measures of need and outcome for use in a primary health care setting. It is also much more than this. By combining a cogent and well written analysis of a range of established outcome measures with an insistence on a clear conceptual framework it offers an eloquent discourse on the science and purpose of measuring needs and outcomes. I learned a great deal from it.

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Evaluating Health Services' Effectiveness. By A S St Leger, H Schnieden, and J P Walsworth-Bell. (Pp 217; £14.99.) Milton Keynes: Open University Press, 1991. ISBN 0-335-09356-6.

The subject of health services evaluation is curiously lacking a book near to being described as a standard textbook. The interested reader, at all levels, must refer to a range of discipline based texts. The gap in the market is there, but has it been adequately met by Leger and colleagues?

To be fair, the authors do not claim the grandeur of textbook status for their book. It would seem closer to being a "taster" for those involved in decision making (eg, clinicians and managers), commissioning research, and students. The content of the book is extensive, covering a general overview of health services evaluation, routine information sources in the United Kingdom, study design, and methodological issues (mainly statistical and economic), and it has an interesting discussion of the role of health services evaluation in decision making. A serious omission is a reasonably detailed discussion of health status measurement. The material on routine information and quality adjusted life years fail to do this essential subject justice (eg, the Nottingham health profile only gets a mention in the appendix).

A key question is whether this book provides an adequate introduction to the main discipline for health services evaluation and hence at this level avoids reference to other texts. There is very little on the sociological literature. My own discipline of health economics had an entire chapter but has contained unnecessary material on market theory and yet was deficient on the area of prime interest, economic evaluation. I will continue to refer students to journal articles and Drummond's text.

Throughout, the authors succeed in avoiding unnecessary technical language, diagrams, or mathematics. The chapter on methods is especially readable. However, chapters 1 and 2, which introduce health services evaluation, are difficult to read and contain some poor definitions and odd mistakes. As an economist, my sensibilities were upset by the absence of cost in the definition of evaluation and the statement "Cost-effectiveness is the financial cost for a given outcome". (This error was not repeated later, where non-financial costs were acknowledged.) The authors failed to convince me

that the often contrived distinctions between goals, aims, and objectives add anything to Donebedian's framework for health services evaluation.

The authors are clearly committed to evaluation and its growing importance. In overall tone the authors have a sensible and pragmatic view of practical health services evaluation. However, as an introduction to the subject this book is unlikely to replace existing disciplinary texts.

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Ethics and Epidemiology: International Guidelines. Eds Z Bankowski, J H Bryant, and J M Last. (Pp 191; SF 25.) Geneva: WHO, 1991. ISBN 92-9036-048-8.

This book has two components: the proceedings of the conference, and the ethical guidelines revised in July 1991 as a consequence of the views expressed at the conference.

International guidelines for ethical conduct in epidemiological research add some important issues rarely discussed at the purely national level. When research is carried out in developing countries by sponsors from developed countries there is a potential for exploiting individuals and communities which the CIOMS guidelines explicitly recognise. Several conference participants discussed the question of ethical universality versus ethical pluralism and agreed that pluralism cannot be used as an excuse for doing research that may be acceptable in terms of local customs but nevertheless violates fundamental human rights.

A developing country should not be induced to accept epidemiological research that is irrelevant to the country's main health problems. Not only should the research be relevant, but its results should be used to benefit the people of the host country. This point is so important that I believe the guidelines should go further and require that specifications for local dissemination and application of the results of research be an integral part of the protocol that is submitted for ethical review.

The participants recognised that in some epidemiological studies, informed consent at the individual level is impracticable. But they caution against jumping to this conclusion merely because the subjects, especially in a developing country, are poor or uneducated. When consent at the community level can be justified, it is recommended that reliance on a single figure of authority be avoided and that every attempt be made to identify individuals who can speak authentically for the people of the community.

The need to build a capacity for ethical review in developing countries is emphasised. This is important, since the guidelines recommend that in externally sponsored research, ethical reviews be conducted both in the sponsoring country and in the host country.

This book deserves to be carefully read by epidemiologists. It offers an excellent foundation for the further development of ethical guidelines for our discipline.

