Advanced Course in Nutrition and Lifestyle, Bilthoven, The Netherlands, 30 May–5 June 1994. For further information: The Wageningen Centre for Nutrition and Epidemiology, fao Esther G M Pallast, Department of Epidemiology and Public Health, Agricultural University, PO Box 238, 6700 AE Wageningen, The Netherlands; tel: +31 8370 84124; fax: +31 8370 82782.

Fourth Summer Course in Biostatistics, Vellore, India, 13 June–1 July 1994. Five intensive, application oriented, three week courses – (a) introduction to biostatistics and hospital statistics; (b) epidemiological methods and analysis; (c) PC based statistical software in health care; (d) applied multivariate techniques; and (e) demographic analyses and their biostatistical application – organised jointly by: Department of Biostatistics, CMC, Vellore and Epidemiology and Health Management Network of India (EPIDMAN). For further information: Secretary, Department of Biostatistics, Christian Medical College, Vellore 632002, India. Tel: (416) 22603 ext 4205. Fax: (416) 25035/22103/22788.

Fifth International Symposium on Hypertension in the Community, Tel Aviv, Israel, 11–14 December 1994. For further information: The Secretariat, Fifth International Symposium on Hypertension in the Community, PO Box 50006, Tel Aviv 61500, Israel; tel: +972 3 5140014; fax: +972 3 5175674/660325.

BOOK REVIEWS

Childless No Choice: The Experience of Involuntary Childlessness. By James H Monach. (Pp 294; £40.00.) London: Routledge, 1993. ISBN 0-415-04090-6.

The aim of this book is to improve the understanding of the experience of infertility and of factors associated with the decision to seek treatment. The research, conducted by a social worker, has three elements: a survey of 30 couples attending a specialist infertility clinic (with interviews at three points in time over a period of four and a half years); a general practice survey of 2388 residents of a public housing estate; and a survey of 133 general practitioners for information on the incidence, causes, and management of infertility in their practices.

The literature on psychological, psychiatric, and socio-emotional impacts of infertility is reviewed. Appendices provide a glossary of medical terms, discussions of normal reproduction, the process of the infertility investigation, and fertility problems.

The published reports suggest a sizeable population of the “hidden childless”, with only one in three couples seeking and receiving specialist evaluation of difficulties with fertility. The study also provides evidence of the existence of a dominant ideology which stresses the primacy of the woman’s responsibility for infertility investigation, reflected particularly in the lack of involvement of men in the investigation and treatment

processes. Gender differences are also noted in the reported personal distress associated with infertility.

Despite the small sample size, a strength of the book is its use of repeated observations of the couples over time. This enables the author to make distinctions between the observed effects of infertility, of childlessness, and also of the infertility investigation itself.

Several important practice issues are identified through the research. The study notes a general lack of preparedness of the couples for investigation, particularly in terms of their understanding of the relevant reproductive and fertility facts. The experience of treatment in the clinic as a series of encounters rather than a coordinated process of treatment is also noted. The current widespread practice of lengthy use of temperature charts as an investigative tool is questioned in light of the distress noted in couples. Ethical issues are also addressed, especially the encouragement of continuing treatment in the face of ever-diminishing chances of a pregnancy.

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Risk factors for Cardiovascular Disease in Non-Smokers. Eds Donald F Weetman and Diana Wood (Pp 150; Sf 148.) Basel: Karger, 1993. ISBN 3-8055-5682-9.

This book is based on the transcripts of a workshop organised by the School of Health Sciences, University of Sunderland in 1991. The workshop participants addressed an ambitious agenda, a critical review of current epidemiological data on cardiovascular disease (CVD) in non-smokers combined with a discussion of pathophysiological mechanisms. The book is targeted somewhat broadly at “all physicians, health educationalist and advisors”, though not (for reasons which may become obvious) at epidemiologists. The workshop brought together a distinguished panel of contributors and it is clear that many of the presentations were lucid, comprehensive, and entertaining. It is equally clear, however, that the proceedings fell far short of the ambitious aims.

I was immediately irritated by the publisher’s synopsis in which we are told that epidemiology is “not especially suited to the task” of evaluating environmental factors in cardiovascular disease such as diet and lack of exercise. This woolly generalisation encapsulates the book’s inept critique of the epidemiological method in the elucidation of the causes of CVD in populations. We are presented in the table of contents with a facile distinction between “intrinsic” and “environmental” risk factors for cardiovascular disease. Diabetes, “syndrome X”, and hypertension are characterised as intrinsic factors, and in the closing section, in which Professor Weetman reviews the day’s deliberations, we are told that for factors such as a predisposition to diabetes “the die is cast at birth . . . we have to accept our fate; nothing can be done to reduce the risk . . .”. Somewhat more alarmingly, by the closing section (which includes a jaded diatribe on the traditional paternalistic approach to health education) the “intrinsic” factors have become “immutable” and the list of factors now

includes poverty. In a number of chapters the “weakness” of epidemiological evidence is emphasised, though clearly the issues of precision and validity of measurement are equally relevant in laboratory science.

