prove useful for students, researchers, and action.

Inevitably, some contributions are rather mundane, repetitive, or poorly presented; though there are plenty of gems to compensate. I particularly enjoyed the contributions of Allan 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 to the primary school with the lowest rate of smoking among its students and faculty staff. The UK equivalent might be the Royal 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 of 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 epidemic 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.

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The needs of carers are on the NHS agenda (see HSG (97)4 Carers (Recognition and Services) Act 1995. London: NHS Executive, 1996), with special consideration for black carers of All Blum’s comments fill a canvas with practical ideas in this context. It uses “black” as shorthand for “people who share a common experience of racism”.

Three 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 and style 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 issues seem 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 rationally 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.

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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 of Health and Disease 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 diets may be restricted. Low income level and sports are also considered as these too many influence people’s diets. In the third part, devoted to the prevention of ill health, coronary heart disease and weight management are extensively considered as well as 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 illustrations (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.

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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 B.

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 ad- option 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 "refect" 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 maternal care, since it is very close 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 circumstanciated.

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 anesthetic effects on public and professional opinion. 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-
try's government propaganda: we can even mention one case where the level of infant mortality has been used to glorify the achievements of a military occupation.

As recognised through the book, many indicators are culturally and socially specific (for instance the perception of good health). Determinants of health have different weights in different communities. They may rapidly become obsolete, of little interest, or lose their validity and reliability, even within the same country. Canada is not, at the moment, a country with a homogeneous culture and background. The adoption of a core set of indicators should be paralleled by the promotion of more culturally specific indicators. Though comparisons may be less easy, the approach would improve the system validity.

It is assumed that the main users of the book are (unspecified) decision makers. The questions of how much and what type of information they do need and for what purposes, remain largely unanswered. Indeed it is not clear whether decision makers have been amongst the experts providing their opinions on the formulation and selection of the indicators. Lists of health and social indicators have also been developed in recent years in a number of countries like the USA, UK, and Australia. The main characteristics of their approach have been:

- The identification of areas of priority health and social concerns;
- The organisation of process, output, and outcome indicators within specific priority health concerns;
- The sections of a large number of indicators;
- The formulation of the indicators as targets’ measurements.

This approach seems to be more appropriate to the decision makers' planning, monitoring, and forecasting purposes. It provides also a more articulated and flexible tool to assess the state of community health.

Despite the simplified approach followed by the authors, the CIHI's book remains a positive contribution to the debate on means and ways of improving the population health and social information system. It is essential, however, to remember that, beside their intrinsic technical limitations, macro-indicators of the kind suggested in the book can convey a limited representation of what they are meant to represent. More research is particularly needed on the role of the decision makers (and the public) in the construction and utilisation of a community health information system.

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This publication is the result of one of the first works of the Investing in Women’s Health Initiative, which was created by the WHO Regional Office for Europe in 1993. The goal is to expand knowledge about the situation of women's health and social conditions in the countries of central and eastern Europe and the newly independent states of the former USSR, to facilitate the informed development of policy and programmes to address their needs.

One of the expected outcomes of the economic and social changes suffered in the central and eastern Europe and the newly independent states of the former USSR is the worsening of the health of their inhabitants, and a widening gap in health between the eastern and western European countries. So, we live in times in which sustainable development in the European citizens' health, as a whole, has ceased. That could mean more health inequalities in Europe at the present time and in the future.

This work shows how women, although a sizeable potential in the workforce and a specialised resource in the social structure of the central and eastern Europe and the newly independent states, are becoming a particularly disadvantaged group due to the economic crisis. They are, as a consequence, suffering increased health risks. Moreover, recent elections show a decline in the proportions of women in the parliaments of the central and eastern Europe and the newly independent states and thus in their positions of influence.

Although the authors have made important efforts to obtain objective and quantifiable information, there are problems in relation to the range of subjects covered in the reports - which varies between countries - and the data on many subjects are not comparable. On other occasions, population data were unavailable. In these cases, the authors have tried to solve the problem by consulting relevant country experts who provided descriptive summaries of the situation.

This interesting publication follows the philosophy established in the World Health Assembly, in 1992: "Women's health must be given the highest level of visibility and urgency". Its chapters are guided by the Investing in Women's Health Initiative principles: investment in health, human rights, life span health, empowerment, woman friendly and appropriate service, and gender relationships. The last two chapters are dedicated to future directions and the Vienna statement on investing in women's health in the central and eastern Europe.

The message of the authors is:

- That the definition of crisis and emergencies, which stimulate protective responses from the community, must be broadened to include the specific threats to women;
- To develop measures to secure women's safety;
- To create options for healthy ways of living; and
- To establish a monitoring system of the developments and expanding sources of information.

Those involved in the area of women's health in Europe will find this book a useful source of information and ideas.

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