Hierarchical structure with its impenetrable social barriers’ (p. 96). But was society ever that rigid? It simply does not match my own experience. On my father’s side my grandfather was a grave digger, and on my mother’s side a docker. My father started work as a cabin boy in the merchant service and ended up as an army major. At a more exalted level and even longer ago ‘Wully’ Robertson, Commander of Imperial forces in World War 1, for example, started his career as a servant. Miller even fails to take cognisance of his own data that, for example, a third of working class sons moved to higher positions over time (p. 100), that many landed gentry ended up selling their estates to the nouveau riche of the Industrial Revolution, or that 30 per cent of the country became home owners after World War 1 (p. 415). Typical of the polemic way he presents information is found on p. 415, where he says that ‘of the 124 estates which extended over 10,000 acres or more [in 1880], 25% were still in this category in 1980’ (p. 427). But 75 per cent are not!

A third cause of Inflation is the excess of detail. Where did he find time to gather all this information? How is he able to give us the history of the Russell family (p. 345) or the details of enclosure in a particular parish in so much detail? Or the differences between tallage, hidage, scutage, carucage and even socage? And do we need it? (If you do, Chapter 10 will explain.) This reviewer felt that some editing would have made the dense 433-page text more accessible.

Not all economists I have spoken to have been convinced by the concept of Rent as a third category to place alongside labour and capital, and I am not competent to draw a conclusion. Sufficient to say that, despite his best efforts, not all readers will accept Miller’s view that ‘as we move on from the 20th century we have yet to confront the significance of Rent. Nothing less offers any prospect of genuine relief for dependent and underprivileged families in modern Britain or stands any chance of bringing their life expectancy closer to the standard set by independent and wealthier families’ (p. 400). To my mind, the book fails to deal with practical matters such as the political realities of trying to persuade British voters to accept that now they have lost their MIRAS tax breaks on mortgages they should now start paying for being wealthier when house values rise. Perhaps Miller hopes the commensurate fall in income tax will persuade them, but what happens when land values fall? Will government introduce a negative tax so that someone sitting on land that has been blighted or falls in value gets money back? What will government do for income if, because of a slump, all land values fall?

My copy of this book is scrawled all over with question marks, ticks and annotations along the lines of: ‘But what about . . . ?’ To me this is the sign of a good book: it sets you arguing with the author and yourself, and you will not look at the world in quite the same way again after you have read it. Most public health practitioners will not have the time to plough through it, and I cannot recommend anyone to buy a private copy unless they are really fascinated with the subject matter. I fear that it will remain a book that many of us intend to read one of these days. But it is certainly a book that should be bought by libraries, and can be dipped into profitably by students and professionals looking to understand more about how and why our welfare state has developed as it has. This may be particularly timely as public health is being challenged to work ever more closely with local authorities (in Wales, for example, health authorities are being disbanded) in sectors such as housing and education.

This book is clearly a monumental labour of love by Professor Miller, who is to be admired for the sheer magnitude of the endeavour. It is a useful source book of information and statistics, which is marred by the polemics. At the end of the day, Miller is going to reinforce the prejudices of the left wing, but fail to convert the right wing. I read my copy as I also read Fitzpatrick’s The Tyranny of Health; Fitzpatrick would certainly remain unimpressed by the bulk of Miller’s book, and I have to say I found Fitzpatrick’s slim offering, cavalier and iconoclastic as it is, the more convincing picture of society and health in the United Kingdom today. Miller gives insufficient recognition that even the poor are enjoying a very much better standard of health, housing and nutrition than previous generations, and that although different socio-economic groups (including land owners) can continue to be distinguished from generation to generation, the families in them are in a state of flux. Miller dislikes any question of eugenics or blaming the victims for their plight, but many readers may well still feel after they have finished that he has not convincingly considered factors such as the capacity for delayed gratification, which might discriminate at the individual level which people save or spend, study or drop out of education.

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Social Epidemiology. Lisa F. Berkman and Ichiro Kawachi.

Social Support Measurement and Intervention. Sheldon Cohen,

I think Berkman and Kawachi’s book is brilliant.

Non-essentials first: all books that aim to teach should be like this – nice to handle, clean typeface, good quality paper – I hate trying to grasp a tricky topic through smudgy print and soggy paper!

Now to the substance.

If smoking, drinking, diet and other aspects of lifestyle account for only about half of the social variations in health that we can observe, where does the other half come from? Social
influences on health are no less real than the effects of tobacco or cholesterol, and they are deeply rooted in biology. As Marmot points out in his chapter, it is not only civil servants that show social class gradients in disease – so do baboons.

We have been studying social influences on health for at least 50 years. We have academic departments of social medicine and none (so far as I know) of lifestyle medicine. The effect sizes of social factors are large. The World Health Organization specified social health in their three-fold definition. But despite all this, we aim remarkably few public health programmes directly at social health.

Part of the problem is lack of clear thinking. We all carry with us some warm image of a Utopia where everyone helps everyone else, and this leads easily into waffle about networks, integration and social capital. But action to improve public health depends on our ability to separate fact from fudge. The chapters by Berkman, Kawachi and Glass fulfil this requirement admirably. They dissect concepts such as social integration, social cohesion and social capital, explain what they are, how they differ from each other and – crucially – how they can be measured. There is, I think, a real challenge here for practitioners of public health. Next time you are planning to help people quit smoking, change their diet or exercise more, ask yourself – why am I planning a lifestyle intervention and not a social one?

The book includes some striking images. One memorable scattergram shows the strong correlation between age-adjusted mortality rates in US states and the percentage of residents who agree that ‘most people would try to take advantage of you if they got the chance’. Social trust is low and death rates are high in the Confederate states of Alabama, Georgia, Louisiana and Tennessee, whereas mid-West folks in Minnesota and Iowa trust each other and live longer.

The dust cover offers Social Support Measurement and Intervention as ‘a state of the art resource for the selection and development of strategies’ and it isn’t far wrong. I’m sure this would be a useful sourcebook for academic departments specializing in social support. For the general practitioner of public health it provides a useful complement to Social Epidemiology, with space for much greater detail, refining the concepts and giving more information on the measures and questionnaires in common use.

There are some thought-provoking chapters on how to select and plan interventions using home visits, support groups or family and friends. A pithy chapter points out the difficulties of setting up a support group and making it work properly – I wonder how much science has been applied to all the cardiac support groups we are setting up around the country? And the chapter on one-to-one support interventions (i.e. home visitation and mentoring) should prove equally challenging for health visitors.

These are excellent books – well produced, first-class content and heavily referenced. Buy them!

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