primary.³ The biological and psychological dependence induced by sustained nicotine use and the no less fundamental economic dependence of capitalism on expanding potential markets cannot be considered separately.⁴ The social function of smoking and the contribution of the status as a smoker to the construction of identities must also be considered.⁵ Of relevance to our article, the possible conscious adoption of smoking as a form of resistance cannot be easily dismissed.⁶ Thus smoking among adolescent women can simultaneously represent and construct resistance to gender stereotyping.⁷ In the Nazi period, the Hitler Youth surveillance teams, at least, understood this point. In a Hitler Youth report on the anti-authoritarian Hamburg Swing Youth, the contribution of smoking to general degeneracy was clear:

"The dance music was all English and American. Only swing dancing and jitterbugging took place. At the entrance to the hall stood a notice on which the words "Swing prohibited" had been altered to "Swing requested". . . . The dancers were an appalling sight. None of the couples danced normally, there was only swing of the worst sort. Sometimes two boys danced with one girl; sometimes several couples formed a circle, linking arms and jumping, slapping hands, even rubbing the back of their heads together, and then, bent double, with the top half of the body hanging loosely down, long hair flopping into the face, they dragged themselves round practically on their knees. When the band played a rumba, the dancers went into wild ecstasy. . . . The band played wilder and wilder items; none of the players were sitting down any longer, they all "jitterbugged" on the stage like wild creatures. Several boys could be observed dancing together, always with two cigarettes in the mouth, one in each corner."⁸

A "careful review of more informative individual-level studies" of smoking cessation which Brenner asks for, has, in fact, been carried out.⁹ It demonstrates rather small effects of individual education. Interventions in collective settings such as schools, even when well developed, can have very disappointing outcomes.¹⁰ Claims for dramatic effects – such as the 80% reduction in female smoking consequent on a prohibition of workplace smoking in the study by Brenner,¹¹ tend to be based on investigations which are methodologically very poor. Recently the results of a series of methodologically high quality evaluations of smoking cessation interventions have appeared, showing essentially no additional effect of well developed, community-based interventions over and above secular trends.^{12–15} Changes in smoking behaviour do occur, but they cannot be attributed with any degree of certainty to Brenner's favoured explanations. A deeper understanding of the social, cultural, and economic foundations – and consequences – of public policy in relation to smoking is needed. Indeed, an interest in consequences may be of particular importance, as the evidence grows that some apparently reasonable policies may increase the misery of those in the poorest sections of society.¹⁶ Rather than attempt to atomise society for analytical and interventionist purposes, a more considered approach to what people do is required. This must involve resisting the – sometimes understandable – desire to forget history.

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BOOK REVIEWS

Urbanisation and Mental Health in Developing Countries. Trudy Harpham and Ilona Blue (eds). (Pp 266; £32.50). Aldershot: Avebury, 1995. ISBN 1-85628-971-0.

This book makes a useful contribution to the extraordinarily limited number of publications on mental health and illness in developing countries. The structure is sensible: it comprises a review of the relationship between urbanisation and mental health (including a historical perspective), two chapters on the process of migration and mental health; four on case studies of particularly vulnerable groups, two on research methods, and two on future responses. It is a truly international product. The inclusion of so much material from non-English speaking countries is particularly welcome; much is from Latin America, and contributors come from 11 countries in all.

Inevitably, given the wide range of contributors, some chapters seem crisper and better argued than others. Among the most interesting is a detailed account of how inhabitants of a Brazilian shanty town think about and deal with mental illness. Nearly all sufferers make their way to a doctor, but many also see a religious healer somewhere along the way. None of these healers appear to be from the major Brazilian religion, Roman Catholicism. Class differences are mentioned in passing: beliefs that the mad possess a rich interior life is not one shared by the poor. Exploring the boundaries of mental illness is a tantalising topic that these researchers, like many others, avoid.

New problems are undoubtedly just over the horizon. Mental health services' responses to AIDS are still at a very rudimentary stage. The management of depressed or demented old people is something that will increasingly exercise politicians and service planners as well as relatives in the next decades.

