

prove useful for students, researchers, and activists.

Inevitably, some contributions are rather mundane, repetitious, or poorly presented; though there are plenty of gems to compensate. I particularly enjoyed the contributions of Alan Blum and Eric Solberg. There are many fascinating examples of innovative practice from around the world. An example is the *Goethe Challenge Trophy*. A 44 pound silver bust of the poetic genius is awarded each year to the German medical school with the lowest rate of smoking among its students and faculty staff. The UK equivalent might be the *Roy Castle Cup*, though it doesn't have quite the same cultural resonance.

The metaphor of a global battle with the tobacco industry is used by many contributors. Its aptness is demonstrated by the chilling descriptions by Connolly, Mackay, Gorecka and others of the tobacco industry's unscrupulous tactics in exporting its product to developing countries and eastern Europe.

The book mixes optimism and pessimism. Those of the "glass is half full" view will be encouraged by the evidence of tobacco control activity from over 40 countries around the globe. "Half empty" types will be impressed by a thought provoking piece by Blum and Solberg entitled *Revisionism, magical thinking, and hokey-pokey objectives in the anti-smoking movement*. This dissects the weaknesses of the tobacco control movement – particularly a tendency to mistake advocacy, policy, and legislation with real action – in the face of dynamic, versatile, and determined transnational tobacco companies. Others describe the ability of the tobacco industry to subvert control measures such as advertising bans and the failure of governments to take effective action.

Peto, Lopez, and Boreham have stated that the evolving pandemic of tobacco related disease leaves Asia "sitting on a time bomb". This book shows that it is a worldwide phenomenon. Unfortunately, it seems that despite our best efforts we are still tackling the problem with fire extinguishers rather than a bomb disposal team.

RICHARD EDWARDS

Lecturer in Epidemiology and Public Health,  
Department of Epidemiology and Public Health,  
Newcastle University Medical School.

**Improving Support for Black Carers: A source-book of information, ideas and service initiatives.** Lydia Yee. (Pp 29; 6.99) London: King's Fund, 1995. ISBN 1 85717 076 8.

The needs of carers are on the NHS agenda (see HSG (97)8 *Carers (Recognition and Services) Act 1995*. London: NHS Executive, 1996), with special consideration for black carers. This slim paperback fills a need for practical ideas in this context. It uses "black" as shorthand for "people who share a common experience of racism".

The six chapters fall into three parts. First are four chapters dealing respectively with knowing who black carers are, the issues affecting them; getting started on services, and the processes of service development. Their language is clear, sections are supported and reinforced by lists of key action points, and there are illustrations from work in progress at the time of writing. The practical

tone includes repeated reminders that working with black carers is the best way to ensure success.

So the second section (chapter 5: "Dilemmas in developing support for Black carers") sits oddly. The separate/integrated issue seems covered by previous advice to be specific rather than specialist. Describing black carers as not seeking help because, "... they are looking after someone, usually a family member" clashes with repeated warnings against the myth of, "they look after their own". Challenging racism, ensuring individually tailored services, and involving the voluntary sector are all important but would fit better in the final chapter (third section). This looks to the future, where services for black carers must be a mainstream multi-agency business.

If services develop nationally in the way they should, one would hope the author will soon replace this affordable book with more examples of widespread and permanent services for black carers. I look forward to that.

JO WALSWORTH-BELL

Consultant in Public Health Medicine,  
South Staffordshire Health Authority.

**Nutrition in General Practice: 2 Promoting Health and Preventing Disease.** Judith Buttriss (Ed). (Pp 162; 16.50) London: Royal College of General Practitioners, 1995. ISBN 0 85084 214 X.

This book makes a useful contribution to the few publications on nutrition addressed at primary health care professionals. It provides them with nutrition guidelines and targets to be used with their patients and with the community as a whole, in accordance with current scientific knowledge. It considers common problems and prevalent situations in the UK that are also applicable to other developed countries.

This volume is the second part of a three part manual; the first is *Basic Principles of Nutrition* and the third *Nutrition in the Management of Disease*. It consists of three sections divided into chapters with a very clear teaching structure. In the first section, the nutritional needs of different age groups are considered, with special attention to pre-conception, pregnancy, and lactation; infant feeding and weaning; preschool and school children; and elderly people. In the second section, the social aspects of nutrition are examined as they concern specific groups in the UK such as vegetarians and people from different religions, whose diet may be restricted. Low income level and sports are also considered as these too may influence people's diet. In the third part, devoted to the prevention of ill health, coronary heart disease and weight management are extensively considered in addition to osteoporosis, dental health, and food hygiene.

Ideas to improve understanding, including ideas and tips for addressing many common problems in primary health care, are given together with very useful tables and relevant information (eg recommendations for introducing a mixed diet, food source for specific nutrients or types of diets, lipid lowering diet, etc). Updated references are given in every chapter, including further reading in the field. However, the reader does need to have the first part of the manual since he or

she needs to refer to it very often for additional information.

Given that primary health care professionals usually receive scant training on nutrition, this book can help to fill the gap as it provides much interesting information in a format that facilitates its use as a guide in daily practice.

JESUS VIOQUE  
Department of Public Health,  
University of Alicante,  
Spain.

**Community Health Indicators: Definitions and Interpretations.** Working Group on Community Health Information Systems and S Chevalier, R Choiniere, M Ferland, M Pageau, and Y Sauvageau. (Pp 224; no price stated). Ottawa: Canadian Institute for Health Information, 1995. ISBN 1 896104 08 8.

This book, published by the Canadian Institute for Health Information (CIHI), is the last of several revisions dealing with community health indicators. To make their adoption consistent across potential users, the book provides for each indicator a synoptic table with definitions, methods of calculations, limitations, sources, interpretation, observed values, and suggested categories. The indicators are further classified in three main groups: indicators of determinants of health, indicators of consequences of health problems (including utilisation of health services), and indicators of health status.

As claimed in the first of the two sections, covering conceptual issues, the 60 indicators will allow readers to "reach rapid conclusions", "make sweeping observations", and provide the necessary information for the decision making process.

The indicators have been chosen to "reflect" and "represent", in the most coherent possible way, phenomena which cannot be measured directly. Infant mortality rate, for instance, would allow reliable and valid inferences on a number of phenomena related to the level of preventive care, as well as to the very magnitude of infant mortality. The comparable and recognisable information on health and social managers will, therefore, find exhaustive representations, instrumental to the process of planning, assessing, monitoring and forecasting services and care. Will they?

The complexity of the phenomena to be represented, not always coherent and homogeneous, makes "macro-indicators" difficult to use for a critical analysis of the needs in the health and social sector. Infant mortality, for instance, may say a great deal about the level of perinatal and neonatal care, but very little about the level of maternal care, precisely because the correlation between level and type of maternal care and infant mortality is not yet fully recognised and needs, at least, to be circumstantiated.

There is a substantial drawback in promoting single and/or macro-indicators. The possibility of sweeping and rapid conclusions, which they are actually intended to achieve, may bring about superficial views among users. Summary indicators may produce anaesthetic effects on public and professional opinions. Indeed, decision makers and politicians may be tempted to hijack them for slogans or self complacent declarations. Examples of misuse can be found in any coun-