measures analysis as it has some good running examples throughout the book, lots of datasets, and practice problems.

MARGARET MAY

DOI: 10.1093/ije/dyg215

**Supercourse: Prevention and Internet. CDROM, WHO Collaborating Center, Dept of Epidemiology, University of Pittsburgh, Pittsburgh, PA 15213, USA. www.pitt.edu/~super1**

The aim of the Supercourse is to deliver the text and slides of first class, ‘passionate’ lectures over the Internet. Users may be teachers taking advantage of ‘a teaching-support system’ who need help in preparing lectures in areas outside their expertise, or students who do not have access to up-to-date books, taught courses, or other educational resources. Ron LaPorte’s vision of the Internet as the channel for worldwide health has now delivered more than 1000 lectures free of charge. The work has been spread across more than 9000 faculties around the world, but the pivotal job of managing the project is driven by LaPorte’s relatively small team in Pittsburgh.

The instructions to authors indicate that Supercourse lectures should consist of 30 or fewer slides, each of which may be accompanied by approximately 100 words of text. The slides may consist of key text, diagrams, and graphs, preferably using a single background colour for reasons of visibility. Hyperlinks to further material are encouraged either from key words on the slides or in the accompanying text. Authors’ contributions are edited to download briskly over the Internet using small file sizes for graphics and text and avoiding the use of bandwidth-consuming video and audio files.

One is bowled over by the sheer quantity of material. However, it is easy to find your way to the lectures you want to view, with indexes by topic, by author, in alphabetical order, and of new lectures. Navigation within lectures is very easy and clearly laid out. The only additional facility I would have liked was a search across all lectures.

Despite the instructions to authors, the lecture format and quality are not uniform. There are some lectures that are simply a set of slides with little or no textual support. The quality of the slides is also variable. Some slides are wonderfully clear and uncluttered, but others are barely legible. Because of the nature of the graphics files, the slides cannot be made more legible by enlargement.

In contrast to the website, the CDROM was created particularly for people who either have a slow connection to the Internet or no connection at all. Because of this, I expected some differences in the contents between the CDROM and the web site, such as the avoidance of Internet hyperlinks to information essential to the flow of a lecture (e.g. to Statistics at Square One on the British Medical Journal site), and the inclusion of the original PowerPoint slides so that teachers could copy them for their own lectures.

Because my CDROM shattered in its drive, I used the Internet version for some of this review. I was able to experience the inconveniences offered by my slow connection. Only by choosing to connect late at night (UK time) did I get a reasonably brisk response from the main and all the mirror sites. In the early morning the fastest was in the Czech Republic, but this site, as the avoidance of Internet hyperlinks to informationences in the contents between the CDROM and the web site, or no connection at all. Because of this, I expected some differ-

In my final concern is the seeming lack of overall structure. Authors are encouraged to submit their best lectures for inclusion in the Supercourse. The contents of the course are therefore determined by what is submitted, not by some underlying architecture conceived by the editors. Indeed, the course has no stated overall educational objectives that could be used to shape the product. The double objective of trying to satisfy both teachers and students simultaneously may in fact have led to a confusing product which frequently meets the needs of neither.

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I have been critical because I think the group has the ability to improve their product greatly by ruthless editing or rejection of some of the less impressive contributions and greater coherence in their objectives. They could take advantage of the speed of the CDROM to provide an enhanced product. They also need to consider how best to maintain the mirror sites which in some cases are woefully out of date or inaccessible. The Supercourse is a first rate idea—it should aspire to be more valuable to students than the best textbooks available.

CHARLES du V FLOREY

DOI: 10.1093/ije/dyg270

In the 1940s, Ancel Keys, a nutritional physiologist, was struck by the reports of apparently healthy middle-aged men experiencing sudden death from heart attacks. After a small prospective study in Minnesota in 1947, he initiated exploratory surveys in the 1950s in countries with apparent differences in dietary patterns, lifestyle, and heart disease rates, and in 1958 he and his collaborators launched the Seven Countries Study (7CS). While the initial concern was with coronary heart disease (CHD), the study extended to all diseases and to premature death. The rest is epidemiological history and this book is not only a tribute to a distinguished and pioneering scientist but it is a succinct and readable review of the achievements of a dedicated international group of workers over a 40-year period.

The 7CS showed clearly that major differences in personal characteristics, lifestyle, and diet across the study populations were associated with large differences in the prevalence and incidence of CHD. During follow-up it was also established that the levels of the major risk factors were associated with both the population risk and the individual risk for future CHD events. More than any other study, the 7CS demonstrated the concept of multifactorial risk.

This overview provides detailed descriptions of the populations studied, the prevalence and incidence of CHD in the seven countries and the impact of specific risk factors. At baseline some 13 000 men aged 40–59 years in 16 cohorts from seven countries, were examined and repeat examinations took place after 5 and 10 years and the collection of mortality data went on for 25 years. Thereafter, repeat examinations of elderly men were carried out in several of the countries with extension of the mortality data. Major monographs were published in 1967, 1968, 1970, and 1980 and there have also been several more