

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

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Health, disease and society: an introduction to medical geography*continued*.

Author(s) : [Jones, K.](#) ; [Moon, G.](#)

Book : [Health, disease and society: an introduction to medical geographycontinued](#)
pp.xviii + 376pp.

Abstract : The authors' preface refers to the 2 streams of medical geography respectively towards the geography of disease and to the geography of health. The book 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 geographies to elaborate the 2 streams already noted, before going on to more detailed analysis of the social context and social construction of disease, as against the biomedical (reductionist) viewpoint and uses, for instance, diabetes and homosexuality as case points. There follow some 20 pages on the social history of Western medicine from classical times, through bedside medicine and sanitary reform to laboratory medicine, the "worldwide industrial medical complex" and the "radical doctors" (and of course Cochrane and McKeown to Navarro and Illich. The chapter concludes with a chapter organization of the book, and-a valuable feature of all chapters-a set of guided reading followed by bibliography.

Chapter 2 consists of about 60 pages on the collection of epidemiological data, clear in exposition and critical evaluation of different types of data, and well illustrated by maps, graphs and diagrams, tables and flow-charts (after Pyle on the chronic disease model and the infectious disease model). Chapter 3, about 25 pages or so performs a similar service for causal analysis of epidemiological data, here the authors' alternative sub-title *A critical medical geography* (appearing on the preliminary pages) is well justified, for example in their lucid treatment of control and control by analysis.

On communicable diseases, Chapter 4 compresses into some 40 pages a book-length introduction to their biology and modes of transmission, some examples of ecological thinking-interestingly exemplified by Jarcho and van Burkalow's classic on swimmer's itch (*Geographical Review*, 1952, 42, 212)-and modern quantitative methods like those by Cliff and Haggett on the diffusion of measles in Iceland, Hoyle and Wickramasinghe in their challenging ideas on viruses from space, and again considering the social context, concluding with tuberculosis as an example. Chapter 5, about 25 pages, takes the contrasted problems of concepts and issues in mental health, stressing the heavy use of hospital beds and problems of definition, causal analysis, both the biomedical and social model, spatial perspectives-changing of course with society's shifting views of mental conditions and their treatment.

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

context.

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

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