

Book reviews

Understanding ADHD: Attention Deficit Hyperactivity Disorder and the Feeling Brain.

By S. K. Woods & W. H. Ploof. Pp. 208. (Sage, Thousand Oaks, California, 1997.) £35.00, hardback; £15.50, paperback, ISBN 0-8039-7423-X.

Science needs more books like this one. Two people with many years of experience in all facets of Attention Deficit Hyperactivity Disorder (ADHD) from biological research through to clinical practice have summarized their views on the causes, consequences and treatment of this disorder. It is not often that scientists venture so far beyond the safety of the confined reviewed publications that discuss just one aspect of their results. The idiosyncratic coverage of aspects of ADHD and the speculative nature of some of the ideas presented mean that I certainly would not recommend this book to the undergraduate writing an assignment on this topic. Even more emphatically I would not steer parents of children diagnosed with ADHD to this text for reasons that will become apparent. But if I had a graduate student interested in developing a project on ADHD, this would be a good start. It presents a synthesis of so many areas of science, that the capable student should be left with many challenges open to empirical investigation.

The book is so wide-ranging that it is difficult to comment knowledgeably on all the areas that the authors cover. Within my own area of behaviour genetics, they are very much up-to-date. They raise the D4 receptor gene as a key to linking childhood ADHD with adult temperament, and they clearly see ADHD as the end of a biological continuum, which is something that has just been confirmed by ourselves (Levy *et al.* (1997) *J. Amer. Acad. Child. Adol. Psychiat.*, **36**, 737–744). I found the synthesis of animal research and of operant conditioning approaches to behaviour of special interest. One legacy of this text could be the development of a good animal model of ADHD, both in terms of brain function and also genetics. Adequate animal models of human psychopathology are lacking, but this book left me with optimism that ADHD may be the one behaviour where this approach could be fruitful.

The book is not without flaws and could have done with decisive editing by the publishers. Appendix A summarizes a 1970 intervention study and it is unclear just why this was included. Since that time there have been many more adequate multimodal evaluations, incorporating both medication and behavioural intervention, and some discussion of these studies (and of their limitations and the controversy surrounding them) would have been much more appropriate. More seriously, I was concerned by the very last section of the book (pp. 183–184) providing advice for teachers that suggested ADHD was more common nowadays in Western society because of a permissive parenting style that allowed expression of the underlying and predisposing temperament. The authors then contrasted this observation with the (supposedly) lower rate of ADHD in Japan. There are many objections to this view. ADHD has existed under many other names in the past and the evidence for any recent increase is

debatable. The genetic work shows very little role for the family environment in this disorder, and that environmental influences contribute to differences rather than similarities within families. The reactionary viewpoint on current ADHD by the authors is an unfortunate end to a text which in many ways is inspirational in its efforts at integrating many disparate clues to the nature of ADHD and the best forms of intervention.

One entire area has been missed which I feel is fundamental to ADHD, namely that of learning problems. There is not even a reference to this in the Index. Many ADHD children, especially those with the combined (Inattentive as well as Hyperactive/Impulsive) problems, have associated learning problems that raise major issues for intervention and challenges for aetiology. The authors posit a definite biological role for 'psychic feeling', but they need to clarify just how this has ramifications beyond the immediate ones of inattention and hyperactivity, and how it fits with learning and other co-morbidities. At the same time, I challenge the use of the term 'psychic' which has implications for mystic potential. I understand why they use this word but they would have been well advised to use one with fewer connotations, at least within behavioural sciences.

This book is such a brave attempt at synthesizing many aspects of ADHD that it is churlish to focus on specific criticisms. Read the book, recommend it to your colleagues and graduate students and relish the discussion it engenders.

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Bodies in Glass. By Deborah L. Steinberg. Pp. 224. (Manchester University Press, 1997.) £35.00, hardback; £14.99, paperback, ISBN 0-7190-4668-8.

It is now twenty years since the birth of Louise Brown in 1978 testified to the success and potential of *in vitro* fertilization (IVF). The event's vicesimal anniversary could usefully have been marked by a serious and authoritative review of the applications of the technique in reproductive medicine, and of the various problems, ethical, biological, social and legal, that have arisen. This book represents a missed opportunity. Written by a lecturer in feminist and cultural studies, it is an attack on IVF as seen through the purple-tinted spectacles worn in the feminist political movement.

The Introduction sets out the aims of the book, though not very clearly – 'the growing cultural currency of IVF and genetic discourses and the social relations that delimit their authorship and readership . . . constitute the central concerns of this book' – and draws on the writings of Sandra Harding, Michelle Stanworth and Renate Klein to introduce a feminist standpoint from which can be pursued political action towards anti-oppressive medicine and social justice for women.

