Chinese proverb is really true—until women are treated as befits the equals who “hold up half the sky.”

Dennis Mull, MD, MPH
Department of Family Medicine
Keck School of Medicine
University of Southern California

Management of Unintended and Abnormal Pregnancy: Comprehensive Abortion Care
Maureen Paul, Steve Lichtenberg, Lynn Borgatta, David A. Grimes, Philip G. Stubblefield, Mitchell D. Creinin, eds

This book was written as an authoritative update to the previous textbook produced in 1999 by the National Abortion Federation (NAF). The previous text, A Clinician’s Guide to Medical and Surgical Abortion, addressed rapidly changing issues of the time in the provision of excellent abortion care. This new text further updates the ongoing evolution of the field, in an area of medical care with a fairly scanty literature. The important context of such work is the immense political and religious turmoil in the United States, and the world, on the subject of abortion, despite the fact that it is one of the most common procedures performed in medicine. Abortion has been a common, if often hidden, fact of life in all cultures, in all periods of history. Unsafe abortion leads, all too often, to death or permanent injury; safe abortion is much medically safer than continuing a pregnancy. The intent of this book is to improve the provision of safe abortion.

The book addresses a broad range of abortion-related issues, from the sociopolitical and global health challenges, to technical aspects of specialized areas of abortion care such as late pregnancy terminations and selective reduction of multiple gestations, as well as practical aspects of counseling, contraception, and requirements for establishing safe services. There is a comprehensive appendix of resources for abortion providers.

The book is consistently readable. The organization is sound, and the progression of chapters and topics flows quite smoothly. What I particularly appreciated was the flexibility of recommendations. Many clinicians will have strong preferences for the “right” way to do things. This text strives to offer appropriate options for individual practice, without insisting on a specific method.

The panel of editors includes some of the most highly regarded experts in the field and draws on a distinguished group of authors, including some from England, Sweden, and the World Health Organization in Switzerland. I was disappointed by the absence of family physicians in the authorial collection. Family physicians are an increasingly active group within the abortion community, and increasing access to abortion training in family medicine residencies is an area of ongoing activism within our field. Physicians from several disciplines other than OB-GYN, particularly family medicine and pediatrics, have produced significant research in the abortion field and have contributed considerably to the provision of abortion services, particularly in communities where there would otherwise be little to no access to such care.

This book will be most useful for clinicians providing abortion care, at every level of training and experience, from medical students to senior practitioners. It will, however, also prove useful for those interested in the social, psychological, and public health aspects of abortion. Many readers will learn from a single reading; abortion clinicians will want this book on their reference shelf.

Patricia T. Glowa, MD
Department of Community and Family Medicine and Department of Pediatrics
Dartmouth Medical School
Lebanon, NH

Childbirth Across Cultures: Ideas and Practices of Pregnancy, Childbirth, and the Postpartum
Helaine Selin, Pamela K. Stone, eds

Childbirth Across Cultures is a compilation of research about the experience of pregnancy and birth around the globe. The book is one in a series of Springer publications in Science Across Cultures in the History of Non-Western Science series. Helaine Selin is a science librarian, academic, and editor
BOOKS THAT SHAPED FAMILY MEDICINE

Textbook of Family Medicine, Third Edition
Ian R. McWhinney, Thomas Freeman

With his landmark text Introduction to Family Medicine (1981)—expanded into the Textbook of Family Medicine (1989) and now in its third edition (2009)—Professor Ian McWhinney, MD, laid the intellectual foundations of family medicine as a distinct discipline. Earlier texts had tried to catalogue the diagnosis and management of common problems seen in general practice. McWhinney’s book dug deeper and built higher. He articulated the philosophy, concepts, and practices that distinguish family medicine from other medical specialties. He defined the relationship-based clinical method of the patient-centered generalist physician. He outlined a program of inquiry to guide research.

