5 notes how the interaction between individual motivations and social context differs across generations (cohorts) of women. Chapter 6 reiterates the book's theme that individual achievement is a dynamic process across life, and also across historical periods.

The book's focus is "public achievement" but, strangely, the authors never explicitly define the term. It is, apparently, the income, productive use of skills, prestige and power that people attain through a job. In the book, "public achievement" is frequently distinguished from "private achievement"; the latter relates to domestic activities, but indicators for it too are not defined. The emphasis on the public domain is unfortunate, since real life for women often entails an assessment of satisfactions and resources to be gained by a mix of public and private activities. Women's sense of personal achievement derives from both spheres, maybe more so than for men. By focusing on public achievement, the authors make exactly the mistake they are trying to correct in social science, which has misrepresented women's reality.