

decision. In the North American context, the Canadian example of the consequences of financial stringency are bed reductions and shortages of medical personnel and therefore longer waiting periods for elective surgery. However, to date hospital closure is a rare event and one that is considered to be an unacceptable solution.

One of the significant problems for rural dwellers, and one that residents of large urban centres seldom think about, is the emergency ambulance services. Rutledge, Ricketts and Bell in chap. 11, 'Emergency Services in Rural America' point out that it is not only ambulance services but in more remote areas the problem includes areas without phones, problems with the reliance of UHF and VHF signals, and the use of helicopters. As pointed out in both Meade's and in Joseph's chapters, the authors' note the great variation of conditions that exist in a rural health care setting. Based on North Carolina data the authors question whether the higher mortality rates in the eastern part vs the western part of the state is a function of variations in emergency medical services.

The concluding chapter by Gregory Nycz and John Schmelzer, researchers at the Marshfield Clinic in Wisconsin, examines 'Geographic Variations and Health Expenditures'. Their forecast for the remainder of the 1990's, and their examination of aspects of the Medicare component of the U.S. total health budget leads to the question of alternative methods of financing for the ever-increasing amounts needed. But the pressing problem is not only for rural systems, which the authors discuss, but for the United States health system as a whole as it is for governments everywhere. How this common problem is being and will be addressed, in different countries and jurisdictions within these countries, attests to the inherent geographical nature of medical care systems.

Overall, Gesler and Ricketts edited volume, *Health in*

*Rural North America: The Geography of Health Care Services and Delivery* reflects the progress that has been made in the field. It provides a new and useful book to meet a need in the literature. Its single best feature is that the editors and the authors, in the main, have made a real effort to focus on geographical aspects of the rural medical care system. Given that many of the authors are not geographers this is a particular achievement. A clear statement of a medical geographical perspective has to be the goal in the writings of all medical geographers. There is still a strong tendency in the field to consider this secondary or to believe that somehow it is self-evident.

Finally, it is worth noting that health care in developing countries has received much greater attention by both North American and European medical geographers than have studies of the rural medical care system in their own countries. The organization and content of the book, plus the fact that it is available in a paper edition, makes it a good choice as a text to cover the rural portion of medical geography course. Of course, as with almost all edited works, some readers will have wished for the inclusion of other themes. For example, the title indicates that it will cover rural health in North America, but one does not get an overview of the Canadian rural health system. Instead all three Canadian contributions address the very focused the high-risk groups, and so the general patterns and trends are not discussed. However, Gesler and Ricketts in their well conceived and edited book have established a base from which others can progress.

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*Personality and Disease*, edited by HOWARD S. FRIEDMAN. Wiley Interscience, New York, 1990. 315 pp.

It is commonly believed that there are individual differences in susceptibility to disease and how illness is handled and that these disparities appear to be related, at least in part, to the nature of the person. So one is inclined to agree with Howard Friedman's opening statement in his concluding chapter, "There should be little doubt that personality, stress and health are interrelated." The trouble is that in the book, *Personality and Disease*, personality is the variable employed to stand for 'kinds of people', everything from catecholamine levels to cancer replace the variable disease and health is rarely mentioned (with the refreshing exception of Aaron Antonovsky's excellent chapter). The result is a book about a subject of widespread interest and importance, written by contributors who are acknowledged leaders in their specialties that should be read by anyone wishing to pursue the issues in depth. Reading it, however, continually reinforces the belief that this is a weak field, marked by fuzzy definitions and poor science. The difficulties seem to stem from nothing less than imprecision and variations in the meanings of the words personality, disease, health and that protean thing stress.

The contributors themselves make these points in many of the chapters of the book. In her interesting chapter, Suzanne C. Quelette Kobasa reports on a mock conference as if Gordon Allport, a founding personality psychologist, were present and commenting on current research. She repeats his definition of personality, "the dynamic organization within the individual of those psychophysical systems that determine his characteristic behavior and thought." And then puts into his mouth the accusation that current health research is limited to one personality aspect per study

or per investigator without "the integrative studies that would look at the relevance to health and illness of the *patterns of relationships* between such things as motives, emotions, cognitive styles, temperament, learned expectancies and sociocultural orientation." (Italics in the original.) Well, he (and she) couldn't be more correct, so why isn't anybody listening. These failures in representing personality can be found throughout the chapters. For example, Type A behavior and its apparent correlation with expressed coronary heart disease is frequently mentioned. But then it is pointed out that Type A is better represented by the trait of hostility. Well, what is the personality, Type A behavior, hostility trait, or maybe it is an inadequate personality, masked by hostility and represented in Type A behavior. You might as well guess. These investigators don't seem to see that the generalizability of their findings is impeached by the methodological reductiveness that simplifies the complexity of human personality to a single behavior or trait.

In a nice chapter by Tracey Revenson, we get a glimpse of how an ecological perspective might, "untangle some of this confusion and suggest new directions for personality-disease research." Revenson criticizes the too common "linear, unidirectional mechanistic models," and suggests much more attention to the context of behavior and the contribution that context makes to the process of personality and its relationship to disease. The author points out the situational, sociocultural, interpersonal and temporal contexts and how they influence the relationship of personality and disease. So, the reader asks, where is it done the way she suggests? Not in some *hors d'oeuvres* approach, but as standard fare. Once again, the answer is disappointing. A. N. Whitehead once said that the secret of clear thinking is to stay on the subject. In a paragraph by one of the best known investigators in this field, it is difficult to tell whether

