

# NEW TITLES



Oxford University Press, 2002  
ISBN 0-19-263155-1



Blackwell Publishing, 2002  
ISBN 0-632-05662-2

A number of years ago Professor Bhopal wrote a critique of 25 epidemiology textbooks in which he concluded that students were spoilt for choice. He continues to spoil students by publishing his own textbook. In his critique of epidemiology texts he seeks to identify the purpose, the audience and the approach before testing the texts using a selective review of seven issues. We can apply his own criteria to his text.

The text is aimed at the graduate student, which is clearly the right level, and by title it is theoretical rather than practical. The book is a valuable contribution to the serious student of epidemiology at Masters level. A more practical, applied and problem-based approach would be better suited to the undergraduate or casual graduate student. The text is well-presented, and easy to follow, with useful diagrams and illustrations.

Each reader will apply his or her own selective review of issues of personal interest. I looked for the conceptual approach to the epidemiology of inequalities and found it well-covered in a section on variation and heterogeneity in individuals and groups. The book covers the conceptual basis of the main epidemiological methods. I had expected to see a more in-depth coverage of genetic epidemiology, and the ethical, privacy and confidentiality challenges facing modern epidemiological research.

Overall this is a well-presented text for the serious graduate student of epidemiology – it addresses the conceptual basis of epidemiology in a stimulating way.

**WCS SMITH**

Interest in insulin resistance has increased in recent years with the growing prevalence of Type 2 diabetes and the development of drugs to modulate insulin resistance. This well-written book provides a useful summary of the field and is clinically orientated.

The book is divided into three main sections with the first looking at the pathophysiology of insulin resistance. This section covers the definitions of insulin resistance and the present methods available for its quantitation. This is well-illustrated with clear diagrams, tables and figures.

The second section relates to the clinical ramifications of insulin resistance, both physiological and pathophysiological. This is both comprehensive and up-to-date with many references being less than a year old.

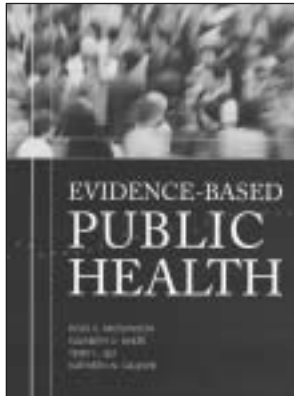
The final section relates to the management of insulin-resistant states with, as expected, a comprehensive section on the thiazolidinediones and the use of insulin.

Throughout the book there are useful key points highlighted in red in the margins. The quality of the figures and tables is high although the colour scheme may not be to everyone's taste.

The text is easy to read but occasionally the commentary slips into 'note form', which some editorial help may have minimised.

This book will be useful to those interested in diabetes and vascular disease generally. Its greatest strength is that it is comprehensive and nicely up-to-date.

**JD WALKER**



Oxford University Press, 2002  
ISBN 0-19-514376-0

This book is intended for public health professionals without extensive training in the public health sciences, and for students in public health and preventive medicine. Much of its content reflects the fact that the authors are based in the US, but this does not negate its relevance to UK settings. Indeed, it is very helpful to gain insights to American approaches, initiatives and case studies.

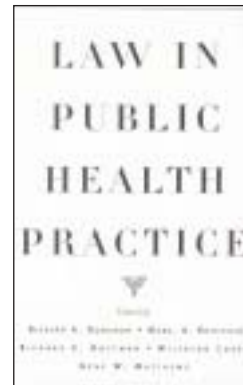
Most of the text is set out under the headings of a sequential framework for enhancing evidence-based public health:

1. developing an initial statement of the issue;
2. quantifying the issue;
3. searching the scientific literature and organising information;
4. developing and prioritising programme options;
5. developing an action plan and implementing interventions; and
6. evaluating the programme or policy.

These chapters capture a wealth of information and know-how, backed up by good practical illustrations of real-life evidence, issues, situations and decisions. Earlier chapters provide accounts of the need for evidence-based public health, assessing scientific evidence for public health action, and tools used to assess whether a given programme or policy is worthwhile.

