

Book reviews

What price community medicine?: the philosophy, practice and politics of public health since 1919. Jane Lewis. (Pp 192; £15.95) Wheatsheaf, 1986.

Public health in the Victorian era had two major concerns: housing conditions and sanitation. These two elements were seen as crucial in improving the health status of the population. This Victorian notion of public health was, therefore, centred upon the prevention rather than cure of disease. The early years of this century saw a narrowing of this Victorian vision with an increased emphasis on personal hygiene and individual action in the prevention of disease. Thus there was a shift in the focus of disease prevention from society as a whole to its individual members. This influenced the role of public health doctors whose administrative responsibilities were increasing as they assumed responsibility for municipal hospitals. These administrative and preventive roles brought public health doctors into conflict with family doctors about the scope and objectives of public health.

The establishment of the National Health Service, which left public health doctors in charge of a range of community services, only served to heighten the conflicts within the medical profession about the role of public health within a socialised medical system. The emergence of the social work profession created a further area of conflict. Although the 1974 reorganisation of the NHS created the specialty of community medicine, thereby providing public health doctors with a career structure similar to that of other specialties within medicine, the role of the new specialty was emasculated. The fledgling specialty was given the responsibility for planning and coordinating health care delivery within local areas. However, few resources were provided and little opportunity has arisen for the new community physicians to implement their plans. The provision of a medicalised career structure has done little to overcome the negative image of community medicine within the rest of the medical profession.

This book presents an historical view of the development of one branch of the medical profession. Using archival material supplemented by interviews with community physicians, Jane Lewis shows how 'public health' and 'preventive medicine' have been supplanted as the central concern of medicine by curative and acute specialties. The much vaunted current policies of prevention and community care have not served to rescue community medicine from languishing in obscurity. This book provides an interesting account of the development of the medical

specialty which is of interest to all those concerned with health, medical and social policy, and health service administration. The historical material is thoroughly and readably presented and the interviews serve to highlight it. However the discussion is rather brief and does not do justice to the many issues raised by Lewis in this book. In particular, she does not consider in detail the fate of community medicine in the post-Griffiths manager-orientated health service. Greater attention could also have been given to the role and contribution of public health in a society which promotes individual, rather than collective, responsibility for health.

This book, in its skilful use of historical material, demonstrates how such data can be used to strengthen the quality of health policy analysis in Britain. The development of other medical specialties would benefit from such a detailed and incisive analysis.

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Methods for the economic evaluation of health care programmes. M F Drummond, G L Stoddart, and G W Torrance. (Pp 182; £15.00) Oxford University Press, 1987.

Most community physicians and many clinicians are now aware of the use of economic appraisal in the allocation of scarce resources to health care programmes. A basic knowledge of the methods used and their limitations is useful to all doctors working in the National Health Service. This book takes that basic knowledge a little further. It is not an introductory text and would be quite difficult to understand in the absence of any basic knowledge. Originally the book was aimed at health administration students and health professionals and developed from a graduate course at the McMaster University.

It contains good revision-type notes on the different types of economic evaluation which lead on to the application of techniques to real life problems. There are very good sections which discuss the limitations of the techniques and useful checklists for the assessment of economic evaluations. Discounting, which is a difficult concept to most non-economists, is presented clearly but might need some additional input from a health economist for the student to produce a worked example. Cost effectiveness and utility analysis are easier to cope with, and there is reference to interesting concepts such as the Decision Tree, the Standard Gamble, and the QALY.

As bedtime reading I could not recommend this