

working patterns and career opportunities will be felt increasingly and, obviously, this requires investigation because of effects on manpower and training.

These books report the research undertaken by Isobel Allen of the Policy Studies Institute at the request of the former DHSS, now Department of Health (what a pity it was not an educational body). The aim of the study was to collect data on the participation and activity of women doctors and the nature of any obstacles to their career development. This is obviously important when 50% of medical graduates will be women by the 1990s. The data collected on women doctors are related to medical careers in general by comparison with an equal number of male qualifiers and checking against changes with time by taking cohorts who qualified in 1966, 1976 and 1981. Personal interviews by skilled staff were undertaken with just over 100 men and 100 women stratified by medical school who were aged around 43, 33 and 28 years at the time of the study.

The protocol allowed comparisons by gender and age/years post qualification on such items and factors as career satisfaction, effects of patronage, adequacy of career counselling and limitations to career aspirations. It is interesting that in many respects the differences between the three age groups were more marked than those between genders. For instance, almost half of the 1981 cohort expressed regret concerning their decision to choose medicine as their career. No area of careers advice can feel happy at the responses of these doctors – at school, advice was frequently unrealistic on the rare occasions it was given, at medical school less than 10% of the 1966 and 1976 cohorts had received any career information and in the postgraduate years career choice was perceived to depend on good fortune, patronage and other forms of chance.

The overwhelming impression left by the results of this work is the great sense of disappointment on medicine as a career. Almost half of the 1981 cohort expressed regret about their career decision. They perceived opportunities in medicine as being increasingly limited and conditions of service in junior hospital posts as totally unacceptable. Taking opportunities to develop special interests or broaden experience outside the 'straight' conventional career path was considered to be career suicide. This was a particular problem for women graduates whose domestic commitments lead to having 'unconventional' career routes because of part-time working, breaks in service and geographic mobility associated with career moves by a spouse. Their difficulties were enhanced by the general lack of knowledge concerning the PM(79)3 scheme which was designed to help them and perhaps then lead many of them to 'dead-end' jobs. Despite this, only 5% of women interviewed were not working and 40% of the 1966 and 1976 women were working part-time on medicine – however, working is not really the same as training.

The important study raises many issues for further research: correlation of career satisfaction with the reason for entering medical school; scrutiny of the attitudes to women by trainers and appointments system, particularly in certain specialties; review of attitudes to career flexibility; delivery of adequate career counselling and attitudes of junior doctors to postgraduate training and the effects of service demands.

All those interested or involved in postgraduate medical education should read this book which comes in an abridged paperback form and full hardback version. I recommend the

latter because of the wealth of interesting and relevant detail and the incisive use of comments made by those interviewed.

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**Perfecting The World**, Amalie M. Kass & Edward H. Kass. Pp. xxx + 642, illustrated. Harcourt Brace Jovanovich, Boston, San Diego, New York, 1988. £24.50.

The Osler Club of London celebrated the centenary of the death of Thomas Hodgkin in 1966 at Guy's Hospital (where else?). John Butterfield was still the Professor of Medicine and a generous host, Arthur Dickson Wright was both court jester and knowledgeable historian of medicine, and the reviewer of this book was in mid-term as secretary of the Osler Club. The programme was an ambitious one for all contemporary Hodgkins had been invited; there were many present even although Thomas himself was childless. The authors of this outstanding biography were principal speakers. During the last quarter century they have dedicated themselves to the task of bringing out this definitive and authoritative account which will be a classic and a reference source for all times. It cannot be improved upon and it will not be superseded. Here is Hodgkin in all his glory as a Quaker, apothecary's assistant, physician, pathologist, traveller, founder of the University of London, social reformer, antislavery advocate and much more.

Edward Kass is a distinguished Harvard professor of medicine and one of the world's foremost experts on infectious diseases. His wife, Amalie, is an international medical historian. It may surprise readers to feel that two very busy Americans have taken time off to write about a London cockney doctor. We are indebted to them for having done so with such academic scholarship, and, perhaps even more important, for providing us with such a rich portrait of nineteenth century Britain.

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**Protein C and Related Proteins**, R.M. Bertina. Pp. x + 233. Churchill Livingstone, Edinburgh, London, New York and Melbourne, 1988. £45.00.

In the last ten years or so there has been a dramatic increase in interest and subsequently clinical and laboratory investigation of patients with a thrombotic tendency. This has been associated with discovery and characterization of two further vitamin K dependent factors, namely protein C and protein S. Both of these proteins act as important inhibitory regulators of excessive thrombin generation mainly by inhibiting the co-enzyme activity of factors VIII and V. This multiauthored text provides an updated referenced review of the importance of these two proteins. The initial chapter sets the scene with a review of the definitive hereditary haemostatic abnormalities which have been shown to predispose to repeated thrombotic events. There follow detailed descriptions of the biochemistry of protein C and protein S, their physiological activation on the endothelial surface, interaction with the fibrinolytic system and their biological inhibi-