

But I found it difficult to accept Turner's idea that the writing brought together for this anthology represents an authentic mosaic of Canadian women today. Many of the essays are not written from the perspective of women who are living the changes themselves but from that of women who are observing, recording and analyzing these changes. For instance, in a piece on battered women's shelters, battered women's voices are absent. The same gap exists in Rosella Melanson's piece on women's work as it relates to the Canadian economy: where are the names and stories of women who get up at five in the morning to go to the factories, who clean other people's houses, or care for other people's children?

"Too little about women has been documented in the annals of history," writes Turner. Unfortunately for poor women, this continues to be the case.

OSTEOPOROSIS: THE LONG ROAD BACK: ONE WOMAN'S STORY

Pamela Horner. Ottawa: University of Ottawa Press, 1989.

By Debbie Howe

After reading Pamela Horner's book, *Osteoporosis: The Long Road Back*, it certainly is clear that it is a long road back to recovery and the resumption of a nearly normal lifestyle after being diagnosed as an osteoporotic. Osteoporosis is a disease where normal bone becomes brittle and porous resulting in fractures of the rib, hip, wrist or vertebrae.

In her book, Horner documents her progress to rehabilitate herself so that she can carry on a reasonable quality of life. For a newly diagnosed patient, this book gives a good overview of all aspects of the disease. She illustrates that a good measure of recovery is possible with medication, but also with a lot of motivation and persistent effort in areas of diet and exercise. Pamela even recovered enough to go back to work even if just for a few hours each week. Partial rehabilitation from a chronic illness, incorporating a new set of coping skills, is essential for physical as well as mental and emotional well-being. The resultant sense of self-worth as well as self-esteem is the key to continued rehabilitation.

She describes the disease itself, as well as discussing the risk factors for developing osteoporosis and the symptoms of osteoporosis. She gives a good personal account of her physical problems and progress during the early days of her osteoporosis, but she does not discuss in great length the emotional or mental feelings that are common in such a debilitating condition.

There is a very helpful section on coping strategies for the problems facing disabled persons on a daily basis. She discusses aspects of lying, sleeping, standing and walking, and sitting as well as safety measures to prevent further fractures.

Another section is devoted to prevention and treatment. The prevention could be more in-depth but there is a good description of various testing techniques for both diagnostic purposes and assessing progress. There are several interesting pages on the drugs used to control the disease.

There is good nutritional information presented with the help of lists of the calcium and protein content of common foods, and many calcium enriched meal plans. Good, well balanced nutrition is very important to the health of osteoporotics and almost equally important is regular exercise. Exercise is a key factor in recovering from the effects of osteoporosis and maintaining good muscle tone as well as increasing bone density. The exercise chapter is very informative and through both illustrations and

words, the topic is covered very well.

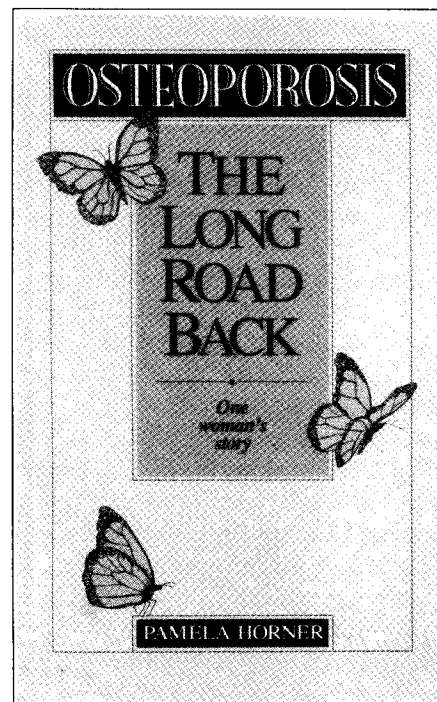
The final chapter is devoted to support organizations. Her source of inspiration was Lindy Fraser of Ottawa. This woman had osteoporosis for decades, but the doctors did not know what was wrong with her, until at the age of 79 she got her diagnosis. She went from being confined to her bed to being able to walk and function on her own. At age 87, she began the first support group for osteoporotics in Canada called Ostop located in Ottawa. Since then other groups have sprung up in the large cities in Canada. These groups provide their members with factual information on osteoporosis as well as giving moral support which is so vital to deal with the psychological aspects of osteoporosis.

In conclusion, *Osteoporosis: The Long Road Back* gives an easy to read account of osteoporosis with both accurate medical information and a patient's personal perspective of the problem. It is a great introduction to osteoporosis for the newly diagnosed, someone who is borderline or who has a friend with the problem, or someone just interested in the subject. A more detailed, more medically exhaustive book is Wendy Cooper's *Understanding Osteoporosis*.

Osteoporosis is and will continue to be a major health problem for women and sometimes men. It is more common than stroke, diabetes, heart attack and breast cancer in women over age 50, yet it receives much less attention.

The physical limitations are a risk of fractures, which usually heal but can still be painful especially if they are in the spine. A hip fracture in a person over 70 years old can mean major surgery with possible complications of pneumonia or blood clots and the risk that 20% of patients with hip fractures are chronically immobilized. Spinal fractures can cause a great deal of pain, a deformity in the upper spine which could lead to breathing and digestive problems, not to mention appearance problems (clothes don't fit properly) and the feeling of being "a little old lady." Rib and wrist fractures do heal but can still give problems.

