

I would hope that this book will not only be read by many but that the efforts of the editors and the contributors in providing such a useful set of readings will be rewarded in having policy makers devoting more of their efforts to the pursuit of equity in health care—however they choose to define it.

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Researching health care. Designs, dilemmas, disciplines. Eds Jeanne Daly, Ian McDonald, and Evan Willis. (Pp 216; £12.99). Tavistock/Routledge, London, 1992. ISBN 0-415-07078-3

Although much lip service is paid to multidisciplinary research, few have put it into practice. In health services research, however, increasing numbers of attempts are being made to achieve this, often in spite of rather than because of the decisions of funding agencies. There is still a need for believers in the benefits of multidisciplinary to argue their case with their principal opponents, who are often advocates of quantitative experimental methods. This book will prove a useful ally in that struggle.

The book is based on a small international symposium held in Australia in 1989, which set out to debate the issues and establish a consensus on when and where specific methods of analysis are best applied for the effective evaluation of health care. Contributors include clinicians, epidemiologists, statisticians, sociologists, and economists. Apart from the final chapter, each contributor presents their view independently. Unfortunately no attempt is made to convey the flavour of any debate that took place. The reader is left to assume, whether rightly or wrongly, that few disagreements occurred.

In a book full of interest, a few chapters stood out for me, though someone with a different background might well have identified others. Thus, the account of cost-utility analysis by Jeff Richardson provided an excellent summary of the strengths and weaknesses of the method, and the three chapters on qualitative methods by Robert Dingwall, David Silverman, and the editors overcame a common failing by managing to explain to a proquantitative audience the value of ethnography and other qualitative methods. This initiative needs extending to convince policy makers of the practical value of such methods in the same way as, in this book, Jack Hirsh's chapter on the impact of quantitative studies on clinical practice does.

The one puzzling feature was the contribution of Michael Jelinek, a clinician. While clinical medicine clearly has a legitimate voice in health services research, his chapter highlighted the difference in perspective between the two. This may have been a deliberate intention, though if so it was well disguised. Jelinek seemed to be unaware that such widely held views as the supposed decline in coronary heart disease deaths and the effectiveness of coronary care units have been seriously challenged. Curiously, what his chapter did achieve was to show the need for multidisciplinary enquiry into medical thinking, so in this regard its impact was consistent with the rest of this excellent book. My only

disappointments were the failure of the editors to correct the misuse of the word 'methodology' by several of the contributors and the way the cover became detached from the book in the course of reading!

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SHORT REVIEWS

Continuous Morbidity Registration Sentinel Stations in The Netherlands. Netherlands Institute of Primary Health Care. (Pp 136; price not stated) Utrecht: Netherlands Institute of Primary Health Care, Ministry of Welfare, Public Health and Culture, 1992. ISBN 90 6905 204 0.

Continuous morbidity registration is a method of registration based on general practice in the Netherlands. This involves a national network of general practices covering 1% of the population. Allowances were made for geographical spread and for spread over regions with a varying degree of urbanisation. The data given in this book relates to 1991 and covers conditions such as influenza-like illness, cervical smears, myocardial infarction, sterilisation, morning-after pill prescriptions, pregnancy despite adequate contraception, diabetes mellitus, attempted suicide, acute unusual headaches, mammography, concern about AIDS, and mononucleosis infectiosa. It is considered that continuous morbidity registration sentinel stations in The Netherlands contribute insight into the functioning of the general practitioner. Inclusion of topics on the weekly return are selective and have to meet certain criteria before being added to the scheme. The text is in both English and Dutch.

Medicine in Europe. Ed T Richards. (Pp 152; £8.95) London: BMJ Publications, 1992. ISBN 0 7279 0319 5.

This collection of articles originally published in the *BMJ* coincides with the European Community's increased power to introduce legislation on health from January 1993. It looks at existing EC legislation, proposals for the future, and the likely effects of these proposals. Specific topics covered include medical manpower, training, and research; nursing; tobacco, alcohol, and drug misuse; drug prescribing; and ethical issues.

Medical Audit: Taking Stock. S Kerrison, T Packwood, M Buxton. (Pp 87; £9.50) London: The King's Fund Centre, 1993. ISBN 1 85717 041 5.

This report in the King's Fund Medical Audit Series is of a two year study undertaken by the Health Economics Research Group at Brunel University. It describes ways to improve the

organisation, management, planning, and follow up of audit. It describes examples of successful audit projects, the factors contributing towards their success and the resulting changes. It also analyses the major issues emerging from the work of medical audit support staff.

Epidemiology of Clinical Allergy. Monographs in Allergy vol 31. Ed M L Burr. (Pp 216; £137.50) Basel: Karger, 1993. ISBN 3-8055-5601-2.

This book comprises 11 short reviews which examine the epidemiology of atopic and contact dermatitis, urticaria, rhinitis, asthma, allergic occupational lung disease, food allergy, insect sting allergy, drug allergy, genetic aspects of atopy, and factors that promote or prevent allergy. Unfortunately there is a relative lack of attention to the methodological limitations of the published material in this area, a particularly important aspect for outsiders who wish to look in on the contentious area of allergy.

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Atlas of Cancer Incidence in the Former German Democratic Republic 1978-1982. W H Mehnert, M Smans, C S Muir, M Mohner, D Schon. (Pp 384; £50.00) Oxford: Oxford University Press/IARC (no 106), 1992. ISBN 3 8208 1191 5.

Medical geography has, over the years, highlighted the differences in the incidence of diseases through the use of maps which often give the first indications of elevated risks and make possible the formulation of testable hypotheses. In general cancer atlases have depicted mortality. The appearance of another incidence atlas such as this one is to be welcomed. All the more so as the cancer registry of the former German Democratic Republic, covering a population of nearly 17 million people, is quoted as being the world's largest, thus permitting stable estimates of incidence even for uncommon sites of cancer. The text is in both English and German.

Molecular Applications in Biological Anthropology. Ed E J Devor. (Pp 258; £37.50) Cambridge: Cambridge University Press, 1992. ISBN 0 521 39109 1.

This book is one (no 10) in the "Cambridge Studies in Biological Anthropology". It presents the findings of a selection of pioneering research studies in which molecular techniques have been used to address key questions in biological anthropology, for example about the human genetic system, the geographical movements of human populations in the past, and primate evolution. The book provides an overview of current research and gives an insight into the potential significance of molecular biology in the future.

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