There is now considerable agreement that the issues addressed above are key factors that must be understood, if some degree of success in the fight against this epidemic is to be expected. This collection of notes clarifies current thinking and provides guidance in directions for future research and the urgent need for data collection. Since many papers, however, contain considerable mathematical sophistication, it is unlikely to generate wide appeal—though, for mathematical epidemiologists working in the field of HIV/AIDS, it will no doubt prove a constant course of reference in the coming years.

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The Natural History of a Survey. Ann Cartwright, Clive Seal. (Pp 131; £10.50.) King Edward's Hospital Fund, London, 1990. ISBN 1-85551-0561.

This book documents the natural history of a study of life before death. It describes the process of conducting a nationally based survey: objectives, methodology, frustrations, and rewards.

Initially the authors describe the development of an idea and demonstrate the value of exploiting available data sources. Then follows a convincing argument for pilot studies, even in follow up surveys, and detailed documentation of problems resulting from the computerisation or record systems, eg, stratification and selection of random samples.

Descriptions of difficulties with ethical committees will be very valuable to the research community. The authors experienced a wide variation in their policies, practices, and final decisions; some insisted on scrutinising research proposals and questionnaires. Of particular concern is the requirement that individual GPs be consulted before citizens are interviewed. The chapter addressing interviewing is thorough and practical, describing methods of training, remuneration, and support of interviewers. Myths are dispelled that high response rates are not achievable in distressing situations and evidence presented that interviewees in such circumstances (in this case bereavement) can find the experience therapeutic; also that reasonable response rates from health professionals are possible. The practical description of data processing is very thorough, demonstrating attention to detail for which the Institute is renowned. Imaginative strategies for examining validity are described which would be valuable to the less experienced. Finally, the authors address the issue of dissemination of findings: comparing benefits of publishing in journals or books, and some findings are presented to whet the appetite.

This book has much to offer those who have learned the theory of research methods but have yet to conduct a major survey. Experienced researchers will also benefit from the honest description of pitfalls and the painstaking and rigorous attention to detail. Advice on the development of protocols would have been helpful. It should be

obligatory reading for those maintaining record systems, for funding committees, for ethical committees, and for health professionals wishing to turn their hand to a survey without seeking appropriate advice. It might discourage naive enthusiasts approaching large surveys for the first time, but such a dose of realism should do no harm. To those with more experience it will provide not a little amusement and comfort that others have found similar frustrations.

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Occupational Cancer Epidemiology. Ed P Band. (Pp 189; price not stated.) Springer-Verlag, Berlin, 1990. ISBN 3-540 (0-387) 52090-2.

The title of this compilation is somewhat misleading in that several contributions relate as much to environmental as to occupational hazards. For example, one concerns the risk of lung cancer from domestic use of coal, and another is devoted largely to radon exposure in dwellings.

Of greater interest to occupational epidemiologists are reviews of phenoxy herbicides, asbestos and manmade mineral fibres, and electromagnetic fields. These are short and overlap with other more comprehensive reviews published quite recently. Nevertheless, they present interesting angles on controversial topics.

The most useful sections of the book deal with methodological issues. There is a helpful review of confounding in occupational cancer studies, and a clear account of weaknesses in the traditional approach to analysing cohort studies and of how these may be countered. A discussion of measurement error and its effect on dose-response relationships is rather mathematical, but touches on an important topic. As epidemiology turns increasingly to the investigation of low relative risks, it is essential that we recognise its limitations and understand the potential impact of inaccurate data. The message is brought home further in a chapter which compares different methods for assessing occupational exposures and illustrates the effects of misclassification.

This book is not essential reading, but epidemiologists working on occupational disease will find plenty of interest if they browse through it.

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Cancer: Causes, Occurrence and Control. Ed L Tomatis. (Pp 352; £24.) WHO—IARC, Lyon, 1990. ISBN 92-832-0110-8.

I have been using this book profitably and with increasing regularity in my practice as a cancer epidemiologist since I received it. All the important features of cancer epidemiology are present and as correct as present knowledge allows. This is as expected from a group of distinguished editors led by the present Director of the International

Agency for Cancer Research. This 100th scientific publication of this organisation is cause for celebration, as is the 25 years of solid scientific achievements which much of the book is based on. The choice of title is a statement of the authors' confidence in epidemiology as the foundation of cancer control.