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Autopsy in Epidemiology and Medical Research. Eds E Riboli and M Delendi. (Pp 277; price not stated.) Lyons: IARC, 1991.

It is rare that one finds the proceedings of a meeting of epidemiologists adorned on the front cover with a picture of a 1632 Rembrandt. The promise of timeless quality and the casting of new light on a familiar topic (as Rembrandt did in so many of his works) beckons one to read on. So it is with *Autopsy in epidemiology and medical research*.

This publication reports the proceedings of a 1989 meeting in Trieste on necropsies sponsored by the International Agency for Research on Cancer. It is not too surprising therefore that of the 29 papers presented, nine are concerned entirely with cancer and most of the remaining 20 include analyses relating to cancer. On the other hand, there is much in this volume of interest to the epidemiologist whose interests are not in the cancer field. For example, there is one section of three wonderful papers (all of them gems) dealing with necropsy in the neonatal period. The need for such attention is summarised by the title of the first paper in the section: "The perinatal autopsy: a neglected source of discovery."

Another aspect of necropsy that is addressed is the need to relate the findings of such work to a population. The necropsy experience of the well known Rochester, Minnesota, population based study is ably reported. Also included is a detailed description of the national necropsy system in Japan. Other population based data relating necropsy to observed disease patterns are provided as well.

Whether one is an epidemiologist or a clinician, one would be hard pressed not to place a high value on necropsy data in an epidemiological context after reading this volume. It is an enlightening compilation. Hopefully, it will assist in reviving the necropsy. My only regret in reading this book was that I was not in Trieste to hear the presentation of the papers—their quality suggests that the discussions must have been high powered indeed!

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Home Care for Older People in Europe. Ed A Jamieson. (Pp 356; £45.) Oxford: OUP, 1991 (CEC Health Series No 7). ISBN 019-2620509.

All over Europe, services for older people face increasing demographic pressure at a time of limited economic growth. This cross national study of home care documents, somewhat

unevenly, the responses to a series of questions about policies and range of services: organisation and funding, historical background and current details of home care, service evaluation, and policy debate.

There are chapters from Belgium, Denmark, France, Germany, Italy, The Netherlands, the United Kingdom, and curiously, Israel. Coverage varies greatly. The Belgian chapter limits itself largely to arrangements in Flanders, themselves sufficiently complex to deter all but the most determined in their curiosity about what happens in the other half of the country. For Italy read Genoa, and not even very much about that. Danish services, organised by small local government units, are evidently uniform, broadly adequate, and successful in their main aim of avoiding unnecessary institutionalisation.

It would be unkind to treat this serious attempt to grapple with the diversity of origins, achievements, and challenges in home care as a kind of Eurovision Home Help Contest, but inevitably comparisons arise. There is a broad distinction between two traditions; one of charity, the other of entitlement, with complexity and unevenness flourishing in the wake of the former. The casual Eurovision viewer, especially if old, might be forgiven for favouring the latter.

All services face problems relating to referral and assessment, to organisation, funding, and evaluation. Home care—even without a recession—is inherently difficult: a social endeavour comparable to that greatest of military challenges, the fighting retreat. The old get older and frailer too. There are crises and periods of usually temporary relief; there is a need for constant vigilance and occasional energetic improvisation. But the surrender to institutionalisation, usually expensive and almost always unwelcome, is not one that comes easily.

This book, with all its faults, at least succeeds in portraying on a European scale the complexity of the problems involved. It underlines common aspirations and some common means. We are not alone in our uncertainties about home care. And care management, however difficult in practice, is the best means we have of reducing them.

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Clinical Epidemiology: A Basic Science for Clinical Medicine By D L Sackett, R B Haynes, G H Guyatt, and P Tugwell. (Pp 400; £23.95.) Boston: Little Brown, 1991. ISBN 0-316-76599-6.

A concise definition of clinical epidemiology remains elusive; indeed its existence as a distinct branch of epidemiology has been a source of much contention. The authors of this book, who are all practising clinicians, regard clinical epidemiology as a basic science for clinical practice and define it as being what clinical epidemiologists do. While their pragmatic approach has attractions it leaves some important issues of content unresolved.

