Book review

Pregnant Women at Work. By G Chamberlain. (Pp 301, £32 HC, £15 PB.) London; Macmillan Press, 1984.

The great physician Hippocrates was careful to teach his pupils to inquire into the environment of their patients. Yet today few doctors would think to ask for details of their client's workplace. Modern medicine has leaned heavily on the "Magic Bullet," generally preferring the chemotherapeutic blunderbuss to an analytical assessment of specific hazard. Meanwhile, those of us primarily interested in holistic health care have accumulated our own burgeoning rag bags of examples that arrive more or less automatically and apparently endlessely, underlining the essential formulation of totality in health care.

Pregnancy, of course, is natural but because it is dealt with by doctors and nurses, mostly in hospital, it has wrongly attracted the status of a pathology. The lack of severity of most pregnancies is pointed up by F E Hytten from the Clinical Research Centre at Harrow who quotes the XVI Olympiad in Melbourne in which ten of the 26 female Soviet medalists were pregnant. It is a characteristic of our times that more women are working while pregnant in a wide variety of occupations, and we simply do not know enough to be able to say what the effects of their work will be either on themselves or their fetus.

Gone forever are the days when women were at the mercy of uncontrolled childbearing and they expected no more out of life than an early death, their bodies worn out by the production of child after child, year after year. Now that women have fewer offspring they expect those babies to live and to be perfectly healthy; the stillbirth or the deformed baby is no longer shrugged off as "just one of those things." These days when something goes wrong there is consternation.

Compared with men, there has been extraordinarily little concern for the effects of workplace hazards on women workers, and the larger part of those data that do exist concentrate on the possible trauma to the conceptus rather than what the effects might be on her. Genuine concern is growing and something must be done. A great deal of interest is generated by some trade unions: over the past 20 years two thirds of their new recruits have been from the female workforce.

Pregnant Women at Work is a digest of the papers given at the Anglo-American Conference held at

the Royal Society of Medicine, London. Twenty two speakers from divergent fields of expertise have contributed chapters for this book. It represents a valuable reference source, bringing together data and ideas previously spread thinly and diffusely throughout a mass of medical, scientific, and associated publications. The tone is firmly scientific; the seeker after emotive novelty and controversy had better look elsewhere.

The list of things that might affect pregnancy seems likely to become endless. One contributor mentions a car bumper sticker which reads: "Everything causes cancer." The excellent index to this book lists 108 hazards that may have an effect on pregnancy.

There are some silver linings. Ann Foster of EMAS recounts her experience of a successful pioneer scheme of antenatal care at Park Cakes Ltd of Oldham and E Marshall Johnson of Jefferson Medical College, Philadelphia, describes a novel technique using *Hydra attenuata* (so beloved by school biology teachers everywhere) for the economical detection of hazards to the conceptus.

We will never know everything and we will never be able to predict the exquisite hypersensitivities of individuals. Nevertheless, the more bits we piece together, the better will be the quality of our decisions. As Sheila McKechnie points out: "Most policies in the field of occupational health have to be based on incomplete information." This book is certainly an auspicious step in the direction of good knowledge.

While we must continue to search out those aspects of the workplace that can damage a fetus, yet—and it is admittedly beyond the constraints of this title—we must never lose sight of our wider responsibilities of total concern for all the potential problems women face at work.

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Correction

Lung function, atopy, specific hypersensitivity, and $\stackrel{\hookrightarrow}{\triangleright}$ smoking of workers in the enzyme detergent $\stackrel{\smile}{\triangleright}$ industry over 11 years (January 1985)

The last sentence on p 49, 1st column, should read "There was not a significant number of workers with poor lung function as a result of dust exposure among those who left the industry."