

It is certain that inoculation and vaccination prevented countless deaths and much of the subsequent disability from this terrible disease. The author is right to have modified the sweeping claim of the first edition, that these procedures prevented decimation and decline of the population of Europe, in favour of the more modest, and I think undeniable, conclusion, that they made a significant contribution to the decrease in mortality in this period.

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**Neighbourhoods and Health.** *Kawachi I and Berkman LF (eds).* New York: Oxford University Press Inc, USA, 2003, pp. 320, £39.50. ISBN 0195138384.

Neighborhoods and Health edited by Ichiro Kawachi and Lisa F Berkman can be seen as a companion to their 2000 volume *Social Epidemiology*.<sup>1</sup> This book provides for neighbourhoods and health what their previous book did for the social environment and health, bringing together a wide range of theoretical, methodological, and empirical research from a group of authors prominent in the 'new generation of neighbourhood level research' (Sampson, p. 132) in the USA and UK.

What are 'neighbourhoods' and why is there an increasing academic interest in how they affect health? The growing popularity of neighbourhoods in part reflects the recent interest in health inequalities research in social networks and social capital in communities. Much of this book presents neighbourhoods as the locations of communities, conceptualizing them as networks of social relationships, and explores the significance of these relationships to health. Neighbourhoods are also presented in this volume as statistical units for quantitative measurement and manipulation in multi-level models. The development of this aspect of neighbourhood research has been encouraged by the availability of new computational techniques and has centred on the ongoing 'context' vs 'composition' debate. This debate has considered the extent to which spatial variations in health outcomes are the product of variations in the people that live in the areas (individual or composition effects) or the places themselves (area or context effects). Many neighbourhood health researchers have been keen to prove that the contextual characteristics of neighbourhoods have 'independent' effects upon health.

It is perhaps not surprising that this book does not provide one single conceptualization of neighbourhoods and their relationship to health, as it comprises 15 chapters, includes 30 contributing authors and contains research not only from the fields of public health and epidemiology, but also includes work from sociology, psychology and social policy, and even touches briefly upon evolutionary biology. The breadth of material and perspectives included in this book will make it relevant to many people new to the study of neighbourhoods and to researchers in the field for which it can serve as a useful reference volume of recent research.

There are two introductory chapters in the book, one by the editors and another by Sally Macintyre and Anne Ellaway, which provide a very valuable summary of a large body of

recent research in this field. The first part of the book, which follows, is devoted to methodological and conceptual approaches to studying neighbourhood effects on health. This is the book's largest section, perhaps reflecting the relative youth of this field and the need of researchers to develop and legitimize research techniques in their work. This section includes chapters about sources of area based socio-economic data available in the USA and UK, multi-level modelling techniques, and methodological approaches from sociology. The second part of the book contains chapters which discuss in detail examples of the relationship between neighbourhoods and specific health outcomes including sexually transmitted disease, low birth weight, and asthma. The final section of the book explores some of the social mechanisms which underlie the relationship between neighbourhoods and health in chapters on social networks, residential segregation, ageing, and social policy.

What the book doesn't contain, however, is also revealing of the development and character of neighbourhood research. The research presented, as in most health inequalities research, focuses upon the poor and minority ethnic groups in deprived urban areas, and has relatively little to say about wealthier neighbourhoods, the gentrification of poor neighbourhoods by professionals, or suburban and rural areas. Macintyre and Ellaway in their introduction stress the importance of moving neighbourhood research beyond the 'context' and 'composition' dichotomy to understand how 'people create places, and places create people' (p. 26) but the dynamic social and spatial interactions that create neighbourhoods and communities over time, the context of 'context', is neglected in many of the chapters. In particular, this curiously static approach to neighbourhoods downplays the significance of patterns of migration to health outcomes in areas. The book contains relatively little work from the field of health geography or research about income inequality and relative deprivation. Research on income inequality in areas has suggested that the relative lack of social status experienced by poor people living in wealthy areas may be harmful to their health<sup>2</sup>. This seems to be of particular significance to neighbourhood research where the health damaging effects that result from living in deprived areas are emphasized and the opposite relationship, i.e. that it is worse for health to be poor in a poor neighbourhood than poor in a wealthier neighbourhood, is often implied.

The book's introduction and concluding chapters stress the importance of ensuring that neighbourhood research influences social policy. Kawachi and Berkman (p. 11) state that the prominence of the ongoing 'context' vs 'composition' debate within the field is driven by the need to convince decision makers that there are independent area effects upon health and so to demonstrate the worth of policies designed to improve the social conditions of neighbourhood environments. However, do policy makers really need to be encouraged to develop area based health and social policy? Many such policies have been implemented including, in recent years in the UK, Health Action Zones and Sure Start. While much of research in this book advocates the value of neighbourhood level health policy David Gordon in his chapter on area based deprivation measures strikes a note of caution. He suggests that area based policies which have attempted to tackle health inequalities 'have a long history of limited success or even outright failure'

(p. 182). There should be a role for this kind of scepticism within neighbourhood and health research.