How does one take seriously a book that purports to address risk factors for CVD in non-smokers, which merely excludes cigarette smoking from the deliberations but does not in fact focus on non-smokers as a separate group; a book with separate sections on carbon monoxide and lead exposure but not on obesity, alcohol intake, or on cardiovascular disease in women. The chapter on environmental tobacco smoke is particularly weak. We are told that “properly conducted” case-control studies should be matched on all conceivable confounders and for reasons best known to the author, diabetes and family history of CVD are listed as potential confounders in the current data.

In the penultimate chapter, “chronic disease epidemiology has reached the end of the road . . . the best it can do is to suggest hypotheses which can then be pursued in the molecular biological field”. Epidemiologists may shut down their mainframes, the genes for poverty are surely on the next rung of the double helix.

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Acquired Immune Deficiency Syndrome: Biological, Medical, Social and Legal Issues. By Gerald J Stine. (Pp 462; no price stated.) New Jersey, USA: Prentice Hall, 1993. ISBN 0-13-019811-0.

This textbook reviews important aspects related to HIV infection. It would be suitable for students in health care or related fields as well as anyone who professionally comes into contact with issues surrounding HIV infection. It is primarily based on the USA experience, although many issues discussed are also relevant elsewhere. Each chapter starts with a list of “chapter concepts” and ends with up to 20 “review” questions, the answers to which are provided at the end of the book. The layout of each chapter is clear, with separate illustrative case reports or examples which graphically illustrate the dilemmas faced by patients and clinicians.

The 14 chapters cover basic immunology issues and the pathology of the human immunodeficiency virus; opportunistic infections and their treatment or prevention; clinical indicators of HIV infection and AIDS; therapy for HIV infection; the epidemiology and transmission of HIV and possible strategies to prevent transmission; prevalence of HIV infection both inside and outside the USA; issues surrounding testing for HIV; and social, economic, and legal aspects related to HIV infection and AIDS.

The book is written by one author, and in attempting to cover such a broad range of issues it is inevitable that errors or misinformation have crept in. In fact, the book is already somewhat out of date: In a fast changing field (especially in therapy, interventions, risk factors for transmission and knowledge about the virus and natural history) this is perhaps unavoidable. The writing is rather condescending in places and the

author tends to state assumptions or suggestions as definitive truths. Referencing is minimal. It would have been helpful if many more references had been given so that readers could continue the research and would be able to update themselves.

Useful for newcomers in the field, especially when working in the United States.

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Atlas of Cancer Mortality in the European Economic Community. IARC Scientific Publications no 107. Eds M Smans, C S Muir, P Boyle. (Pp 257; no price stated.) Lyon: WHO/IARC, 1992. ISBN 92-832-2107-9

This atlas seeks to display spatial variations in mortality from various cancers in the EC. The geographical disaggregation is at a regional level, corresponding to counties in Britain and départements in France, for instance. Unfortunately, the maps, which are very attractively produced in colour, are in an "annex", which turns out to be a separate paperback volume: I cannot see why they could not have been published in a single volume with the text. The text itself comprises some useful introductory remarks on cancer mapping, including comments on sources of bias (such as international variations in coding practice). A series of brief vignettes on each country follows. These have some value, but the descriptions are rather simple-minded from a geographical point of view. We learn, for example, that in the UK "coal and iron have been mined for centuries" and, in Ireland, "there are many lakes"! The text also referred to a table of population data, which seems to have been omitted (though one of the maps is of variations in median age).

The text discusses each of the commoner, and some rarer, cancers (a total of 23 sites are discussed and mapped). Brief remarks on the aetiology of each are offered, together with useful references. Some of the remarks are rather sweeping, such as the observation that "employment in 'electricity' related occupations is associated with an increased risk of adult leukaemia" (p 110).

The maps show age-standardised rates, the statistical significance of which are flagged in accompanying tables (though we are referred to another publication for details of how significance is established). Seven classes are used in the maps. As the authors note, "presence of a group of areas with higher or lower than average cancer mortality which are contiguous . . . is always of interest" (p 10). Ideally, we need to go beyond the maps to see whether the patterns are random or spurious; in other words, we need to accompany each map with a test for spatial autocorrelation. That said, there are some intriguing geographical puzzles; for instance, why are rates of non-Hodgkin's lymphoma so high in the UK, Netherlands, and Denmark?

