

BOOK REVIEWS

Deprivation and Health in Scotland. By Vera Carstairs and Russell Morris. (Pp 334; £19.95). Aberdeen University Press 1991. ISBN 0-08-037979-6

This is a book stacked full of useful empirical data. Indeed, if weight of tables and diagrams alone made for quality of reading, it would be a best seller.

The book aspires to provide "the first comprehensive description of the 'inequalities in health' which exist within the population of Scotland". Thus, it could be considered a Scottish "Black Report". But, unlike the Black Report, which drew very extensively upon a range of pre-existing sources, Carstairs and Morris have produced their own analyses which consist of correlating, at the post code sector level of geographical aggregation, a range of health and health related measures with their own "deprivation index".

Health is measured in terms of mortality (all causes and cause specific), morbidity (taken as "maternity events", perinatal and infant mortality, temporary and permanent sickness, as measured at the 1981 Census, cancer registrations, and mental hospital admissions), and use of beds in general hospitals. The inadequacies in available health indicators, particularly in respect of morbidity and self perceptions, have been often stated and need not be repeated here.

There is a chapter on the implications of the analyses for the SHARE and RAWP resource allocation procedures, a penultimate chapter on "Conclusions and explanations", and a curiously located concluding chapter "Considering deprivation and area-based methods". Appendices provide details of the technical methods employed and a full listing of some of the raw data.

Given the extent to which it is relied on for the empirical findings, the book could be judged to stand or fall on the adequacy of the authors' "deprivation index". Discussion of its theoretical validity is slight, and conducted in relation to competitor indices. Citing Townsend, the authors claim that "our approach attempts to locate areas (and populations within them) on a dimension which reflects the access people have to material resources". Empirical evidence of the efficacy of the index comes later and relates to the comparative ability of the index to correlate with the health measures under investigation. This is characteristic of a peculiar self referential cycle within which area based studies of deprivation and health appear to have become stuck. The independent variable to be used to "explain" variations in health is validated by its ability to correlate with these variations. On a wider front, this tautological thinking reached its apex in the recent deliberations on the suitability of deprivation indices as candidates for inclusion in the respective resource allocation formulas. The point is perhaps underscored when the authors go on to criticise methods (admittedly my own), which attempt to avoid this self referential

cycle by independent conceptualisation of "deprivation". They complain that "it is not clear by what process the relevance of these variables to the determination of health planning was established".

Given the well known and well discussed limitations in the data sources available to conduct small area studies of health, a degree of expedition is unavoidable, but this should not be an excuse for avoiding thinking through fundamental concepts. (One would have hoped that the ghost of crude empirical approaches would have been laid to rest in the 1960s and 1970s when social geographers endeavoured to "define" deprivation by stuffing as many census variables as possible into a computer and using principal component analysis to sort them out.)

Issues of definition apart, my major criticism of the book is that it is at least five years too late. It seems strange that a book published in 1991 should, apart from very passing references, refer only back to 1981 census data. The 1991 census has already been conducted. It has a different (not totally improved) potential for conducting small area investigations. If this important field of study is to have meaningful input into policy debate (the real point of the exercise) it is to be hoped that the time lag in reporting, next time round, won't be so great.

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Epidemiology of Congenital Malformations. By E G Knox, R J Lancashire. (Pp 221; £29.) London: HMSO, 1990. ISBN 0-11-321327-1

This volume is an excellent facility for those who have the time to browse through other people's data sets to assist in the derivation of hypotheses. Unlike publications of other data sets, however, this also has a complete set of analyses of various aspects of the data collected in Birmingham over the past 21 years. The information relates not only to the congenital malformations identified up to one year of age, but also to the basic background information on all births in the geographically defined area.

This publication is of great value in describing the Birmingham Congenital Malformations Registry. It lists the 79 publications emanating from the Unit, provides valuable information concerning ethnic variation, social class, maternal age and parity effects, examines for a possible effect from x ray prior to pregnancy on incidence of malformations (small if any effect), looks for seasonal variation (but only finds it with neural tube defects), shows that the pattern of associations with anencephaly is not exactly the same as those with spina bifida, and that twin concordance rates are very slight for congenital malformations in general.