Migration out of agricultural villages into cities has been described as one of the greatest changes in human behaviour in history. It is certainly happening on a large scale. Some of the statistics are hair raising. Urban populations in developing countries are increasing at the rate of a million a week. Mexico City is due to pass the 30 million mark any day now. More than half the world's population will be urban by the end of the century. AIDS will have orphaned up to 10 million children.

We know that mental illness is more prevalent in poor urban populations than in rich ones and most of it is unrecognised by primary health care workers. At present our response, both intellectual and practical, seems quite inadequate to the presenting problems.

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A Strategy for Cancer Control in Scotland. C S Muir and P McKinney, Glasgow: Scottish Forum for Public Health Medicine, 1995. ISBN 0-9518742-2-5

This booklet written by the late Dr Calum Muir and Dr Patricia McKinney for the Scottish Forum for Public Health Medicine is a concise but wide ranging review of topics such as the current burden of cancer in Scotland, primary and secondary prevention strategies, and cancer survival. The authors propose a 13 point strategy for cancer control, the most important of which is the creation of a broad-based national standing committee on cancer control to determine priorities and assess progress and costs continuously. Other recommendations include efforts to reduce exposure to known risk factors such as tobacco and excess alcohol consumption while increasing consumption of dietary factors known to be protective against many forms of cancer, that is fresh fruit and vegetables. Recommendations for screening are that national coverage should be ensured for cervical cancer screening while an evaluation should be carried out on the efficacy of breast cancer screening in Scotland. Finally, the authors recognise that evaluation of a cancer control programme can only be carried out where high quality statistical and epidemiological services exist and therefore the

importance of maintaining the services which currently exist in Scotland.

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The Microbiology and Epidemiology of Infection for Health Science Students.

Peter Meers, Judith Sedgwick, Margret Worsley (Pp 330; £14.99). London: Chapman and Hall, 1995. ISBN 0-412-59900-7.

This is excellent background reading in medical microbiology. The book is in nine parts and covers bacteria, viruses, fungi and parasites and their infections. Medically important micro-organisms are discussed in terms of their classification, morphology, and pathogenesis. In addition, for each micro-organism the diagnosis, treatment, epidemiology and control are briefly discussed.

The authors also discuss common infections of the cardiovascular system, urinary tract, and central nervous system and food poisoning. The last two parts of this book concentrate on the control of infections, clinical and laboratory diagnosis, treatment, and finally the prevention of infections.

This is a simple and easy to follow book on infection and its control, I recommend it for undergraduate students in medicine, nursing and science.

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Cancer Risk by Social Class and Occupation. E Pukkala. (Pp 277; \$96.00). Karger, 1995. ISBN 3-8055-6152-0.

This is one of a series of "contributions to epidemiology and biostatistics" whose subtitle "a survey of 109 000 cancer cases amongst Finns of working age" nicely encapsulates the burden of the contents.

Researchers familiar with UK decennial supplements of occupational mortality often forget the uniqueness of these data which have been produced uninterrupted since the middle of the 19th century. It is only relatively recently that other nations have developed similar statistical records and among those of the highest quality are those now kept in Finland.

The systematic interrogation of these records has led to the gradual realisation that data derived from information captured by way of death certificates will result in considerable bias which limits the quality of inferences which may be drawn. This bias derives from the description of occupations, the lack of quantification of exposure, and the accuracy of cause of death data. The most serious confounder is social class. The other traditional routes to the evaluation of risk in occupation have been cohort and case-control studies, which of course have been highly focused on specific factors and do not provide the overview previously referred to.

Over the past 20 years a series of studies has attempted to bridge the gap between the two approaches. To a greater or lesser extent they have attempted to overcome the effects of bias and confounding by capturing more accurate data at more relevant points in the

work, social, and pathological histories of the populations studied. This book is one such large scale essay bringing together census and cancer registry data.

The format is that of a PhD thesis only perfunctorily, if at all, disguised in literary form. It is dense with data on standardised incidence ratios, the chosen tool of expression of risk, and is a conventional analysis of these.

