
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 transcendent 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. Documents 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”.

W E WATERS
Professional Fellow,
University of Southampton


Most diseases result from an interaction between genetic and environmental factors, and studies of isolates and migrant populations are classic approaches to help understand 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 of migrant populations (from Polynesia, the Saharan desert, the eastern Adriatic, and Japan); analyses of factors affecting population dynamics and applications of protein and DNA from these subjects 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.

J M CONNOR
Duncan Guthrie Institute of Medical Genetics, Glasgow


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The work on which the book is based was funded by the European Union’s COMAC–Health Services Research Commi-ttee 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 pro-vides an overview of the equity issues involved in the finance and delivery of health care. Part two 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 distin-guishes it from previous 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...one of the exception of low income individuals who are not covered by public programmes...use of health services is relatively uniform across income classes.”