
This is the real-life story of two epidemiologists who have worked at the forefront of virus investigation in the last thirty years. The book is biographical in a professional sense, but avoids the usual personal detail generally acceptable in a biography.

The book can be divided into two separate sections, with McCormick claiming the lion’s share of storytelling. Both epidemiologists tell their stories in the first person, often giving their own personal perspective to the same story. This gives a strong sense of repetition throughout the book, but at the same time exemplifies the subjectivity of disease reporting and investigation.

Both McCormick and Fisher-Hoch started their professional medical lives later than usual. McCormick had worked in Africa as a science teacher for the Methodist Church, and seeing the effects of viral disease in rural areas, decided to study medicine. He trained in the United States at Duke University. Fisher-Hoch began her medical career by fighting the system to gain a place as a mature-age student at the Royal Free Hospital, London.

The doggedness displayed by both authors at the start of their medical careers foreshadows their approach to epidemiology and explains some of their impressive results.

In each case, conventional medicine was not particularly attractive, and was quickly rejected in favour of Public Health Medicine. McCormick joined the CDC in Atlanta in the early 1970s, and was immediately enrolled in the Epidemic Intelligence Service course. This began a career of pursuing outbreaks of Ebola, Lassa fever, Congo Hemorrhagic fever and AIDS viruses in Zaire, Sudan and Pakistan.

McCormick’s writing is intense and direct, with a frank account of both successes and failures. The close calls encountered by fieldworkers, including the authors, makes the story even more interesting.

The tale of the British nurse who was evacuated to Great Britain from Sierra Leone is significant. The overreaction of authorities, apparently deliberate delays in responses, and reluctance to accept a case of Lassa fever demonstrate the fear and misinformation even so-called experts demonstrate.

McCormick and Fisher-Hoch tell of surgeons, doctors and nurses infected with Lassa, and with the difficulties encountered in trying to educate staff on the principles of infection control. The authors note that in most cases, poorly-educated doctors are trying to cope in badly equipped hospitals and clinics, and having to re-use equipment such as syringes and needles many times. The medical workers under such conditions often become the agents for the spread of disease rather than its cure.

The ever-present role of viruses and their ability to infect humans and animals opportunistically is the strong point of the story. It is very clear that viruses are given more chances to spread and infect communities that are poor, uneducated and lacking in basic
resources. The authors make it evident that overpopulation, poverty and the uncontrolled growth of large cities must be considered as vital links in the chain of disease. Their stories demonstrate that it is vital for epidemiologists to consider social issues together with medical ones to attempt to control infectious disease.

While this book is not intended as a thorough account of viruses and virus investigation, it does give a frank and interesting account of fieldwork in developing countries. It describes the motivation, patience, persistence, creativity and imagination required of a field epidemiologist in trying to cope with poor facilities, cultural and language barriers, and corrupt governments. The authors paint a vibrant, colourful picture of their work, and transmit their enthusiasm and commitment to disease investigation.

The personal and professional relationships between researchers and epidemiologists are glossed over, but much is communicated between the lines, about the politics of Public Health research.

Robin Davies
National Centre for Epidemiology and Population Health
Australian National University


Medical anthropology elucidates the perception and achievement of health by the world’s peoples. It does other things as well but in the area of health, the linkage of interests with medical ecologists is quite direct and McElroy and Townsend have now produced a third edition of *Medical Anthropology in Ecological Perspective*, their presentation of the cultural ecology of health for medical ecologists and people with similar interests.

Reworked and updated, it retains the emphasis on basic social, cultural and behavioural determinants of health and includes some of the classic discoveries, such as Glasse and Lindenbaum’s work on kuru, often in the context of ‘profiles’ exemplifying chapter topics. The book presents cultural aspects of health as seen from an anthropological perspective, moving first from the environment and genetics to the cultural ecology of fertility, mortality, nutrition, illness and healing, and contemporary cultural issues in world health and world health services systems, including attitudes towards health services systems in developed countries. The impact of AIDS is considered from the perspectives of its social epidemiology and its stress on health care systems in traditional economies. The book ends with a review of needs in poorer countries with respect to health education and health care workers and emphasizes the effectiveness of traditional birth attendants in promoting general health. The list of references is extensive and runs to 40 pages.

