

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

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**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.

GERRY FOWKES