Geographers, statisticians, and epidemiologists are well aware of the problems of this kind of mapping, notably that of small numbers. For some of these cancers, even in the quite large areas mapped here, such numbers are indeed small. Notwithstanding

these problems the authors have performed a useful function in assembling and mapping this data set. It is a pity, however, that it is the "old" EC that is mapped. Greece (who joined in 1981), Portugal and Spain (1986) are missing. It does seem rather odd that a country that has been a member for 12 years has been left out!

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Worlds of Illness: Biographical and Cultural Perspectives on Health and Disease. Ed Alan Radley. (Pp 205; £35.) London: Routledge, 1993. ISBN 0-415-06769-3.

A suitable slogan for this collection of 10 research based essays might be "context is all", as the book title appropriately implies. The relevant setting may be that of individual's biographies as in Mildred Blaxter's piece on the attribution of responsibility for health and illness, or the confines of temporal and physical location, as in Martha Macleod's essay on how nurses come to know their patients. Alternatively, the appropriate context may be the nature and distribution of a particular condition such as closed head injury (Paul Bellaby's chapter) or the ways in which medicine defines, controls, and shapes beliefs about a condition; the latter is explored in Tom Kitwood's piece on Alzheimer's disease. In all the chapters the analysis is thus grounded. Other examples are the examination of the relationship between types of employment and concepts of health and illness, and the way in which moral dimensions are integrated into responses to health and illness. The second of these is a theme in more than one chapter.

It would be invidious to single out individual chapters in terms of how useful or interesting they are; all are creative in the way in which the research material is handled (be it statistical or interview data) and each generates fresh insights. While every chapter is clearly structured, however, this book is not an "easy read". Indeed, I found it useful to keep a dictionary nearby! Nevertheless, the assiduous reader is amply rewarded. In this well-matched collection authors from a range of backgrounds, such as sociology, anthropology, psychology, and nursing (both academic and clinical) have made a valuable contribution to the burgeoning literature of sociological perspectives on health and illness. The narrowness of regarding responses to these as the isolated attributes of individuals or of particular diseases becomes plain. This book is a striking testimony to the richness of such phenomena, embedded as they are in a wider world.

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Regulating British Medicine: The General Medical Council. By M Stacey. (Pp 243; £15.95.) Chichester: John Wiley & Sons, 1992. ISBN 0471-93189-6.

The basis of this book is the author's research into the operation of the General

Medical Council from 1976 to 1984 during which time she was a "lay" member of the council and Professor of Sociology in the University of Warwick. That research is used as a "jumping off ground for a more general review of the council as a crucial part of medical self-regulation". This poses a fundamental question—is it possible to reconcile membership of a regulatory body with simultaneous research into its activities? Reaction to the book stands or falls on how it answers that question.

There are five main parts. The first is essentially historical and describes the evolution of the General Medical Council (GMC) to the end of the 1960s. The analysis is interesting, and certainly differs from that to which we have become accustomed. There are occasional points which raise the eyebrows—for example, on page 19, the author appears as the advocate of the unregistered practitioner, a sympathy which recurs at least subliminally throughout the text. Part 2 describes what is called "The Decade of the Profession" starting with "The Professional Revolt". This is presented in dramatic form. Things may well have been as exciting as described but it is difficult to accept that the "freebies" *Pulse* and *World Medicine* represented two of the five "key medical publications of the time".

Part 3 gives a full exposition of the working of the council—with a certain bias towards "inside" reporting. It contains a wealth of historical detail amplified by much personal opinion.

Part 4, entitled "The Decade of the Consumer", recapitulates many of the causes célèbres of recent years and includes a comprehensive précis of Jean Robinson's publication *A Patient Voice at the GMC*; it sets the scene for part 5—"Fit for the Twenty-first Century?"—which is the most provocative section in the book. The arguments in favour of change are, in general, well put, although some comments are irritating. It is, for example, possible that social scientists might also be proud of honours bestowed on them by way of recognition of service to the community—and it remains difficult to see why the discovery and neutralisation of a man falsely claiming to be a registered medical practitioner should be funny.

Despite much that is said, and much that has happened, it is still possible to see the function of the GMC not, as the book's title indicates, in regulating British medicine but, rather, the British medical profession and here, as is conceded on page 203, it has not done a wholly bad job. The author clearly foresees this function being extended, under pressure, in the future; but the problem remains—are the critics of the GMC asking it to do too much? Professor Stacey acknowledges that more than one regulatory body may be needed, although it seems to the reviewer that the structure is already in place and needs only to be refined. Would not patient's rights be better met by greatly strengthening the existing disciplinary mechanisms in the NHS? Protection of the public from the incompetent doctors lies in retraining; is this not best achieved by co-operation between the GMC and the royal colleges rather than through a struggle for power which is said to exist?

Professor Stacey offers us her own solutions in forceful and readable style. Few will agree with all she says but all will be spurred to active reconsideration of the status quo. Does the book pass my opening test? On the