randomised controlled trials of alternative management strategies to be mounted. The understanding gained from these studies could then form the basis of improved paediatric training of general practitioners.

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National variations in medical practice

Culture influences medicine more than science does

Many doctors like to bask in the reflected glory of medicine as a scientific undertaking that transcends international barriers. Indeed, this is what medical students are largely taught. In so far as cultural factors are admitted to play a part it is as quaint throwbacks to a prescientific era that is steadily disappearing. Now Lynn Payer, a basic scientist turned journalist, has had the bright idea of subjecting to close scrutiny the values and practices of medicine in four highly developed countries with equivalent life expectancies (the United States, West Germany, France, and Britain), and she concludes that many diagnoses are more influenced by national characters, cultures, and philosophies than by scientific considerations.¹ Her book will come as a revelation to many doctors because they do not read much about each other's work let alone about cultural oddities. Few doctors in Britain are able to name a single French medical journal, doctors in France rarely read outside their own journals, and a vice president of the American Cancer Society, when told in the mid-1970s of a study testifying to the efficacy of lumpectomy in breast cancer published in the *BMJ*, replied, "We don't read much foreign literature here."

So we remain ignorant of commonly diagnosed diseases that just don't travel. Take the French disease *spasmophilia*. It is a condition that increased sevenfold in the 1970s and is diagnosed on the basis of an abnormal Chvostek's sign and oddities on an electromyogram. In the United States if it exists at all it is as panic disorder. In Britain it does not exist—so presumably sufferers in France might be cured simply by crossing the English Channel. West Germans are prone to *Herzinsuffizienz*, a condition approximating to cardiac insufficiency and accounting at least in part for why on average Germans consume six times as many heart drugs as their British counterparts and why cardiac glycosides are the second most prescribed group of drugs after non-narcotic analgesics. Being romantic people, the Germans regard the heart not as a mechanical pump but as an organ with a life of its own; they thus have low rates of bypass surgery but are fond of subjecting the heart to examination by electrocardiography. One survey of supposedly healthy citizens of Hamburg showed a rate of abnormalities of 40%. So much for science.

Germans also regard low blood pressure as a malaise

demanding attention. No fewer than 85 drugs are listed for its treatment, and annual consultation rates are 163 for every million people. Hardly anyone in Britain is treated for low blood pressure. Doctors in the United States think that treating low blood pressure amounts almost to malpractice, whereas many German doctors regard an untreated diastolic pressure of 70 mm Hg with horror.

Payer argues that there are philosophical explanations for these discrepancies. German romanticism is blamed for German medicine's cardiac preoccupations. American medicine's aggressiveness and military analogies—the war against cancer, the body as a battlefield—owe much to that country's culture and little to science. The French emphasis on aesthetics goes a long way to explain the 10 free physical treatment sessions provided to get into shape after childbirth. Cultural values, too, presumably explain why in the United States so many women want their breasts surgically enlarged whereas in France equivalent numbers want theirs reduced.

And British medicine, how does it fare? Lynn Payer's overwhelming impression is of a practice impregnated by scepticism, cynicism, and conservatism. Whereas in America it is better to do something than nothing, in Britain medicine is cautious about making matters worse. The British have a higher threshold for disease, do less of virtually everything (from hysterectomies to appendicectomies), and spend far less money. Not for nothing, apparently, are British doctors regarded as the accountants of the medical world.

Medicine and Culture should certainly be read by medical students for it would help explain why the real world they encounter when they qualify is often so different from what is portrayed in the textbooks. Their seniors should read it too, but I doubt that they will—and even if they do they won't much like it. They will dub it anecdotal and unscientific in contrast to their own clinical practice and professional theories. In so doing they will be, as ever, faithful to their culture.

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