

Changing school health services. Eds: Brown P, Gordon P, Hughes J. (Pp 76; £8.50) London: Primary Health Care Group, King's Fund Centre, 1988.

This publication consists of papers on different aspects of a school health service. They arose from a series of workshops on school health services held at the King's Fund Centre in 1986. There are five sections: a summary of current debates on policy and practice in community child health services; two case studies which offer some clear directions on what to look for when assessing service quality; guidelines on reviewing and developing policies; an overview of organisation, statistics and performance indicators; and an up-to-date annotated bibliography.

The report, I feel, will be useful to doctors working in community paediatrics. It will help to clarify policies and sharpen up some of the more blurred aspects of school health. It casts valid, critical attention on current practice and highlights new developments which deserve wider implementation.

Whilst trying to iron out some basic issues in school health there are some dogmas which it still does not question. For example, it discusses the routine medical examination in very traditional terms rather than as a broad review of everything that has gone before. The report draws appropriate attention to new developments such as those of parent-held records, and old problems such as those of professional rivalry.

The role of the consultant community paediatrician is discussed. The model which they use is that originally put forward in the Court Report as a hospital paediatrician who spends 50% of his time within the community and who is the chairman of the district handicap team. The nature of posts in community paediatrics has developed widely from this model and many other patterns of post exist which do not involve a hospital paediatric commitment.

The report rightly stresses the professional development of the school nurse. However, it does not cast its critical eye on the role of doctors in the immunisation programme. It is certainly uneconomical to use doctors, as many health authorities do, as the agent for delivering immunisations. Many Third World countries have learnt long ago that this is not an economic use of doctors' time.

The reader could become confused with the section devoted to training. It implies that a three year general professional training would lead one to a consultant appointment in community paediatrics. This is clearly not the case but may be inferred from the information given in the report.

Outside of these criticisms, which are small, I found

the report very stimulating. I think it deserves to be read widely and discussed in every child health department.

Book reviews

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Guide to clinical interpretation of data. Ed: Bert Spilker. (Pp 400, \$42) New York: Raven Press, 1986.

This remarkable book is part of that well known North American literary genre of self improvement manuals. The author is a clinical pharmacologist jointly employed in the pharmaceutical industry and in academic medicine. With this unusual background he has produced a comprehensive and practical guide to the interpretation of clinical data that contains over 200 tables, figures, flow charts and checklists. Some flavour of these can be obtained from the table listing seven factors associated with a surgeon's expertise which influence results. This separately lists his training, his experience, his preference and the presence of a member of the surgical review committee! The author draws heavily from the recent texts on clinical epidemiology produced by Feinstein *et al*, Fletcher *et al*, and Sackett *et al*.

Unfortunately the book tends to oscillate between absurd detail and statements which beg the question, such as the author's opening definition of abnormality, as being something not characteristic of normal. Nowhere could I find any subsequent definition or discussion of what is normal. Much of the book is concerned with the interpretation of clinical pharmacological studies and therefore the book may be of value to researchers in this area with little experience of human data. Clinicians and other researchers interested in data interpretation would be better advised to read one of the excellent clinical epidemiology texts currently available.

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Non-sexist research methods. A practical guide. Ed: Margrit Eichler. (Pp 183; £5.95) London: Allen and Unwin, 1988.

Sexism appears to be a major problem in social scientific research. Did you know that there were seven different categories of sexism and more than 40