

of the environmental and health significance of chemicals and radiation in the environment.

Section two considers sources of data, computational methods, and mapping and is, generally speaking, a good review of the strengths, weaknesses, and applications of mortality data and information from cancer and other disease registers. Also contained are some basic demographic and record linkage principles along with a practical approach to disease mapping.

The third section deals with aspects of spatial statistics and the analysis of geographical events. I found some chapters heavy going and theoretical but others, for example those dealing with aspects of analysing exposures to point and sources and methods of assessment for disease clusters, were much more readable and relevant.

Section four was mixed in content, with a chapter on the history of environmental epidemiology and chapters on guidelines for the investigation of clusters around adverse health events. Although there was some repetition of earlier parts of the book, the examples were well chosen to illustrate points.

The final part of the book contains six illustrative international studies. The research associated with clustering of childhood leukaemia around Sellafield was particularly interesting.

My overall impression of this book is that it is mostly well written and very readable. For a work with so many different contributors the continuity and uniformity of style is good. In places its subject matter is dealt with rather lightly, reflecting its ambitious scope. Some chapters also repeated material presented in earlier chapters. Nevertheless, I regard this book as being of considerable use and interest to public health physicians, both at the training and consultant levels and would represent a useful addition to a public health department's library. For anyone considering carrying out an investigation of apparent disease clustering this book would be an invaluable source of help and information.

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**Health Expectancy: First Workshop of the International Healthy Life Expectancy Network (REVES).** Eds J M Robine, M Blanchet, J E Dowd. (Pp 172; £14.70) London, HMSO, 1992. ISBN 0-11-691436 X.

In the late 1960s and early 70s several governmental and international bodies realised the importance of developing a "health" measure that took into account morbidity rather than simple life expectancy. This need was reinforced by an ensuing academic debate. As the increase in life expectancy seemed to level off, would further improvements in health delay the onset of chronic degenerative diseases ("compression of morbidity") or, alternatively, be accompanied by an increase in chronic degenerative and mental disorders ("the pandemic hypothesis"). This publication usefully brings together a wealth of research in measuring healthy life expectancy. The introductory chapter by Robine provides an excellent overview of the development of the various measures. Part one provides data on

several countries and highlights the different sources of data used for calculating disability free life expectancy (DFLE). Part two discusses the different measures and the methods used to calculate them. The discussion on whether certain disability states should be weighted or not is rather limited and could, in my opinion, have been expanded. Measuring life expectancy without cognitive deterioration is also discussed and is still very much in its infancy. Part three examines time series and international comparisons. Again measurement problems and comparability make definite conclusions difficult. Margaret Bone (OPCS) outlines an interesting multi-cohort longitudinal study, which could provide much needed relevant data. Unfortunately this "hypothetical" study seems to remain unfunded.

The importance of this work for public health policy is unfortunately discussed all too briefly. Emond and Daveluy argue that health life expectancy measures aid policy makers in determining priorities. As Kind more cynically points out, "before proceeding too far with the calculation of DFLE for its own sake, we must demonstrate that it has relevance and usefulness for those concerned with planning and delivering health care services. On the limited evidence available prior to this workshop it is not clear that the case has been made."

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**Outpatients and their doctors: a study of patients, potential patients, general practitioners and hospital doctors.** Ann Cartwright, Joy Windsor. (Pp 135; £18.80) London, HMSO, 1992. ISBN: 0-11-321547-9.

Readers of this journal will be well aware of the problems with hospital outpatient services. However, much of this information is either anecdotal or based on local enquiries which may not be typical of the NHS. Cartwright and Windsor report the findings from a large study of outpatient services initiated in 1989 and completed before the NHS reforms.

The study had seven aims: to elucidate the process of attendance (for example who initiates it); to ascertain the appropriateness of attendance from the points of view of patients and doctors; to study patients who would have liked to have been referred to hospital but were not; to look at the social implications for patients of attendance at outpatient clinics; to compare what happens at outpatient departments with the perceptions of the reasons for referral; to study perceptions of outcomes in terms of recovery; and to look at the implications of the foregoing for the relationships between patients, general practitioners and hospital staff.

The study was done in 10 randomly selected parliamentary constituencies in England. The first phase was a postal screen of a random sample of 10 000 people on electoral registers (response 66%). Seven hundred and thirty outpatient attenders and those wishing to have been referred were interviewed. There was a postal survey of the general practitioners of the patients who were interviewed (response 56%) and a survey of hospital doctors in the departments attended by the patients (response 57%).

