Welcome, Listening with sympathy and finally Termination and conclusion.

The book is written in almost conversational style with a good deal of direct guidance from the author towards effective consulting skills and strategies. Although Dr Livesey explains in the introduction that he has deliberately reduced the number of references the style of writing and the lack of quoted evidence combine to give the reader the feeling of being patronized.

The title of the book demonstrates the philosophy of Dr Livesey's approach to the consultation. He describes well the various strategies which may lead to a more balanced and understanding relationship between doctor and patient. The few paragraphs about reassurance starting 'All too often reassurance lacks a firm footing...' are essential reading for all doctors, particularly those who frequently use the phrase in their notes 'patient reassured'.

This book would be useful for introducing some of the concepts of consultation to trainees who have difficulty with the heavier, more research-based works that are included in the excellent bibliography.

PETER HAVELOCK
General Practitioner, Wooburn Green,
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The theme of this book is that epidemiology is important for policy making, and this is explored by examining the contributions which epidemiology has made in the past and looking at the prospects for the future. Distinguished epidemiologists in the USA cover major issues of public health policy including nutrition, coronary heart disease, accidents and alcoholism. Each chapter has its own style, but there are common threads running through the book: the contribution of epidemiological knowledge must be considered in tandem with social, political and financial influences on policy; opinion makers, notably the media, must be more responsible in their use of information; health policies should give more emphasis to prevention and community involvement.

The difficulties in using epidemiological information are not ignored; the policy maker must cope with conflicting results emerging from similar studies, with disagreements on interpretation of data, and with a variety of evidence obtained from studies with different aims and perspectives. Such issues are discussed using many examples which, alas for the British reader, are mostly from the USA. However, this is a highly readable book which is not a technical text on epidemiology, and it should have wide appeal to those interested in public health policy.

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CLASS AND HEALTH

Research and longitudinal data

Richard G. Wilkinson (Ed) Tavistock Publications, London (1986) 223 pages. Price £20.00

Class and health attempts to indicate some of the key areas of research undertaken since the Black report on inequalities in health care and to examine the opportunities for further research. Nine well known authors from varied and distinguished backgrounds present an analysis of new data which confirms the basic soundness of many but not all of the controversial aspects of the Black report. Socioeconomic mortality gradients, social inequality, serious illness, unemployment and many other issues are addressed in a systematic and scholarly way culminating in a long chapter by Mildred Blaxter in which she painstakingly and helpfully reviews a series of British longitudinal studies.

Anyone with a serious interest in the relationship between inequality and health will find food for thought in this well referenced book.

N.C.H. STOTT

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EPIDEMIOLOGY AND HEALTH POLICY

Contemporary issues in health, medicine and social policy Sol Levine and Abraham Lilienfeld (Eds) Tavistock Publications, London (1987) 301 pages. Price £12.95

The purpose of acquiring epidemiological knowledge is to use it when formulating and implementing health policy, but sadly this link is often of little interest to epidemiologists and health planners. *Epidemiology and health policy* is an unusual book which ventures beyond the immediate role of epidemiology in describing the distribution and causes of disease in populations and the effectiveness of alternative modes of medical care.

THE GEOGRAPHY OF HEALTH SERVICES IN BRITAIN

Robin Hayes Croom Helm, London (1987) 259 pages. Price £29.95

If a book is to be recommended it must be easy to read and understand. This book meets both these requirements. All general, specialist and community practitioners in the National Health Service should read it, but those with interests which are primarily clinical are likely to find it dull. For policy makers, academic or political, and practitioners interested in methods of delivering medical care it is essential reading.

Hayne's main message is that health care (more accurately, medical care) services are unevenly distributed. This is hardly news, but the book itemizes the inequalities and inequities in a clear and concise way. It also catalogues the largely ineffectual attempts to correct the situation by revenue allocation schemes.

Rural communities and inner cities are worst hit by the inequality and Hayne suggests that the independent contractor status of practitioners, which allows them to favour certain areas for their place of work, is partly responsible for this. However, he avoids the trap of oversimplification, realizing that diverse factors combine to reinforce an unsatisfactory situation. The deficient transport services in some rural areas is one example.

Some of his remedies are predictable, such as more home visits by general practitioners, but he recognizes that the health services do not operate in a vacuum and that revision of many other public services would be required to provide health workers with the optimum environment for efficiency.

This book has more than a whiff of party politics, but the bias does not affect the author's objective presentation of factual material. One may not agree with all that is in this book, but it deserves serious consideration.

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