The book is intended for the “users” of research rather than the “doers” and is organised in terms of clinical actions—diagnosis, management, and keeping up to date. The style is that of a self instruction manual, including six aide memoire cards for the white coat, presumably to be whipped out on ward rounds or consulted surreptitiously at less opportune moments. The second edition is 70 pages longer than the first and incorporates new material on concepts such as numbers needed to treat, n of 1 trials, interpretation of confidence intervals, and quality of life measures, as well as a major revision of the 120 page section on keeping up to date. This section now includes instructions on how to do literature searches, both traditional and electronic. How much this has to do with epidemiology is debatable but I did wonder whether British clinicians will be persuaded to use Medline to solve their clinical problems. In contrast the excellent sections on diagnosis and management are a superb exposition of the application of epidemiological expertise to clinical issues such as diagnostic testing, screening, and attribution of adverse events.

There are now at least four North American texts with the title “Clinical epidemiology”, some testimony perhaps to the vigour of clinical epidemiology there. Who should read this particular book? Certainly clinicians, to whom it can be strongly recommended. I have also found it a valuable source of material for undergraduate and postgraduate teaching. Public health physicians may prefer the more concise approach of Fletcher, Fletcher and Wagner’s *Clinical epidemiology*.

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Practical Statistics for Medical Research. By Douglas G Altman. (Pp 611; £32.) London: Chapman and Hall, 1991. ISBN 0-412-27630-5.

This excellent book is designed to instil a thoughtful approach into the reading of research literature and the planning and interpretation of research studies. The author is concerned to develop the reader’s insight into the fundamental concepts of statistics as applied to medicine, and how they fit into the reality of performing and assessing research. In the first chapter, inadequacies of presentation of results by the media and manufacturers are presented in such a way that the reader is led to consider how data should be obtained. The objective is not to present a catalogue of methods, still less one of formulae—but the latter are regarded as helpful in showing how analyses work, and it is recommended that except in cases of extreme hypersensitivity the reader should seek to understand how they apply.

The careful approach is exemplified by some of the chapter headings: these include “Designing research”—of course—but also,

“Preparing to analyse data”, “Clinical trials”, and “The medical literature”. Each chapter describing analytical methods includes a section on the presentation of results.

Douglas Altman is one of the statisticians responsible for the very welcome shift in emphasis in leading medical journals away from significance testing and towards estimation and confidence intervals. The emphasis in this book corresponds closely to this, leaving room for criticism only by those who reject even the confidence interval approach in favour of Bayesianism.

The author is concerned to establish use of terminology that will not mislead: thus “reference interval” is preferred to “normal range”, and regression involves outcome and predictor variables, not dependent and independent ones.

Useful examples of displaying data that make the most of the high resolution graphics now available include a plot with several dot diagrams and summary statistics for each column of points (page 40) and a scattergram matrix depicting graphically, but compactly, all the elements of a correlation matrix (page 342).

Each chapter includes exercises, which are quite searching and designed to be instructive, involving both performing analyses and interpretation. Helpful explanatory solutions are given. A small minority of the exercises have somewhat surprising contexts (astronauts, male singers)—in the latter case the relevance of the data to the issue being tested seems far fetched. Another exercise, on aviation accidents, is unclear, but apart from these, the general standard of the exercises is very high.

The bibliography section indicates the page in the text where each reference is cited—a practice that should become standard.

According to the preface, the book is recommended for medical researchers who have had some statistics teaching a long time ago, and is also useful for students, clinicians, and those doing postgraduate courses. The present price puts the book beyond the reach of medical undergraduates, though medical school libraries should be encouraged to have several copies available. Provision of a more reasonably priced paperback edition would put this helpful book within the reach of many more readers. The book is of great value to specialists in public health medicine and MFPHM trainees, and includes aspects of study design relevant to epidemiology, and confidence intervals for measures of relative risk. The scope is exclusively clinical and epidemiological research, however, and trainees tend to express a demand also for books such as that of Woodward and Francis¹ in which the orientation is towards health services management.

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¹ Woodward M, Francis LMA. *Statistics for health service management and research*. London: Edward Arnold, 1988.