In Part I, entitled the *Agency of Invention*, the procedure of IVF is vividly described together with some of the adverse effects that may be encountered but without mention of their incidence, so the effect is dissuasive and emotive rather than objective. The terminology used comes in for unconvincing criticism. The Voluntary Licensing Authority is attacked for its constitution, practice and recommendations. Its members

were not representative of the general public but the lay members all had obvious professional status, were all nominated jointly by the MRC and RCOG, and none of the women members had any affiliation with women's/feminist health and reproductive rights groups. Once it had approved a centre for particular researches, the day-to-day supervision was delegated to the local ethical committee. Its recommendations were aimed not at ensuring the safety of women but at the facilitation of medical research. Clearly the author has misunderstood the purpose and terms of reference of the VLA.

In 1990, shortly before the passage of the Human Fertilisation and Embryology (HFE) Act, the author distributed a postal questionnaire to the 75 clinics in Britain offering IVF and GIFT (gamete intrafallopian transfer). The 24 questionnaires that were completed provided the information used in Part II to criticize the criteria used in patient selection, attitudes of practitioners, patient screening, genetic screening and counselling and preimplantation diagnosis. Part III deals with the events leading up to the passage of the HFE Act, its terminology and wording. It concludes '... the HFE Act elaborates a regulatory framework for IVF (and related) practices that heralds a number of potentially devastating consequences for women's reproductive health and "rights" both within and outside the context of IVF'.

The text is turgid, characterized by prissy mannerisms of spelling or punctuation, an overabundance of polysyllables, numerous parenthetic insertions, and use of nouns as verbs, all of which make it in places virtually unreadable. This is unfortunate, because the book illustrates a number of serious worries concerning IVF that are thought by the author to exist. But is there really an 'oppressive power relationship between practitioners and women'? Is there really a 'lack of accountability of practitioners to women'? Do women desire to have children only because of social pressures to do so? The author seems rarely to have been in contact with the unhappiness of women who want but are unable to have children. She does a gross injustice to the numerous gynaecologists and other professionals who do their best with sympathy and understanding to deal with this widespread problem.

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Questioning the Solution. The Politics of Primary Health Care and Child Survival with an In-depth Critique of Oral Rehydration Therapy. By David Werner & David Sanders. (HealthWrights, Palo Alto, USA, 1997.) US\$18, paperback; US\$30, hardback.

The authors explore the problems of primary health care and child survival in underprivileged countries and communities. They look into economics and social development, and explore the complex determinants of child health and quality of life. The book is written for students, health workers and those concerned about health, development, nutrition and human rights, for people working or interested in primary health care in the Third World, and for those who work with child survival and children's quality of life.

Questioning the Solution begins with some introductory statistics of the failure of international health and development strategies to reduce the continuing high rates of malnutrition, illness and death among Third World children, and continues with a brief

historical overview of health services. The concept of Primary Health Care is presented, and the more limited strategies of Selective Primary Health Care. Immediately thereafter, the reader is led into questions regarding survival versus quality of life, and technological solutions to social problems. Part 2 examines oral rehydration therapy of child diarrhoea, as one of the key technologies of the global Child Survival campaign, and discusses the controversial issue of factory-produced oral rehydration salts versus home-made fluids. In Part 3, the authors discuss the determinants of health in a population. They compare populations that have achieved relatively good health with others that have not, and investigate the circumstances which have been determinants of improved health. These chapters contain substantial statistical material, and severely question the current methods of selected technological interventions to improve health. Part 4 exemplifies community-based initiatives to control diarrhoea, and reports on political activities in Latin America, to defend the health and rights of the least advantaged, by unified efforts from the 'bottom up', with suggestions for those who are involved in community health work. The appendix summarizes the role of UNICEF and WHO, and the book ends with some key readings that appear relevant to the politics of health.

Questioning the Solution is an extensive and authoritative documentation of the failures of current health care strategies, and convincingly stresses the role of poverty and unfair social structures as the major determinants of poor health. This powerful book is essential reading for anybody who is involved in primary health care in the Third World.

MICHAEL HERMANUSSEN

Journeys through Ethnography: Realistic Accounts of Fieldwork. Edited by Annette Lareau & Jeffery Shultz. Pp. 272. (Westview Press, 1997.) £13.95, paperback.

A confessional tone pervades much of this book. The 'realism' of the accounts presented consists partly in the candour authors display in discussing their own mistakes and uncertainties with regard to collecting data through fieldwork. As the editors argue, while a number of attacks have come from the social sciences on natural scientific, 'non-subjective' paradigms, few scholars have been prepared to own up to actual failures in their attempts to carry out valid ethnographic research.

