
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.

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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
mortality patterns recorded in this atlas but it is only in the chapter on “Spatial variations in mortality” (P B West) that these are discussed in any depth.

The validity and reliability of the mortality data are clearly important but receive rather limited attention. Measures of variability are not quoted and only SMRs “within the top tenth” are tabulated. The detection of changes over time are left largely to the eye, a slightly uncertain procedure. Comparisons between maps are difficult and some way of putting them side by side would have been helpful—though doubtless difficult and expensive to provide. The change in geographical boundaries between 1969–73 and 1979–83 compounds the difficulty in making comparisons—but these are hardly the fault of the authors!

In spite of these reservations this is an interesting volume which presents a wealth of data on Scottish mortality patterns. It will be of interest to those concerned both with the causes of disease and the provision of health services. Nor is its interest confined to Scotland—the ideas generated by these geographical patterns are likely to have wider significance. A copy should be made available in every medical reference library.

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This book was published as the proceedings of a symposium held to celebrate the centenary of the National Institute of Health in Bethesda, Maryland, in April 1987.

The aim of the symposium was to review progress in research relevant to the care of elderly people and to consider its significance in planning for them. As such the book is an overview of research recently undertaken into the health related aspects of ageing.

The contributors represent some of the best known names in the field and each has presented either a particular study or a general description of his or her work. The contributors are excellent and are added to considerably by the discussions at the end of each section. As such the book would be invaluable to an epidemiologist or planner wishing to obtain a fairly full view of the ageing related issues, especially as the subject is rapidly expanding and likely to have more and more impact upon the care of older people, whether it be the exposure of fallacies about the differences between older and younger people with cancer or the possibilities of reducing the epidemic of age related bone fractures. The references provide the opportunity for a fuller examination of the issues, if that is required.

As is usual with such groups there is some hypothesis building in the discussions, not always borne out by the available facts. The book demonstrates the huge areas of unknown territory in the field and the importance of trying to chart, at least, the main paths. As such the book should act as an important stimulus to researchers, and possibly even a government department or two, to realise the enormous potential for good that such research holds.

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The latest volume of the Pigment Cell Series brings together the views of contributors from seven countries on the relationship between pigmented naevi and melanoma. The evidence suggests that control of melanoma is possible and programmes of prevention and early diagnosis are described.

Interest in moles has developed only in the last few years, as a result of the rising incidence of melanoma. Consequently the epidemiological information is fragmentary. Armstrong and English give a clear presentation of this information, while an interesting account of mole surveying in New Zealand makes the reader aware of the need for caution in basing deductions on comparisons between studies by different workers. Overlap between the topics covered is perhaps inevitable in a book of this kind. It enables the reader to discover differing views, most notably on the genetic basis for familial clustering of melanomas and dysplastic naevi, but detracts from the pleasure of reading straight through this short, well produced book. It is a useful source of information and the detailed reports on an enquiry into first symptoms of melanoma in Canada, and public education campaigns in Queensland and Glasgow, will be especially useful for those concerned with health education.

But are intervention programmes certain to prolong lives, to what extent and at what cost? As with any early detection programme a shift towards earlier diagnosis is not sufficient as evidence of true benefit, and survival measurements are confounded by lead time bias and the possibility that cases which would have regressed spontaneously may be included. In this