DATA HANDLING IN EPIDEMIOLOGY. Co-ordinating Editor, W. W. Holland. (Pp. viii+212; figs. 26. £3.25). London: Oxford University Press, 1970.

THIS book deals, in 15 chapters by different authors, with seven topics: asking the question, study design, collection of data, record linkage, data processing, analysis, and implications. They discuss most aspects of epidemiological research, from formulating hypotheses to interpreting statistical analyses of results. Thus, many, if not all, chapters should interest not only epidemiologists but also other medical research workers.

Several authors of the early contributions make the same plea, namely, that rigorous consideration must be given to the design of studies and the data collected in them. Several authors emphasise the need to define study objectives and formulate hypotheses before considering other aspects of a study. As one author comments, "A casual 'look-see' attitude usually leads to nothing but confusion, and the use of data collected during a study to test a hypothesis which is formulated after the event, may invalidate the conventional methods of testing statistical significance."

Part 4, on medical record linkage, includes two contributions. The first is concerned with the possible application of a system of linked medical records; for example, as a tool for measuring morbidity; as a means of retrieving individual records easily and quickly; and as an aid to patient management. The second contribution describes briefly a series of studies undertaken in the last two decades among some French-speaking African communities south of the Sahara.

The fifth part of this book is concerned with data processing. The first chapter in this section describes the use of a computer for processing of information collected during a study carried out in the Greater London Borough of Lambeth (details are also given of the design of the study), while the second chapter deals in general terms with computer's role in data processing and its impact on epidemiological studies.

Analysis of data is considered in Part 6. While not claiming to be fully comprehensive, the three chapters in this section give useful examples of building models for infectious diseases; the use of multivariate analyses in psychiatry; and the use of models to study survival. The non-mathematical reader may find parts of these chapters rather heavy going.

The findings of epidemiological studies may have certain implications with regard to health policies and these are considered in Part 7. The example chosen, automobile accidents, demonstrates the three major ways of attacking health problems, namely, by environmental health measures, by medical care, and by health education. The uses and implications of computerised data processing techniques for automated multiphasic screening procedures are discussed.

In a book which covers so much ground it is obviously impossible for each author to have sufficient space to consider fully all aspects of his topic. An additional bibliography, or recommended reading list, at the end of each chapter would have been a useful addition to help the reader whose interest had been aroused.

The reader's attention is drawn to the following errors in the book:
1. Page 171, item 3, line 1. The formula referred to should be (3) and not (2).
2. Page 186. The "is" in line 20 and the "and" in line 21 should be deleted so that this definition conforms to that of the preceding paragraph.

J.D.M.

A MANUAL OF OPERATIVE DENTISTRY. By H. M. Pickard, F.D.S.R.C.S. (Eng.), M.R.C.S.(Eng.). Third Edition. (Pp vii+183; figs. 213. £1.50). London: Oxford University Press, 1970.

THIS book is obviously written for the undergraduate and let it be said at the outset that the simple principles of mechanical dentistry and the mistakes to be avoided are set forth in a clear, concise, adult fashion often missing from some of the tomes which find their way to use from the other side of the Atlantic. For an outlay of £1.50 it would even be money well spent by the established practitioner. However, one would have wished to read
The author is somewhat dogmatic in his approach to gold inlays and three-quarter crowns. One can't help feeling that resistance and retention form are better achieved in dentine than in a cavity largely modified by cement, nor is one convinced that a knife-edge finish within the gingival crevice should be sought at all times – more recent opinion seems to favour a chamfer finish at the gum margin wherever possible thus minimising potential periodontal problems. Very little has been written about the technique of elastomer impression materials – certainly they have disadvantages as well as advantages. There is nothing in the text relating to full crowns.

It is the opinion of this reviewer that the teaching of Operative Dental Surgery should be marching away from the purely mechanical procedures and that more emphasis should be placed on the biological factors involved in the treatment of teeth and their related supporting structures.

It may be that price is one of the chief considerations in the publication of such a book and that much relevant information has to be omitted. If so, it is a pity because any real criticism of this book lies in what is omitted.

P.J.S.

UNDERSTANDING MEDICINE. By Roger James. (Pp. 276; figs. 60. 45p).
Harmondsworth, Middlesex: Penguin Books, 1970.

The author after a varied career in the Army worked with maladjusted children and then became a medical student at Oxford. This book arose from the excitement of his newly acquired knowledge and the feeling that it would be of general interest. He has since worked in hospital and for nine years in general practice. He writes well and ranges widely and manages to convey much information on normal body function and disease, heredity and malignancy. There is a useful chapter on medicine in general which discusses with wisdom many of the problems in the doctor-patient relationship.

The interested layman and many in the professions ancillary to medicine should find this an informative and useful book.

J.E.M.

REVIEW OF GERIATRIC SERVICES IN NORTHERN IRELAND HOSPITALS, 1969. A report to the Northern Ireland Hospitals Authority by G. F. Adams, M.D., F.R.C.P. (Pp. 61; figs. 3; tables 4). Belfast.

ALL too often it has been the attitude of the older generation of “attending physician or surgeon” to consider that his responsibility began when a patient arrived in one of “his” beds and ceased when he declared the patient ready for discharge or transfer to some other place.

The advances in medical care and social conditions in the last 20-30 years have led to the survival into old age of an increasing number of infirm and mentally deranged citizens and these constitute an increasingly important source of patients requiring hospital care. Hospital care may be needed for an acute illness or simply because progressive infirmity has made independent survival impossible. The diagnosis and specific medical or surgical treatment of these patients provide little to occupy the interest or engage the skill of the consultant of the old school and he has come to resent the prolonged occupation of an increasing number of “his” beds by these patients. Some physicians have reacted to this change by using progressive specialisation to narrow their field of responsibility and may even press an upper age limit on the already narrow category of patients which they will admit to their wards. Of course this places an increasing burden of elderly patients on other doctors both inside and outside hospital. It also makes the job of the health service administrator, who has to provide for the health needs of the community as a whole, more difficult.

Northern Ireland administrators have been particularly fortunate in having the expert and extremely well informed advice of Dr. Adams placed before them with dogged determination and at regular intervals. In this, the latest of the series of reports and documents, Dr. Adams