
In 1983, a group of doctors rejected part of what they considered was an excessive pay award, and used the money to develop some services for patients “which might not be possible within the NHS”. Since then they have funded schemes such as a purpose built garden for young people with chronic disability, or a video recorder for ethnic minorities to watch health education films in their own language.

This book is their latest project. Its aim is to inform the debate about change in the NHS, and it stems from their conviction that the speed of change has been too fast to permit assessment of possible benefits and costs of alternative policy options. It is a compilation of 16 chapters by experts in their fields, and covers patterns of disease and public health; health service professions and their roles; and issues arising from the growth of consumerism and a market economy in health care.

Each chapter is interesting in itself and all are well referenced, reviewing developments in the past decade and then setting out the policy and development options for the future. Examples are Ray Fitzpatrick and Karen Dunnell on measuring outcomes; David Hunter on community care; Virginia Beardshaw on the “new nursing”; and Robert Maxwell on international comparisons of health care.

Potential readers? Public health medicine trainees certainly, but also others who seek a broad view of the state of play in many crucially changing components of UK health care. It would have been unreasonable to expect the editors to have blended the 16 chapters into an overall picture and gloss; but the pieces of the jigsaw are there for others to make their own best guesses.

ELIZABETH RUSSELL
Department of Public Health University Medical School Aberdeen


Management skills are not inherited; nor do nursing and medical schools produce managers. Yet newly graduated health workers in developing countries, posted out of the safety of the big hospitals, are expected to take command of district hospitals and public health programmes. On being in charge, now in its second edition, attempts to redress their training deficit.

Does it succeed? The book is well laid out, the text simple to read, and the tone positive. The topics covered are practical (such as managing drugs and money). Each section contains useful advice and procedures, and there are many illustrative case studies and exercises. Particularly useful sections are those that are rare in district health manuals, such as “dealing with disputes”, and “managing time”.

For an experienced manager, unwise sets in as the book follows programme planning through to evaluation. Is this life? Managers work within a structure, and what happens is as much a product of politics, history, and system design as it is of their management. A sanitised view risks disillusioning the new manager, who finds the fairy tale world the book paints to be different in practice. The well worn primary health care rhetoric grates a little at times, and the section on training is vague. Some parts of the book are dated: household surveys are promoted for finding out about communities, and old fashioned words like “chairman” and “manpower” are used.

On being in charge is suitable for inexperienced district health staff. It could do the same job in fewer pages; while the exercises are useful, the authors could have been more selective. Further editions or complementary WHO publications should include sections to aid understanding of organisational structure and how to manage change. On balance, this book is a good start in the process of empowering health workers to sit in the driving seat and start managing.

PAUL GARNER
Health Policy Unit
Department of Public Health and Policy
London School of Hygiene and Tropical Medicine


On first appearance the hard cover version of this book looks remarkably similar to Fitness for work—a book considered essential reading for practising occupational physicians. The contents of this book are no less impressive and comprehensive. The book brings together an impressive list of contributors including occupational health experts from developing and developed countries. The topics are broad enough to interest other occupational health and safety professionals and are focused on issues that are particularly relevant to developing countries. They are divided neatly into four sections: Occupational health services, Technology, Special issues, and Education, training and research. Professor Jeyaratnam has got together an impressive list of contributors including occupational health experts from developing and developed countries. Perhaps the selection was partly based on the premise that developing countries can learn from the experiences, expertise, mistakes, and successes in tackling occupational health problems in the developed world.

Most of the authors are physicians, and I was anticipating a relevant chapter from an occupational health nurse, since these health workers must form a large group providing occupational health care in developing countries. As it turns out Professor Bill Glass does a good job on a chapter on the occupational health nurse and primary health care worker. I found the chapter most interesting, especially the reference to occupational health in the cigarette factory in London in the 1930s, his views on the role of the occupational health nurse, and the part where a gremlin got into the比特币 works resulting in the phrase “occupational overuse medicine”. The chapter on export of industrial hazards to