Book Reviews

Surveillance in health and disease. Eds: Eylesbosch WJ, Noah ND. (Pp 304; £35) Oxford: Oxford University Press, 1988.

The foreword describes this book as “about concepts and methods of surveillance in health care”. It does this very competently, in breadth and depth, in both general principles and practical applications. The general aspects include a history of surveillance, indicators, action and benefit, and ethical dilemmas. The book covers surveillance from hospital and primary care data, examines surveillance of congenital malformations and the perinatal period and looks at several disease groups such as cancer, cardiovascular disease, communicable disease and mental illness. It describes surveillance in occupational health, accidents, nutrition and physical and chemical environmental hazards. The last three chapters cover surveillance for alcohol abuse, adverse reactions to drugs and poisoning. Chapters end with a few dozen well chosen references. The concept of surveillance is slightly different with the various aspects that are covered and the editors have allowed reasonable individuality of approach in the 23 chapters written by authors from 10 countries in western Europe. The book was published on behalf of the Commission of European Communities, to complement earlier volumes on *Health care and epidemiology* (1978) and *Evaluation of health care* (1983), to promote better communication between health care policy makers and administrators, clinicians, and epidemiologists. Its widespread use would achieve this, although epidemiologists may regret that the book does not include the more detailed statistical aspects of surveillance. The book abounds with examples and illustrations. It can be dipped into for interest, read systematically or consulted for reference. This publication maintains the high prices and standards of Oxford Medical Publications and looks as if it will stand up to the hard use it deserves. While any book such as this must date with time, this one should remain as a record of the present state of the art. It is highly recommended.

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Making sense of data. A self-instructed manual of epidemiological data. J H Abramson. (Pp 326; £15.00) Oxford: Oxford University Press, 1988.

Written as a companion volume to the author's *Survey methods in community medicine*, this book aims to

“provide readers with basic epidemiological concepts and skills that will help them to appraise published reports as well as their own findings”.

The emphasis of the text is upon evaluation of bias, control of confounding and assessment of causality. Technical details of data management and statistical analysis are not covered, although no statistical knowledge is assumed. Most of the examples use dichotomous outcomes, and it was refreshing to find a non-technical introduction to the interpretation of results from multiple logistic regression analyses. An attempt is made to bring out the essential unity of approach in controlling confounding for both categorical and continuous measures of disease, but the reader is referred to basic statistical texts for much of the detail concerning analysis of continuous variables.

This is a book for working through rather than for reference or revision. New concepts are introduced in the form of problems to be attempted by the reader before more explicit coverage in the following chapter. This has the advantage of testing and using the reader's prior knowledge, but the drawback is that related material may be scattered through the book and is difficult to review later on. For instance, odds ratios are introduced in the context of longitudinal studies, but their special relevance to the interpretation of case-control data is not emphasised until near the end of the book.

There is much excellent material here for study by individuals or small groups, but the linear structure in which it is introduced may limit its value for postgraduate students attending programmed courses in the public health sciences.

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Mortality, morbidity and health statistics. Michael Alderson. (Pp 501; £85.00) London: Macmillan, 1988.

This is probably the most comprehensive English guide to health statistics. It is certainly more user friendly than Dr Alderson's previous *Routine central government health statistics*. In its central nine chapters the background, presentation and use of the principal routine statistics on mortality, registration and infectious disease notifications are summarised using a common layout. The descriptions, examples and references are mostly from England and Wales, although quotations and references from other countries (mostly USA, Scandinavia and New Zealand) and from the WHO are sprinkled throughout.

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It is impossible to be fully comprehensive on a subject so broad, that has exercised man's mind for as long as he has had time to ponder his health, and to be comprehensive would lead to excessive repetition. However, it is important to appreciate that this guide is not comprehensive: the clipped language Dr Alderson uses might suggest to the new student of health statistics that one man wrote a good review (recently), another made a useful observation (a century or two previously), that 16 countries routinely report this particular statistic and that's that. The blend of original references and recent reviews demands careful reading. There are many references but they are not indexed and the subject index is weak: for example how in the book do you find anywhere (the survey of) Handicapped and impaired in Great Britain (although Harris AI, 1971 is referenced)?

There is a certain degree of arbitrariness as to where extracts, quotations and references appear, for example under background, method, classification or use. Again there is a degree of arbitrariness with respect to the placing of some methodological considerations, like sample size and sensitivity and specificity, in Chapter 10 on health surveys. While this may be the most appropriate chapter, it could be interpreted that these issues do not apply to other statistics and other information gathering systems. There is necessarily a degree of overlap in the final chapter, entitled Monitoring the public health, with sections of preceding chapters.

While the author's knowledge of health statistics is enormous, this text is not encyclopaedic. It may serve as an introduction to the thoughtful student, provided he realises what could lie behind each neat matter of fact sentence. It will be welcomed by many who work with health statistics or who teach health statistics, for its many references, and because it is more comprehensive than most books on the subject.

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Consumer and market research in health care.

Mike Luck, Barbara Lawrence, Bob Pocock, Kevin Reilly. (Pp 247; £22.50) London: Chapman and Hall, 1989.

Finding out what the "consumer" thinks of health services is not as easy as it sounds. There are many problems of a technical nature in choosing and applying appropriate methods of gathering consumer opinion. At least, though, many of the problems are well understood and some solutions are available, often borrowed from market research in the commercial field. This book explains how some of this

expertise can be deployed effectively in the health care context. Community physicians, health promotion researchers and others who have undertaken survey work will find little here that is methodologically new, but they will find a clear, open and practical account of the way a programme of survey research was conceived and implemented.

The real interest of the book lies in the way it reveals how the "new philosophy" of consumerism was worked out in one District Health Authority. The driving force was an alliance of DHA chair and senior management, backed by additional funding and support from the Regional Health Promotion group. A team from Aston University was commissioned to develop and implement a market research programme of several discrete projects. The balance of work reflects this backing: most of it deals with health knowledge, attitudes and behaviour and seems primarily concerned with information Health Promotion programmes. This seems to have been received enthusiastically by those directly involved with Health Promotion work (their comments, and those of several other managers, form one of the chapters).

Rather less of the work concerns the perceptions of clients (and carers) of the health services they received (or would like). What was done seems to have been competent, but reading between the lines its practical impact seems to have been rather small, and not well received in some cases by the staff actually delivering the care. This is perhaps not surprising because they were not involved in the studies until the end: a consequence, one supposes, of the way the programme was conceived and organised.

The contribution of the "consumeres" themselves to the design of the programme seems to have been marginal, too. The Community Health Council had a voice, as is proper, but its impact does not show. It is gratifying to see, however, that the market research team used open ended, unstructured approaches as well as closed questionnaires, which at least gives some scope for users to influence the topics on the research agenda.

The work is refreshingly clearly written and full of practical guidance. Its main interest, however, lies in the light it sheds on the interplay of different forces—managers, university research team, health promotion officers and so on—and how these shape the potentially radical concept of consumer power into a programme of action. The result, as revealed by this book, has been interesting and possibly valuable, but hardly radical. Recommended reading for anyone involved in "consumer" initiatives in the National Health Service.

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