Like the field itself, the book was holistic, meant to offer a synthetic view of patient care, professional practice, learning, and research. Early sections described principles; later chapters demonstrated their application to specific problems, patients, and practices. Also like the field of family medicine, the book has grown and evolved. Structural elements have been added on family, community, evidence-based medicine, disease prevention, and health promotion. The new third edition, coauthored by Thomas Freeman, is further updated and expanded. The text continues to combine the art of literary references and elegant style with the science of current quantitative and qualitative research.

The history of the text parallels the history of the discipline. Stone has been laid upon stone, fitted by many builders with increasingly exacting standards. The footprint has stayed remarkably true to form, and the structural integrity of the whole relies upon that early foundation.

Dr McWhinney’s book was always more than a reference text for a day in the office. It was—and still is—a compass for a career in the specialty. It still serves as a blueprint for the house of family medicine, even as we remodel it into the Patient-centered Medical Home of the future.

William R. Phillips, MD, MPH
Department of Family Medicine
University of Washington

REFERENCES

of other books in this series. Pamela Stone is an anthropologist whose research interests focus on maternal and neonatal morbidity and mortality. Chapter authors include anthropologists, physicians, nurses, midwives, sociologists, psychologists, and those in public health from universities around the world. Each is an accomplished researcher in his or her discipline.

Childbirth Across Cultures includes an introduction, an informational section about the authors, and 26 well-researched chapters. Divided into two parts, the first section addresses evolutionary perspectives, childbirth narratives, breast-feeding, and child spacing. The second section covers a history of birthing in the United States and other countries, including China, Japan, Korea, India, Tibet, Thailand, the southern region of Israel, Morocco, Zimbabwe, Nigeria, Uganda, Solomon Islands, Aboriginal Australia, the Navajo Nation, and others. Throughout the book a theme of joy and comfort versus technology and medical procedure prevails.

The authors illuminate that medicalized birth is slowly eradicating traditional models of birthing. For thousands of years, birthing was “women’s work” with midwives attending the birthing mother. During the 18th century
in the developed world, a shift began toward male-managed, medically controlled births. By the 19th century, university-trained male physicians developed obstetric standards for female reproductive care. Anthropologists refer to this high tech-low touch model as a “technocratic model.” Cesarean sections have increased 50% in the past decade, with the United States taking the lead. The National Center for Health Statistics ranked the United States 30th in infant mortality in 2005, with Poland, Cuba, and most other European countries having lower mortality rates. Other highlighted systems include those of New Zealand, The Netherlands, and Scandinavia, who have rejected technological interventions and embraced holistic childbirth approaches with resulting improved maternal health outcomes.

Reading about childbirth across various cultures is truly fascinating. For many, birth is a ritualized event with customs that have prevailed for generations. In many “primitive” cultures, birthing remains women’s work with males being excluded from the birthing chamber, hut, or room. Laboring pain may or may not be expressed, depending on cultural customs. The postpartum period is marked by a “lying-in” period when new mothers do nothing but eat, rest, sleep, and nurse the baby while being attended by other women. It is a time for recovering from birth, bonding with the infant, and often of increasing status within the culture.

Reading this book was a pleasure. There are pictures of cultural practices such as the Japanese Obi iwayi (belt celebration), umbilical cord box, maps, charts, and other diagrams that enrich the reader's experience. Some chapters are very academic while others are easier to read. Many physicians and residents may not be aware of the wide variety of cultural birthing practices, and for those working with multi-ethnic immigrant communities the book’s insights may be particularly helpful. This book would be excellent for faculty and residents in family medicine and OB-GYN as well as graduate students in nursing, anthropology, sociology, social work, and public health. Medical students and those studying global health will find this book interesting as well. The text’s only downside is its high cost, which may be prohibitive for some in today’s economy.

Amy Ellwood, MSW, LCSW
Katie Kolonic, DO, MPH
Family Medicine Residency Program
University of Nevada School of Medicine

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