Health. Peter Aggleton. (Pp 159; £4.99.) Routledge, 1990. ISBN 0–415–00816–6.

This concise book is one in a series entitled "Society Now" intended to provide introductory summaries of key areas in contemporary sociology. It consists of seven chapters, one each on defining, measuring, and explaining health, three more devoted to different types of explanation—described as "social-positivist", "interactionist", and "structuralist"—and concluding with one dealing with perspectives on health policy.

Though some sociologists might quibble with the nomenclature for the first and third of the explanations discussed, all would recognise that Aggleton is facing squarely the fact that there is a number of different, and to some extent irreconcilable, sociological approaches to health. Moreover, they would also recognise that his general sociological understanding is a great deal sounder than that of many other authors of introductory texts in the sociology of health, illness and medicine.

The book has two compelling strengths and two weaknesses. The first of the latter is more of a disappointment than a weakness: presumably in the interests of brevity, Aggleton presents nothing of sociology as a disciplined empirical, ie, scientific, endeavour. The second is less a weakness than a bit of a howler: describing techniques in epidemiological work, the account of case-control studies is uncertain, while that of cohort studies (which sociologists know under the heading of longitudinal studies) is so incomplete as to be misleading.

But Aggleton's strengths outweigh the weaknesses. He writes very accessibly indeed. And above all else, his strong and highly appropriate sense of historical and cross cultural differences in scientific thought pervades the whole volume.

Not all readers will be able to avoid finding patronising and simple minded the suggestions that punctuate the text, for activities they can undertake (often with a friend) to help unravel complexities in the discussion. But no doubt this is imposed on the author by the editor of a series mainly aimed at an "A" level market. This book will, however, be a valuable supplement to wider study for readers of this journal concerned to get to grips with contemporary sociology's contribution to investigating health—providing a rewarding couple of hours on a train journey.

ANNE MURCOTT

Causal Relationships in Medicine—a Practical System for Critical Appraisal. J Mark Elwood (Pp 332, £30.) Oxford University Press, 1989. ISBN 0–19–261703–6.

This book resulted from the author's experience of research and teaching. It is aimed at two groups of readers, those actively involved in research, and more ambitiously, all health professionals who need to evaluate the constant stream of published work in their area of interest.

On a quick flick through the book it looks dry and a little intimidating to one whose "formal mathematical training perforce ended many years ago". However, on the second page the logical backbone of the book is clearly laid out. This ordered approach characterises the entire book, making it remarkably approachable.

The first chapter explains why the study of causal relationships is essential to medicine and defines the concept of causality. Subsequent chapters review the design and handling of results from surveys, intervention trials, and cohort and case-control studies, with particular attention to the selection of subjects. Bias, confounding, and chance variation are discussed with simple examples, as well as more formal statistical treatment with worked examples. A scheme for assessing causal relationships is then presented in a summary chapter.

The final section is unusual and welcome. Three "landmark" papers are reproduced—a cohort study, a case-control study, and a randomised trial—with a critical appraisal. Thus the reader has the opportunity to evaluate each paper and then compare notes with the author's comments. This active approach facilitates learning and leaves the reader with the confidence to appraise published work.

Causal Relationships in Medicine is long enough to require commitment to read it, but this is repaid. "Facts" come and go but the skills mastered here will be useful for ever. The book is of obvious value to postgraduate students and those starting clinical research. It would also rescue clinicians who feel inadequate when asked to discuss a paper at a journal club. This book should be acquired by libraries, *and not* left on the shelf.

CLAIRE NICHOLL

Racial and Ethnic Differences in Disease. Anthony P Poldenak. (Pp 364; £40.) F A Davis Co, Philadelphia, 1989. ISBN 0–19–505970–0.

The ideal book would be a summary, catalogue, synthesis, and critique of a body of knowledge. The author's bold purpose was to write a book with a global perspective for undergraduates and postgraduates on biological and cultural variation by racial/ethnic group in relation to disease susceptibility, prognosis, and outcome. This bold purpose is incompatible with the ideal book, being beyond a single person.

As a summary of the concepts of race and ethnicity, and the difficulties inherent in interpreting (and as a result using) data from ethnicity and health studies, this book is excellent (chapters 1 and 2). Equally, as a catalogue of important research studies, particularly those concerning North American populations, it is impressive. Many studies describing variations in genetic, infectious, circulatory, and neoplastic diseases are documented in detail and a number of other conditions are briefly reviewed (chapters 5–9). Synthesis of the vast material presented is variable, and in particular the rapid transition from one part of the globe to another without any obvious purpose (except comprehensiveness), makes for awkward reading.

In common with most writing on this subject, the stance is uncritical. Despite repeated reference to the principle that many of the apparent differences in health status between groups are a result of socioeconomic and other differences and hence neither racial (relating to distinct biological characteristics), nor ethnic (relating to cultural distinctiveness), there is no serious attempt to distinguish those studies which have shown racial/ethnic differences from those which merely show differences. Further, methodological problems are often alluded to but not in the detail they deserve and seldom in the context of a specific study. There is unquestioning acceptance of the value of studies of racial/ethnic differences in health, but, aside from the morass of hypotheses which have been generated, few examples are presented of fundamental advances in understanding which have arisen from such research. Nor are there solid examples of such studies having led to improvements in the health of the ethnic/racial groups concerned. Passing reference is made to the dangers of concentrating on differences, and the need for recognising similarities is noted only in the final two pages.

In conclusion, this book is an invaluable reference resource for researchers, particularly those in North America, and has useful introductory material for the student seeking principles. It succeeds as a summary, catalogue, and to a lesser extent, as a synthesis of knowledge.

R S BHOPAL

Nicotine, Smoking and the Low Tar Programme. Ed Nicholas Wald, Sir Peter Froggatt. (Pp 240; £30.) Oxford Medical Publications, 1989. ISBN 0–19–261729–X.

This is a meticulous compilation of data and opinions by some of the real giants of the nicotine and smoking field. It examines the role of nicotine in smoking and evidence for its toxicity, as well as presenting an update on trends in smoking habits and in mortality from smoking related diseases in Britain. The writing, like the design and typography, is excellent, as would be expected from an Oxford Medical Publication. This is a fine source book: a book to keep on the shelf and dip into now and then for careful and authoritative assessment of the latest nicotine work. How important the work described is for the future of tobacco control policy is less clear, at least to this writer.

There is a fairly clear majority verdict that the tar constituents of tobacco smoke are more dangerous than nicotine; also that the nicotine is probably not very toxic, although this conclusion is not quite so clear and it seems that nicotine may give rise to some powerful carcinogens. The verdict then is that tar levels in cigarettes should be reduced more than nicotine, which could be held, one author suggests, at about 1 to 1·3 mg. Elsewhere in the book, however, the limitations of machine measurements of toxic yields are highlighted (smoking machines do not smoke cigarettes like human beings), as well as the problems of labelling packets to inform consumers of the constituents of tobacco smoke.

Only towards the very end is a crucial issue touched on—what factors determine peoples' choice of cigarette? If smokers in a "mature" market like the UK switch to low tar cigarettes, believing them to be "safer", might this actually deter some smokers from stopping? The question is hardly asked, let alone answered. Anecdotal evidence, if not common sense, suggests that the answer may be yes and internal documents from the tobacco industry testify to their love of the low tar programme. Without in any way questioning the honesty, integrity and expertise of the contributors to the book, this bothers me, as does the fact that the book was sponsored by tobacco industry money.

MARTIN RAW