
If we are to turn the corner of 1992 in European health care, we need to know how far the main health problems of today, and for the foreseeable future, can be met by health services, and which of the various health systems will best suit the task. The subtitle of this book, sponsored by the Panel for Epidemiology and Social Medicine of the Commission of the Economic Community, is “Opportunities for health service action in Europe”. Nineteen monographs cover topics ranging from mumps and vitamin D deficiency to occupational cancers and perinatal mortality. Each chapter discusses the epidemiology of the conditions, the likely effectiveness of clinical interventions in a population and the need for government intervention. However, the book does not contrast European health systems and covers only a limited range of preventable diseases. The editor explains that there was “no place for those disorders which rely on achieving changes in human behaviour” because “cigarette smoking, excessive alcohol intake, excess food or energy intake, and sexual promiscuity are under individual control”, and health education programmes are “relatively ineffectual”. Other topics, for example hypertension control, were excluded on the judgement that “evidence for major reductions in disease incidence is lacking”. Health for All is not mentioned. Is this the new Public Health Medicine?

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General Practice is unique for the combination of responsibility for individual patient care and small population medicine. This dual emphasis raises many tensions over priorities and these pressures have been heightened in recent years by the need to relate rising demands to finite resources. Professor Morrell and his distinguished team of contributors start their book from “a day in the life of a general practitioner” and then make clinical reality the bed rock for epidemiological method. The result is a delightfully human book which will feel real to the average general practitioner, yet woven through the 155 pages are solid threads of main stream epidemiology.

More than half of the 12 chapter titles are personalised questions which reveal the character of this book. For example: “What is happening to me (?)”, “What are my patients’ needs (?)”, “Is it normal (?)”, “Is it significant—is it important (?)”, “What do my patients think (?)”, “Would it be better if I moved (?)”. Each chapter unlocks the thoughts and problems of a mythical GP, Dr Preston, who next addresses the issues from a systematic epidemiological and analytic view point using language which is readily intelligible to the average doctor. The style is one which most general practitioners will warm to and the learning processes which result should be impressive if you are a beginner, or in need of some refreshment from a new source.

The text is supported by extensive references and data from a wide range of general practice research which include consultation rates, morbidity studies, symptom analysis, sampling, screening, case finding, statistics, access to care, process and outcome, social characteristics, patients’ beliefs, sensitivity and specificity, prevention, and health status measures. Many of the illustrative studies were conducted from Professor Morrell’s own department but few active academic general practitioners in the United Kingdom and further afield will find their work missing from the reference pages of this useful book. Congratulations Professor Morrell and team for a valuable contribution to the literature.

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SHORT REVIEWS


These two reports of workshops organised under the auspices of the European Community will be of interest to nutritional epidemiologists. The 9th Report on Nutritional Surveillance is concerned mainly with technical issues in conducting surveys. In particular, the utility and limitations of the Food Balance Sheet are discussed at length. There are also chapters on the