Many detailed findings are presented and these go a long way toward meeting the study aims. Surprises emerge: for example, for over

a third of the patients attending outpatient departments their general practitioners were unaware of their attendance. This *excludes* attendances to accident and emergency departments and maternity clinics. Also, only one in eight outpatient attendances were for new patients and one in five outpatients had been attending for five years or more. The report is well written, clearly sectioned and interesting to read. It merits study by purchasers and providers.

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**Health Promotion Research: Towards a New Social Epidemiology.** Eds B Badura, I Kickbusch. (Pp 496; SW F78) Geneva, WHO, 1992. ISBN: 92-890-1128-9.

New policies and programmes to cope with the health problems of today need to be considered. The editors of this book draw together contemporary ideas and practices in the discipline of health promotion that tackle some of these problems. This "state of the art" account of our knowledge of social epidemiology is both stimulating to read and gives the reader a clear vision of the current health promotion research agenda.

In accordance with the Ottawa charter this book outlines principal areas for health promotion action. It provides a framework for developing healthy public policy and guidance for creating supportive environments and strengthening community action. Throughout the book people are encouraged to take control over their own health, and various authors propose advocacy, enablement, and mediation as means of achieving this.

Part I, "Healthy public policy", advocates a multi-sectoral policy approach to health and believes that an important priority in the development of such an approach is the collection of policy-relevant information (as opposed to just the collection of data on lifestyles of individuals). Part II, "Social and behavioural factors in health promotion", provides comprehensive coverage of the strengths and weaknesses of social determinants of health and illness. While Part III, "Families, workplaces and hospitals as settings for health promotion", discusses the importance of settings in shaping health attitudes and behaviours. Part IV, "Population-orientated health promotion", focuses upon groups within the community that have been frequently misunderstood or even neglected by health promotion programmes. Meanwhile, Part V, "Community intervention in health promotion", argues that health promotion should be seen as a joint endeavour not only for people but with them. Community participation in the form of community groups or self help groups are seen as an important resource in the process of enabling people to take control over their lives.

A minor limitation of the book is that it fails to present a clear vision for the future direction of health services. In their introduction the editors recognise that the still predominantly medical view of health in advanced societies limits what can be done about the social determinants of health. However, the book does little to tackle specifically this phenomena.

The book provides an excellent review of the current issues facing health promotion. It will no doubt become a core text for diploma and graduate courses in health promotion, as it should for the training of other medical professionals throughout the health sector.

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**Smoking cessation interventions: is patient education effective.** By Diana Saunders. (Pp 68; £10.00) London School of Hygiene and Tropical Medicine, London, 1992. ISBN: 0962-6115.

The importance of this succinct publication is emphasised by Saunders' opening sentence, "Cigarette smoking is well known to be the single most important and avoidable cause of disease, disability and premature death in Europe". Although this statement is obvious it exposes the conundrum of a relative lack of health service intervention despite a wealth of research. This well written summary of the research, which includes abstracts of the most important studies, should help public health physicians and planners to address the issue.

There is heavy emphasis on smoking interventions in primary care. This is inevitable as primary care is the setting for the majority of the research and it is also welcome following the new guidance from the NHS Management Executive on implementation of the GP contract health promotion package. The essential component of advice on smoking before any payment can be made for health promotion to general practice is amply justified by Saunders' review of the published reports. Training GPs to promote smoking cessation advice has been shown to be effective and is likely to be complemented by the additional financial motivation.

Saunders shows clearly that while minimal intervention in primary care is effective, higher success rates can be achieved by additional features. These may include showing the smoker the personal harmful effects of smoking by demonstrating expired-air carbon monoxide levels and using lung function test; providing literature on smoking; offering smokers nicotine gum or patches accompanied by detailed instructions and advice; and arranging follow up appointments to reinforce the importance of stopping smoking and to offer new ex-smokers support and encouragement.

Smoking cessation in other areas also receives deserved attention. These include dentists, family planning clinics, antenatal care, and hospital outpatients. There is a particularly welcome reminder that when patients receive an admission letter for surgery, the additional enclosure of written advice on smoking cessation is effective.

