

hypertension on morbidity and mortality, the role of diet in a large number of major health problems, population and high risk strategies to help prevent major diseases, nutrient goals, and nutrition policies.

The book has almost armchair readability and yet a vast amount of factual information is imparted in only 137 pages. For some diseases, however, evidence that dietary intervention may be of benefit is inconsistent. Readers might therefore be forgiven for wondering how the experts managed to reach a consensus of opinion that changes in diet should be recommended. Moreover, it is inevitable that in a short book there will be considerable selection of material. Unfortunately this increases the risk of bias and there is evidence of this in the book. For example with respect to coronary heart disease, the Oslo trial is set apart from "other trials on those at high risk" as if it were somehow better, but the sample size was small and the fact that the effect on total mortality was not significant is not mentioned. Also, discussion of the WHO European trial focuses on comparison of the individual countries, particularly on differences between Belgium and the UK, rather than on the trial as a whole. It is stated that it is "unrealistic to demand proof" that a dietary factor is linked to disease and few would disagree. The issue is not one of proof but of the nature of the evidence and the likelihood of benefit required before recommendations are made, recommendations which will have far reaching dietary, economic and social consequences. The fact that disagreement still exists among experts is obvious from the nutrient goals presented since there are variations in these between countries.

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**Non-occupational exposure to mineral fibres.** J Bignon, J Peto, R Saracci. (Pp 529; £45.00) Oxford: Oxford University Press, 1989.

Asbestos has attracted a great deal of attention from scientists, journalists and lawyers. From the insecure studies of exposure-response relationships made on industrial groups of workers, extrapolations have been made about risk to people in the non-industrial environment. At the same time, asbestos use has declined in the West and other mineral fibres have been introduced in its place in industry. Do these fibres bring with them a comparable risk to health to workers and to others incidentally exposed?

The current interest in mineral fibres in the non-occupational environment derives from anxieties expressed that very low exposures may still result in

the deaths of individuals living or working in, say, schools or office blocks. This volume records the proceedings of a conference on the subject at the International Agency for Cancer Research, Lyon, in 1987. It brings together many of the most eminent workers in the field of fibre research and covers experimental research on carcinogenesis, research on measuring fibres in different environments and in tissues, epidemiology and risk assessment. These last two sections, which comprise about a quarter of the book, are notable for reviews by Gardner and Saracci, the McDonalds and Julian Peto, together with original scientific observations on such matters as environmental mesothelioma in Cyprus and Turkey and pleural plaques in Corsica. There is a balanced summing up by Richard Doll.

This is clearly a book for those with a specialised interest in fibre related disease. However, the problems that it addresses are ones of considerable interest to epidemiologists and community physicians, and to anyone who looks for links between epidemiology and animal experimentation. It is worth a place in most medical libraries as the most up to date information on a complex and fascinating subject.

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**Changing the public health.** Research Unit in Health and Behavioural Change, University of Edinburgh. (Pp 221; £14.95) Chichester: John Wiley and Sons, 1989.

*Changing the public health* is another in the wave of publications advocating a new orientation for public health. Here, though, we find a book written from a different perspective. The authors' backgrounds are predominantly within the social and behavioural sciences and this provides the standpoint for their principal assertion: Public Health has largely succeeded in promoting the view that individual behaviour is the prime cause of preventable ill health today. This view has been reinforced by the media and politicians and, because of a lack of critical debate about its scientific basis, has become generally accepted. This "victim blaming" approach is unsatisfactory because it ignores the economic, social and political context of all human behaviour.

The authors examine, through a detailed review of the available literature, the areas of health behaviour and public health, the social construction of health and ill health, disadvantage and disease, health policy and health promotion. At the heart of this discussion is