

standards. However, the module covers many more indications than those currently agreed in Abacus Clinics. There is no doubt that the skills needed to identify a lost subcutaneous implant are different to those required for transvaginal scanning. Most of the scans performed in CRH, however, are going to be unplanned and the need identified during the consultation. Therefore, as they will mainly involve early pregnancy or lost IUD threads, transvaginal scanning skills are essential.

There will also always be situations in which a further scan performed by a more experienced sonographer will be necessary. These may include those women considering abortion at later gestations. Although the numbers are small, it is obviously essential to ensure that gestations are within the legal limit and to assist in the decision on the unit to which the women should be referred, as there are very few centres within the UK that will perform late abortions and consequently any women in this position may have to travel long distances. Accurate determination of gestation will avoid wasted time and travel as well as delays that may limit women's choices.

If a CRH service were to provide outpatient gynaecology then the possible uses of USS would be greater, but training and knowledge would also need to be wider and it is unlikely that anyone who had not undergone full gynaecological USS training would provide such a service.

The special skills module for ultrasound developed by the FSRH sets new standards. We hope that its recommendations will lead to specific training, including the practical element, focused on the needs of clients attending CRH services in the community.

Statements on funding and competing interests

Funding None identified.

Competing interests None identified.

References

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- 2 Syllabus and Logbook for the Certificate in Ultrasound of the Faculty of Sexual and Reproductive Healthcare of the Royal College of Obstetricians and Gynaecologists. September 2006. <http://www.fsrh.org/pdfs/UltrasoundLogbook.pdf> [Accessed 15 September 2007].

BOOK REVIEWS

Obesity and Reproductive Health. P Baker, A Balen, L Poston, N Sattar (eds). London, UK: RCOG Press, 2007. ISBN: 1-90475 239-4. Price: £48.00. Pages: 286 (paperback)

The prevalence of obesity in adult women in the UK is rapidly increasing and is currently approaching 25%. Besides having significant unwanted consequences on the health of the population, obesity has a negative impact on fertility and may lead to potential problems in pregnancy. This text, produced by an RCOG Study Group of experts in the field, provides a comprehensive review of the effects of obesity on various issues concerned with reproductive health.

The book provides a wealth of largely evidence-based information on the management of obese women with menstrual disturbances and/or infertility, including an excellent chapter on polycystic ovary syndrome. The importance of lifestyle improvement is emphasised. The maternal, fetal and obstetric complications of maternal obesity are addressed. The use of hormonal contraceptives in overweight women with additional risks is carefully discussed.

This well-written text would be of value to health care professionals involved in the practice of reproductive health and also to other clinicians with an interest in obesity.

Reviewed by **Ruzva Bhatena**, MD, FRCOG
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Vulvovaginal Infections. WJ Ledger, SS Witkin. London, UK: Manson Publishing Ltd, 2007. ISBN: 1-84076-069-9. Price: £40.00. Pages: 128 (hardback)

American authors William J Ledger (not to be confused with his British namesake) and Steven Witkin are eminent professors in the field of gynaecological infection. Their depth of experience and enthusiasm for the subject is evident in this interesting and very readable textbook. With 128 pages and an attractive hardback cover, the book was slim and discreet enough to read on my daily commute to work. However, the inside pages are so vividly illustrated with clinical pictures that I soon abandoned this idea.

There are 15 chapters, all well referenced.

The book begins with an overview of vaginal microbiology and immunology. The scientific detail is clear and concise, with helpful diagrams and frequent reference to points of clinical relevance. Microbiological nomenclature is forever changing and immunology has moved on in leaps and bounds since I was an undergraduate, so I found this a useful update. There follows a chapter on history taking, examination and investigation, including interpretation of vaginal pH testing and near-patient microscopy.

The main body of the book deals with the various infective diseases of the vulva and vagina, both sexually and non-sexually transmitted. Each chapter is divided into microbiology, immunology, diagnosis and treatment. Allergic vulvovaginitis, desquamative inflammatory vaginitis, vulval pain and dermatological diseases are also covered. I looked eagerly for pearls of wisdom on the management of recurrent candidal infection. There are interesting explanations as to why some individuals may be predisposed to recurrent candidal infection or resistant to treatment, but I was disappointed to find little new in terms of management. Although sexually transmitted infections are covered in reasonable depth the book is not intended for the genitourinary medicine specialist.

I found this book illuminating and very well illustrated. By relating the clinical picture to the underlying pathophysiology the authors succeed in simplifying what is often a difficult clinical problem. The book will be of interest to clinicians in the field of women's health or general practice, particularly those with a special interest in infection or vulval disease.

Reviewed by **Louise Melvin**, MRCOG, MFSRH
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Birth Control, Sex and Marriage in Britain 1918–1960. K Fisher. Oxford, UK: Oxford University Press, 2006. ISBN: 0-19926-736-7. Price: £50.00. Pages: 300 (hardback)

This fascinating book grew out of in-depth interviews with 193 women and men born between 1899 and 1933 and from a variety of social backgrounds. They were asked about their attitude to and practice of birth control within their marriages. It is known that during the early years of the last century family size reduced

dramatically and while there was a post-war increase in the numbers of children born, families never reverted to the late Victorian size. We also know that Marie Stopes and other birth control pioneers were active in promoting contraception and setting up clinics. It is easy to assume that women would have been delighted to take control of their fertility and be released from endless pregnancies and child rearing. These interviews tell a different story.

Most women interviewees claimed a high degree of ignorance about the new appliance methods of birth control: they identified themselves as naive and sexually passive and sought to preserve this state. To actively seek contraception threatened their view of themselves. When women did use birth control they preferred to use methods that did not require any forward planning, or negotiation, or preparation for sex. They might therefore seek out abortion, and many interviewees had some knowledge about both folk methods, such as slippery elm, and illegal surgical methods.

It was assumed in many marriages that the man should and would take care of contraception, and they did. Despite the availability of condoms and caps, withdrawal was a hugely popular method. Many of the men interviewed prided themselves on their self-control and successfully used this method for family planning over many years. When withdrawal was the main method there was still a feeling that babies came along 'naturally' and many couples rejected appliance methods as being cold, calculating and against the natural order.

Families were rarely 'planned' with any discussion between man and wife: it was man's role as head of the household to make these decisions, whether he saw himself as a traditional authoritarian husband or a more modern companionate husband. Most women interviewed expected and accepted this authority from their husbands.

This book would interest anyone interested in social history and particularly the way gender roles influenced the uptake of new methods of contraception. It challenges assumptions about what women want and about the roles and attitudes of men and provides a glimpse of the vanishing world of Britain in the early 20th century.

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