

elsewhere been called the contain-and-control strategy to one of inclusion-and-co-operation.

While there is no doubt about such improvements, the overall whiggery implicit in the book's framing of the issues can be questioned. Not all nations applied the new consensual approach of public health to the epidemic. Sweden and parts of Germany, for example, were happy to use quite traditional approaches. Moreover, the tactics adopted in the US, which are the primary topic here, were much less consensual than they are often interpreted. Testing, reporting, even isolation of the infected were techniques in more common use in the US than in any western European nation, outside of Sweden, Bavaria, and Austria. Add to that, the revival of traditional techniques, discussed here too, that came about starting in the mid-1990s as effective treatments were finally developed, and the picture of any lasting seachange in public health begins to fade. The sudden acute respiratory syndrome (SARS) epidemic, and tuberculosis, and the traditional instruments employed there should also caution against assumptions of an overall change in approach to epidemics. Instead, such considerations should reprompt discussion of how much of an exception was made for AIDS for a certain period of its trajectory in a certain part of the developed world.

The book also touches on, but does not develop very far (the exception being the chapter by Burris and Gostin (one of the best), along with a fascinating chapter by Ronald Bayer on ethics) the inherent contradictions in some of the developments it otherwise praises. Grassroots input, for example, was not always an unmitigated good. Controversies over whether to let seropositive children attend school, whether to let infected medical personnel continue to practice, or whether gay bathhouses should be closed brought out lots of popular opinion on all sides, but it was not always a pleasant, or even good, thing to ventilate it. While emphasizing civil rights was also good, it too was not without its problems. Whose rights was one question? That of the infected victim or the still healthy partner, in issues of medical confidentiality? That of the mother or the soon-to-be-born child, in testing so as to administer AZT? Community involvement did not always 'push forward' prevention, as the editor claims (p. 62), but sometimes also backwards.

At the broadest level, the book argues that AIDS brought about a conceptual linkage between human rights and health. Health can no longer, it is claimed, be understood as independent of its environmental, legal, and political context. That there is something to this claim is clear. The movement to override market principles in pricing of new medicines in the third world certainly bespeaks a broader solidarity than was earlier the case. At the same time, it is not the case that people cannot be healthy without democracy and community empowerment. Cuba has staked much of its GNP and prestige in the third world on proving the opposite. Nor is the assertion of such a linkage new. Social medicine, in its broadest formulations, going back at least to Chadwick, Villermé, and Virchow made claims at least as grand and broad. That orthodox public health has now had to relearn the postulates of social medicine bespeaks the interlude of biomedical omnipotence of the last century.

PETER BALDWIN

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Statistical Methods for the Analysis of Repeated Measurements. Charles S Davis. Heidelberg: Springer Verlag, 2002, pp. 415, £59.50 (HB) ISBN: 0-387-95370-1.

This book is based on notes from 10 years of teaching graduate students how to analyse repeated measurements. It reads like a textbook and at the end of each chapter there are lots of problems to tackle. The level of mathematics required to comprehend the book is quite high. In particular it assumes a good grasp of linear algebra. The focus of the book is methodological with plenty of discussion of appropriateness of techniques for particular types of data and samples. It also has some good insights into the shortcomings of different methods.

The intention of the author is to provide a comprehensive overview of methods for the analysis of repeated measurements, but this has led to an over-historical approach. It is disappointing that so much of the book is given up to covering 'classical' methods such as repeated measures analysis of variance (ANOVA), when these methods have been superseded by more modern approaches such as linear mixed models with fixed and random effects. The latter approach can cope with missing data, variation in the number and timing of the observations, and time-dependent covariates whereas the classical methods struggle with these issues. As life is short and data is generally messy, one is left wondering if it is worthwhile teaching the classical methods at all when the more flexible modern methods are so much better, although in the introduction the author does put up quite a good case for teaching the older methods. In particular, as repeated measures ANOVA is still widely used in some application areas it is important to describe the restrictive assumptions and shortcomings of this methodology. Davis also argues that the classical unstructured multivariate analysis of variance and growth curve analysis are valid methods when the measurements are made at fixed intervals and there is no missing data and furthermore the modelling assumptions are likely to be weaker than those of the corresponding linear mixed model.

The book describes methods for response variables which are continuous and normally distributed, categorical (dichotomous, polytomous, ordered, and count variables), and continuous but non-normally distributed. For each type of outcome variable, there are methods that can be used on one sample, multiple samples, and in regression models. There are sections on univariate methods using summary statistics, growth curves, marginal models using generalized estimating equation methods, random effects, and transition models. It also has a useful chapter on non-parametric approaches for continuous outcomes where the distribution is unknown, and for ordered categorical variables with a relatively large number of outcomes.

The target audience for the book is research statisticians, graduate students in biostatistics, and scientists who design and analyse studies with repeated measurements. However, the research statisticians might find it is 'not state of the art' as it admits in the preface, students might find the amount of mathematical detail rather too much if they are new to the topic, and the scientists would probably find it too theoretical for their requirements. However, I would recommend it as a resource for anyone engaged in teaching a course on repeated

measures analysis as it has some good running examples throughout the book, lots of datasets, and practice problems.

