data and associated hypotheses were constructed, as well as exploring the way in which the relationship between research and policy debates are understood and conducted.

Those with established interest in unemployment and health will be familiar with many of the ideas that are presented, while those working in public health or entering upon social science research which may have significant policy implications will find it an interesting and entertaining read. They will be occasionally annoyed by terms such as "happenstances" and "know-ledge" as well as the fact that important work is often described long before a reference to it appears in the text. They will probably also dislike the use of footnotes (which actually appear at the end of chapters) that contain information which either should have been included in the main text or left out altogether. They may also find the price excessive for what is a relatively short book.

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A History of the Nuffield Provincial Hospitals Trust—1940–1990. Gordon McLachlan. (Pp 417; £25.00) Nuffield Provincial Hospital, London, 1992. ISBN 0-500574-79-8.

There is a temptation, when reviewing this book, to concentrate on the subject rather than the qualities of the book. The author was secretary of the trust from 1955 to 1986—about two thirds of its first half-century. He is therefore exceptionally placed to describe the activities supported.

What a range is presented! After an introductory chapter describing the creation of the trust, there follow chapters looking at each of the five decades. The author has identified different themes or emphases which succinctly describe the changing attitudes and priorities of the trustees.

Each chapter follows broadly the same pattern. After a brief resume, there is a detailed statement of the activities supported. It ends with a supplement listing the major research and developments undertaken in the decade in question. It is difficult to find an area of the health service which has not benefited.

The layout of the book is easy on the eye and on most pages there are phrases, and, indeed, single words, in bold type which draw attention to themes or important issues. It could be thought that this panders to those who only want to skim quickly through the book, and perhaps it is not one to read from cover to cover all at once. It is largely a statement of consecutive events and, indeed, any idea that it makes judgements on success or failure is expressly disclaimed.

Just as one thinks that this is all that it is, there are 40 pages, printed on grey paper, of an addendum entitled "Trust Perspectives". Here there are reflections and notes on trust policy and actions over the years.

It makes clear the important wisdom of the trustees and their officers in bridging the interfaces between the governments of the day, the health services, and the health of the people. It needs someone else to examine this theme in greater detail.

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Healing the Schism: Epidemiology, Medicine, and the Public's Health. Kerr L White. (Pp 296; DM98) Springer-Verlag, New York, 1991. ISBN 0-387-97574-8.

This book is a closely argued and eloquent plea for the healing of the separation of epidemiology, medicine and public health. It traces the historical development of these subjects and describes how their tragic separation has occurred on both sides of the Atlantic. Clearly written and well referenced, this book contains relevant extracts from many of the founding fathers of these subjects.

In his foreword, Halfdan Mahler, Director General Emeritus of WHO gives his conviction of the transcendental importance of the matters addressed in this book. Perhaps a golden age of physicians, more interested in aetiology, economic circumstances, domestic environment, nutrition and education, never was as widespread as is sometimes implied in this book. Broad vision is characteristic of many great physicians from all ages. But the schism is all too clearly, sometimes painfully, described. Maybe we have moved on from the quoted comment of a Professor of Surgery (Theodor Billroth in 1875) "The fanatical champions of public health are fighting for a goal that is too high for my myopic vision. I can admire the struggle, but I cannot become interested in it". Kerr White's thesis on the need to heal this schism is utterly persuasive to me; will it be read, and how will it look, from the other side of the abyss? There is less hostility now but a tendency to admit the contribution of public health while sometimes reducing our resources. Kerr White describes in detail the activities of those who have tried to tackle this problem. He documents the work of INCLEN (International Clinical Epidemiological Network) and the Rockefeller Foundation, and his own pivotal role. As Mahler says in his foreword "Health professionals who complement each other's knowledge and skills can be reunited through their common reliance on epidemiology as a fundamental science for the entire health enterprise".

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Isolation, Migration and Health. Eds D F Roberts, N Fujiki, K Torizuka. (Pp 267; £37.50) Cambridge University Press, Cambridge, 1992. ISBN 0-521-41912-3.

Most diseases result from an interaction between genetic and environmental factors and studies of isolates and migrant populations are classic approaches to help unravel this inter-relationship. The topic was thus a logical choice for the 20th anniversary of the International Association of Human Biologists which was held in Japan in July 1990. This book summarises the conference proceedings and includes clinical studies of several less widely known Asian isolates (from northern Siberia, Japan, Papua New Guinea, and India); studies on migrant populations (from Polynesia, the Saharan desert, the eastern Adriatic, and Japan); analyses of factors affecting population dynamics and applications of protein and DNA polymorphisms to try and understand ancestral relationships. DNA analysis has been a particularly important recent development in this field as it

reveals far more variation than had been apparent in clinical and/or protein studies. The limitations and applications of various approaches are discussed and these proceedings will be of interest to population geneticists and epidemiologists who wish to study an isolate or a migrant population at a clinical, biochemical, or molecular level.

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Equity in the Finance and Delivery of Health Care, An International Perspective Eds E van Doorslaer, A Wagstaff, F Rutten. (Pp 416; £37.50) Oxford Medical Publications, Oxford, 1992. ISBN 0 19 2622 919.

This collection of papers is published as number 8 in the Commission of the European Communities Health Services Research Series. The editors are three of Europe's leading health economists.

The work on which the book is based was funded by the European Community's COMAC-Health Services Research Committee and the Rockefeller Foundation. In addition to contributions from most of the member states, there are articles from Switzerland and the USA.

The book is in three parts. The first provides an overview of the equity issues involved in the finance and delivery of health care. Part 2 considers these issues in 10 countries, and the third part reflects on equity in health care from a variety of perspectives—including a look at equity in five developing countries.

What might have been a rather patchy endeavour turns out to be a coherent and cohesive piece of work and a must for anyone interested in either the principles or the practice of equity in health care. There is a pattern to the book as Alan Maynard picks up in his foreword in that a common protocol has been applied across all the countries included.

Two of the most important aspects of the empirical work in the book which distinguishes it from previous cross-country comparisons, as the editors themselves note, are that the study employs micro-level data and that a common methodology has been adopted. Clearly readers will want to look specifically at their own country's results but also more generally at the two chapters that summarise the cross-country comparisons with respect to delivery and finance. Within these chapters too there are useful discussions of the merits of different ways of measuring inequities in health care.

For this reviewer, however, I found section 3 of greatest interest. Here a number of authors reflect on various aspects, both in principle and in practice, of equity in health care. There are lots of interesting observations here—from Le Grand's suggestions for new ways in relation to equity of "slicing" a society for example in terms of gender, through Culyer's comments about the need to look at equity in a society more generally in order to set equity in health and health care in context, through to the observation from Davis that while the US health financing system "has an extreme degree of horizontal inequity" nonetheless "with the exception of low income individuals who are not covered by public programmes... use of health services is relatively uniform across income classes".