The mental and emotional problems of osteoporosis are another big issue. The loss of ability to care for oneself on a daily basis is nearly too much for some newly diagnosed osteoporotics to bear, so depression sets in. Not for a day or two, but for weeks or maybe months. Every pa-



tient has a different support network and until they learn how to manage their osteoporosis, it manages them making them feel very discouraged. Each person should try to learn the basic coping skill of working at the level of their ability to do as much as they can for themselves, which results in a heightened sense of both their self-esteem and self-worth. Also co-ordination, muscle tone, bone density and mobility are increased.

The quality of life for an osteoporotic can be greatly diminished. Socializing can be difficult because of the lack of ability to participate in physical activities. Safety becomes a real issue because of winter snow and ice conditions; you can be knocked over in a crowd; you must be aware of uneven surfaces on sidewalks, road and floors; even stairs can be a problem. If a new fracture occurs, you know that the isolation of confinement will set in along with feelings of despair, depression and helplessness, not to mention the pain.

Three years ago at the age of 36, I was diagnosed as an osteoporotic and I understand all too well the problems osteoporotics face. At that time, I also had two small children to care for. My osteoporosis was idiopathic (no known cause) and was diagnosed because of a spinal fracture. Because I wanted to learn more about osteoporosis and needed support to cope with it, I became involved with a group called Women Against Osteoporosis in Toronto. In 1990, I took on the job of Co-ordinator for their Patient Support Group which meets in downtown Toronto. If you would like more information about this Patient Support Group or other aspects of osteoporosis, please call me at (416) 833-0473 or write to me: Mrs. Debbie Howe, P.O. Box 1139, King City, Ontario LOG 1K0.

WOMEN AND AGING: A Selected, Annotated Bibliography

Jean M. Coyle, compiler. Westport, Connecticut: Greenwood Press, 1989.

WOMEN AS THEY AGE: Challenge, Opportunity, and Triumph

J. Dianne Garner & Susan O. Mercer, eds. Binghamton, New York: The Haworth Press, 1989.

WOMEN AS THEY AGE: Challenge, Opportunity, and Triumph. Instructor's Manual

J. Dianne Garner & Susan O. Mercer. Binghamton, New York: The Haworth Press, 1989.

HEALTH NEEDS OF WOMEN AS THEY AGE

Sharon Golub & Rita Jackaway Freedman, eds. New York: The Haworth Press, 1985.

WOMEN IN THEIR LATER YEARS: Health, Social, and Cultural Perspectives

Lois Grau & Ida Susser. Binghamton, New York: The Haworth Press, 1989.

By Judith L. Fraser

"The world of the aged is increasingly a society of old women," remarked B. B. Hess in 1980. Ten years later this fact is becoming increasingly apparent, not only to health care specialists but also to the millions of women world wide who are experiencing the effects of increased longevity. These effects are physical, emotional, psychological, political and financial, and they vary by country, cohort group, ethnic group, marital status and sexual preference. Women comprise the majority of aging populations in developing and developed countries. Women are the main caregivers, both professional and non-professional, to their families, friends, and Selves. Women are oft times unprepared for what the new longevity will require of them.

Coyle's *Women and Aging* is an impressive compilation of 622 annotated bibliographies on a variety of subjects which range from economics to sexuality. Cross-referenced and up-to-date, the author's organizational efforts have made the researcher's obligatory literature search for articles, books, dissertations, and films extremely easy. There is one glaring inadequacy in this text, however—it has few references to Canadian contributions to the topic of women and aging. Despite this, the 135-page hard cover text is a solid research aid.

Health Needs of Women as They Age also addresses the topic of women and aging from an academic perspective, us-

ing an applied research approach. In academic journal style, women's health topics such as longevity, respite care, Alzheimer's disease, reproductive cancer and osteoporosis are addressed. Chapters such as Porcino's "Psychological Aspects of Aging in Women" and Bajart's "Common Eye Problems in the Older Woman" are written in a manner accessible to the lay reader, whereas chapters such as Mann's "Reproductive Cancer" and Krakoff's "Hypertension in Women: Progress and Unsolved Problems" require a technical knowledge of the subject matter. Though there are many references to American statistics, the information conveyed about these important topics remains true to the needs of the Canadian reader, conveyed in comfortably written prose.

Broadening the themes of older women to include social and cultural conditions as well as health, Grau and Susser's 272-page text examines the repercussions which race, friendship, health, ethnicity, family, cohort group, and dependence have on older women in developing and developed countries. The importance of culture, community, and the individual's personal context is underlined for those who advocate for, and provide services to, older women. *Women in Their Later Years* informs the reader that while we are all aging women, our cultural circumstances influence whether our senior years will be ones of prestige and pride, or poverty and pain.

Ideally Garner and Mercer's *Women As They Age* should be read as a companion to texts dealing with older women. Its 415 pages provide an academic, economic, and political context to research. Context dereifies and makes the reader aware of the research's/er's origins. As McDaniel comments in "Women and Aging: A Sociological Perspective," for example, sociology approaches women and aging from two different perspectives. Framed issues, research techniques and the level of focus on either a micro- or macro-level approach alter the interpretation of subject matter. Gaylord continues this argument as she discusses psychology's perspective, Hubbs-Tait elaborates on developmental theories of women, and Kerson focuses on social work's approach. Sexuality is addressed in its own chapter, which is unusual and is a positive change as it is a topic that usually receives only a cursory mention in most texts. Garner and Mer-