One-page book review:

**Atlas of Cancer Mortality in the European Economic Community**

This atlas seeks to display spatial variations in mortality from various cancers in the EEC. 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 effectively colboured 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-standardized 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 is an area with 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 such maps 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?

**Worlds of Illness: Biographical and Cultural Perspectives on Health and Disease**

A suitable slogan for this collection of 10 research-based essays might be "context is all", as the book is attractively intended. 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 (in the latter'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 each chapter is clearly structured, however, this book is not an "easy read". Indeed, I found it useful to keep a dictionary nearby! Nevertheless, the assorted matter 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 disciplines becomes plain. This book is a striking testimony to the richness of such phenomena, embedded as they are in a wider world.

**Regulating British Medicine: The General Medical Council**

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 "springboard 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 unregulated 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 still have been 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 Failure of Care at the Foundation 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 remain silent as see 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 greater 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 cooperation 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 many will find her arguments cogent and her book a useful and timely contribution to active reconsideration of the status quo. Does the book pass my opening test? On the
whole, I think it does; it is highly subjective and reads more as a first class thesis than an objective text book, but the roles of researcher and participant have blended well and Professor Stacey’s contribution clearly merits the respect which presidents and other officials of the GMC have paid it.

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**SHORT REVIEWS**


This is a collection of essays, lectures and papers written between 1981 and 1992. Part One provides an overall context by examining the ground plan of gender differences in society generally and health care in particular. The last chapter in Part One discusses the conceptual divisions that parallel the social ones and provide a powerful mechanism for distorting women’s experiences. The problems which these pose for research methods, and for the codification of particular sets of experiences in the form of “knowledge”, are the subjects of the last section of the book. In between these are two sections devoted to more specialist topics – “motherhood” and “technology”. The general aim is said to make accessible to readers some of the more hidden fruits of the author’s labours over the previous 15 years in the field of sociology and women’s studies.


This is the eleventh in the series of Cambridge Studies in Biological Anthropology and considers the principles and evolutionary approaches in genetic variation and human disease. Recent developments in molecular and statistical methods have made it possible to identify the genetic basis of any biological trait, and have given rise to spectacular advances in the study of human disease. This book provides an overview of the concepts and methods needed to understand the genetic basis of biological traits, including disease, in humans. Using examples of qualitative and quantitative phenotypes, the author shows how genetic variation may be quantified, and how relationships between genotype and phenotype may be inferred. Genetic Variation and Human Disease is intended to appeal to a wide range of biologists and medical anthropologists interested in the genetic basis of biological traits, as well as to epidemiologists, biomedical scientists, human geneticists, and molecular biologists.


Co-ordinating Community Care is about how people from different professions and agencies can work together to meet the health and social needs of a community. It is about the details of making community care a reality. The book challenges assumptions that services are best coordinated by multi-professional and multi-agency teams, and that community care teams are broadly similar. It shows when a team is needed and how to overcome differences between professions, and between agencies’ policies and philosophies and offers ideas and solutions to some of the organisational problems which make it difficult to realise the ideals of community care.


In this short authoritative guide to understanding epidemiology, the authors guide the novice expertly through the theory and practical pitfalls. This third edition has been extensively revised and includes a new section on randomised control trials and a new chapter on how to understand and interpret published epidemiological data. It covers quantifying disease in populations and comparing disease rates; measurement error and bias; surveys, and ecological, longitudinal, case-control, cross sectional and experimental studies; screening; outbreaks of disease; and reading epidemiological reports.


This book has several thrusts. Firstly, it reviews events worldwide since 1975, secondly it summarises official recommendations; thirdly, it considers the problem from various perspectives — that of the family doctor, head of an academic unit, contract research company director, statistician, and editor; and, lastly, it gives practical advice on how individuals or pharmaceutical companies can report well-grounded suspicions to a disciplinary body, such as the General Medical Council, to ensure that justice is done. The authors hope that their commitment reflected in their choice of contributors, to dealing appropriately with fraud and misconduct will encourage others to tackle this problem seriously.

PETER GRIME

**Also received**


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