The main focus of attention, however, comprises the variation over time in the incidence of various disorders, and clustering within time and space. Many of the findings are reported here for the first time and are to be seen as hypothesis generation, but there is

one particular set of analyses that must be considered as confirmation of a hypothesis. This relates to congenital hydrocephalus. The authors show clear evidence of clustering within time and space, confirming a previous report that I myself had published some 20 years ago. This, supported by animal experimental evidence, confirms a possible infectious aetiology for hydrocephalus. The authors were able to take this one step further and compare the temporal variation of hydrocephalus with isolations of various viruses. They show a strong relationship with the Coxsackie A viruses. Their findings must now provoke studies concerning the possible exposure of mothers to Coxsackie A during those pregnancies which result in infants with congenital hydrocephalus. Other pointers of excitement concern a cluster of eye defects in an area where there was likely to have been high levels of air pollution related to a local incinerator.

In conclusion, this is a very valuable resource for which the authors are to be congratulated. My only quibble would be over the lack of an index. This is a volume that I will put on my bookshelf with pleasure, and refer to frequently.

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Primary Health Care: Public Involvement, Family Medicine Epidemiology, and Health Economics. Eds Petra Bergerhoff, D Lehmann, Peter Novak. (Pp 290; DM89.) Springer-Verlag, Heidelberg, 1990. ISBN 3-540-18426-0.

This is a volume of proceedings of a conference organised by the Department of Medical Sociology, University of Ulm, Germany, in which international scientists discuss to what extent the industrial countries are achieving the World Health Organization (WHO) Targets "Health for all by the year 2000".

It is suggested that in many European countries and in America the level of health is stationary due to increased specialisation in the medical sciences as well as to structural flaws in health care systems and increasing cost. To achieve "more health", primary health care on a regional level is considered to be of vital importance—a lesson which the developing countries have already learnt.

Separate sections of the book consider the primary health care system in relation to public involvement, family medicine, epidemiology, health economics, and institutional requirements. Regional variations in primary health care are examined and The Netherlands and Belgium, although neighbours, contrast markedly. The fast growing field of "small area analysis" in health services research is illustrated. Health promotion of chronically ill heart patients is reported from Germany where comprehensive counselling, self help, and patient responsibility are advocated. In Sweden nurse managed hypertension clinics improve the quality of care and lower the costs. From Ireland it is suggested that a more

community based system for caring for the mentally handicapped would increase the quality of life as well as decreasing costs.

H Z Zollner from WHO Denmark states "cost containment without a foresighted health policy is the enemy of both efficient management and better health for all"—a sentiment presently felt by many British family doctors. Intersector planning and action to decrease health damaging behaviour is reported from north west England and has achieved some success.

In the last section of this most interesting book practical and operational models for primary health care are considered. Primary health care does not mean just preliminary health care. An interdisciplinary approach is considered to be the vital qualitative factor, where the patient's physical, psychological, and cultural needs are met by an integrated team.

This book gives a timely European perspective to the British Government's present proposals for the development of a health strategy for England.

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A History of Education in Public Health: Health that Mocks the Doctors' Rules. Eds E Fee, R M Acheson (Pp 349; £35.) Oxford; Oxford University Press, 1991. ISBN 0-19-261757-5.

Many professionals including doctors, nurses, engineers, laboratory scientists, and health educators are involved in public health activities, and a wide range of academic disciplines has important contributions to make to their training. These diversities of professional identities, skills, locations, and perspectives create difficulties in developing coordinated and comprehensive education and training for public health workers. In this book 11 distinguished contributors, in a series of related chapters, present and discuss aspects of the development of public health services and of professional education in Britain and the USA. Particular attention is paid in two of the chapters (written by Roy Acheson) to the "birth, adolescence, heyday and decline" of departments of public health in Britain.

