BOOK REVIEWS

Women and Health. Patricia Smythe. (Pp 182; £9.95) Zed Books, London, 1991. ISBN 0-86232-983-3.

As a volume in the "Women and World Development" series developed by a joint UN/NGO group, this book is intended to provoke debate and improve policy and practice affecting women's status. Since the publication of *Women, Health and Development Information Kit* in 1981 (its precursor) there has been some sign of progress for women in terms of legislation, but much less in terms of social and economic relationships. At least problems are more visible now that more health statistics are categorised by gender.

It is the poorest women who suffer most from being refugees or the effects of economic recession, debt, and structural adjustment but all women are affected by last decade's trend of growing intolerance and the defence of sex discrimination on grounds of culture, religion, or economic necessity. Because of the interlinkages between economy, social status, politics, education, environment, nutrition, endemic disease, and demographic factors, many women are locked into a descending spiral of ill health. The many factors influencing women's health are described and graphically illustrated with case examples, statistics and photographs. Although half the world's population, women account for two thirds of the world's working hours, receive only a 10th of the world's income, and own only 1% of the world's property. Pointing out this inequity is intended to fuel action. The aim is to make an irresistible case for change because it will require a fundamental change in attitudes among developing countries and international donors to make investment in women a development priority.

Information about disease and health services is specific but jargon free. Case studies, a resource guide, and suggestions are included so the book can be used as a basis for study and planning for action. For anyone concerned about the state of women's health globally, about why it is the way it is, and what the consequences are, this book is an excellent starting point.

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Accidents in childhood and adolescence: the role of research. Eds M Manciaux, CJ Romer. (Pp 217; Sw F 35) WHO, Geneva 1991. ISBN 92-4-156119 X.

In July 1992 the *Health of the Nation—A strategy for health in England*¹ identified the reduction of accidental injury in childhood as one of its key targets. England, like Scotland, Wales, the United States, Sweden, and Australia is beginning to recognise accidental injury as a major public health problem and to seek ways of preventing it.

The World Health Organization (WHO) has long considered accidents as a serious

problem and in *Accidents in Childhood and Adolescence* contributions from experts around the world are brought together in a seminar organised by the WHO and INSERM (Institut National de la Santé et de la Recherche Medicale) in Paris. Three complimentary approaches to the study of accidental injury prevention are covered: epidemiological, psycho-sociological, and technological and the complex nature of both the problem and its solutions are well demonstrated. The book also highlights the problem of accidental injury in developing countries: accidents are at least as numerous as in industrialised countries and their contribution to overall mortality is increasing both in relative and absolute terms. Chapters include accident mortality and morbidity in developing countries and a case study from Cuba.

The book provides a useful review of the problems of data collection and emphasises the lack of availability of adequate morbidity data. Reflecting the location of the seminar on which it is based, many of the contributions are from France. Although some of these are of interest, other demonstration programmes such as the Statewide Child Injury Prevention Program in the United States or the Fälpö Study in Sweden are not referred to in the book and would have strengthened the arguments developed. The chapter from Australia provides useful insights into the community development approach in injury prevention. The emphasis of the book is on the need for preventive action to be based on better epidemiological understanding of the problem and of the urgent need for more research into the whole field of injury prevention to inform policy. Both these messages require wide dissemination.

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¹ Secretary of State for Health. *Health of the nation—a strategy for health in England*. London: HMSO, 1992.

Human cancer: epidemiology and environmental causes. By J Higgison, C S Muir, N Munoz. Cambridge Monograph on Cancer Research. (Pp 577; £65) Cambridge, Cambridge University Press, 1992. ISBN 0-521-41288-9.

The authors have set themselves an ambitious task in attempting to summarise the epidemiology of human cancer, its geographical and population distribution, and known and suspected causes. But by combining a text book approach with the monograph they have successfully blended basic principles and core information with sophisticated up to date studies in the extensive and varied field of cancer epidemiology. Their achievement is an invaluable data source and reference manual for anyone working in the cancer sphere.

After the brief but interesting historical introduction, which includes the background to the International Agency for Research on Cancer (IARC), the 552 pages of text are divided into four main sections.

Part I reviews the epidemiological methods and limitations of cancer studies simply, clearly, and concisely, with lots of good examples. On the basis that much of the application of epidemiology to cancer research is at the molecular level, a chapter on laboratory methods in epidemiology is

included. This spares the reader having to plough through standard textbooks of general epidemiology or genetics, although a basic knowledge of both is probably important.

