BOOK REVIEWS


There are several similar good books on health psychology but this one is constructed in a novel and interesting way. It starts with three chapters discussing the interaction between psychological factors and health. In the second section, there are issues related to treatment and the way in which patients behave inside and outside medical settings. The final section examines specific problems in health. Each chapter offers a thorough overview.

I found the approach refreshing and very useful, not only as a teacher, but also as a practitioner. The contributors have each maintained a similar style, giving a good historical background to their topics, exposés of the formal issues, and up to date reviews of published reports. There are succinct summaries to conclude chapters. It will be a helpful book for both undergraduates and postgraduates in any number of disciplines related to behavioural science and medicine. The overall standard is high and the chapters have included well-established areas such as the experience of treatment (Marian Pitts), pain (Brenda May), biofeedback (Keith Phillips), and coronary heart disease (Philip Evans). In addition, however, there are more unusual approaches, such as Mary Boyle’s chapter on decision making for contraception and abortion, and Andrew Parrott’s examination of the legal and largely unrestricted “social drugs”.

My only criticism is that the book left me wanting more. There are many other topics in the psychology of health which would benefit from the same treatment. A second volume would not go amiss.

PAMELA J BALDWIN
Department of Psychiatry
University of Edinburgh


Before it is licensed for sale, the safety and efficacy of a therapeutic drug are assessed. If the market for textbooks were so regulated, the risk-benefit ratio of this book might be unacceptable, and vast for first time use.

What is potentially unsafe about this book? An experienced reader may well be able to distinguish bias and uncertainty, and sources of variation, more clearly than the author does on occasions, and will be aware of the unstated approximations and assumptions implicit in the derivation on some results. Such a reader will recognise that “immortal person-time” is not one of the mainstream concepts of epidemiology, will understand the sense in which “case-control studies are a special class of cohort studies in which the source population is studied on a sample basis” and may even be stimulated to ponder whether “case-control studies constitute the major advance in epidemiological methods of our time”. Readers new to the field will, however, need less fallible guidance on what to savour and what to treat with a pinch of salt.

Several failures of sequencing and organisation of material are also likely to cause the inexperienced reader some difficulty, although comprehensibility of the text at several levels of reading is one of its avowed aims. The attempt to keep the style of the earlier chapters relatively non-technical may be laudable, but some essential formulae have been kept out of the text at this stage by burying them in footnotes. A slightly fuller numerical and statistical account of methods is found in the later chapters. This has the unfortunate effect of suggesting that some of the content of these chapters, including, for example, the calculation and use of confidence intervals in interpretation of relative risk estimates, is an optional extra.

Nonetheless, anyone turning instead to one of several other available introductory texts on epidemiological methods will miss some features and content unusual in such accounts, including several real examples drawing on the author’s experience, a chapter on risk perception, and even a brief mention of the idea of chaos. On balance, this would seem to be a bearable opportunity cost: an alternative first line treatment of epidemiology methods will generally be preferable.

DAVID R JONES
Epidemiology and Public Health
University of Leicester


The number of books on aging and its implications for services and other facets of our national life is burgeoning. Among the latest offerings is this slim volume. Its slimness belies its breadth of coverage, with chapters ranging over the demographic context, the physical and mental health of elderly people, health beliefs and behaviour, and health and social care provision and use.

Victor sets herself two tasks: to describe the health status of older people, and to consider health and social care provision for older people. The book’s underlying central theme is puzzlement over why population ageing “is heralded not as a triumph . . . but as an indication of impending social, economic and political decline”. Interpersed throughout the book are references to this puzzle and attempts to debunk the “burden of aging” thesis which is so prevalent among health and social care services where aging is associated with negative images of decline, decay, and loss. Victor agrees that much negative stereotyping (ie, the image of the elderly spinner) is the consequence of a cohort effect. Future generations of older people will not so readily lend themselves to such stereotyping. Moreover, predicting the future health and social care needs of older people must be largely speculative. There are, then, grounds for cautious optimism that a more positive image of old age may emerge.

Efforts to empower older people are aimed at achieving just such an outcome.

Inevitably, the price to be paid for a book which combines breadth with brevity is a loss of in depth analysis. In particular, the coverage of recent policy developments, though useful, suffers a little from its skeletal presentation. But the book has many compensating features. Its greatest strength lies in serving as an excellent introductory text to the current agenda of issues in social gerontology. It is as up to date as it is reasonable to expect in these turbulent times of rapid change and it brings together in a most accessible and lucid format a wealth of important material. Of particular value is the final more speculative chapter which seeks to explore the likely implications of the health and social care reforms. A cautionary note is sounded at the end. Far from improving the lot of those elderly people in need of integrated support, the reforms threaten to lead to fragmented rather than seamless care.

DAVID J HUNTER
Nuffield Institute for Health Services Studies
University of Leeds

A Study of the Diffusion of Medical Technology in Europe. Series Editor Barbara Stocking (3 Volumes).


These three volumes report the results of an EC funded study which examined influences on the diffusion of three types of medical technology in the member states of the EC and Sweden.

Each volume presents descriptive information on the nature of the technologies, the history of their development, and their pattern of diffusion. This is followed by examination of factors which might have influenced the diffusion process, such as type of health care system, financial constraints, ethical issues, and the role of clinicians and other professional groups. The central part of each volume consists of individual country reports supplied by the study participants. A section summarising the overall conclusions of the study has been written by the series editor and is included at the end of each volume, so that those with a special interest in one of the technical areas can obtain the comparative analysis without needing to purchase all three volumes.