In fact, the writers who contribute to this volume are conspicuous successes in the academic world. Most of the chapters are reprints from anthropological and sociological work that has become classic, such as William Foote Whyte's discussion of his entry into and experiences within an Italian-American community or Jay MacLeod's account of life in the low-income neighbourhoods of a large US city. Analysis of fieldwork in Western contexts is balanced by a striking account by Alma Gottlieb and her husband, William Graham (a fiction writer), of working and living among the Beng of West Africa. Gottlieb's and Graham's impressions are not merged into a unified narrative but juxtaposed in a series of snapshots that reveal the varying experiences of the anthropologist and writer respectively.

The book does not provide a set of easily condensed points that can provide a guide to 'fieldwork made simple'. Like fieldwork itself, they require the reader to see how

experiences and strategies must be interpreted and deployed in relation to a many-faceted and long drawn-out project of devising and altering research questions, carrying out fieldwork and writing it up with multiple audiences in mind. As we come to see why William Whyte nearly got thrown down the stairs of a hotel in Cornerville, how Theophano and Curtis managed the perils of joint fieldwork, and how Krieger dealt with the problems of working within a community of which she had been a member, we are encouraged to reflect upon the wider resonances of particular ethnographic experiences. Useful introductions to each chapter are provided by the editors and the writing is generally fluent and clear, making the book useful for teaching. It is perhaps a shame that the book does not contain more new material, but it is a valuable text nonetheless.

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Health Communication: Lessons from Family Planning and Reproductive Health. By Phyllis Tilson Piotrow, D. Lawrence Kincaid, Jose G. Rimon II & Ward Rinehart. Pp. 307. (Praeger Publishers, CT, USA, 1997.) ISBN 0-275-95578-8.

This book is important in the field of health communication, and should be read by all health communication and public health practitioners. It is practical, drawing on the substantial international experience of John Hopkins University through the Center for Communications Program. The book takes one step-by-step through the process of planning, implementing and evaluating a communication initiative. It provides a grounding in the theory of the subject and ensures that the field of health communication is taken seriously. Of particular importance is the section on the planning of an initiative, and the extent of formative research needed to produce a valuable communication programme. This aspect alone should, if followed, raise the quality of health communication everywhere.

The book simplifies the many behaviour change models into a sixteen-point model which is very useful in the planning and evaluation of an intervention. This model emphasizes the process of behaviour change and encourages the view that one can impact through communication on behaviour at many different levels.

Unfortunately the book focuses only on the experience of the Johns Hopkins University Center for Communications Programs and their considerable experience in communications around family planning. Although they claim this is generalizable to other health communication, there is no discussion of other communication initiatives, nor whether the lessons so carefully worked out would apply. I believe that there is a large body of health communication, even within the field of reproductive health – take the massive AIDS communication initiatives – which could have been examined and tested against these ‘lessons’.

The chapter on evaluation of communication is a little disappointing, and although there is excellent discussion about study design and using logistical regression to assist in attributing causality to the communication initiative, there is very little about the value of qualitative methods, keeping evaluation firmly within the medical paradigm.

Many people believe that qualitative methods are essential to the understanding of how and why communication works. The evaluation draws very heavily on the work done in Bangladesh, an admirable networks initiative, but only in passing refers to mass media initiatives.

A major question in the mind of programme planners – Ethics – which is an important issue in health communication, is mentioned only in passing. One needs to focus on equity and the unequal relations between individuals, media owners and populations. There should be some discussion about the imposition of ideology, ideas and culture on other people in other countries, especially through mass media. Although the book does not in any way encourage unethical behaviour, there needs to be open and frank discussion about such issues. From an African perspective this is an important omission, especially when the writers are from a vertical population control programme which operates primarily in developing countries.

Another issue which needs to be tackled, perhaps in a future book, is the media environment one is forced to operate within when one wants to deal with health issues like tobacco, alcohol or nutrition. These issues are not only unpopular among media owners, but the respective industries produce billions of dollars in media directed at getting people to behave in an unhealthy way.

Despite these omissions, this book makes an important contribution to health communication. It is a stepping stone in the appropriate direction to ensure the field is taken seriously within public health practice.

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Reinventing the Sexes: the Biomedical Construction of Femininity and Masculinity. By Marianne van den Wijngaard. Pp. 171. (Indiana University Press, Bloomington, 1997.) £24.95, hardback; £10.99, paperback; ISBN 0-253-21087-9.

This volume provides a convincing illustration of the impact of social construction on 'objective' science. van den Wijngaard issues an important challenge to biological and medical scientists to consider the impact of cultural ideas about gender on their ideas about feminine and masculine behaviour and their treatment of individuals whose bodies do not allow an unambiguous assignation of sex.