These criticisms suggest some of the limitations of current neighbourhood and health research, not of this excellent volume. *Neighborhoods and Health* comprehensively represents this field, demonstrating its increasing confidence and bringing together progress from research so far. The book should play an important role in the development of neighbourhood and health research and help answer questions that remain as to how this research can contribute to understanding and improving health and where it should be heading next.

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## References

- <sup>1</sup> Berkman LF and Kawachi I (eds). *Social Epidemiology*. New York: Oxford University Press, 2000.
- <sup>2</sup> Wilkinson RG. *Unhealthy Societies: The Afflictions of Inequality*. London: Routledge, 1996.

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**Coronary Disease in Women: Evidence Based Diagnosis and Treatment.** Leslee J Shaw, and Rita F Redberg (eds). Totowa, NJ: Humana Press, 2004, pp. 431, \$125.00, (HB) ISBN: 1-59259-645-2.

The aim of this book is to provide: 'a clinical management approach to the care of women with known or suspected coronary artery disease'. To that extent it is not an epidemiology textbook. However, by taking an evidence-based approach the clinical recommendations are clearly grounded in epidemiological findings. The book is very appropriately structured with the first section dealing with the epidemiology of coronary heart disease in women, a second section dealing with variations in symptom presentation between women and men and the final section providing recommendations on the management of coronary heart disease in women. This is logical and on the whole the clinical management recommendations are evidence based. However, as each chapter has a different author there is no real cross-referencing between chapters and it isn't always clear that the later chapters, concerned with management, have built on what was presented earlier in the epidemiology chapters.

The book builds on the report by the Institute of Medicine (US) *Exploring the biological contribution to human health: does sex matter?* and the introductory chapter provides a very useful summary of this report, specifically relating it to the area of coronary heart disease. Throughout the section on epidemiology one is alerted to important research gaps. For example, in Chapter 3 on sex differences in population trends in coronary heart disease the lack of data in older age groups leaves a wide gap in the evidence base for both women and men. In general there is a tendency to emphasize differences rather than point out important similarities between the sexes. For example, in Chapter 4, on risk factors, it would have been nice to have a bold statement that the major risk factors—hypertension, dyslipidaemia, and smoking—affect women and men similarly and are central to primary and secondary prevention in both sexes. A related point is that none of the chapter authors fully

address the issue of evidence for sex differences. Claims for sex differences in risk factor effects are inevitably based on subgroup analyses. As such, they should be treated with caution and require sound biological plausibility, replication in several studies and statistical evidence (in the form of tests for statistical interaction between the exposure and sex) for one to feel confident that a difference truly exists.

However, the book on the whole is very well presented, soundly based and provides a useful reference for clinicians in primary and secondary care who manage patients with heart disease. It is another timely reminder that coronary heart disease is not just a male disease and is the commonest cause of morbidity and mortality amongst middle and older aged women in middle- and high-income countries, and increasingly a problem for both sexes in low-income countries.

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**The New Global Threat. Severe Acute Respiratory Syndrome and Its Impacts.** Tommy Koh, Aileen Plant, Eng Hin Lee. Singapore: World Scientific Publishing Company, 2004, pp. 356, \$17.00 (PB) ISBN: 9812386688.

In the annals of epidemiology 2003 will be remembered as the year that communicable disease surveillance came of age. The impetus for this right of passage was the emergence of Severe Acute Respiratory Syndrome (SARS) onto the world stage and its rapid spread to over 30 countries resulting in over 8000 cases. Due to fortuitous epidemiological characteristics and unprecedented international collaboration and leadership the outbreak was brought under control within months of its recognition.

Koh, Plant, and Lee's book provides an excellent taster of the scientific, political, social, and economic consequences of an international outbreak that paid no respect to international boundaries and resulted in the deaths of over 700 individuals. This book condenses in a relatively small tome a wealth of information gained in a short period of time with specific reference to SARS as viewed in the major affected areas of China, Hong Kong SAR, Taiwan, and Toronto. The book's thrust is achieved by bringing together chapters written by individuals, representing teams that were in the thick of the epidemic.

The first section and the editorial by Plant provide an insight into the vital role of the WHO in co-ordinating and leading the international response to SARS. It juxtaposes a number of concerns experienced by the WHO and how it set out to meet the challenges facing it. Many of the chapters provide a chronology of SARS as it appeared in various countries and makes inroads, albeit in a limited fashion, into how affected areas responded to the crisis as it unfolded and how they attempted to re-establish themselves as areas that were safe to visit and trade with after WHO travel advisories had been lifted.

For the more practically minded Stanton and Yuen and Peiris recall the pressure placed upon teams of clinicians and virologists around the world to come up with the answers as to what the causative agent for SARS was and to devise a regime for treating affected individuals. Within weeks the former was a reality with discovery of SARS Coronavirus. The latter has to