Methodology in Medical Genetics: an Introduction to Statistical Methods, Second edition, Alan E.H. Emery. Pp. vi + 197, illustrated. Churchill Livingstone, Edinburgh, London, Melbourne, New York, 1986. £24.00.

The introductory chapter states that this book is specially written for those whose mathematical sophistication is no greater than simple algebra. The equations used suggest that a revision course would be required first! However, they are worked through, taking examples from the literature, so that they are not always as daunting as they at first appear. The book provides a thorough grounding for the use of statistics in medical genetics.

Secondly, it is described as a simple straightforward practical guide to the analysis of human genetic data. However, the degree of sophistication is such that some familiarity with genetics or statistics is required to make the best use of all the information it contains and, in particular, to avoid their uncritical application, the latter point being emphasized in the introduction.

Chapters include the estimation of gene frequencies using the Hardy-Weinberg principle together with methods to correct for incomplete ascertainment. The familial tendency recognized in many common disorders, e.g. hypertension, duodenal ulcer, can be assessed numerically – Falconer's 'heritability'. The consequences in terms of risk to other members of the family are clearly set out and a table is given of estimates that have been made for various disorders. For some reason, diabetes mellitus is not included there, with only an indirect reference in the text, but this may be because of heterogeneity where it is discussed. Genetic heterogeneity, i.e. clinically similar, but genetically distinct, forms of disease, is a major anxiety in clinical genetics. Methods are given to help to resolve this problem, though other evidence (e.g. biochemical) needs to be taken into account. There is a clear section on linkage studies which have become much more important since the advent of DNA markers (restriction fragment length polymorphisms) which provide an additional method of estimating recurrence risks. Disease frequencies are also covered with particularly clear definitions of incidence (new cases per unit of population) and prevalence (all cases in a population).

This book will continue to be required reading for those working in the field of medical genetics, but I suspect that clinicians would refer only occasionally to it and may turn elsewhere.

In summary, this is not bed-time reading, but it is an essential source book when a mathematical assessment is required in medical genetics.

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Primary Health Care 2000, John Fry and John C. Hasler. Pp. xvi + 383, illustrated. Churchill Livingstone, Edinburgh, London, Melbourne, New York, 1986. £25.00.

In the forward to this well produced book Dr Kaprio says 'Hospitals have become too technical, too de-humanised and too expensive. As a result, all countries are now ready to

discuss the right medical and economic balance between the hospital in-patient service and the medical care in the community.'

Certainly since the 1978 WHO/Unicef Conference at Alma-Ata, doctors of all nations have become increasingly interested in the contribution primary medical care has to make to the health of the peoples of the world. For these doctors, this book which is divided into two parts makes ideal reading. *Part 1* concerns itself with general issues and, as a result, has much to say about primary care in the UK. In this section chapters entitled 'Primary Care seen from General Practice', 'Economics, Politics and Society', 'Prevention', 'Needs', 'Collaboration' and 'Workers' are each written by a respected UK general practitioner, for example, John Horder, David Metcalfe, Michael Drury, Godfrey Fowler, Peter Pritchard, etc.

The second part of the book (Chapters 11–28) devotes one chapter to primary care in a single country, written by a resident doctor. Thus the reader can contrast the problems of Australia, USA and the UK with those, for example, of Russia, Latin America, Zimbabwe, China, Finland and many other countries. The problems primary medical care has to face are immense. Each year in the 1980s 15 million children of the world under the age of five will die.

'In Zimbabwe the malnutrition in pre-school children remains at 30% despite 20 years of health education.' 'Tension between Primary and Secondary care persists. While both are essential, there is often an inappropriate bias towards funding secondary care. It is easier to point to a new body scanner or new hospital than to more community nurses, houses for the elderly or health promotion and disease prevention as evidence of improvement.'

Some solutions are beginning to be identified. 'Time and again we see that our problems – Primary v Secondary Care, Urban v Rural Care, inadequate prevention, poor teamwork, lack of data and failure to encourage patient participation – can be traced directly to inappropriate medical education and political and professional leadership.'

The two distinguished GP Editors, John Fry and John Hasler, draw their conclusions in the final chapter under the title 'Towards 2000: the advancing years'.

This is a pleasant book to handle, well written, full of information and the editing is excellent. I would especially recommend it to the new generation of doctors and their teachers, as well as medical administrators, for the challenge is to them to bring 'health to all'. As such, this book should be in all Postgraduate Centres and Trainees' Libraries. Although expensive, it provides good value for money as well as a good read.

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Recent Advances in Gastroenterology. No. 6, edited by R.E. Pounder. Pp. v + 367, illustrated. Churchill Livingstone, Edinburgh, London, Melbourne, New York, 1986. £35.00.

The previous five editions of recent advances in gastroenterology have presented review articles encompassing the