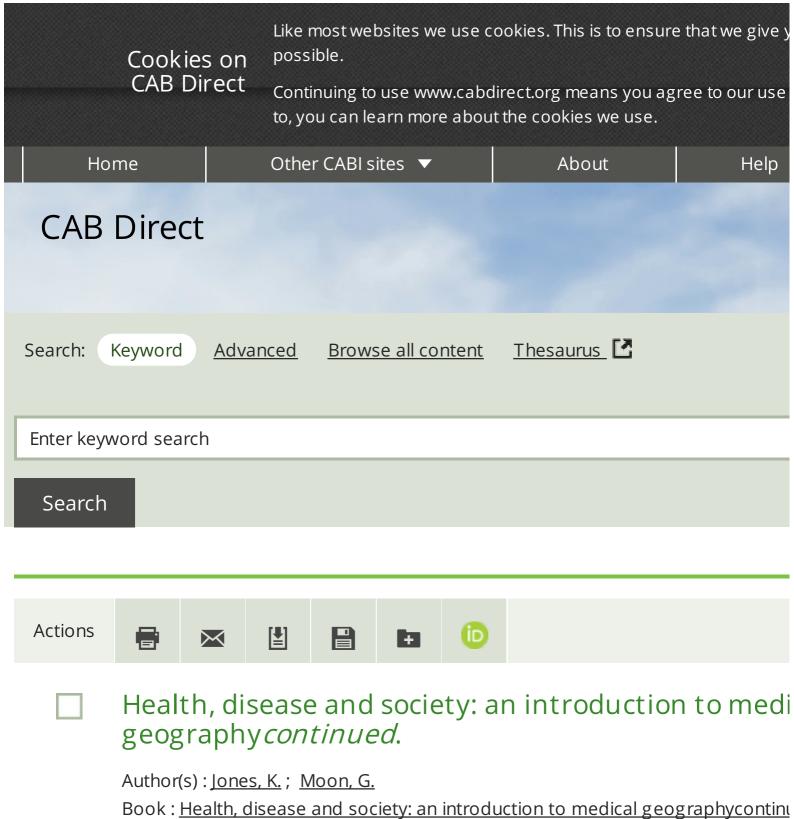
Health, disease and society: an introduction to medical geographycontinued.

pp.xviii + 376pp.



Abstract: The authors' preface refers to the 2 streams of medical geograph respectively towards the geography of disease and to the geography of he stresses the need for a social approach; the book springs from a course at Polytechnic, and is aimed at students of "option courses" in first degrees, a

students in search of an overview of the field.

Chapter 1 on the social context of disease cites recent works on medical ge elaborate the 2 streams already noted, before going on to more detailed ar the social context and social construction of disease, as against the biomed reductionist) viewpoint and uses, for instance, diabetes and homosexuality points. There follow some 20 pages on the social history of Western medic classical times, through bedside medicine and sanitary reform to laboratory the "worldwide industrial medical complex" and the "radical doctors" (and ot Cochrane and McKeown to Navarro and Illich. The chapter concludes with ar chapter organization of the book, and-a valuable feature of all chapters-a se guided reading followed by bibliography.

Chapter 2 consists of about 60 pages on the collection of epidemiological in clear in exposition and critical evaluation of different types of data, and well interestingly illustrated by maps, graphs and diagrams, tables and flow-charafter Pyle on the chronic disease model and the infectious disease model). pages or so performs a similar service for causal analysis of epidemiologica here the authors' alternative sub-title *A critical medical geography* (appearing preliminary pages) is well justified, for example in their lucid treatment of co and control by analysis.

On communicable diseases, Chapter 4 compresses into some 40 pages a k introduction to their biology and modes of transmission, some examples of ecological thinking-interestingly exemplified by Jarcho and van Burkalow's ck swimmer's itch (*Geographical Review*, 1952, *42*, 212)-and modern quantitat like those by Cliff and Haggett on the diffusion of measles in Iceland, Hoyle & Wickramasinghe in their challenging ideas on viruses from space, and again considering the social context, concluding with tuberculosis as an example. about 25 pages, takes the contrasted problems of concepts and issues in n stressing the heavy use of hospital beds and problems of definition, causal both the biomedical and social model, spatial perspectives-changing of cour society's shifting views of mental conditions and their treatment.

Chapters 6 and 7, totalling about 50 pages, are on inequalities in health care explanations of these. As elsewhere the authors are clear and critical about definition, and naturally develop the spatial perspective and on several scale world view to regional and micro-regional disparities within continents, large countries and within cities. Partial explanations and nonexplanations (like statementations not backed by actual causal analysis) are placed in the whole-scassumptions of individual autonomy being placed in the context of (mainly) medicine, and with a particularly interesting discussion on local explanations these must necessarily be partial since local causes operate within a domination.

context.

Chapter 8 on planning policy and the health services, in some 30 pages, deaproblems of organization and reorganization, considering in turn directed fir resource allocation, directed manpower allocation (including incentives), wo the location-allocation modelling that flowed from the period of reappraisal health services in the USA in the early 1970s, quite local impact studies (of f changes in these) and lastly health education (including some of the author collaborative work with the District Health Authority in Portsmouth, for examing hypothermia in the elderly and the impact of targeting limited resources after socioeconomic areal analysis). [Continued below.]

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