Book reviews

In this issue, we introduce a new feature—"brief reviews". These will allow us to review more books more quickly. They will help our readers to select new books for their own reading, although they cannot provide an independent critical assessment. Readers are invited to bring to our notice books which they find of interest by providing such a review.

MARK ELWOOD

Book Review Editor

*Department of Community Medicine and Epidemiology
University of Nottingham, Queen's Medical Centre,
Nottingham NG7 2UH*

Coronary heart disease prevention—action in the UK 1984–1987. (Pp 240; £4.95 + 90p postage) London: National Forum for Coronary Heart Disease Prevention, 1988.

I am clear what this little paperback is but I am unclear as to its intended readership or purpose. Nineteen eighty three saw the publication of the "Canterbury Report" which produced plans for action in the prevention of coronary heart disease (CHD) in Britain. The aims of the book are to provide a factual summary of the present position, to determine whether any progress has been made since 1983, and to identify who is doing what, and where the deficiencies lie. "It is hoped that this report will stimulate and coordinate more effective preventive action" but its style is unlikely to convert the sceptics, to galvanise the laggards or to put fire into the belly of weary evangelists in the diverse target groups which are indicated (National government; Health Authorities; primary care; mass media; schools; local government; work place and voluntary sector).

It begins with a simple and clearly laid out overview of the international, national, time related, socio-economic and risk factor related epidemiology of CHD. What is not always made clear is the extent to which the unknowns in CHD outweigh what we know: for example, the UK is chided for its poor preventive record which is said to deny to its citizens the major decline in CHD enjoyed by the US and Australia. What is not pointed out is that we have also avoided the increases in male CHD in clean living, healthy minded societies like Sweden, Denmark and West Germany. Similarly, little emphasis is given to the sad truth that diminishing a risk factor does not automatically reduce CHD. Although this is touched on in respect of the inability of hypotensive treatment to prevent CHD the casual reader could still get a

message that blood pressure screening and treatment is an important part of CHD prevention strategy.

In essence then, this is a clear summary of CHD epidemiology but the reader will be left with uncertainty as to whether it is a report to the supporters of the National Forum about what has been done with their money or a recruiting document for new volunteers for the campaign against CHD.

J R A MITCHELL

University of Nottingham

An atlas of mortality in Scotland. Eds: Lloyd OH, Williams FLR, Berry WG, Florey C duV (Pp 191; £65.00) Beckenham: Croom Helm, 1987.

This atlas presents mortality data from Scotland for the years 1959–63, 1969–73 and 1979–83. Its particular emphasis is on the mortality experience of small areas and it includes some 230 communities in the first two periods (cities, large and small burghs and landward areas) and 56 local government districts in 1979–83.

To maximise numbers, deaths at all ages and for both sexes have been combined in the calculation of the standardised mortality rates on which the maps are based. The diagnostic categories included are total mortality, total cancers, the major subdivisions of cancer, coronary heart disease, other heart disease, cerebrovascular disease, other circulatory disease, bronchitis, pneumonia and other respiratory disease. Stillbirths, and subdivisions of infant mortality, and the sex ratio of births are also included, and finally, as an interesting extra though a little out of context, fishing vessel losses.

The aim is to provide data from which hypotheses about the causes of the disease can be initiated. To help with this, maps of the geological environment and major industry, and data from the 1981 census have been included, for example the percentage of the population by social class.

The mortality maps are very clear; high and low mortality communities can be picked out easily. The general patterns revealed are already fairly familiar but the detailed community results show some surprising features, eg, a high SMR for breast cancer in Clackmannan and Bute in 1969–73 and a cluster of high SMRs for cerebrovascular disease in Ayrshire in 1959–63 and 1969–73.

These community patterns may throw up new hypotheses but it is noteworthy that none of the commentaries which accompany the maps suggest any. Perhaps the local investigator with detailed knowledge of the area will be in a better position to suggest associations between specific hazards and disease. Many factors are likely to underlie the