In Britain public health has developed predominantly as a medical specialty, the centres for training being based at medical schools and, until 1974, the heads of departments of public health in local government had to be medically qualified. In the USA the medical profession has not been so dominant, although most of the early schools of public health were attached to medical faculties. Despite social, economic, and organisational differences between the two countries there have been and still are similar dilemmas. Should education concentrate on research and research methods, or on the practical skills related to

tasks undertaken by public health departments? How can the many relevant disciplines be covered in sufficient depth? How can the knowledge from the disciplines be presented in a related and unified form? Can the same initial training in public health be provided for students from different professions? Now that these and related questions are being looked at with a sense of urgency following the publication of "Public Health in England" (paragraph 8.5 especially) it is good to have available in one volume such lucid, thoughtful, and readable accounts setting out and contrasting the experience in the two countries over the last 150 years. One issue stands out clearly, and that is the central position of epidemiology in the education and practice of public health. All involved in public health education—teachers in medical and other faculties of universities and polytechnics (soon to be universities) and the practitioners—should read this book. They will enjoy it, and gain knowledge and wisdom from it.

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Breast Cancer: The Decision to Screen. By Patrick Forrest (Pp 233; £15.) London: Nuffield Provincial Hospitals Trust, 1990. ISBN 0-900-57474-7.

Whether one is inclined to think the UK breast screening programme an important step forwards or a wasteful diversion of NHS resources this monograph will provide a stimulating read. As chairman of the working party which recommended mass screening, Sir Patrick Forrest might be expected to display annoyance with the critics whose doubts threaten the success of the programme by reducing participation, but rather than presenting a one sided defence of the decision to screen, he has assembled in this book, with the help of well chosen tables and figures, major findings relevant to screening distilled from the enormous body of literature on breast cancer which is to be found scattered in a wide range of specialised journals. The decision to screen was taken despite uncertainties about the exact costs and benefits, and readers are left to draw their own conclusions in the light of the most recent evidence as to whether the right decision was made.

After a brief account of the Working Group's recommendations and the main criticisms which have been voiced against them, the book gives a concise and up to date account of the natural history of breast cancer and discusses the evolution of treatment policies before passing on to breast screening itself. Epidemiologists will find the problems of evaluation admirably presented in an easily readable style frequently enhanced by unexpected pieces of information, while social scientists should also be pleased with the attention given to the economic and psychological studies and to some of the organisational imperatives of screening.

A minor criticism is that, in pursuit of speedy publication, some errors in the figures and tables have been overlooked and it is a pity that the book lacks an index to the wealth of information it contains.

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Short Reviews

Basic Laboratory Methods in Medical Parasitology. (Pp. 114; SF 21.) World Health Organization, Geneva, 1991. ISBN 92-4-154410-4.

This manual provides instructions for the performance of virtually all laboratory investigations required to recover and demonstrate parasites, identify the species, and establish a precise diagnosis. Addressed to laboratory workers in health centres and first referral hospitals in the developing world, the book places emphasis on simple economical procedures which can yield accurate results under conditions where resources are scarce, equipment sparse, and the climate hot and humid.

National Perinatal Epidemiology Unit Report 1989 and 1990. By Iain Chalmers and Others. (Pp 139; Price not stated.) National Perinatal Epidemiology Unit Oxford, 1991.

This is an impressive report describing the work of this research unit over a two year period. The programme of work is described in three main sections: surveys and other studies using observational data; randomised controlled trials; and meta-analyses and data bases of ongoing research. Each study carried out by the unit is described briefly and there is a full list of publications allowing readers to seek out more detail if they wish.

Health Care UK 1990. Ed Anthony Harrison (Pp115; £22.00.) Policy Journals, King's Fund, London 1991. ISBN 0-946967-35-0.

This annual review of health care policy in the United Kingdom includes several essays covering topical issues. These include hospices, job sharing, research ethics committees, day surgery, NHS finance, eye services, the drive for efficiency, and long term care.

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