The book serves a valuable purpose in making a good deal of useful overview material available in one volume. A downside of trying to cover so much is that some complex concepts are dealt with very briefly. At times, too much reliance is placed on technical 'shorthand', resulting in a reduction in accessibility to the material by the full intended readership. Nevertheless, I should be happy to add this text to my bookshelf and bring it to the attention of others grappling with the notion and practicalities of evidence-based public health.

**A TANNAHILL**



Oxford University Press, 2003  
ISBN 0-19-514871-1

Many of us welcome attempts to demystify the legal context of our work. This book on US law provides a review of the history, development and use of the law within public health. It is well-laid-out and has accessible prose for the non-lawyer.

Core public health functions are covered in each of the three parts of the book. Familiar to the UK reader are issues on the conflict between the rights of the individual and those of the community – the MMR vaccination, tension between confidentiality and the control of HIV and sexually transmitted infections, surveillance, and data protection.

The wider canvas of public health is considered in a number of chapters. Developments in the Human Genome Project are both exciting and worrying. Prevention tailored to a patient's genotype may transform disease control, but misuse of genetic information requires legal protection. 'International Considerations' emphasises that public health is often in conflict with political and economic forces. Free trade agreements can dilute national safety laws. Rejection of international environmental treaties on economic grounds may harm our communities. Law is seen as both a barrier and a benefit in the chapter on 'Tobacco Prevention and Control'. It is used by both sides to promote their own mutually exclusive goals. Practitioners need involvement in the early stages of the legislative process to ensure loopholes are addressed.

Public health is vital at a local level. Our communities are also global. Bioterrorism, international travel and trade increase our vulnerability. We need the law to assist in the protection of our health and welfare. This book shows us how.

**H MacKINNON**

# NEW TITLES



RSM Press, 2002  
ISBN 1-85315-501-2

Historians have long made occasional use of paintings and other images to illustrate evidence presented in their texts. Now, since the 1980s, the 'evidence of art' has come into its own, used to present testimony that would be almost impossible to present in any other way.<sup>1</sup> Alan and Marcia Emery have already published *Medicine, Genetics and Art*<sup>2</sup> and *Medicine and Art: Diagnosis and Medical Treatment*.<sup>3</sup> Now, they use paintings (with a very few other artistic artefacts) in an exploration of that crucial aspect of medical practice, the relationship between doctor and patient. The 52 works of art presented in this elegantly produced book date from the third century BC to the twentieth AD, and the images refer not only to Western medicine but also to Ayurvedic, Buddhist, Islamic and other medical traditions.

For the most part the paintings are beautifully reproduced; unfortunately two – Goya's self-portrait and Robert-Fleury's *Pinel Frees the Insane from their Chains* – have suffered materially in the process. However, the paintings have not been chosen for their aesthetic quality but for the testimony offered by the images. These images are not 'snapshots'. They are not

objective records of historical moments. They are all constructs and our assessment of the evidence that each one presents must therefore depend to a large extent on what we know of the artist, his aim and possible bias, the social context in which he worked and the iconography of his time. All of this is provided in the brief but excellent text that accompanies each image. Nevertheless some mysteries remain. Why, for example, does the Ayurvedic practitioner (plate 2) feel for the radial pulse in the wrong place? This is a fascinating study of an important subject. The images deserve very careful study – *le bon Dieu est dans le detail*.<sup>4</sup>

**M McCRAE**

## REFERENCES

- 1 Burke P. *Eyewitnessing: The use of images as historical evidence*. London: Relation Books; 2001; 12.
- 2 Emery AEH. *Medicine, genetics and art*. *Proc R Coll Physicians Edinb* 1991; **21**:43–51.
- 3 Emery AEH, Emery M. *Medicine and art: diagnosis and medical treatment*. *Proc R Coll Physicians Edinb* 1992; **22**: 519–42.
- 4 Burke *op. cit.* ref. 1, 189.