

BOOK REVIEWS

The Strategy of Preventive Medicine. By Geoffrey Rose. (Pp 138; £17.50.) Oxford: Oxford Medical Publications. ISBN 0-19-262125-4.

During the past decade, Professor Rose's articles about the "high risk" and "population" strategies of disease prevention have attracted considerable attention. This book is a development of the same themes, but it is not merely a restatement of the earlier ideas.

The book begins with a brief discussion of the objectives of preventive medicine. The author then shows how the rational choice of preventive policy depends on a knowledge of the shape of the dose-response relationship between exposure and risk (whether linear, curved or J shaped) and the distribution of exposures within the population. The particular importance of small but widespread risks and the limitations of a preventive policy addressing only individuals at high risk are given detailed attention. The core of the book deals with the population strategy of prevention, which the author regards as critical in the prevention of mass disease. This section discusses at length a pair of crucial assumptions underlying the population strategy, namely that the average level of exposure to risk in the population (whether of plasma cholesterol or alcohol intake) determines the prevalence of very high risk exposures and that shifts in the average value will influence that prevalence. The closing sections of the book examine the influences which can produce population wide changes in risk and the practical and ethical difficulties of attempting to bring such changes about. These issues are simply but skilfully discussed and address the political issues without risking the charge of authoritarianism. The book includes numerous practical examples. While many are from the field of cardiovascular epidemiology in which Professor Rose is perhaps best known, the implications of population strategies in many other contexts (osteoporosis, radiation induced cancer, mental illness, and violence, for example) are considered.

This book will be of interest to all concerned with the prevention of mass diseases. The arguments put forward in the book are strong and some are beginning to achieve wide currency (the health of the nation White Paper, for example, includes the goal of reducing the average level of systolic blood pressure in the population). However, much of the evidence on the effects of population strategies is based on extrapolations from observational data. The book is a challenge, to the epidemiologist, to the public health physician, and to the politician, to test the population strategy of disease prevention in practice.

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In the Best of Health: The Status and Future of Health Care in the UK. Eds E Beck, S Lonsdale, S Newman, D Patterson (Pp 355; £14.95.) London: Chapman and Hall, 1992. ISBN 0-412-38710-7.

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 expenditure.

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 prognosis; but the pieces of the jigsaw are there for others to make their own best guesses.

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On Being in Charge (2nd ed). R McMahon, E Barton, M Piot, N Gelina, F Ross (Pp 472; SF30; developing countries SF20.) Geneva: WHO, 1992. ISBN 92-4-154426-0.

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, unease 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.

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Occupational Health in Developing Countries. Ed J Jeyaratnam (Pp 499; price not stated.) Oxford: Oxford University Press, 1992. ISBN 0-19261799-0.

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 make it essential reading for occupational physicians in developing 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. These topics are neatly categorised 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 printing works resulting in the phrase "occupational overuse medicine"! The chapter on export of industrial hazards to