Although the necessity of understanding cultural perceptions and practices is espoused by medicine in general and medical ecology in particular, there sometimes seems the hope that such things will not matter or that transferral of a successful intervention from one traditional society to another will be unproblematic. An occasional theme of McElroy and Townsend is a health intervention’s recovery from a false start once confounding socio-cultural factors were sorted out. But the book does not harp on such stories. Rather it presents much useful material about the range of cultural issues that emerge when various aspects of health amongst traditional, minority and even wealthy peoples are engaged. We cannot all read mountains of anthropological literature or even all that pertains to the groups with which we work. But most

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of us have time to read a general text on medical anthropology and learn something about what commonly confronts us when dealing with the health of other cultures or socio-economic groups, and something about how to develop appropriate cultural information in the course of our own projects. McElroy and Townsend remain a solid point of departure for doing so from the perspectives of cultural and medical ecology.

Jeff Marck
Health Transition Centre
National Centre for Epidemiology and Population Health
Australian National University


Evaluating Health Promotion is one of those instructional tomes that manages to deliver an intelligent synthesis of the authors’ practical experience in such simple and precise language that the reader is left with a genuine understanding of the ‘hows’ and, more importantly, ‘whys’ of program evaluation.

It not only deals with such issues as ‘how’ and ‘when’ to evaluate, but also takes the reader step-by-step through the complex processes of good program design, ensuring an appreciation of the stages of planning and implementation which must be achieved to optimize program function before evaluation should be considered. In defining the process of program design it reveals the intricacies of effective evaluation without jargonistic tendencies.

Highlighting the practicalities of program design and evaluation is one of this book’s strongest features. It clearly defines the differences between such fundamental concepts as goals and objectives, when qualitative methods or quantitative methods are more appropriate, what is meant by the various concepts of ‘need’, how to identify the core health problems of a population and then the more practical aspects of program planning and evaluation such as measuring ‘impact’ and ‘outcomes’, questionnaire design, and a complete guide, down to the ‘biscuits and tea’, to running a focus group.

True to content, each chapter begins with a clearly defined list of educational objectives for the reader and ends with a summary of the salient points from each, followed by a brief guide to further reading in the area of interest. Each chapter contains just the right amount of practical ‘Activities’ which are usually straight from the experience of the authors. These are followed by sensible ‘Feedback’ on how best to deal with the issues raised in the ‘Activities’, a list of the possible problems which may arise and the most commonly made mistakes for each example. The chapters are presented in logical order and all in the same simple terms and with the same ease of delivery.

The body of the text is ended with an up-to-date ‘where to look for help if you need it’ guide and an annotated bibliography of books and journal articles which are relevant to the area. There is an excellent glossary of terms used throughout the text or commonly used in the field. It is written from within the Australian experience and contains many example of well-known Australian studies, but would be equally useful outside Australia because of its universal themes.

Called by the authors ‘A Health Worker’s Guide’, this book would be perfect for a range of people: absolute beginners, health care workers involved in capacity building, and people with experience but little formal training in health promotion planning or evaluation. It may also be a good refresher course and reference book for people already working in the industry.
who may need a little help in regaining their focus on the important issues. I would thoroughly recommend this generous and intelligent book to anybody with an interest in program planning and evaluation or just in good instructional writing.

Ann-Maree Nobelius  
Health Transition Centre  
National Centre for Epidemiology and Population Health  
Australian National University  


Practitioners involved in health promotion or with an interest in the study of health behaviour will find this guide beneficial. Health behaviour study is based upon the assumption that much disease in industrialized nations is due to modifiable behaviour patterns. The social cognition model recognizes the behaviour of individuals in the context of their perception of their social environment. Identification of these behaviour patterns enables the introduction of suitable interventions and provides increased understanding of the behaviour of individuals. This book provides detail on the application of five commonly used social cognition models used in the prediction of health behaviours.

The five models, presented as five chapters are the health belief model, health locus of control, the protection motivation theory, the theory of planned behaviour and self efficacy models. As the authors point out, this is not new information but a convenient presentation of five social cognition models. The juxtaposition of these models enables a critical evaluation of the strengths and weaknesses of each social cognition model.

Clear use of diagrams and flow charts facilitates the easy understanding of each model. A comprehensive description of each model is presented with good examples of applications of each and a frank account of the strengths and weaknesses of each model. The authors concentrate on more common interventions including changes to sexual behaviour, dietary and cigarette smoking habits.

Whilst these models explain only a small portion of our understanding of health behaviour, the reader develops a clear understanding of the possible applications for each model and the development of adequate measures utilizing each model. Future directions for the development and application of each model is provided in the summary of each chapter.

This book is a valuable resource for those interested in health promotion as a focus on ways to change health behaviour. It is presented in a manner which is accessible to those without a background in health behaviour and it provides an excellent introduction to the areas of social cognition models and their applications.

Susan Nancarrow  
National Centre for Epidemiology and Population Health  
Australian National University