
Although many of us plead frequently for a period of stability so that we can “settle down and get things done”, constant change should be intrinsic to an NHS responsive to evolving health, social and economic needs. This book, through a series of essays, explores the dynamism of the NHS. It articulates some of the tensions in the present system, identifying a number of fundamental obstacles to innovation.

In their introduction, the authors establish two key themes: innovation in management practice and innovation in technology. Within the chapters themselves, however, a third emerges: the need to reconcile the forces of consumerism and citizenship if the NHS is to continue its development as an efficient public service. David Cox summarises this neatly in chapter 3 where he writes: “The general management movement initiated by Geoffrey Legge legitimates its activity in part by reference to quality of service and consumer satisfaction in health care. These values cannot be grounded in the emotivism of market preferences. They have to be set in the context of the “life-world” of all citizens in a pluralistic society and a commitment to equity and service”.

A good book teaches you something about yourself and the world: a bad book reinforces your prejudices. This is a book of both. It offers useful new perspectives drawn largely from history, upon the current state of health care in the United Kingdom; but certain of these reinforced effectively my personal prejudice that unless an effective compromise is negotiated to the citizen-consumer dilemma, the future of the NHS is bleak indeed. The discussion in chapter 4, for example, highlights the pivotal role of the hospital consultant in facilitating or blocking change. The great majority of hospital consultants entered the profession to perform a public service. Finding themselves now working in an environment where managerial values are increasingly those of the market place, they easily become cynical and demoralised, with little appetite for change of any kind.

Unfortunately, although the book starts and ends well, the quality of the individual essays is variable. More rigorous editing and proof reading would have improved the work substantially. One or two of the contributions are rather dreary, and some, such as the discussion of general practice, are disappointingly superficial. Nonetheless, most of the book is well worth reading, and I would suggest that all those training in public health medicine should read it at least twice: once at the beginning of their training to get a “feel” for an important aspect of public health, and once a year or two later to be stimulated into thinking more critically about what has been and might be achieved.

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This book reviews the evidence from 10 prospective and 43 case-control studies of the relationship of passive smoke exposure to cancer, heart disease, and all-cause mortality among adults who have never smoked. Following a general critique of each study, the problems of interpreting evidence relating to lung cancer, other cancers, heart disease, other diseases, and overall mortality are discussed in turn.

The material is clearly presented and up to date (including footnotes at the proof stage on studies published during 1991). There is extensive discussion of the possible sources of bias, but not always a clear distinction of their likely importance and direction of effect. Relatively minor criticisms of individual studies appear alongside more substantial issues such as the misclassification of smokers as non-smokers and publication bias (which tend to exaggerate the quoted relative risks), imprecise measurement of exposure (tending to dilute observed associations), and inconsistencies between the published risks and extrapolations based on dosimetric considerations (especially notating for heart disease, and therefore for total mortality). Greater use could have been made of meta-analytic techniques, particularly for investigating the relationship of passive smoking to histological subgroups of lung cancer, and comparing the effects of tobacco smoke exposure at home, at work, and in childhood.

The author concludes that “the evidence reviewed does not demonstrate that exposure to environmental tobacco smoke increases the risk of cancer, heart disease or other diseases among adult non-smokers”. This, of course, does not prove that no hazard exists, but simply highlights the limitations of the epidemiological approach. The assessment of low relative risks. This book deserves reading as much for its account of these methodological issues as its review of topical research material.

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This book was written for graduate mathematical statisticians and so takes a very theoretical approach which many researchers undertaking a survey may find rather daunting and too complex.

Throughout the 12 chapters information is presented in the “definition, theorem, proof, corollary, and remark” format. This makes reading hard going, especially in the first three chapters which form an introduction to notation, inference and the Horvitz-Thompson estimator, and in chapter 10 on the superpopulation approach to inference. The usual chapters on sampling with probability proportional to size, ratio and regression estimators, cluster, systematic and stratified sampling are presented in a slightly more digestible form, with longer discussions, examples and interspersing of the theorems. The final two chapters investigate sampling for a sensitive characteristic, and special topics including small area estimation, non-response and resampling techniques. These chapters use useful examples, relating theory to practice.

There are copious exercises and an extensive list of references at the end of each chapter. Unfortunately, since most of the exercises take the form “Verify . . .” or “Show . . .”, no solutions are provided, even for questions of a more straightforward, computational nature.