To have distilled, refined, and commented on the epidemiology of 34 anatomical sites, 16 single and 14 complex environmental agents; then to include comprehensive up to date reviews of tobacco, alcohol, diet, hormones, drugs, radiation, pollutants; and finally to discuss the effects of population screening for every conceivable organ in just over 300 easily read pages is a remarkable achievement when the evidence on which it is all based is so complex and intimidating. It is a bargain at £24.00.

Readers of this journal will enjoy this book. Students and practitioners of public health medicine especially those in health promotion will need to buy it and refer to it. Undergraduates and postgraduates in medicine and allied sciences will find much to interest them and to challenge their teachers with.

This book should be used to interest policy makers. Resources for health care are unlikely to increase. Society needs to invest more in health than care. The final chapter on quantification of the effects of preventive measures is of considerable worth though somewhat esoteric. If it stimulates the setting up of such exercises in individual countries that would indeed be a fitting outcome to the magnificent effort this book represents.

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A Short Cut to Better Services: Day Surgery in England and Wales Audit Commission. (Pp 70; £8.50.) HMSO, London, 1990. ISBN 0-11-88030-5.

This is the Audit Commission's first report for the NHS and it sets a high standard. Written in the form of a practical guide for District Health Authorities (DHA) and hospital managers, the report claims that an increase in the use of day case surgery could result in an additional 300 000 patients being treated annually without increased expenditure.

There are several barriers to be overcome before this target can be achieved, however. The first of these—the lack of information on which to assess current performance—affected the scope of this report. The Commission had to resort to collecting data from four Regional Health Authorities in order to fill the gap caused by the demise of the Hospital In-Patient Enquiry, a casualty of Körner implementation. The Department of Health's Health Service Indicators packages do not adequately fill this gap because the data are aggregated to specialty level and are therefore of limited use for assessing performance in day surgery, owing to the fact that they cannot take account of case mix differences.

Within the 54 DHAs studied by the Commission, there was considerable

variation in the percentage of procedures performed on a day case basis; for example, in some DHAs more than 90% of carpal tunnel decompressions were day cases, whereas in some others the position was reversed, with more than 90% done on an inpatient basis.

Britain lags behind many other countries in the use of day case surgery. The Audit Commission's report outlines a number of practical steps to be taken if we are to catch up. These include the provision of self contained, dedicated day case units; better management of the existing units; and changes in attitudes of clinicians and managers.

The report is unequivocal about the benefits of increasing the use of day surgery. However, there is a shortage of research evidence on the extent to which this policy may place an increased burden on GPs and community services, and little is known about the attitudes of patients and their carers to day case surgery. The few studies that have been done are reassuring about the effectiveness of this mode of treatment.

The Commission is attempting to address some of the problems it has identified: it has commissioned the development of a questionnaire which DHAs can use to assess patients' satisfaction, and it has developed a "basket" of procedures suitable for day case surgery, together with a means of standardising for age and case mix to monitor and compare the performance of DHAs. These will be used in local audits of every health authority in England and Wales to encourage the development of local strategies for change.

The true test of this report will be the extent to which it is successful in achieving change in the rate of use of day surgery. It is a model of clarity: well illustrated and jargon free. I hope it will be widely read by surgeons and health service managers.

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What Price Quality? The NHS in Review. Gordon McLachlan. (Pp 298; price not stated.) The Nuffield Provincial Hospitals Trust, 1990. ISBN 0-900574-739.

This Rock Carling monograph of 1900 reflects on quality in the National Health Service and the contributions made by the Nuffield Provincial Hospitals Trust. As Secretary of the Trust for many years, Gordon McLachlan is well placed to observe the protean organisations and politics which shape the NHS. In particular, he uses the immediacy of the White Paper to illustrate more general issues which face a state run health service in a democracy.

The Trust has sought to promote value for money and quality in provincial hospitals (originally reckoned as covering 90% of the population of the United Kingdom) through investment in research and development, and through the publication of results of clinical practice and of health care policy. McLachlan contrasts the independent analytic approach of the Trust with the current mechanisms for

commissioning research and disseminating new technology in health care.

