

Reviews of Books

Bedside Manners

The Troubled History of Doctors and Patients. Edward Shorter. Harmondsworth: Viking, Penguin Books. 1986. Pp 316. £16.95.

Professor Shorter identifies three evolutionary phases of doctor-patient relationships—*traditional*, medicine having neither diagnostic acumen nor therapeutic power; *modern*, from 1850 to 1950, with diagnosis refined, but therapy limited; and *post-modern*, with powerful, precise drug therapies. Patients were dismissive in the traditional period; respectful, even idolatrous, in the modern period; and in the post-modern period once again cynical and sceptical, consulting both lawyers and alternative practitioners. This paradoxical distrust despite effective treatment Shorter ascribes to the decline of the consultation, doctors talking less to patients (the history merely being "taken", in that meaningful phrase), and investigating more, with the unwitting, uninformed patient a hapless carrier of interestingly disordered physiology. In the modern period, increasing numbers of psychosomatic and psychological symptoms had been treated effectively by the informal psychotherapy of the consultation, reinforced with harmless placebos, whereas these psychotherapeutic skills disappeared in the post-modern period, replaced by powerful drugs, administered as placebos, but without the concomitant harmlessness.

This book is part social history (although not as scholarly or systematic as *A History of Women's Bodies*) and part polemic—"the medical consultation in itself, when conducted in a friendly leisurely way can have a curative power. [This book] centres on my belief that that curative power is being lost today". He blames medical schools which overemphasise biochemistry and molecular medicine ("it is a picture of disease that *ignores the mind*"), undervaluing social science and humane aspects of caring ("I don't need two hours on how I'm not supposed to brutalise my patients", says one medical student).

Shorter's experience as a "part-time medical student" makes him well-informed and sympathetic, and he firmly declares "this book [is] an argument in favour of medical authority", such authority benefiting both patient and doctor. In places the book is a hodge-podge of statistics, and has occasional crass errors—calling the discoverer of penicillin Sir James Fleming is a notable gaffe. Nevertheless, many points are elegantly made, as in a 1970 quotation from the chairman of the American Society of Internal Medicine's practice management committee: "patients must be persuaded not to insist on talking with the doctor himself when a paramedic could just as well take their medical histories".

The argument for change is persuasive: medicine must "stretch sufficiently to be both an advanced science and a healing art". Shorter's analysis is recommended to anyone concerned for a more caring medicine, although in Britain there may be a sense of déjà vu, the consultation's psychotherapeutic role being already well recognised.

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The Geography of Non-Infectious Disease

M. S. R. Hutt and D. P. Burkitt. Oxford: Oxford University Press. 1986. Pp 164. £20 (hardback); £12.50 (paperback).

In seeking to understand the aetiology of disease, it is customary for epidemiologists to start by describing its occurrence by time, place, and person—in other words, to look at changes over time; to examine geographical distribution; and to see how risk relates to personal characteristics. The authors of this volume emphasise the importance of understanding geographical variation.

The book begins with a brief chapter entitled "Environment and

the causes of disease" and proceeds in the ensuing 139 pages to outline the epidemiology of approximately 100 non-infectious diseases. Diseases are arranged by anatomical system and organ. Each is awarded a summary of the pathology, a section on geographical distribution, and another on postulated causative factors. A concluding chapter discusses the roles of lifestyle and poverty in explaining the observed distributions of diseases.

This work cannot be faulted on presentation or lucidity, but it is difficult to discern for whom it is intended. Its comprehensiveness is its weakness, since in the available space little justice can be done to even major disease problems—eg, hypertension is covered in 3 pages. As a summary of epidemiological knowledge it is useful, but students and general readers may be happier with one of several other works which give more equal weight to time, place, person, and evidence from other modes of investigation. Scholars will be disappointed: there is little critical assessment of the presented evidence. Indeed, there is no referencing of sources and the only entry into other literature is through a selected reading list of 29 works, mainly textbooks.

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Children of Social Worlds

Edited by Martin Richards and Paul Light. Cambridge: Polity Press. 1986. Pp 327. £25.

WHAT is it that attracts doctors to read a book outside their speciality? For me, the title is a good start and this one is hard to grasp—it could be about anything from pre-school care to child sex abuse. A flip through the chapter headings is the next step and here I was intrigued: Feminism and motherhood, gender development, the impact of the nuclear threat on children's development—though I could foresee difficulties with The step to social constructionism.

Though I fancy that not many doctors will read this book, there is much in it of great interest to those concerned with children and their development in today's society. It is an avowed successor to a previous (1974) multi-author volume of essays outlining recent trends in the social context of child development. For the non-specialist, some chapters are hard going. Jane Lewis gives a useful historical perspective on society's view of the family, from the bourgeois Victorian ideal to the Bowlby-led criticism of the working mother and the current concern of the New Right to force the family to stand on its own feet by cutting state benefits. A. Oakley provides a fascinating overview of the politics of motherhood, illuminated by her confession that when her son was (against her will) given a toy gun, she bought her daughter one too (it was kept under the doll's pram pillow . . .). She observes that Marx was silent on motherhood but that one Marx daughter wrote to another "I do believe that even the dull routine of factory work is not more killing than the endless duties of the menage". As she notes, "Marx said too little about mothers, Freud too much".

Many other themes are covered, from how children learn to gender development (are fathers really more involved in the home these days?). All doctors should be aware of the research on children and nuclear war, reviewed by Barbara Tizard. Up to two-thirds of teenagers in some countries believe that a nuclear war will occur in the next 20 years, and most do not expect to survive. For Finnish children a future war is their greatest fear, though how (or whether) this affects their development is not yet clear. Tizard feels that fatalism will be averted by informing young people about the facts and what they can do—to induce a positive approach to the dangers of the future. Overall the book is a refreshing insight into the world of child development and society—worthy of at least a dip by child-oriented doctors.

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