Botswana. Formerly TB appears to have been non-existent in Botswana, but in 1976 TB accounted for 20% of hospital deaths.

In 1966, when Botswana became independent, it was an extremely poor country. Its only resources were cattle and human labour working in the gold and diamond mines of neighbouring South Africa. From 1971 onwards, however, rich mineral resources were found within the country: diamonds, copper, nickel and coal. Its prospects are now bright, certainly when compared to other African countries.

However, labour migration still is of vital importance to Botswana's economy and TB still poses a serious threat to the entire population. Varkevisser, a medical anthropologist who has carried out extensive research for leprosy and TB health projects all over the world, has published a straightforward report about TB in Botswana. The report is based on a one-month orientation visit in 1977.

Although the number of medical anthropologists involved in applied medical work must be great, very little of their practical work ever reaches the general public. Their reports are for internal use only or otherwise are regarded as too specific to be of interest to academic journals. Moreover, the reports, even if their information is not strictly internal, are usually difficult to obtain. Unfortunately, their invisibility prevents us from getting to know the perspectives of applied medical anthropology. It was this consideration which led to the review of the present report.

Varkevisser first gives an optimistic account of the organisation of the Botswana health care system. The country has made a remarkable switch to *rural* health care. Though one of the most thinly populated countries of the world. Botswana plans to make the maximum distance for any citizen to reach a health post 15 km by the year 1984. Statistics seem to confirm that since the discovery of minerals the extension of the country's medical facilities has not occurred in urban hospitals but in rural clinics and health posts, indeed a unique phenomenon! Next the author discusses the TB services, including the immunisation program and the successes and failures in case-finding and case-holding. Causes for those failures are found mainly within the services themselves, much less among patients. The idea of the "defaulting" patient is therefore rejected.

For the anthropologist, the most interesting chapter deals with the patients' own views of TB. These views are dominated by fear, fear of medical, social and economic consequences. One woman, speaking of the risk of contagion, explains: "You cannot keep away because that would mean you look on him as a bad person. All you can do is sit with him and hide your fear".

The economic consequences of contracting TB are particularly grave for those working in the mines. Tubercular miners are dismissed and it is unlikely that they receive the compensatory sum of 200 Rand which is due if it can be proved that the disease was contracted on the job. In this regard Varkevisser quotes another author, Hepple, who found in 1971 144,000 legally recognized claims for accidents, TB and diseases in South African mines, none of which had been collected because the procedures posed such great difficulties for the miners.

The report does not enter into theoretical debates and is largely descriptive. It reveals both the possibilities and limitations of applied medical anthropology. Working within the context of a medical project, an anthropologist can hardly afford to raise criticism about problems outside the medical domain. The crucial role of mining labour is recognized, but such a delicate political-economic issue clearly lies beyond the competence of the applied anthropologist. The recommendations of a technical and organisational nature are bound to remain. The author has told me that during the 4 years of implementation of the research an attempt was made to discuss the poor health conditions in the mines with the Botswana government, but this attempt failed, largely because of opposition from the side of the government.

Medical anthropologists who are not attached to any health project or organization do not meet such limitations and can freely critize the fundamental causes of ill health and unequal medical service in the world. The cynic, however, may ask: Who serves the needs of the dispossessed more?

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Achievement and Women: Challenging the Assumptions, by DEBRA R. KAUFMAN and BARBARA L. RICHARDSON. The Free Press, New York, 1982. 188 pp. $19.95

Good scientific theories state how the real world operates. They strive to be simple, yet complete. The authors of *Achievement and Women* look at prevailing psychological and sociological theories about achievement and find them a poor fit to the reality of women's lives. The book is an excellent review of the dominant theories and empirical research on adult achievement, ranging from personality theories about need achievement to sociological theories about status attainment and occupational segregation. The authors lay out the basic assumptions of each theoretical tradition, and discuss how they are too simplistic (and occasionally just plain wrong) to account for real world aspirations and behavior. Thus, the book challenges long-standing assumptions and offers new ones to be incorporated into theories and research. Its aim is to persuade social scientists to see adult achievement as a dynamic process with plenty of changes in individuals' motivations and activities, especially for women. The book itself does not provide the new theories; that job is left to others.

The book chapters move from individuals' internal worlds to the external social world, and from childhood to adulthood. Chapter 1 reviews personality theories of achievement motivations, and it notes how experimental research and childhood behavior often controvert assumptions about girls' achievement and affiliation needs. Chapter 2 considers how fear of success, fear of failure, and self esteem develop in adolescents and young adults. In Chap. 3, we are reminded that women's job and domestic activities were centered at home until this century, and that their separation limited women's opportunities for work (job) achievement. Chapter 4 points out the social barriers that women workers confront in entering some occupations and in earning occupational rewards. Chapter 5 notes how the interaction between individual motivations and social context differs across generations (cohorts) of women. Chapter 6 reiterates the book's theme that individual achievement is a dynamic process across life, and also across historical periods.

The book's focus is "public achievement" but, strangely, the authors never explicitly define the term. It is, apparently, the income, productive use of skills, prestige and power that people attain through a job. In the book, "public achievement" is frequently distinguished from "private achievement"; the latter relates to domestic activities, but indicators for it too are not defined. The emphasis on the public domain is unfortunate, since real life for women often entails an assessment of satisfactions and resources to be gained by a mix of public and private activities. Women's sense of personal achievement derives from both spheres, maybe moreso than for men. By focusing on public achievement, the authors make exactly the mistake they are trying to correct in social science, which has misrepresented women's reality.

