

**Health Care in Japan.** Margaret Powell, Masahira Anesaki (Pp 265; £35.) Routledge, 1990. ISBN 0 415 00610 4.

Health care today is a controversial subject and is a major social and political issue in many developed countries. Demographic changes, developments in medical technology, and economic constraints are the common factors which have forced many countries to review the underlying philosophy of their health policies. Health care services evolve as an integral part of political, economic, and administrative infrastructures and they reflect history, culture, and social norms. Therefore the experience of one country cannot necessarily be transferred to another country which has different values. But it is worth acquiring information and understanding the organisation and financing of health services in different countries in order to tackle similar problems. Japan has developed a unique health system, which has been influenced by western models while having remained innate. Statistics show that in recent years Japan has ranked among the top countries in terms of health status and has a relatively low health expenditure. Yet Japanese health services have not been studied widely by international specialists.

*Health care in Japan* provides a comprehensive picture of Japan's health care today. There is an interesting review of historical development and the social, political, and cultural factors which have been instrumental in producing the health care system in Japan. The book includes critical analyses and assessments of Japan's health policy, as well as providing much new information based on up to date material and findings. It is the result of a joint work by two authors, one a foreigner and the other a native of Japan. This makes it possible to present a balanced picture of Japan's health care and some critical analyses. It will be of great value to anyone with an interest in medical sociology, policy and management, and public health.

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**Changing ideas in health care.** Eds David Seedhouse, Alan Cribb (Pp 236; £9.95.) John Wiley and Sons, 1989. ISBN 0 471 92068 1.

Health care continually evolves. Beneath the minor specific changes lie major paradigm shifts such as those described by Jewson in his work on medical cosmology. This book describes some of the ideas that are currently challenging established thought and practice. As such it is a useful snapshot of the last years of the twentieth century in British health care.

As is inevitable with any edited collection, the quality of the contributions varies. Although the editors try to pull together the different subjects and themes of the contributors to demonstrate some unifying principles, what emerges are the apparent contradictions. For example, Peter Nixon on a biopsychosocial approach to cardiological practice and Brenda Spencer and colleagues describing a family worker scheme in maternity care both reject the practical importance of traditional medical risk factors for heart disease. Meanwhile, John Catford

and the Heartbeat Wales programme and Elaine Fullard on Primary care prevention facilitators base a large part of their work on such factors. The problem lies not in the lack of consensus but in the editors' failure to expose and explore it.

Another contradiction concerns the contributors' attitude to medical knowledge. Several dismiss the medical model as being too limiting and inappropriate—a reasonable and well accepted view outside clinical medicine. Yet others base their work on beliefs that are the product of medical thought, the most striking example being an uncritical acceptance of the epidemic of coronary heart disease.

A key theme of the collection is the failure of those responsible for running health services to pay sufficient attention to the humanity of care. This may well be true. However, several contributors are in danger of being equally guilty in ignoring the importance of the effectiveness of care. Evaluation of effectiveness is seen by some to be part of a scientific conspiracy to treat people inhumanely. The tendency to denigrate science is most obvious in discussions of reductionism and holism. The former is seen to be the sin of scientists while the latter is seen as a morally superior view adopted by those who really care. Such simplistic accounts of the complementary roles of the two approaches are unhelpful in rethinking health care.

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**Current Topics on AIDS, Vol 2.** Ed M S Gotlieb, A J Pinching, D J Jeffries, T C Quinn, D Mildvan, R A Weiss. (Pp 291; £29.95.) John Wiley, 1990. ISBN 0 471 923419.

Because of the extreme breadth of the scientific field associated with HIV infection and AIDS and the speed with which the epidemic has developed and knowledge has increased, it is extremely difficult to keep abreast of the prolific literature on the subject. It is also important for anyone working in one discipline in the field to have some grasp of the view point of those working in others.

*Current topics on AIDS*, edited by an Anglo-American group of experts brings together a number of distinguished authors to provide a distillate of current knowledge and their own expertise on selected topics. The editors admit that the whole field of AIDS could not be covered in one volume but this, the second volume, encompasses a wide range from epidemiology through virology and molecular biology, pathogenesis, treatment, and preventive vaccines, to legal and ethical issues in AIDS.

The first three chapters will be of most interest to epidemiologists. Dr Jonathan Mann describes the history of the epidemic, its impact on countries, and the response of the scientific community and of the World Health Organization. While the statistics presented are perforce out of date they are used effectively to illustrate differing world wide patterns of infection. Predictions are given for the course of the epidemic and the challenges which will be presented in the

future. The second chapter describes the spread of the HIV infection among heterosexuals in the US, Europe, and Africa, the risk factors involved, and the implications for prevention. In contrast to Africa, heterosexual spread among those at no particular risk is uncommon in Europe and the USA, but the growing pool of infection among heterosexuals increases the likelihood of a significant epidemic in the absence of an effective alteration of sexual behaviour. In the third chapter Dr Robert May and Professor Ray Anderson discuss the transmission dynamics of AIDS. While the technicalities of the modelling may confound the less mathematically inclined, the closeness of the models to observed data cannot be denied. Moreover, as the authors point out, mathematical models can help to sharpen our perceptions about which kinds of data are important and which are not.

Succeeding chapters deal with the virology and immunology of HIV infection. Reading them in succession tends to seem repetitive initially as each is free standing and introduced by a historical summary and description of viral replication. Individually however they make fascinating reading. Concluding summaries help to clarify the most esoteric parts. The chapter on vaccines gives a useful review of the types of vaccines which may become available and the stages leading to their development, and goes on to consider target populations, study design, and ethical and social considerations. Clinicians will be particularly interested in the comprehensive descriptions of the management of opportunistic infections and strategies for the treatment of HIV infection.

In summary this volume of *Current topics on AIDS* gives an update of the state of the art in a number of important areas and the series a useful and well balanced means of keeping up with it.

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**Community Health Workers in National Programmes,** Ed Gill Walt (Pp 180; £7.99.) Open University Press, 1990. ISBN 0 335 154328.

The concept of the Community Health Worker achieved prominence in the 1970s and early 1980s as a result of reports of the success of the "barefoot doctors" in China, and as an integral part of the international adoption of policies of primary health care as a means of achieving "Health For all 2000". While many variations of the concept were put forward, in essence the community health worker would extend the health services into the community, would be selected by and supported by the community, would focus on preventive health care, and would act as "agents of change" working in an insectorial way to achieve "development".

Gill Walt and her colleagues discuss the development of this concept and the extent to which it has succeeded. They review the extensive literature and report on three substantial case studies in Botswana, Colombia, and Sri Lanka. What are their conclusions? While many small scale non-governmental programmes appear to have achieved considerable success, there is little