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 Bakkeiteig, 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-empt 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