While evidence of the effectiveness and scientific validation are expected of clinical practice, why is health policy (such as on GP budgets, hospital trusts, and service contracts) not also submitted to study and research? How can legislation be passed to endorse NHS reforms when there is a gulf between executive policy and public opinion?

A prime reason, he argues, is that the NHS is funded, managed, and evaluated by the same political national machinery. There is no independent authoritative body "capable of dispensing dispassionate wisdom in the complex field of health care", to evaluate health policy, results of research and quality of health care, and to translate research into practice. He proposes that Britain might adopt the model of the Institute of Medicine of the National Academy of Science in Washington DC in order to separate responsibility for health policy from management responsibility for a government funded service. Similar proposals have come from a Royal Commission, a former chief medical officer, and a former permanent secretary of the DHSS. The idea has merit but who would be the catalyst? McLachlan gives ample details of the Institute of Medicine (and agrees it should really be "Health") but not of who should champion such a cause in Britain.

This book is not light reading but it has a wealth of ideas and evidence, a blend of serious generality and appealing detail worthy of a well-stocked library.

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Setting Priorities in Prevention. K Schaapveld, E W Bergsma, J K S Van Ginneken, H P A Van de Water. (Pp 168; price not stated.) Netherlands Institute for Protective Health Care, Leiden, 1990. ISBN 90-6743-183-4.

With the announcement by the Minister of Health of the Health Targets Initiative in England, the debate on setting priorities in prevention is now a focus of attention. This book is therefore opportune.

Setting priorities in prevention is a report commissioned by the Dutch Ministry of Welfare, Health, and Cultural Affairs and prepared by the Netherlands Institute for Preventive Health Care. The report tries to answer the questions: "What can we realistically expect of prevention? How do we measure any improvements? Is it worth it? And is it possible to establish priorities for a list of prevention programmes?"

At a general level, it goes some way to answering these questions, through giving an overview of all aspects of prevention. As such, it is a valuable and very readable introductory text, but the reader will need to follow up the useful list of references at the end of each chapter to fill in the detail.

It discusses how health, morbidity, and mortality can be assessed by means of health indicators to prepare prevention profiles—which provide pointers for prevention programmes. The use of various indicators

leads to differences in the rank order for different health problems. The preventability of health problems in terms of the health benefits achieved by means of prevention is considered, and some of the models used to calculate these benefits are described. Attention is also given to the cost of prevention, including the use of cost-benefit and cost-effectiveness analyses. Such health gains, however, might be offset. It appears that preventive measures that are successful in themselves in the fight against coronary heart disease and cancer may have other undesirable consequences relating to decompression of morbidity and competing causes of deaths.

A framework for a more rational approach to setting priorities in prevention is suggested, based on the concept of efficiency, with a list of interventions scored against a number of criteria. This process makes decisions explicit in the ranking of priorities for prevention.

In summary, the report provides a good overview of prevention, but perhaps three particular points should be made on its contribution to the debate of setting priorities. Firstly, the list of interventions covered in the report is based on a medical model with respect to promoting healthy lifestyles; interventions involving organisational change (such as no smoking policies, ban on advertising) are mentioned in passing. Secondly, setting priorities does require consideration of the issue of inequalities—even in an overview—and how this fits into the efficiency equation. Thirdly, while the report gives us a framework for ranking priorities, how the public, professionals and politicians are engaged in the decision making process is crucial if priorities are to have meaning and form the basis for health strategies with leadership, commitment, ownership, and resources.

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Costs and Benefits in Health Care and Prevention: An International Approach to Priorities in Medicine. Eds U Laaser, E J Roccella, J B Rosenfeld, H Wenzel. (Pp 160; DM48.00.) Springer-Verlag, Berlin, 1990. ISBN 3-540-52708-7.

Setting priorities for health care is a major policy challenge in all health care systems. The analysis of the costs and benefits of alternative, preventive, and curative procedures is an important technique and the collection of papers in this book is designed, according to the Preamble, to give "a valid and accurate review of the state of the art and problems of cost/benefit considerations in selected chronic diseases . . .". The book was compiled from the proceedings of a conference bringing together economists, epidemiologists, and clinicians from Germany, Israel, and the United States. The problem of international comparisons of cost-benefit studies is one of major themes throughout the book. The 19 chapters are divided into four main sections: discussion of economic concepts; case studies, including five on hypertension; quality of life measurement; and finally some different