Rules to direct agents have been suggested to clarify patients' rights, but, if not absolute, they will need to be interpreted. An interpretation appealing to simple utilitarian principles will not solve the problem of uncertainty but a bad interpretation may preclude maximisation of utility. Thus a problem remains. Gillon suggests a reconciliation between rights of patients and societies' goals by incorporating into process utility the doctor's special concern for patients. All these modifications leave us with problems of measuring outcome and process utility and of weighting the different components, essential elements of any strategy of maximisation.

Mooney, McGuire, Have, and Abbing believe that by the adoption of ethical codes societies' goals can be achieved and within this framework individual doctors can operate in the best interests of patients. Abbing, whilst suggesting such codes, argues for flexibility in application to ensure that individual patients' legal rights to care are not infringed. He sees schemes to control costs in the USA as indicative of a new era of standardisation of medical procedures which limits doctors' and patients' choice. He is cautious about the adoption of crude cost-benefit analysis in decision making, in contrast to Jennett who is so enamoured by efficient use of resources as to recommend "triage" before doctors and nurses are "caught in a cycle of commitment". Triage is dismissed by Gillon as more appropriate on the "battlefield", but he is also aware of the impossibility of separating macro and micro allocation because clinical decisions have implications for the allocation of resources. Other suggestions for the future include extensions of teaching of economics and moral philosophy to young doctors and of using computing technology and expert systems to expand choice.

What then of the book? It is essential reading for all those interested in developments in the management of health care. It does not offer solutions but it extends the area of debate, illuminates the issues, offers suggestions for future monitoring and adds cautionary notes about simplistic solutions. By placing it in an historical context we gain a sense of perspective. We are unlikely to find easy solutions to moral problems which have been debated since the fifth century BC.

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Twinning is a most interesting aspect of human biology. This new volume honours Professor Ian McGillivary, who recently retired from the Chair of Obstetrics and Gynaecology at the University of Aberdeen. The contributors all work or have worked with the Aberdeen group, and the text emphasises this school of work on twinning, which is traced back to James Matthews Duncan and Mary Slessor. It will be of interest to readers of this journal as the epidemiology of twinning and its relationships to congenital anomalies are discussed in detail, and provide one of the best reviews since M. G. Bulmer's book 'The biology of twinning in man', published in 1970. Other chapters deal with physiological changes during twin pregnancy, the management of twin pregnancies and their outcome, birthweight standards, and the relationship of birthweight in twins to later growth and intelligence. The contributions of twins to genetic research, and the psychological and sociological aspects of twin behaviour are not covered here. The book includes much unpublished data from the Aberdeen group and provides some historical and cultural insights. However, because of the Aberdeen concentration, it cannot be used uncritically as a full review of the epidemiology and biology of twinning, as the local emphasis often means that work from other centres is discussed superficially or omitted. Exceptions are the chapters on descriptive epidemiology and on congenital anomalies, which provide a very thorough and up to date review. There is some duplication; there are individual chapters on the aetiology of twinning, on descriptive epidemiology, and on the factors affecting twinning, which could more usefully have been combined.

The value of good population based clinical research is shown by the data from a system which has included all twin maternities to women resident in Aberdeen from 1951 to 1983, most of whom have attended a special research antenatal clinic. The discussion of determination zygosity is recent enough to mention genetic fingerprinting techniques, which will make some of the cumbersome methods obsolete. The style varies considerably. Many sections are written for the general reader. Some very detailed tables, such as those on international variation in twinning rates and on the frequency of congenital anomalies in twins are good reference sources. Some of the tables of data from the Aberdeen group are in a raw form, for example data are presented on twinning rates in Aberdeen by social class, but are not adjusted for age and parity differences. Results of a complex

multivariate analysis are presented without adequate definition of the variables used and in a way which emphasises significance tests rather than measures of effect. However these deficiencies are minor, and there is much of value and interest in this book which will be useful to all those interested in the twinning process.

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Many women experience some degree of distress, both emotional and physiological, related to the menstrual cycle. Although the exact incidence is hard to assess, about 10% of menstruating women suffer from premenstrual symptoms which affect their functioning and wellbeing, and at least another 70% notice some cyclical changes. The exact causes of premenstrual syndrome (PMS) remain obscure and complex; and reflecting this uncertainty, treatment rests often on trial and error rather than proven effectiveness. Other problems with the menstrual cycle include dysmenorrhoea, menorrhagia, cyclical breast pain, menstrual headaches, and endometriosis.

The editors have drawn together the large and growing literature on the diagnosis, causes and treatment of menstrual problems, concentrating particularly on the premenstrual syndrome, but also covering other problems in some depth. The overall impression from the nine chapters discussing PMS is that the area remains conflicting and contradictory; thus while the chapters on endocrine factors in the aetiology of PMS present a convincing argument for the definitive role of physiological agents, others describe the syndrome as primarily psychosomatic or related to lifestyle or personality, and discuss the value of psychological treatment. To its credit, the book includes a variety of viewpoints, including the interrelationship between PMS and environmental factors, although there is a tendency for each chapter to present its views, sometimes arising from scanty research, as facts rather than possibilities. I would have liked a chapter synthesising what is known, perhaps highlighting the fact that PMS must reflect complex, multifactorial causes.

The last six chapters provide a useful overview of menstrual disorders, endometriosis, hyperprolactinaemia, menstrual headaches, and cyclical benign breast disease.

It is the aim of the book that it should be a source of reference, not only for researchers, but also for doctors and others whose work brings them into contact with women with menstrual problems. I felt that clinicians might have some problems extracting clinically useful material from chapters on PMS, and would need patience to wade through the repetitive material and contradictory ideas presented. The chapters on other disorders were more clinically relevant. The book's value lies in its comprehensive coverage of the published reports and it would be of use to researchers new to the field. However, the price of £45 is no doubt prohibitive to many, and unless available in a cheaper edition, I suspect the book will remain a reference source in libraries.

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This is a comprehensive description of smoking in the United Kingdom. It includes much which has not been published or widely available in the past and is a helpful, single volume source of statistics of smoking prevalence, per capita consumption, yields of tar, nicotine and carbon monoxide of individual brands and much more besides.

Few data can be presented uniformly for the century that cigarettes have existed. For the first 50 years, before the explosion of scientific evidence showing the harmfulness of smoking, few statistics were gathered. During the fifties, as the first major studies came in, far more detailed collection began. In those days the tobacco companies were committed to research, in the hope that dangerous ingredients could be identified and subsequently removed, making cigarettes safe. The industry's Tobacco Research Council became a leading source of data, but as adverse research piled up, genuine scientists lost their influence within the industry and power shifted to marketing men who simply wanted to sell as many cigarettes as possible regardless of the evidence. In 1975, the TRC was closed down.

The main source of reliable prevalence data nowadays is the Office of Population Censuses and Surveys, but its surveys tend to underestimate total consumption, due to underreporting. The industry often exaggerates consumption, sometimes wildly so, to try to portray smoking as less of a minority habit than it now is. Caution is also required with emission levels of individual cigarette brands—"low" tar
Twinning and twins

Mark Elwood

*J Epidemiol Community Health* 1989 43: 201-202
doi: 10.1136/jech.43.2.201

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