MARGARET MAY

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Supercourse: Prevention and Internet. CDROM, WHO Collaborating Center, Dept of Epidemiology, University of Pittsburgh, Pittsburgh, PA 15213, USA. www.pitt.edu/~super1

The aim of the Supercourse is to deliver the text and slides of first class, 'passionate' lectures over the Internet. Users may be teachers taking advantage of 'a teaching-support system' who need help in preparing lectures in areas outside their expertise, or students who do not have access to up-to-date books, taught courses, or other educational resources. Ron LaPorte's vision of the Internet as the channel for worldwide health has now delivered more than 1000 lectures free of charge. The work has been spread across more than 9000 faculties around the world, but the pivotal job of managing the project is driven by LaPorte's relatively small team in Pittsburgh.

The instructions to authors indicate that Supercourse lectures should consist of 30 or fewer slides, each of which may be accompanied by approximately 100 words of text. The slides may consist of key text, diagrams, and graphs, preferably using a single background colour for reasons of visibility. Hyperlinks to further material are encouraged either from key words on the slides or in the accompanying text. Authors' contributions are edited to download briskly over the Internet using small file sizes for graphics and text and avoiding the use of bandwidth-consuming video and audio files.

One is bowled over by the sheer quantity of material. However, it is easy to find your way to the lectures you want to view, with indexes by topic, by author, in alphabetical order, and of new lectures. Navigation within lectures is very easy and clearly laid out. The only additional facility I would have liked was a search across all lectures.

Despite the instructions to authors, the lecture format and quality are not uniform. There are some lectures that are simply a set of slides with little or no textual support. The quality of the slides is also variable. Some slides are wonderfully clear and uncluttered, but others are barely legible. Because of the nature of the graphics files, the slides cannot be made more legible by enlargement.

In contrast to the website, the CDROM was created particularly for people who either have a slow connection to the Internet or no connection at all. Because of this, I expected some differences in the contents between the CDROM and the web site, such as the avoidance of Internet hyperlinks to information essential to the flow of a lecture (e.g. to Statistics at Square One on the *British Medical Journal* site), and the inclusion of the original PowerPoint slides so that teachers could copy them for their own lectures.

Because my CDROM shattered in its drive, I used the Internet version for some of this review. I was able to experience the inconveniences offered by my slow connection. Only by choosing to connect late at night (UK time) did I get a reasonably brisk response from the main and all the mirror sites. In the early morning the fastest was in the Czech Republic, but this site, as many of the others, had not been updated for several years.

My final concern is the seeming lack of overall structure. Authors are encouraged to submit their best lectures for inclusion in the Supercourse. The contents of the course are therefore determined by what is submitted, not by some underlying architecture conceived by the editors. Indeed, the course has no stated overall educational objectives that could be used to shape the product. The double objective of trying to satisfy both teachers and students simultaneously may in fact have led to a confusing product which frequently meets the needs of neither.

I have been critical because I think the group has the ability to improve their product greatly by ruthless editing or rejection of some of the less impressive contributions and greater coherence in their objectives. They could take advantage of the speed of the CDROM to provide an enhanced product. They also need to consider how best to maintain the mirror sites which in some cases are woefully out of date or inaccessible. The Supercourse is a first rate idea—it should aspire to be more valuable to students than the best textbooks available.

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Prevention of Coronary Heart Disease: Diet, Lifestyle and Risk Factors in the Seven Countries Study. Kromhout D, Menotti A, Blackburn H (eds). Dordrecht, The Netherlands: Kluwer Academic Publishers, 2002, pp. 267, £90.00. ISBN: 1-4020-7123-X.

In the 1940s, Ancel Keys, a nutritional physiologist, was struck by the reports of apparently healthy middle-aged men experiencing sudden death from heart attacks. After a small prospective study in Minnesota in 1947, he initiated exploratory surveys in the 1950s in countries with apparent differences in dietary patterns, lifestyle, and heart disease rates, and in 1958 he and his collaborators launched the Seven Countries Study (7CS). While the initial concern was with coronary heart disease (CHD), the study extended to all diseases and to premature death. The rest is epidemiological history and this book is not only a tribute to a distinguished and pioneering scientist but it is a succinct and readable review of the achievements of a dedicated international group of workers over a 40-year period.

The 7CS showed clearly that major differences in personal characteristics, lifestyle, and diet across the study populations were associated with large differences in the prevalence and incidence of CHD. During follow-up it was also established that the levels of the major risk factors were associated with both the population risk and the individual risk for future CHD events. More than any other study, the 7CS demonstrated the concept of multifactorial risk.

This overview provides detailed descriptions of the populations studied, the prevalence and incidence of CHD in the seven countries and the impact of specific risk factors. At baseline some 13 000 men aged 40–59 years in 16 cohorts from seven countries, were examined and repeat examinations took place after 5 and 10 years and the collection of mortality data went on for 25 years. Thereafter, repeat examinations of elderly men were carried out in several of the countries with extension of the mortality data. Major monographs were published in 1967, 1968, 1970, and 1980 and there have also been several more