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## Book review

# Ethnic Factors in Health and Disease

J. K. Cruickshank & D. G. Beevers. Wright, London, 1989. 323 pp.

Facility and frequency of air travel have made the world 'shrink' over these past few decades, and with it has come the remarkable surge of population dynamics — migration (forced and voluntary), refugee, temporary residencies and so on. This has resulted in an astonishing diversity of socio-cultural mix of populations and biologic miscegenation, to the extent that original descriptions of pure racial types are already being blunted. This new state of flux of most of the world's populations has generated a new perspective in medicine, and we are beginning now to look on certain disease states as having a strong ethnic bias. This jointly edited and multi-authored book on *Ethnic Factors in Health and Disease* opens a new experience in the presentation of clinical texts.

Its first three sections look at Background Issues and Migration, Ethnicity, Changing Nature of Populations, Genetic and Environmental Influences, Molecular Markers, Epidemiology and Sociology of Health and Disease, in a disproportionate mix — the only chapter in Section III deals with the Sociology of Race and Health.

Section IV looks at specific medical conditions and ranges widely from communicable to non-communicable diseases, from acquired to congenital, from nutritional to psychosocial and from degenerative to neoplastic. The sequencing of the chapters is confusing and the length and quality of text vary considerably — a

three page contribution on tuberculosis is propped up by a two-page bibliography. The Editors' bias for the U.K./Caribbean experience is clearly demonstrated by their drawing 75% of a 48 author mosaic from the U.K. and 10% from Jamaica. An attempt is made to cover too many objects, as a result of which only a few are addressed with real coherence and depth.

As a pioneer in this important field this text is obviously worthy and important, and one can only hope its future editions will be more balanced and reflect studies in truly multiracial communities.

One useful approach is the selection of multiracial or multi-ethnic groups from each of the continents. From Africa alone there are ready examples in Kenya, Zimbabwe and Namibia. A few diseases can then be addressed in depth to demonstrate how socio-cultural habits have affected their natural history, particularly in situations where biological differences are minimal.

This is a commendable trail-blazing effort and the authors should earn the gratitude of students of clinical epidemiology and those interested in the aetiopathogenesis of disease. For instance, the clue to some of the perplexing issues in cardiovascular disease may lie in a global approach that examines the factors of ethnicity and socio-cultural habits.

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