Nevertheless, the book offers a better view of women's occupational attainments than many prior ones. Key assumptions of the new perspective are: (1) aspirations and motivations can change at any point in life. They are not fixed and immutable in adults. (2) Social scripts for behavior are not perfectly internalized by people in real life. Individuals often deviate from social expectations as they seek to fulfill their personal needs and dreams. (3) Women's failure to achieve comparable status and resources as men from their jobs is due to social factors as well as psychological ones. Social pressures, rules and organization limit women's opportunities for getting certain kinds of jobs and for gaining income and promotions in the jobs they hold. (The authors believe that social, not psychological, factors are pre-eminent.) In contrast to this perspective, dominant theories have assumed that: (1) achievement orientations are formed early in life and then do not change; (2) individuals comply closely with social expectations; and (3) women's failure to achieve is due to their personality characteristics rather than to social forces.

This new perspective is especially important for understanding women, say the authors, because women do in fact change and adapt and renegotiate their activities more than men do. Social science theories that ignore such dynamics will therefore miss women's reality. On the other hand, theories that allow dynamics will encompass both women's and men's realities.

The authors deserve kudos for reminding us about individual plasticity and for pointing out how individual stasis often originates from social structure. The book's perspective mirrors themes of the 1980s—the emphasis on individual self-awareness and change, the acceptance of variation in the attitudes and behavior of same-aged people, the concern for sex (gender) discrimination. (How strongly do social science theories bear the signature of history? The theories that this book challenges were developed in decades when individuals were more content to comply with social scripts throughout life, and their emphasis on stasis probably reflects that historical reality.)

But the book suffers somewhat from social science elitism. Most working women (and men) are concerned about having a stable job which offers sufficient income and satisfactions for their needs. Achievement is scarcely on their minds. It *is* often a concern of professional workers, and this may be a reason why achievement figures so strongly in the theory and research of social scientists, who are themselves professionals. On several counts, then, the book misses the realities of contemporary women and also men—by insufficient attention to achievements in family life and typical work motivations.

The book is nicely printed, and the editing was obviously intelligent and painstaking. I have only one complaint: the subject index is not extensive, and the author index (of researchers mentioned in the text) is combined with it. The result is an index that cannot be easily scanned for substantive purposes.

The intended audience for this book is social scientists—psychologists, social psychologists, sociologists and social demographers. It is to be hoped that the book will influence the hypotheses and variables they choose for experimental and survey research. It is much more than a critique of the past products of social science; it stretches ahead, urging a truer view of how women have been choosing jobs and careers. Future cohorts of both men and women will probably have more options and make more changes throughout life than current cohorts, and we shall definitely need theories that fit that reality.

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A Theory of Medical Ethics, by ROBERT M. VEATCH. Basic Books, New York, 1981. 387 pp. $20.95

Measured against such long-established areas of philosophical reflection as the theory of perception, medical ethics is a fledgling discipline. Yet its vitality in the past decade was unmatched by any other field in the humanities and its rapid progress is beginning to yield important results. Robert Veatch has for many years been among the most active thinkers in the discipline. This book is his attempt to provide an overarching conceptual framework in terms of which the relations between patients and health care professionals may be understood.

Veatch is convinced that a "Hippocratic individualism", focusing on the isolated physician's obligation to benefit his patient, cannot serve as the foundation of an adequate medical ethics. The most private of therapeutic relations exists in a social context which defines the parameters of acceptable action: what a physician can and must do depends at least in part on general social arrangements and on the particular view society takes of his profession.

Accordingly, Veatch maintains that the best way to understand the moral issues in health-care delivery is by reference to three actual or implied covenants. Resuscitating the useful fiction of a social contract, he argues that the first set of agreements establishes society itself. The second contract, within the moral constraints created by the first, defines the privileges and responsibilities of the health professions. The third, within the limits of the first two, is the understanding each patient develops with his doctor about the details of their individual interaction.

In the process of explicating his general framework, Veatch displays remarkable erudition and an enviable familiarity with the literature of medical ethics. The book is clearly the fruit of many years of research and reflection; whatever one thinks of the positions he embraces, Veatch cannot be accused of being uninformed. Nor is he, as ethicists are sometimes accused to be, insensitive to the viewpoint of physicians. If tradition-minded doctors find parts of the book objectionable, it is not on account of their being physicians but because they are conservatives.

For Veatch is clearly a liberal and, when it comes to matters of justice, a rather starry-eyed one. Declaring himself a dreamer (p. 274), he maintains that everyone is entitled to whatever resources may be needed to raise his health to the level enjoyed by others. It is surprising that Veatch, conscious of the importance of context in other discussions, altogether loses sight of it here. The need for health care is not a phenomenon that can be treated as an objective fact and in isolation. What we need of it is at least partly a function of how much of it we want, and that itself is partially determined by how each of us values it in comparison with the other things we crave. And how can we assess the justice of providing needed health care independently of the at least apparent injustice of taking money from others to pay for it?

Veatch devotes a significant part of the book to showing that commitment to the production of desirable consequences is inadequate as the foundation of medical ethics. Beneficence as a principle of action must be supplemented by such other "nonconsequentialist" principles as contract-keeping, autonomy, honesty and justice. In fact, Veatch goes so far as to permit considerations of benefiting the patient to enter only after all the other requirements of morality are satisfied. Since this would make it morally impermissible to treat any patient in our unjust world, Veatch instantly suspends the requirement by arguing that physicians have no role in the macro-allocation of health care.

Veatch is surely right that performing medical marvels for people without respect for their self-determination and