Part two "Causative factors in human cancer" provides a comprehensive overview which is awesome in its width and depth of presentation. The complex interactions of the three main determinants of cancer—the environment, genetics, and lifestyle—are explored with individual chapters devoted to a variety of factors ranging from chemical and occupational to tobacco, alcohol, and sexual behaviour and physical factors such as UV light and thermal chronic injury. Each chapter provides a good reference source for further enquiry.

Part three "Legal and ethical considerations" focuses mainly on the US experience and the ethical responsibilities of researchers. Perhaps the brevity of this chapter results in an oversimplification of the issues or my own biases show through, but I would have liked to have seen this section better developed. The fluoridation in water test case in Scotland could have been used to show the range of ethical issue which need to be considered when imposing population public health interventions. But the outcomes and implications of this test case were not discussed, and the readers were left with a misleading picture of the influence of cancer epidemiologists.

The final section "Total and site specific epidemiology" comprises over half the book, summarising the descriptive epidemiology and aetiological inferences of the principal cancer sites at international level. It also includes a separate section on cancers in children. Each site is carefully laid out to follow a predetermined structure and format, but some cancers comply less well than others. No doubt future editions will tidy up the loose ends, but this is the section which I see having greatest use and application as a reference source.

In the foreword of this remarkable book, the authors suggest that it is for the general scientist. They do it a disservice. It has much wider applications both as an invaluable aid for undergraduate and postgraduate teaching and as a useful reference for health policy makers and planners of cancer services at both national and local level. The next edition will iron out the problems and I hope improve on the public health policy in the ethics section but I hope it gets the wide readership it deserves.

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Geographical and Environmental Epidemiology: Methods for Small-Area Studies. (Pp 382; £45) Oxford, Oxford University Press, 1992. ISBN 0-19-262280-3.

This book, which has over 50 different contributors, has five main sections. Section one contains a general discussion of the principals underlying geographical epidemiology and the potential strengths and weakness of ecological studies, well illustrated with examples. Different types of small-area studies are identified along with pitfalls associated with them. There is a checklist for those intending to investigate a suspected cluster of disease. Finally there is a discussion

of the environmental and health significance of chemicals and radiation in the environment.

Section two considers sources of data, computational methods, and mapping and is, generally speaking, a good review of the strengths, weaknesses, and applications of mortality data and information from cancer and other disease registers. Also contained are some basic demographic and record linkage principles along with a practical approach to disease mapping.

The third section deals with aspects of spatial statistics and the analysis of geographical events. I found some chapters heavy going and theoretical but others, for example those dealing with aspects of analysing exposures to point and sources and methods of assessment for disease clusters, were much more readable and relevant.

Section four was mixed in content, with a chapter on the history of environmental epidemiology and chapters on guidelines for the investigation of clusters around adverse health events. Although there was some repetition of earlier parts of the book, the examples were well chosen to illustrate points.

The final part of the book contains six illustrative international studies. The research associated with clustering of childhood leukaemia around Sellafield was particularly interesting.

My overall impression of this book is that it is mostly well written and very readable. For a work with so many different contributors the continuity and uniformity of style is good. In places its subject matter is dealt with rather lightly, reflecting its ambitious scope. Some chapters also repeated material presented in earlier chapters. Nevertheless, I regard this book as being of considerable use and interest to public health physicians, both at the training and consultant levels and would represent a useful addition to a public health department's library. For anyone considering carrying out an investigation of apparent disease clustering this book would be an invaluable source of help and information.

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Health Expectancy: First Workshop of the International Healthy Life Expectancy Network (REVES). Eds J M Robine, M Blanchet, J E Dowd. (Pp 172; £14.70) London, HMSO, 1992. ISBN 0-11-691436 X.

In the late 1960s and early 70s several governmental and international bodies realised the importance of developing a "health" measure that took into account morbidity rather than simple life expectancy. This need was reinforced by an ensuing academic debate. As the increase in life expectancy seemed to level off, would further improvements in health delay the onset of chronic degenerative diseases ("compression of morbidity") or, alternatively, be accompanied by an increase in chronic degenerative and mental disorders ("the pandemic hypothesis"). This publication usefully brings together a wealth of research in measuring healthy life expectancy. The introductory chapter by Robine provides an excellent overview of the development of the various measures. Part one provides data on

several countries and highlights the different sources of data used for calculating disability free life expectancy (DFLE). Part two discusses the different measures and the methods used to calculate them. The discussion on whether certain disability states should be weighted or not is rather limited and could, in my opinion, have been expanded. Measuring life expectancy without cognitive deterioration is also discussed and is still very much in its infancy. Part three examines time series and international comparisons. Again measurement problems and comparability make definite conclusions difficult. Margaret Bone (OPCS) outlines an interesting multi-cohort longitudinal study, which could provide much needed relevant data. Unfortunately this "hypothetical" study seems to remain unfunded.

