Epidemiologists seldom study the natural history of common diseases yet it is the consequences of disease that most concern patients and their doctors. This book covers much of the ground with chapters on assessing outcome, quality of life, recurrence, mortality, motor function, cognition and dementia, mood, therapeutics, sphincter disturbances, and economic issues. The ordering of chapters is rather idiosyncratic and their content is markedly variable, suggesting a rather too light touch in editing the authors’ contributions. The opening chapter on outcomes is pedestrian and would have been better conceived with examples of the use and mis-use of the various scales and indexes that are used in stroke research. Choice of outcomes is critical and depends on what purpose they are to be put to, but despite including 112 citations in a chapter on assessing disability, no mention is made of the two simple questions used to assess outcome in the landmark International Stroke Trial of aspirin and heparin. The chapter titled ‘Prognosis after Stroke’ is concerned both with predictors of recurrence and with prevention of recurrence but this content is not highlighted for the causal reader. The chapters dealing with specific problems do not always deal explicitly with treatment or prevention; those concerned with mood, vascular dementia, and sphincter disturbances do, but for motor dysfunction and cognition nothing is said. It seems an odd choice to commission a chapter on pharmacological and cell-based therapies for stroke recovery covering such rarefied topics as basic fibroblast growth factor and neural stem cells and not have a chapter devoted to the single most effective intervention in stroke medicine—stroke units! This was an editorial decision as the topic ‘could fill an entire book’. A chapter on cost–benefit issues does make passing reference to stroke units but discussion of the use of outpatient and home rehabilitation is missing. Most of the chapters represent the dying art of non-systematic review of their topic areas and, with the growth of the Cochrane Collaboration, one wonders for how much longer a market for such books will exist.

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‘Lives of great men remind us
We can make our lives sublime,
And, departing, leave behind us
Footprints on the sands of time.’

It is not easy to define greatness but Allen Weiss, academic cardiologist and medical historian at the New Jersey Medical School, USA, has carried out a series of interviews over the past two decades with 15 men and 1 woman whom he considers to have contributed significantly to the diagnosis, treatment, and prevention of heart disease. Those who did not achieve an interview but ‘also ran’, are listed separately with mini-biographies. All those interviewed are either American or spent their formative years in the US, one each originating from France, Germany, Austria, Argentina, and Holland. Non-Americans more familiar with their own cardiovascular ‘greats’ may feel somewhat deprived of attention.

Dr Weiss looks back over the 20th century with considerable pride in the achievements in cardiology and muted pride is a feature of many of the interviews recalling pioneering work in cardiac catheterization, cineangiography, ultrasound, and nuclear medicine. Those who broke new ground in open heart surgery, coronary artery bypass grafts, balloon angioplasty, and the use of stents tell us how they did it, often against considerable opposition or competition, and there is interesting argument about priorities in achievement. ‘Off-pump’ bypass procedures, ventricular assist devices, and the total artificial heart all make one wonder about the limits of technology, yet few of those interviewed ever seem to have entertained the possibility of failure. Perhaps that is one of the personal characteristics that leads to one becoming ‘great’. Molecular cardiology and the introduction of genetically engineered substances into the coronary circulation and into the myocardium continue this cardio-centric paean to technology which concludes with some brief and very faint murmurs about the social and political aspects of medicine and the organization of the US health care system.

For those readers of this journal who might wonder about 20th century progress in the epidemiology and prevention of cardiovascular disease, there is an interview with Jeremiah Stamler, who brings a breath of fresh air to this collection with his wide-ranging experience and his frank discussion of issues political as well as epidemiological. He pays generous tribute to several who deserve inclusion in this book, among them Paul Dudley White, a major figure in international preventive cardiology, Ancel Keys—renowned for his Seven Countries Study, and his late wife Rose Stamler, whom many fellows in the international teaching seminars on cardiovascular epidemiology and prevention will remember with respect and affection. This international teaching programme almost certainly ranks in greatness of achievement with many of the individuals interviewed. It is a pity that at the end of this book, Dr Weiss, in attempting to place medicine in a larger, world context states that ‘Coronary atherosclerosis is not a world problem; AIDS is’. Would that he were right, but few readers of this journal would agree with him. Also, aware of new developments in the atherosclerosis story such as inflammation, infection, and homocysteine metabolism, he considers that ‘perhaps we have barely scratched the aetiological surface (of atherosclerosis)’. Many in the field of public health believe that the application of what we already know about atherosclerosis, coronary heart disease, and stroke would rid us of the current epidemic even without knowing anything further about its extremely complex mechanisms. I do not decry the search for knowledge, but I do decry our failure to accept and implement what we already know.

I must plead guilty to being an avid reader of obituaries, as they often reveal fascinating personal aspects of individuals, both of those who are ‘great’ as well as of those who are relatively unknown. Their deaths appear to release the writers of obituaries from the constraints they might have felt during the lifetime of