leads to differences in the rank order for different health problems. The preventability of health problems in terms of the health benefits achieved by means of prevention is considered, and some of the models used to calculate these benefits are described. Attention is also given to the cost of prevention, including the use of cost-benefit and cost-effectiveness analyses. Such health gains, however, might be offset. It appears that preventive measures that are successful in themselves in the fight against coronary heart disease and cancer may have other undesirable consequences relating to decomposition of morbidity and competing causes of deaths.

A framework for a more rational approach to setting priorities in prevention is suggested, based on the concept of efficiency, with a list of interventions scored against a number of criteria. This process makes decisions explicit in the ranking of priorities for prevention.

In summary, the report provides a good overview of prevention, but perhaps three particular points should be made on its contribution to the debate of setting priorities. Firstly, the list of interventions covered in the report is based on a medical model with respect to significant lifet ime diseases—interventions involving organisational change (such as no smoking policies, ban on advertising) are mentioned in passing. Secondly, setting priorities does require consideration of the issue of inequalities—even in an overview—and how this fits into the efficiency equation. Thirdly, while the report gives us a framework for ranking priorities, how the public, professionals and politicians are engaged in the decision making process is crucial if priorities are to have meaning and form the basis for health strategies with leadership, commitment, ownership, and resources.

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Setting priorities for health care is a major policy challenge in all health care systems. The analysis of the costs and benefits of alternative, preventive, and curative procedures is an important technique and the collection of papers in this book is designed, according to the Preamble, to give "a valid and accurate review of the state of the art and problems of cost/benefit considerations in selected chronic diseases . . . ." The book was compiled from the proceedings of a conference bringing together economists, epidemiologists, and clinicians from Germany, Israel, and the United States. The problem of international comparisons of costbenefit studies is one of major themes throughout the book. The 19 chapters are divided into four main sections: discussion of economic concepts; case studies, including five on hypertension; quality of life measurement; and finally some different