The importance of this work for public health policy is unfortunately discussed all too briefly. Emond and Daveluy argue that health life expectancy measures aid policy makers in determining priorities. As Kind more cynically points out, "before proceeding too far with the calculation of DFLE for its own sake, we must demonstrate that it has relevance and usefulness for those concerned with planning and delivering health care services. On the limited evidence available prior to this workshop it is not clear that the case has been made."

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Outpatients and their doctors: a study of patients, potential patients, general practitioners and hospital doctors. Ann Cartwright, Joy Windsor. (Pp 135; £18.80) London, HMSO, 1992. ISBN: 0-11-321547-9.

Readers of this journal will be well aware of the problems with hospital outpatient services. However, much of this information is either anecdotal or based on local enquiries which may not be typical of the NHS. Cartwright and Windsor report the findings from a large study of outpatient services initiated in 1989 and completed before the NHS reforms.

The study had seven aims: to elucidate the process of attendance (for example who initiates it); to ascertain the appropriateness of attendance from the points of view of patients and doctors; to study patients who would have liked to have been referred to hospital but were not; to look at the social implications for patients of attendance at outpatient clinics; to compare what happens at outpatient departments with the perceptions of the reasons for referral; to study perceptions of outcomes in terms of recovery; and to look at the implications of the foregoing for the relationships between patients, general practitioners and hospital staff.

The study was done in 10 randomly selected parliamentary constituencies in England. The first phase was a postal screen of a random sample of 10 000 people on electoral registers (response 66%). Seven hundred and thirty outpatient attenders and those wishing to have been referred were interviewed. There was a postal survey of the general practitioners of the patients who were interviewed (response 56%) and a survey of hospital doctors in the departments attended by the patients (response 57%).

Many detailed findings are presented and these go a long way toward meeting the study aims. Surprises emerge: for example, for over

a third of the patients attending outpatient departments their general practitioners were unaware of their attendance. This *excludes* attendances to accident and emergency departments and maternity clinics. Also, only one in eight outpatient attendances were for new patients and one in five outpatients had been attending for five years or more. The report is well written, clearly sectioned and interesting to read. It merits study by purchasers and providers.

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Health Promotion Research: Towards a New Social Epidemiology. Eds B Badura, I Kickbusch. (Pp 496; SW F78) Geneva, WHO, 1992. ISBN: 92-890-1128-9.

New policies and programmes to cope with the health problems of today need to be considered. The editors of this book draw together contemporary ideas and practices in the discipline of health promotion that tackle some of these problems. This "state of the art" account of our knowledge of social epidemiology is both stimulating to read and gives the reader a clear vision of the current health promotion research agenda.

In accordance with the Ottawa charter this book outlines principal areas for health promotion action. It provides a framework for developing healthy public policy and guidance for creating supportive environments and strengthening community action. Throughout the book people are encouraged to take control over their own health, and various authors propose advocacy, enablement, and mediation as means of achieving this.

Part I, "Healthy public policy", advocates a multi-sectoral policy approach to health and believes that an important priority in the development of such an approach is the collection of policy-relevant information (as opposed to just the collection of data on lifestyles of individuals). Part II, "Social and behavioural factors in health promotion", provides comprehensive coverage of the strengths and weaknesses of social determinants of health and illness. While Part III, "Families, workplaces and hospitals as settings for health promotion", discusses the importance of settings in shaping health attitudes and behaviours. Part IV, "Population-orientated health promotion", focuses upon groups within the community that have been frequently misunderstood or even neglected by health promotion programmes. Meanwhile, Part V, "Community intervention in health promotion", argues that health promotion should be seen as a joint endeavour not only for people but with them. Community participation in the form of community groups or self help groups are seen as an important resource in the process of enabling people to take control over their lives.

A minor limitation of the book is that it fails to present a clear vision for the future direction of health services. In their introduction the editors recognise that the still predominantly medical view of health in advanced societies limits what can be done about the social determinants of health. However, the book does little to tackle specifically this phenomena.