The main thrust of the work is, as has been stated, to obviate or minimise bias and to disentangle occupational and social class effects. The work has been diligently conducted and thus makes a helpful contribution to the narrowing of the wide bands of uncertainty concerning the attribution of cancer risk to occupation and a wider range of social factors. Derived as it is from the excellent Finnish census and registry records, it creates an interesting and reliable reference source.

It is not a book for anything other than the most unusual taste in light reading, indeed any attempt at a "straight through" read is liable to lead to data indigestion. However, the text makes a useful starting or reference point for those interested in occupational morbidity generally as well as for hypothesis development and for those with interests in specific occupations or cancers. Similarly, it offers an easy approach to occupational risk for those interested in social risk factors to whom occupation may be a difficult and tiresome confounder. In those contexts, the book is a nicely presented and useable addition to the bookshelf.

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Male-Mediated Developmental Toxicity. A F Olshan and D R Mattison (eds). (Pp 406; \$115.00) New York: Plenum Press, 1994. ISBN 0-306-44815-7.

This volume on reproductive biology is derived from conference proceedings dating back to 1992 and at which the reviewer was present.

The outcome, as published, reflects all the blessings and all the shortcomings of inviting unrefereed submissions from a wide range of authors. Some offerings are perfunctory, some profound; some are cautious and reasoned, others are somewhat eccentric. There are therefore gems and pebbles in this collection of papers.

Reproductive toxicology and reproductive epidemiology have promised to burst upon the environmental and occupational scene for more than a decade. There is now some evidence that they may finally do so. If they do then it will be with a complexity whose potential is far greater than carcinogenesis because of the much wider range of interactions and end points available for study.

In this context, the book is the most up to date compendium of current research pre-occupations in the field. Those who wish to acquire this information wholesale must be few. Those who might want to dip in to get an insight into various facets are likely to be many.

One for the library rather than the bookshelf.

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Alcohol policy and the public good. Griffith Edwards *et al.* (Pp 226; £14.95). Oxford: Oxford University Press. 1994. ISBN 0-19-26561-6.

Often, books produced by a lengthy list of authors (17 in this case) result in no more than many highly individual contributions, connected only by a common general theme. This book is an exception: it is a well written review of current knowledge regarding the effects of alcohol drinking and public health policies on alcohol. The first part of the book reviews international trends in alcohol consumption and drinking patterns, the risk to an individual from drinking alcohol, and finally the level of alcohol consumption at a population level and the risk of alcohol related problems. It provides an in-depth review which will be useful to epidemiologists and other health professionals with an interest in this area. The second part of the book addresses the efficacy of various policy options such as taxation on alcohol, controlling access to alcohol, or prevention of alcohol drinking in specific situations (for example, when intending to drive). Finally, the authors examine the effect of attempting to change attitudes on drinking behaviour. The various themes of the book are coherently brought together in the final chapter of the book which looks at how scientific knowledge can contribute to public policy in this area. The second section will be particularly valuable to health policy makers as well as public health medicine specialists involved in research in this area. The authors are to be congratulated for bringing together so concisely and informatively current scientific knowledge regarding alcohol consumption and alcohol policy.

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Measuring Disease. Ann Bowling. (Pp 374; £37.50 (hbk), £16.99 (pbk)). Buckingham: OU Press, 1995. ISBN 0-335-19225-4.

This text follows on from Bowling's highly influential book, *Measuring Health* (1991). As the title suggests, the emphasis here is on the application of "quality of life measures" to specific conditions and states, rather than the general overview contained in *Measuring Health*. What we get though is very similar to the preceding work. That is, text that is remarkably detailed and comprehensive in its coverage of a range of "quality of life measures" in relation to areas like cancers, respiratory conditions, and cardiovascular diseases. In this sense, the book will be highly relevant to practitioners who favour the notion of measuring outcomes other than those traditionally associated with mortality and morbidity. This book provides a critical overview of a host of tools that could be taken and used "off the peg".

Despite this obvious utility, I have some concerns. As is the case with many who attempt to bridge divides - in this case the gulf that arguably exists between philosophically accepting the complexity in conceptualising "wellbeing" and formally trying to measure it - there may be censure from both directions. Firstly, "formalists" may argue that by insisting on a subjective and ethereal concept