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assumption leads to an unrealistic isolation of these problems from the total stream of community life and encourages a tendency to play to the weakness rather than to the strength inherent in human personality.

It may already be too late to shift social thinking in this new direction. The concept of retirement at a fixed age has wide acceptance in principle and practice. Besides there is a great sentimental appeal in promoting schemes and programs focused on the apparent needs of older people without too much regard for the social consequences of such activities. The comfortable rocking chair in a charming old folks' home or square dancing at golden age clubs are hardly ideal symbols of effective participation in the business of living. It would seem possible nevertheless to so arrange our social economy that most old people would continue to function as responsible and active members of the community without denying them opportunities for more relaxed living and diversions suited to individual tastes. A study of some of these larger issues seems indicated.

PETER KASIUS

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# CULTURAL DIFFERENCE AND MEDICAL CARE<sup>1</sup>

There has been increasing recognition in recent years of the contributions which the social sciences can make to medical science. The Russell Sage Foundation has taken an active part in introducing the social scientist into a medical setting, and the value of such inter-disciplinary collaboration is demonstrated by this volume in which a sociologist on a medical faculty discusses the influence of cultural differences upon the utilization of medical services by the Spanish-speaking population of the Southwestern United States.

After an opening chapter in which fictitious case histories illustrate the various medical and social problems existing among the Spanish-speaking group, the author turns to a de-

<sup>1</sup> Saunders, Lyle: CULTURAL DIFFERENCE AND MEDICAL CARE. Russell Sage Foundation, 505 Park Avenue, New York 22, New York, 1954, 317 pp. \$4.50. scription of this population, in terms of its distribution, social characteristics, and degree of acculturation. Three major subgroups are described: the Spanish-Americans, who have lived in the Rio Grande valley for several hundred years; the Mexican-Americans, more recent immigrants from Mexico and their descendants; and the Mexicans, the most recent immigrants, including the large number of "wetbacks."

In a chapter on "The Cultural Chasm" are discussed differences in attitude between the Spanish-speaking group and the dominant "Anglo" society toward such concepts as time, change, work, dependency, and formal organizations. A separate chapter is devoted to the attitudes of the Spanish-speaking population toward illness, their folk medicine with the reasons for its persistence, and their limited acceptance of the medical practices of the "Anglo" population.

Having presented the necessary background material, Dr. Saunders next considers the basic problem with which the book is largely concerned, "how can the influence of cultural . . . differences be reduced so that ... better health services ... can be provided for the Spanish-speaking population of the Southwest?" This problem is discussed for both the rural and urban populations, and while it is clear that their low economic level has much to do with the amount and kind of medical care received by the Spanish-speaking group, cultural factors are shown to have considerable influence on the extent to which good medical care is sought and accepted. Included among the more important of these factors which should be considered when providing health services to this population are the very high value placed upon the family and family obligations, the willing acceptance of a dependent status as contrasted with the opposition to this role in much of American society, a dislike of impersonal relationships, and the wide acceptance of folk medicine and its lay practitioners.

In the final chapter, the implications of the preceding discussion for other cross-cultural situations involving medical care are considered. It is emphasized that health services should be adjusted as much as possible to the social structure of the population receiving them. The author concludes with a discussion of biases which are likely to affect medical personnel in

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cross-cultural situations. These biases are: the assumption of "a universal human nature which presumably leads all normal people to respond in certain uniform ways in given situations"; an excessive belief in "reason (as) a controlling force in human behavior"; ethnocentrism; identification of scientific medicine with the practitioner's own social organization; ignoring the effect of the social environment upon the patient; and concentration upon the disease rather than the person.

Despite the primary emphasis on the Spanish-speaking group, the approach to the problems of medical care created by cultural differences and the point of view developed in this study should be of interest to all medical workers who deal with patients with a cultural pattern differing in important aspects from their own. Finally, it should be noted that Dr. Saunders has presented his material in a lucid style that is a pleasure to read.

**RICHARD V. KASIUS** 

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## COHORT FERTILITY<sup>1</sup>

I twould be true, I think, to say that over the past decade demographers have become increasingly dissatisfied with the measures of population replacement which they have had at their disposal. Of these measures the principal ones have been the gross and net reproduction rates as developed by Lotka and Kuczynski. The obvious superiority of these rates over the cruder measures in earlier use led to their being regarded as the "best" measures of fertility and reproductivity and it is only in recent years that a critical analysis of the limitations of these measures has been undertaken.

The conventional gross reproduction rate is calculated by summing over the child-bearing period the age-specific fertility rates current to the period under consideration. It measures the average number of female babies which will be born to a female living right through her child-bearing period who is

<sup>1</sup> Whelpton, Pascal K.: Cohort Fertility: NATIVE WOMEN IN THE UNITED STATES. Princeton, Princeton University Press, 1954, xxv + 492 pp., \$6.00.