

do a genuine job without the present day lure of money.

Today's doctors treat their patients as customers. If you have a minor headache or ear-ache and enter the clinic of a specialist, he charges you for just looking at you. When he touches your wrist for taking count of the pulse-beat and uses the stethoscope to examine your chest the charges are doubled. At the end of this examination he tells you that you will have to get your urine and blood tested as also undergo a HIV test. He may also tell you to have an ECG and brain scan before he can pinpoint the reasons for your headache or earache,

There is a nexus between these specialists and the laboratories and clinics having scanning and other special equipment. At the drop of a hat you are asked to undergo so many tests that most

ordinary persons prefer to go in search of just a wee bit of cyanide. I am sure the family doctors of yesteryears would have given a couple of aspirin tablets or ordinary ear drops and helped you overcome your headache or earache,

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BOOK REVIEW

Making sense of illness. The social psychology of health and disease

Alan Radley, Sage Publications, New Delhi 1994, 232 pages, Hardback 35 pounds sterling

Alan Radley is Senior Lecturer in Social Psychology at Loughborough University and has several books to his credit. He has provided a comprehensive introduction to the important topic of health and illness. The book describes how people think about health, the part played by family, friends and strangers, relationships between doctors and nurses and the place of the sick in the social world. Bradley's critical commentary on various explanations of health and illness in social life makes the book necessary reading for students of psychology, sociology and health studies.

In the introductory chapter the book distinguishes between the three terms disease, illness and sickness. It gives us three different perspectives; behavioural, societal and cultural for the study of health and illness. The chapter also focuses on the latest and the worst menace to our society - AIDS. It makes the reader pause for a while and think on the strong prejudice against patients suffering from AIDS.

Chapter two provides historical references to make us understand why modern medicine make it appear that words like 'doctor', 'patient' and 'the body' have a fixed meaning, when they do not. It also explains the perspective of 'social construction' where it is con-

sidered that cultures are relative and society undergoes historical changes. Medicine - a product of social life - too experiences change.

The next chapter explains what 'being healthy' means. It takes the help of various studies, reports and works of people like Baumann, Blaxter and Herlick, It provides a 'Health Belief Model'. It also discusses the background of signs and symptoms and how they are to be recognised. The healing relationships between doctor, patient and nurse is described.

Chapter 5 focuses on patients. Individuals 'are not patients except in relation to members of the medical professions. One becomes a patient the moment one consults a doctor or a nurse. Bradley explains what is involved in the procedures of diagnosis and treatment. An example in relation to consultation is given where the order to be followed is explained. For instance the claim to sickness does not arise from the specification of symptoms alone but, as one doctor has put it 'it is the act of asking', or 'in the case of those who can't ask for themselves, of being presented to the doctor that constitutes the relationship of which we call one half doctor and the other half patient'.

Fig. 5.1 illustrates the manner in which the doctor proceeds during the interview with the physician listening to and reflecting on the patient's narrative without interruption at the start, then clarifying and interpreting events; ana-

lysing and probing; and finally using his skill and knowledge on the information gathered. There are sections on physician and the placebo effect, physical examination and body care, good patients and bad patients.

The reader will notice a parallel shift in the author's concern from society (beliefs) via the individual (symptom experience) to the body (the physical examination)

The next chapter deals with illness and gender. Advocates of male superiority have often used biologic thinking to point to the inherent weakness and unpredictability of female body, a condition purported to make women unreliable and irresponsible. The feminist movement in health studies has rejected the stereotypical passive-feminine role supporting the behavioural-authoritarian medical professional model. The topic has been discussed from two different perspectives. One concerns the discussion of women's health as being different from that of men. The other perspective explains the health of men and women as viewed by society. There are sections explaining men-women, mortality, morbidity,

The book also discusses such topics of general interest as chronic illness, stress and social support for illness, the promotion of health and prevention of disease,

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