

BOOK REVIEWS

The Strategy of Preventive Medicine. By Geoffrey Rose. (Pp 138; £17.50.) Oxford Medical Publications, Oxford 1992. 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.

Professor Rose begins with a brief discussion of the objectives of preventive medicine. He 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 people at high risk is addressed in detail. The core of the book deals with the population strategy of prevention, which the author regards as critical in the prevention of mass disease. Professor Rose 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 that can produce population-wide changes in risk and the practical and ethical difficulties of attempting to bring about these changes. These issues are simply but skilfully discussed and the political issues are addressed without risking the charge of authoritarianism. The book includes many 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 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 are 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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Alcohol and Drugs: the Scottish Experience. Eds Martin Plant, Bruce Ritson and Roy Robertson. (Pp 199; £16.95) Edinburgh University Press, Edinburgh, 1992. ISBN 0-7486-0377-8.

The moral crusade against alcohol consumption in Scotland in the earlier part of the 20th century forms the backdrop to this book. This historical perspective informs several contributions and enables comparison of Scotland and other countries, in particular England. While the "Legend of Drunken Scotland" described in chapter 2 still persists, the evidence in other chapters points to little regional variation in modern day Britain, although Scotland does seem to have, for many reasons, higher morbidity associated with alcohol use. Today alcohol is no longer viewed as subversive, and the threat to society is now perceived to come from other drugs, such as heroin and to a lesser extent cannabis. The book contains less detail on the evolution of drug use compared with alcohol in Scotland and virtually all of the contributions relate to injected drug use and its association with AIDS. Part 2 of the book considers "Prevention and Controls" and highlights the difficulties in evaluating the impact of education, advertising, and legal constraints on alcohol/drug use and interventions for "problem" users. Thinking in this area is dominated by the idea that if people are alerted to the dangers of alcohol and drug use they will change their behaviour. John Davies and Niall Coggans point out that the logic of this argument is invalidated by the fact that people engage in all kinds of activities for pleasure and excitement with full knowledge of the dangers involved. Instead they advocate harm reduction policies which reflect the fact that some people regard trying drugs as being both a rational and a positive choice. This perspective, has been influential among those providing services to injected drug users, as described in the last section of the book on "Service Provision". Overall, this volume provides a useful introduction to those seeking a broad overview of past and current concerns in the addictions field in Scotland.

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Cocaine: Scientific and Social Dimensions, Ciba Foundation Symposium 166. (Pp 306; £42.50.) John Wiley & Sons, Chichester, 1992. ISBN 0-47193179-9.

This must have been a very interesting symposium, for the book is stimulating, comprehensive, and contains useful information. It considers the pharmacology and toxicity of cocaine, and the epidemiology and treatment of cocaine use.

Some chapters are particularly interesting. David Musto provides a history of cocaine use, concluding that historical investigations of patterns of drug use are important in developing long term views of drug misuse. Don des Jarlais has found that injecting cocaine may be more strongly related to exposure to HIV than injecting heroin, and discusses the exchange of sex for crack cocaine.

Liberalisation of drugs law is considered in various chapters. Reese Jones, suggests a number of alternative treatment strategies, including prescription of cocaine in safer, controllable form. Alan Maynard presents

arguments for and against this, mainly with regard to costs of current drug enforcement policies in the UK (£140 million in 1988).

I found the penultimate chapter most thought provoking. In it, Brenda Almond discusses the ethical issues surrounding drug abuse. With reference to Plato, Kant, and Mill, this chapter concludes that there are no ethical reasons for decriminalisation of drugs, and that an individual decision to use drugs "cannot be ethically justified". The arguments are narrow, but nonetheless interesting.

Overall, I found this book very useful. Because each chapter contains many references, it is also a good starting point for further reading. A couple of the chapters are excessively theoretical, however, especially the chapter on "casual users" of cocaine. Also, the discussion sections at the end of some chapters are often too long, and I think that a brief summary of the discussion points would be equally informative. Finally, it is disappointing that only two of the contributors, apart from the chairman, were from the UK.

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Growth, maturation and body composition: the Fels longitudinal study 1929-1991. By Alex F Roche. (Pp 282; £37.50.) Cambridge University Press, Cambridge, 1992. ISBN 0-521-37449-9.

It is salutary to be reminded that earlier this century the onset of an economic depression prompted the business community to fund research to discover how to protect children from the worst effects of such far reaching monetary disaster. It is interesting not only for the perception of the research opportunity, but also for the assumption of long term risk inherent in the consequent design of the projects. Alex Roche describes how in the late 1920s and early 1930s a series of now renowned American longitudinal multi-disciplinary studies were begun in "a sudden rush", including the Fels longitudinal study, which is the subject of this book.

Mr Fels, a Philadelphia industrialist and philanthropist who financed the enterprise, ignored the scepticism about the potential value of a study from conception to adulthood. Accordingly, the Fels study began in 1930, collecting data in one community from volunteer women during pregnancy, enrolled at the rate of up to 20 per annum from then on, with a gap only between 1974 and 1981. The population now comprises 1036 men and women on whom a wide range of biological, cognitive, behavioural, and social data have been collected.

The gradual data collection and slow enrolment of the study population enabled the investigators to maintain strong quality control. Scrupulous attention to detail and local recruitment no doubt enabled the researchers to achieve extraordinary feats of data collection, including persuading 205 mothers to keep daily dietary records for between four and seven months.

The value of such a study is clear in the detailed Fels work on growth; but the design impeded work on other kinds. For instance findings, described here, of work in the 1930s on the fetal effects of maternal smoking, were far ahead of their time, but were not pursued because the small sample size and the marked