
This book is both excellent and annoying. Let us deal with these characteristics in turn.

Excellence: the first edition of the book was published in 1993, and soon became established as the world’s leading text in the epidemiology of rheumatic diseases. The editors and authors have revised it extensively, omitted some of the original chapters (e.g. pharmacoepidemiology) and added new ones (e.g. on the burden of rheumatic diseases, and on osteoporosis) for the second edition. The result is, without doubt, an improvement.

The extended chapters on so-called soft tissue rheumatism are

We are told that there is quite enough on settings in this book, however, given the major paradigmatic shift in this direction in recent years I do not think there actually is, at just less than a fifth of the total contents. From an international perspective the material will seem unduly focussed on Europe and North America. This is not a systematic review of any setting, but that is what is needed. What is there is sometimes laborious, though it ultimately rewards. The section on community approaches addresses again the question of the methodological appropriateness of the randomized controlled trial and is complemented by the next chapter, which expands on measures of process. That on schools is much too short, given the novelty of the insight and the vast literature. Similarly that on the workplace contains the right elements but is too short and undersells what we know about the setting. The chapter on healthy cities argues through the expectations of different stakeholders, which is not new, but well put.

The final section, on systems and policies, is more uneven in thematic terms. There are some interesting case studies, though the general implications are not necessarily clear. Milio however is as penetrating and refreshing here as she has ever been, because she removes the mystique from policy and sets out measurable approaches. The sections on health impact assessment and social capital are timely and topical and both give good explanations of the origins of the terminology and the principles involved. I could see my students coming away from these with something tangible and indeed the literature, particularly in the health inequalities field, has developed so much in the last few years that the reader will rapidly require supplementation.

The editors seek to second-guess the reader by telling us confidently why and how they have succeeded. I will be more provocative on their behalf. I think they will have helped to focus existing practitioners and academics in the field with this book. If the sceptical survive the occasionally nihilistic tone they will pick up something new. There are some finely honed lances within the thickets of text that should find their mark with quantitative reductionist methodologists but perhaps not consistently enough as yet. The traveller should at least have a reasonable roadmap on how we got to be where we are and hence where we should be going.

CECILY KELLEHER
particularly welcome. This is an authoritative, comprehensive account of rheumatic disease epidemiology, and a hugely valuable source book. Each chapter is laid out to a similar template—covering case definition and criteria, prevalence and incidence, trends, and then risk factors, which are split into genetic, host and environmental. This means that it is very easy to use the book, and to find specific information that you may want to look up about a specific disorder. Being rather a sad person, I went to the trouble of counting the number of references cited. I came to a total of 3209—enough to keep the most ardent reader happy I should think. Such anal behaviour also provides insights to the world of rheumatology: there are many more citations on the epidemiology of the very rare disease scleroderma than there are for very common ones such as gout and polymyalgia rheumatica, for example.

Annoyance: For all its excellence and value, I also find this book annoying. It is too careful. In their introduction the authors say that there are many problems associated with rheumatic disease epidemiology (true) and that, as they see it, their ‘art’ is in understanding the imperfections of the studies (false?). They are good at that. They go on and on about it. I see it differently: I would like to know what all the data might mean. They are not good at telling me that. There is very little interpretation and practically no speculation in this book. Thus some of the really interesting issues, such as the decreasing incidence and severity of rheumatoid arthritis over the last few decades, are carefully reviewed and documented, with plenty of discussion on the likely flaws in the various studies, but with practically no mention of the many hypotheses as to why these fascinating time trends might be occurring. For the third edition (which this book will surely enjoy and certainly deserves) I would like to advise the editors to ‘lighten-up’ a little and risk some interpretation and speculation. Epidemiology can be a very dry subject without this.

It may have escaped your notice, but we are currently living in the WHO’s ‘Bone and Joint Decade’. As part of the developed world’s move away from limiting their health concerns to fatal diseases, and thinking about chronic, disabling ones, the WHO has recognized that musculoskeletal disorders are amongst the most important chronic health problems throughout the world. Hence the ‘Decade’ which is concentrating on five issues: inflammatory rheumatic diseases, osteoarthritis and related disorders, back pain, osteoporosis and musculoskeletal trauma. In the developing world trauma is often the biggest of these problems, whilst in the ageing developed world osteoarthritis and osteoporosis assume the greatest importance. And that brings me to my only significant criticism of this book (as a reviewer I felt duty bound to find one): it deliberately limits itself to rheumatic disease problems of the developed world, and makes no mention of the types of problem that afflict the much bigger developing world. I realise that data on these problems are limited, and that much of the existing data would find fault with our rigorous, careful editors, nevertheless, they provide fascinating insights into other disorders, and are important to those populations that get them. The ‘Decade’ is a one-world initiative. Perhaps the publishers and editors could get the third edition out before the decade ends, and make it speak to the huge, increasing worldwide burden of the rheumatic diseases in a more representative way.

The excellence and value of this book far outweigh my minor criticism and those features of it that annoyed me. This is an excellent book. Anyone with a professional interest in rheumatic disease epidemiology should acquire it as soon as possible.

PAUL DIEPPE


This text is avowedly intended for those making a first serious address to the discipline. The most appropriate reviewer might not be one who has not been teaching introductory courses in epidemiology for some time, relieved such tasks as one is by seniority. (As an aside, this is not to dispute that the teaching of basic courses might in fact be best assigned to senior professors, with the intricacies and the newest advances left in the hands of eager younger faculty anxious and ready to dispense them.) At the outset nonetheless, I am ready to say that the book surely meets all the requirements of opening the subject to the novitiate, and meets them well.

The text carries the trademarks of an experienced and conscientious teacher, as befits an author who is a senior professor and head of the Department of Community Health Sciences at the venerable institution of the University of Edinburgh. He writes forthright prose, clear and uncomplicated throughout; he deploys an array of teaching tools; and the tables and diagrams are numerous and well done. The author frequently intersperses his text with challenges to the student to stop and consider questions requiring a degree of thought. The answers are provided in what immediately follows. Every chapter opens with a summary of what the student can expect to learn from it and closes with a brief summary of the main points made.

Professor Bhopal asserts in the preface that he means to elucidate the main concepts of epidemiology and to eschew the technical elaborations and numerical acrobatics that characterize some of the more advanced texts. This he has done quite successfully by the time one lays the book down at the end of 10 chapters. He deals fully with the concepts and approaches of the ‘risk factor era’, but also addresses the issue of whether that paradigm may have run its course. At various points he anticipates a new phase of epidemiology in which the paradigm is stretched to accommodate all the dimensions involved in the ultimate causes and manifestations of disease in populations, which is to say, the advent of eco-epidemiology and its equivalents.

The author has done more than deal with concepts, however, as his subtitle promises. In particular, he provides the basics of the ‘how to’ of epidemiology in a thoroughly workmanlike manner. Primarily a teaching vehicle, the book aims not merely at producing technicians. Sections deal with priority setting, causality, ethics (illustrated by the tobacco industry, authorship, and ethnicity and race), theories and values, and a list of common fallacies. Inevitably, one has a few minor quibbles, none worth elaborating on. Instructors can expect the book to lighten their task, and students the endeavour to learn a new subject eased.

MERVYN SUSSER