In the first half of the book the author looks at the rapid acceptance within a number of disciplines of the suggestion, made in 1959, that prenatal exposure to androgens determined later development of 'masculine' behaviour. The theory was developed to explain sexual behaviour using rodents but was quickly applied to a wider range of behaviours and to other animals, including humans. It proposed that prenatal exposure to androgens changes the organization of the brain in such a way as to cause masculine behaviour in later life, and that the absence of androgens in the prenatal brain results in feminine behaviour, which therefore is defined simply as the absence of and opposite to masculinity. van den Wijngaard shows that it was only with the wider circulation of feminist ideas in the 1970s that attempts were made to consider the impact of oestrogens and to incorporate measures and explanations of female sexual

behaviour in its own right. While this was clearly a step forward, she also demonstrates that feminist approaches helped to maintain dualistic ideas about masculinity and femininity which served to reinforce beliefs about the biological determinism of gender differences in behaviour. This work culminated in the popular notion of 'brain sex', according to which men and women are mentally suited to different roles in society.

In the fourth of five chapters the author considers how the treatment of pseudohermaphrodites was influenced by ideas about the effects of prenatal hormone exposure. To medical scientists these ideas suggested that in intersex individuals it is not only sexual organs that do not fall clearly into one category; it also follows that their brains have not been appropriately organized to allow properly gendered behaviour. Pseudohermaphrodites are therefore subjected to often extensive surgery to ensure that their genitalia are unambiguous, and are also treated to ensure that they develop appropriately gendered behaviour. van der Wijngaard shows how the power of popular notions about gender has meant that these ideas have been accepted as orthodoxy by medical scientists, just as ideas about brain sex have been promulgated by journalists, despite recent refinement and challenges made to the prenatal hormone organization theory by basic scientists. She makes a passionate plea for a re-evaluation of medical knowledge which is so clearly socially constructed.

The final chapter is used to draw the previous material together and to recommend that we abandon the effort to explain behaviour, in this case gendered behaviour, in terms of genes or biology on the one hand and environment or culture on the other. She notes the efforts of some researchers to take a more biosocial approach, integrating ideas about the interaction between biology and culture, and in addition suggests that behaviour should be considered to interact with biology and culture too, rather than simply as an outcome. These are clearly important ideas for scientists, but it is less easy to see the programmatic implications of this final suggestion than it is to accept that our treatment of pseudohermaphrodites requires revision.

As a biological scientist I found this an interesting book and one which will help me consider the ways in which I bring my cultural background and prejudices to my research. It is surely important for all scientists, but particularly those who aim to explain human behaviour and health, to recognize the ways in which they themselves may be less objective than they would like to think. This book could serve that purpose for researchers in any subject, but will be particularly useful to those interested in sex and gender or the nature versus nurture debate more generally.

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Obesity Assessment: Tools, Methods, Interpretations. Edited by Sachiko T. St. Jeor. Pp. 932. (Chapman & Hall, New York, 1997.) £75.00, hardback, ISBN 0-412-07241-6.

This book is a complete report of the RENO (Relationships of Energy, Nutrition and Obesity) Diet-Heart Study, based in Reno, Nevada. The authors described this as 'a pioneering natural history study designed to describe and compare cardiovascular disease (CVD) risk factors in both normal weight and obese healthy adults'.

Five hundred and eight subjects were allocated to groups stratified by gender, normal or obese weight status, and by five age decades (20–29, 30–39, 40–49, 50–59 and 60+ years). Data were collected at baseline (year 01 of the study) and then annually (1985–1996). The results are presented for years 1–5 and year 8 of the study. The investigators having obtained retention rates of 90% at 5 years and 72% at 8 years.

The book is divided into ten sections, which are introduced and subsequently summarized by the section editor; research needs are also identified. The summaries explore the usefulness and future application of the tools used, with a total of 55 contributors from a variety of specializations. Each chapter includes annotated references. Two case studies are presented throughout the book, and the findings or applications of each section are discussed with reference to these subjects. Both subjects are obese, although of different characteristics, and it would have been interesting to discuss subjects from other categories, e.g. a lean subject who became obese.

This book offers a very comprehensive review of assessment techniques used in obesity research. These include anthropometry, assessment of physical activity and energy expenditure and dietary intake. Interestingly assessments were also made of psychological factors such as personality, eating attitudes, emotion and stress. All the assessment methods used are fully described and evaluated with examples of techniques and questionnaires used in the study. The methods used are exhaustive and offer excellent templates for other workers, although at times the instructions are too specific. This volume also looks at ways of assessing change and begins to look at statistical modelling.

The RENO study is a unique study offering a wealth of information although at times the findings are lost in the sheer enormity of the report. This study has led to the adoption in the USA of $\text{BMI} > 27 \text{ kg/m}^2$ as the cut-off point for obesity, rather than 30 as used in the UK. There are interesting discussions on the use of metabolic markers, e.g. arachidonate maldistribution as predictors of obesity risk and as predictors of treatment outcome responses.

This is a most comprehensive book and an important addition to any reference library on obesity.

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