

bureaucratic sins listed above, this is a doubly problematic conclusion.

Chapter 3 presents a review of the health and social science literature on Hispanic (read primarily Mexican-American) health resource utilization. While there are a number of important items missing from the discussion (e.g., the literature on Puerto Ricans), it is nonetheless a thorough examination of many of the issues raised by other researchers. Unfortunately, the chapter is redundant, repeating the same points about diminished urban use of folk medicine, distance as a factor in accessibility, and Hispanic preference for family practitioners in several places.

The actual research findings are introduced in chapters 4 and 5. The former reports results from a community sample of Hispanic veterans and a hospital sample of Hispanic and Anglo veterans. Questions focused on sociodemographic characteristics, current health status, knowledge about and use of VA and other health services, and attitudes toward services. Noticeably, except for regression analyses of the reasons veterans use VA and private services, the chapter is strikingly lacking in statistical manipulation (e.g., tests of significance). Nonetheless, the reader is frequently told that there are "significant" differences between ethnic or generational subsets on particular items. The latter chapter provides open-ended interview excerpts from an intensive study of 34 particularly articulate veterans, augmenting many of the points made with quantitative data.

The strength of this volume is that it presents one of the first large-scale examinations of health issues among Hispanic veterans and does so with the intent of influencing the VA to be more sensitive to the psychosocial needs of its clients. The major weakness is that despite considerable effort by the researchers, the book does not add a great deal to the existing literature on how, when, and why Hispanics seek health care. Thus, in the concluding chapter the authors make a number of policy recommendations for the VA (e.g., hire more Hispanic staff, sensitize existing staff to Hispanic culture, increase Hispanic awareness of services) which, though laudable, may hardly be called original. And while these are points that bear repeating, a study designed to contribute to the development of a culturally appropriate national health care system might be expected to help resolve various controversies and gaps that it identifies in our present understanding rather than merely reiterate deficiencies already known to exist in all health care in the United States.

**Fertility, Biology and Behavior: An Analysis in Proximate Determinants.** John Bongaarts and R. G. Potter. New York: Academic Press, 1983. Pp. viii + 230 (index). \$28.00 (hardcover).

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Fertility is determined by social, environmental, behavioral, economic, and biological factors. The interrelationships among these factors have been discussed by many authorities, but the present treatment by Bongaarts and Potter builds upon earlier views to provide a set of practical models which can be used to analyze fertility data.

Socioeconomic variables do not directly influence fertility in these models, but work indirectly through *proximate determinants*. These differ in natural (no deliberate birth control or abortion) and controlled-fertility populations. Environmental and social variables affect natural fertility through the proximate determinants of the proportion of females married, postpartum infecundability, spontaneous intrauterine mortality, and permanent sterility. Environmental and social variables affect controlled fertility through the proximate determinants of marriage, contraception, and induced abortion. Postpartum infecundability, influenced especially

by breast-feeding, causes the most variation in fertility among natural fertility populations. Because of variations from population to population among groups using contraception, it is not possible to state which proximate determinant has the greatest overall limiting effect on fertility: all are important. The three most important proximate determinants, however, are those influencing controlled fertility, plus postpartum infecundability.

The authors combine these most important proximate determinants to produce models of aggregate fertility. Although these models predict fertility reasonably well, the authors recommend their formulas for appraising the contributions of the proximate determinants rather than for the prediction of fertility. The proximate determinants, derivation of the aggregate models, and applications of these models compose the first portion of the book. These five chapters will likely be the most useful to anthropologists, given the usual limitations of our data and our more typical concern with population-level rather than individual phenomena.

Health and nutrition, in the views of these authors, are relatively minor influences on the proximate determinants, compared to socioeconomic factors. Although some anthropologists disagree, this perspective is well defended in Bongaarts's other works, although treated only briefly here. An extended discussion would have been welcome, though references are provided.

Chapters 6-9 present more complex models requiring less easily attainable data. Topics include sources of variation in fertility among individual couples and applied aspects of meeting fertility goals such as family size, birth spacing, and sex composition of the family. A macrosimulation computer model developed earlier by Bongaarts, (REPMOD), is presented in a revised and updated form.

This is a most useful treatment of a complex assortment of variables recognized as essential to understanding fertility. References are copious and conveniently organized at the ends of chapters. The organization of each chapter follows the pedagogically sound maxim, "tell 'em what you're going to tell 'em, tell 'em, and then tell 'em what you told 'em," with an introduction, a body of information, and a complete summary. For a browser perhaps not as interested in some of the more complex mathematics in the second part of the book, this proves a most useful strategy.

Certainly an advanced graduate student could handle the material, though most undergraduates might find the book tough going. Individual chapters are by and large independent, so parts of the book could be used for different courses with different aims. The price makes one hesitate to assign it as a textbook, but as a reference for professionals, it is to be recommended highly for the thoroughness with which it treats the subject.

**Consumerism in Medicine: Challenging Physician Authority.** Marie Haug and Bebe Lavin, eds. Beverly Hills, CA: Sage Publications, 1983. Pp. 239 (index, bibliography, appendix). \$25.00 (hardcover).

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Read as an object lesson on the consequences of giving the sociological imagination too little rein, this slim volume should generate discussion in a number of disciplines. Sandwiched between insightful introductory chapters which explore the relationship between power and health from the vantage point of several sociological schools, and a concluding chapter which identifies several intriguing points of departure for future research, is an empirical investigation whose conceptual framework and research design inadequately address a complex issue.