Saunders makes clear that advice on stopping smoking should not be confined to doctors but could include others such as practice nurses, hospital nurses, midwives, counsellors, and pharmacists. The evidence for the effectiveness of the contribution from some of these staff is still sketchy and is one of many reasons to hope that this review of the literature will be regularly updated.

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**Assessing Health Need using the Life Cycle Framework.** By C Pickin, S St Leger. (Pp 221; £35 hardback, £12.99 paperback) Buckingham, Open University Press, 1993. ISBN: 0-335-15742-4 (pb). ISBN: 0-335-15743-2 (hb).

Improving the health of our population by matching finite resources to needs is an issue of pressing importance. Recent changes in the NHS in Britain have paved the way for systematic assessment of health need. Before this opportunity can be fully grasped, it is essential that the concepts of health need assessment are understood and agreed by all. This book fills an important gap in this respect by attempting a description of health need assessment within the context of the NHS changes.

The authors highlight the fact that resources are finite and state firmly that health need assessment is only a part of a larger strategic process. The book clarifies that need assessment will not provide all the answers to operational difficulties and the reader is also cautioned against unrealistic expectations from need assessment.

One cannot disagree with the authors that a framework is necessary to carry out population need assessment in an effective manner. The suggestion of using a life cycle framework is good, but may not be the only one. However, the life cycle approach can be readily translated into practice and its application should be attempted more widely.

The book is divided into 15 chapters. The opening two describe the recent NHS changes and the concept of need assessment. Chapters 3 and 4 outline the relevant epidemiological, demographic, and sociological techniques. The fifth chapter explains the life cycle framework and chapters 6 to 14 address the priorities for need assessment at each stage of life. The final chapter identifies the challenges of purchasing for health gain. The issues to consider when selecting topics for needs assessment are listed in the form of appendices. A list of routine sources of data is also provided at the end, but this is rather incomplete and restricted to health service information systems.

The book could have been more readable if some real life examples had been included and the issues had been more provocatively debated. Some description of the health economic techniques and the role of marginal analysis in need assessment would also have helped. Despite these reservations, I would still recommend this book to people involved in needs assessment.

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**Injury Epidemiology.** By Leon S Robertson (Pp 241; £30) New York, Oxford University Press, 1992. ISBN 0195069560.

The current concerns regarding the effective provision of trauma care in Britain have kindled an awareness amongst health care professionals of the necessity of high quality epidemiological research both for the planning of services for injury management and for its primary prevention. This timely American publication, written in response to the paucity of bibliography in this area and the burgeoning transatlantic interest in injury

epidemiology, seeks to teach the student, or the scientist with little or no experience in injury research, how injury epidemiology is carried out. In this respect the book has filled the niche well. Although its broad scope inevitably tends towards a more cursory approach to certain issues, for example treatment and rehabilitation, than might have been wished for, the inclusion of key references at the conclusion of each chapter allows the interested reader to expand upon their introduction to the topic. The book is organised around the theme that injury epidemiology should be useful and not merely an intellectual pursuit and does not simply deal with the application of the theory and consequently of methods; rather it illustrates the uses and misuses of epidemiological data relevant to injury control. The book is divided into two main parts, the first methodological, the second dealing with more topical matters. The concepts and practices discussed are well illustrated, albeit sometimes laboriously, by example.

Chapters 1 to 5 trace the background and application of the concepts originated in infectious disease epidemiology to injury epidemiology and considers the choice of researchable questions, study design, injury severity scoring systems, the use of data sources for case identification, and the behavioural aspects of injury risk. The general discussion of ideas and techniques contained within this half of the book also make it a useful introductory text for students with wider interests in epidemiological research. The final five chapters examine the effects of legislation on behaviour modification and product design, assess the effectiveness of various prevention programmes on injury incidence and severity, evaluate emergency services and trauma care, and address the economic implications of injury.

The main criticism of this otherwise admirable book is that some of its utility is lost for the British reader. While the general principles of the science transcend national boundaries, the descriptions of data sources for injury surveillance, injury aetiology, health service management, and the legal and financial systems do not and are specific to the US experience. However, apart from this, and the occasional self indulgence in allowing some sections to become personal vehicles for the authors disagreement with neoclassical economic theories, Leon Robertson has produced a balanced and useful introductory text which provides a broad background to this field and should stimulate interest in an important area of epidemiology.

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