

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

book but it would be useful in seminar teaching for community medicine trainees and as a reference text for all specialties trying to get to grips with economic evaluation techniques for their own everyday work. It would make a useful addition to any Department of Community Medicine's library.

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Perinatal health services in Europe Ed Phaff J M L.
(Pp211; £19.95) Croom Helm, 1986.

This book presents the results of research carried out by a World Health Organisation study group, which included obstetricians, paediatricians, epidemiologists, community physicians, midwives, sociologists, psychologists, and economists from 12 European countries.

The chapters include reports of surveys of these and other countries regarding details of definitions of vital events; methods of antenatal care; place of birth and reported frequency of obstetrical interventions; maternity benefits and leave; and organisation and administration of services. These give valuable and fairly recent background data that will be of considerable use to workers in the field. Another chapter is an overview and full bibliography of research on the effect of social support on perinatal risk; another on the availability and functioning of 'alternative' perinatal services; and one on power and birth. Such chapters form an interesting contrast to a third group on methods of perinatal surveillance using both intra- and international comparisons.

This variety of approaches contributes to the attraction of this book which includes areas of appeal to a large cross-section of professional disciplines, from those interested in women's rights to the epidemiologists concerned with perinatal audit, and health services administrators. The quality of contributions is variable also, as is the proof-reading, but most are up to the standard one would expect from authors such as Ann Oakley, Leiv Bakketeig, Per Bergsjø, Zdenek Stembera, and Miranda Mugford, to name but a few experts in this field.

It can be recommended as a useful and relatively modestly priced handbook for those with an interest in perinatal health, and international comparisons.

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Screening for risk of coronary heart disease. Ed Oliver M, Ashley-Miller M, Wood D. (Pp 128; £14.00) Wiley, 1987.

This slim volume contains 15 concise presentations and 14 pages of edited discussion by many of Britain's experts on coronary prevention. The emphasis is on strategies based on contact with individuals.

Three problems are highlighted: the low specificity and sensitivity of known risk factors, the logistics and costs of screening, and the disappointing results of risk factor intervention trials. Haemostatic factors are given prominence as a potential new risk factor, but Epstein pours water on the idea that these problems might be solved by identification of new risk factors. The key question now is how these uncertain scientific data can be applied in practice.

Although not a consensus conference, the contributors did agree on several issues, the most practical of which is that the existence of a case-finding approach for the detection of high blood pressure in general practice pre-empts the setting up of any separate screening service for coronary disease.

Although the workshop also reached a consensus against population-screening for high cholesterol, the arguments in favour of this conclusion ranged from Mitchell's view that the risks of raised cholesterol have not been shown to be reversible, and that prevention should concentrate on stopping smoking and improving coronary care in the community, to Shaper's arguments that there is no point in screening for high risk individuals when the whole population is at high risk, and that knowledge of individual cholesterol levels adds little to the value of risk scores which are based on more easily collected data.

This issue is given greater scrutiny than the proposal for selective screening of relatives of patients with premature CHD ("which will require co-ordination between general practices throughout the country"). This appears in the editors' conclusions, although Shaper twice points out that the contribution of family history to coronary risk is marginal.

The range of possible preventive activities in clinical practice is not, of course, restricted to "screening" in the narrow sense. Thus, while "screening is not necessary to identify smokers . . .", there is a case for screening smokers (or, more accurately, for recording smoking status in the case-notes) with the aim of generating a challenge to do something, rather than of providing new information.

Williams suggests that this type of approach to smoking is a better buy (per QALY) than screening for either hypercholesterolaemia or hypertension. His assessment of hypertension screening is limited, however, by the exclusion of the effects on stroke and naive assumptions concerning the effect of