On the basis of one national and one regional survey conducted in the late 1970s among sample populations of patients and physicians, the authors attempt to verify the existence of medical con-

sumerism, its variance across situations and segments of both patients and physicians, and its impact upon health outcomes. While an adequate description of sample selection is provided, and limitations to generalizability of findings are acknowledged, the discussion of the factors and assumptions underlying these limitations is insufficiently developed. Justification of the instrument itself is given similarly short shrift. Briefly recounted, educated, youthful individuals with an authority-challenging attitude and experience of medical error are found to be consumerists. Physicians accommodating such patients are similarly iconoclastic, are often members of a prepaid system in an urban community, and are willing to delegate some of their traditional functions to nonphysicians. The commensalistic bond thus forged between actors is interpreted in light of a theme labeled "modernism." The primary policy implication of a consumerist stance in the medical marketplace appears to be the threat of overutilization of services, should existing barriers to utilization of the health care delivery system be breached.

In two notable regards, a critique of the book that was *not* written is clearly in order. First, the authors fail to draw in any substantive fashion from the literatures of anthropology or consumer behavior for insight into their subject. Their notion of consumerism in medicine as the challenging of the physician's ability to make unilateral decisions, in particular the negotiating of both diagnosis and course of treatment, is an omnibus one that is not sufficiently differentiated from such concepts as role conflict to make it as precisely useful as the marketing literature would suggest it should be. Secondly, for a study whose authors repeatedly acknowledge methodological limitations, the cavalier dismissal of an anthropological approach to data collection (let alone hypothesis framing and interpretive integration) is paradoxical, especially when it reads like an ideological defense of convenience. For understanding the potentially tremendous personal and social relevance of medical consumerism, surely a judicious mix of quantitative and qualitative approaches is indicated. The work as it stands is incomplete, and must be viewed as exploratory.

Because the book promotes introspection and invites alternative inquiry, researchers, students, practitioners, and consumers will find it worth reading, despite the occasional lapses of grammar and the annoyingly high frequency of typographical errors. The book might usefully be assigned as recommended reading in undergraduate courses in medical sociology/anthropology, American communities and their problems, consumer behavior, or possibly research methods.

**Princes and Peasants: Smallpox in History.** Donald R. Hopkins. Chicago: University of Chicago Press, 1983. Pp. 329 (index, bibliography, chronology, bibliographical notes). \$25.00 (hardcover).

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This book is a comprehensive and detailed history of smallpox. It chronicles the disease for all areas of the world, from the earliest available records until global eradication in 1977. The book is an important contribution to the history of medicine because of its thorough documentation of the diffusion of the techniques of inoculation and, more importantly, vaccination. Hopkins has also compiled valuable data for cultural historians interested in the impact of epidemic disease on human history. Such an exhaustive history is possible because of the particularly graphic symptomology of epidemic smallpox. The emphasis is upon the disease and medical interventions; it is *not* a history of smallpox eradication.

The book begins with a short introductory chapter that provides

the reader with background information on smallpox epidemiology and a brief synopsis of historical theories of contagion. Six chapters dealing with Europe, China and East Asia, India, Africa, Mesoamerica and the Caribbean, and North America form the core of the book. These areas are described with remarkable evenhandedness, although the section on Europe is the longest. In general, each chapter is organized chronologically, presenting data on the spread of disease or the spread of medical innovations in century-by-century sequence. Many chapters end with a brief discussion of smallpox gods and other religious/ethnomedical beliefs of the traditional cultures. The final chapter deals with erythrotherapy (an early medical treatment of smallpox victims with red objects or in red rooms) and the successful smallpox eradication campaign. The end of most historical studies is arbitrarily defined, but not with the history of smallpox. It is wonderful to realize that this dreaded disease has actually come to an end.

This book is clearly written in the spirit of Zinsser's *Rats, Lice, and History*, emphasizing the role of disease as a "spoiler" in human history by killing important historical actors or ruining the best-laid plans. Hopkins expands that approach to include the role of medicine, through inoculation or vaccination, in curing historically important victims. This ideographic approach, although fascinating, will probably be less well received by anthropologists than the nomothetic theoretical orientation in McNeill's *Plagues and Peoples*, for example.

The title of the book is meant to emphasize that this epidemic disease affected all social classes, and people from all continents. However, the author's seeming preoccupation with smallpox among the royalty may be more a function of data availability than theoretical orientation. The lack of a clear theoretical orientation depicting the "big picture" sometimes makes the reader feel lost in a myriad of historical facts. Probably the weakest areas of the book are those sections dealing with ethnomedicine related to smallpox, for example the discussion of the Shapona cult in West Africa. But the data collected here provide a wonderful opportunity for symbolic analysis by medical anthropologists.

The value of this volume for medical anthropologists will be primarily as a reference tool. It provides an encyclopedic and well-organized compendium of historical facts on smallpox and the diffusion of medical innovation. As such it should become a standard reference for those interested in the ecology and evolution of disease, as well as for area scholars. The book is written in an engaging and very human style, not by a professional historian but by an epidemiologist and international health worker with a fascination for the details of disease history.

**Environments and Behavior: The Adaptation of Mentally Retarded Persons.** Keith D. Kernan, M. Begab and R. Edgerton, eds. Baltimore: University Park Press, 1983. Pp. xii + 416 (index). \$29.95 (hardcover).

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People in their natural settings and the influence of those settings on behavior and development have received increasing attention in recent psychology and human development research. This is especially true in the area of mental retardation, where deinstitutionalization has brought a pressing need to understand "person/setting interactions" and "the differential effects of various environments upon the behavior and development of different individuals" (p. 1). This volume contributes toward such an understanding by bringing together a variety of theoretical discussions and research reports elucidating relationships between mentally retarded per-