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.

D H VAUGHAN

Consultant in Public Health Medicine

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".

I would hope that this book will not only be read by many but that the efforts of the editors and the contributors in providing such a useful set of readings will be rewarded in having policy makers devoting more of their efforts to the pursuit of equity in health care—however they choose to define it.

GAVIN MOONEY
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Researching health care. Designs, dilemmas, disciplines. Eds Jeanne Daly, Ian McDonald, and Evan Willis. (Pp 216; £12.99). Tavistock/Routledge, London, 1992. ISBN 0-415-07078-3

Although much lip service is paid to multidisciplinary research, few have put it into practice. In health services research, however, increasing numbers of attempts are being made to achieve this, often in spite of rather than because of the decisions of funding agencies. There is still a need for believers in the benefits of multidisciplinary to argue their case with their principal opponents, who are often advocates of quantitative experimental methods. This book will prove a useful ally in that struggle.

The book is based on a small international symposium held in Australia in 1989, which set out to debate the issues and establish a consensus on when and where specific methods of analysis are best applied for the effective evaluation of health care. Contributors include clinicians, epidemiologists, statisticians, sociologists, and economists. Apart from the final chapter, each contributor presents their view independently. Unfortunately no attempt is made to convey the flavour of any debate that took place. The reader is left to assume, whether rightly or wrongly, that few disagreements occurred.

In a book full of interest, a few chapters stood out for me, though someone with a different background might well have identified others. Thus, the account of cost-utility analysis by Jeff Richardson provided an excellent summary of the strengths and weaknesses of the method, and the three chapters on qualitative methods by Robert Dingwall, David Silverman, and the editors overcame a common failing by managing to explain to a proquantitative audience the value of ethnography and other qualitative methods. This initiative needs extending to convince policy makers of the practical value of such methods in the same way as, in this book, Jack Hirsh's chapter on the impact of quantitative studies on clinical practice does.

The one puzzling feature was the contribution of Michael Jelinek, a clinician. While clinical medicine clearly has a legitimate voice in health services research, his chapter highlighted the difference in perspective between the two. This may have been a deliberate intention, though if so it was well disguised. Jelinek seemed to be unaware that such widely held views as the supposed decline in coronary heart disease deaths and the effectiveness of coronary care units have been seriously challenged. Curiously, what his chapter did achieve was to show the need for multidisciplinary enquiry into medical thinking, so in this regard its impact was consistent with the rest of this excellent book. My only

disappointments were the failure of the editors to correct the misuse of the word 'methodology' by several of the contributors and the way the cover became detached from the book in the course of reading!

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SHORT REVIEWS

Continuous Morbidity Registration Sentinel Stations in The Netherlands. Netherlands Institute of Primary Health Care. (Pp 136; price not stated) Utrecht: Netherlands Institute of Primary Health Care, Ministry of Welfare, Public Health and Culture, 1992. ISBN 90 6905 204 0.

Continuous morbidity registration is a method of registration based on general practice in the Netherlands. This involves a national network of general practices covering 1% of the population. Allowances were made for geographical spread and for spread over regions with a varying degree of urbanisation. The data given in this book relates to 1991 and covers conditions such as influenza-like illness, cervical smears, myocardial infarction, sterilisation, morning-after pill prescriptions, pregnancy despite adequate contraception, diabetes mellitus, attempted suicide, acute unusual headaches, mammography, concern about AIDS, and mononucleosis infectiosa. It is considered that continuous morbidity registration sentinel stations in The Netherlands contribute insight into the functioning of the general practitioner. Inclusion of topics on the weekly return are selective and have to meet certain criteria before being added to the scheme. The text is in both English and Dutch.

Medicine in Europe. Ed T Richards. (Pp 152; £8.95) London: BMJ Publications, 1992. ISBN 0 7279 0319 5.

This collection of articles originally published in the *BMJ* coincides with the European Community's increased power to introduce legislation on health from January 1993. It looks at existing EC legislation, proposals for the future, and the likely effects of these proposals. Specific topics covered include medical manpower, training, and research; nursing; tobacco, alcohol, and drug misuse; drug prescribing; and ethical issues.

Medical Audit: Taking Stock. S Kerrison, T Packwood, M Buxton. (Pp 87; £9.50) London: The King's Fund Centre, 1993. ISBN 1 85717 041 5.

This report in the King's Fund Medical Audit Series is of a two year study undertaken by the Health Economics Research Group at Brunel University. It describes ways to improve the

organisation, management, planning, and follow up of audit. It describes examples of successful audit projects, the factors contributing towards their success and the resulting changes. It also analyses the major issues emerging from the work of medical audit support staff.

Epidemiology of Clinical Allergy. Monographs in Allergy vol 31. Ed M L Burr. (Pp 216; £137.50) Basel: Karger, 1993. ISBN 3-8055-5601-2.

This book comprises 11 short reviews which examine the epidemiology of atopic and contact dermatitis, urticaria, rhinitis, asthma, allergic occupational lung disease, food allergy, insect sting allergy, drug allergy, genetic aspects of atopy, and factors that promote or prevent allergy. Unfortunately there is a relative lack of attention to the methodological limitations of the published material in this area, a particularly important aspect for outsiders who wish to look in on the contentious area of allergy.

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Atlas of Cancer Incidence in the Former German Democratic Republic 1978-1982. W H Mehnert, M Smans, C S Muir, M Mohnert, D Schon. (Pp 384; £50.00) Oxford: Oxford University Press/IARC (no 106), 1992. ISBN 3 8208 1191 5.

Medical geography has, over the years, highlighted the differences in the incidence of diseases through the use of maps which often give the first indications of elevated risks and make possible the formulation of testable hypotheses. In general cancer atlases have depicted mortality. The appearance of another incidence atlas such as this one is to be welcomed. All the more so as the cancer registry of the former German Democratic Republic, covering a population of nearly 17 million people, is quoted as being the world's largest, thus permitting stable estimates of incidence even for uncommon sites of cancer. The text is in both English and German.

Molecular Applications in Biological Anthropology. Ed E J Devor. (Pp 258; £37.50) Cambridge: Cambridge University Press, 1992. ISBN 0 521 39109 1.

This book is one (no 10) in the "Cambridge Studies in Biological Anthropology". It presents the findings of a selection of pioneering research studies in which molecular techniques have been used to address key questions in biological anthropology, for example about the human genetic system, the geographical movements of human populations in the past, and primate evolution. The book provides an overview of current research and gives an insight into the potential significance of molecular biology in the future.

PETER GRIME
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