NOTICES

Society for Social Medicine: 38th Annual Scientific Meeting will be held in Leeds, England, 14–16 September 1994. People from outside Great Britain and Ireland may apply for exemption from all conference fees if they would otherwise be unable to attend. Further information from: Sue Medhurst, Childhood Cancer Research Group, 57 Woodstock Road, Oxford OX2 6HJ, United Kingdom. Tel: +44 865 310030. Fax: +44 865 514254.

5th International Symposium on Hypertension in the Community, 11–14 December 1994, Tel Aviv, Israel. The Symposium is under the auspices of the World Hypertension League. For further information, please contact: The Secretariat, 5th International Symposium on Hypertension in the Community, PO Box 50006, Tel Aviv 61500, Israel. Tel: +972 3 5140014. Fax: +972 3 660325/5175674.

Second International Conference on Dietary Assessment Methods, 22–24 January 1995, Boston, MA, USA. Submission deadline for abstracts: 15 July, 1994. For further information, please contact: Conference on Dietary Assessment Methods, Harvard School of Public Health, 677 Huntington Avenue LL 23, Boston, MA 02115-6023, USA. Tel: 617/432-1171. Fax: 617/432-1969.

BOOK REVIEWS

Multiple Risk Factors in Cardiovascular Disease. Eds AM Gotto, C Lenfant, R Paoletti, and M Soma, (pp268; £61.50). Dordrecht: Kluwer Academic Publishers, 1992. ISBN 0-7923-1938-9.

This book reprints 35 papers from those presented at the First International Symposium on Multiple Risk Factors in Cardiovascular Disease (Washington DC, 1990). The editors have attempted to selected papers which fit, probably in retrospect, a number of linked themes: the epidemiological evidence for co-segregation and interaction of individual task factors; the evidence supporting the role of insulin resistance as an explanatory and unifying mechanism for some of this clustering; the therapeutic implications of "treating the cardiovascular risk profile", rather than individual factors; and the epidemiological and other evidence for the independent risk factors status of candidates that are old (hypertriglyceridaemia), middle-aged (renin), and newborn (lipoprotein(a)).

Primary prevention is dealt with in a perfunctory way in a chapter dealing with the effects of health related behaviourial changes on HDL-cholesterol and triglyceride levels. Primary prevention of hypertension is dealt with only in passing in chapters dealing with the prevalence, development, pathophysiology and the treatment of this disorder, thus the book is definitely oriented towards the clinical rather than the population epidemiology of cardiovascular disease.

This field is replete with kite-flying or, more charitably, strong conjecture. Laragh, for example, attempts to substantiate his long held conjecture that it is plasma renin (producing angiotensin II) rather than hypertension *per se* which is important for vascular damage and its fatal sequelae. He nearly succeeds. Williams, however, fails to make a case for specific anti-hypertensive therapy, tailored to biochemical profiles. Though, as he states, hypertension is probably not a unitary disorder, we nevertheless have only the randomised controlled trials to guide a choice of therapy—thereotically favoured therapies are mere conjectures, useful as that, but no more than that.

All the authors are, generally, clear and efficient in presenting their reviews and arguing their different cases; the review by Reavan on syndrome X is especially useful and persuasive. In short, this book is required reading in this rapidly changing field, though for specialists only.

JIM CONNELLY
Academic Unit of Public Health Medicine, University of Leeds.

Drugs Policy in Developing Countries. By Najmi Kanji, Anita Harden, Jan Willem Harnmeijer, Masuma Mamdani, and Gill Walt. (Pp148; Hardback £29.95/$49.95, Paperback £11.95/$19.95) London and New Jersey: Zed Books, 1992. ISBN 1-85649-059-9 Hb and 1-85649-060-2 Pb.

This book is published with the support of the Danish International Development Agency (DANIDA), which has been a major source of finance and support for the Drugs Action Programme (DAP) of the World Health Organisation.

The authors, with practical experience in developing countries, give an account of the development of and changes in the policies of WHO, UNICEF and other agencies, and of the actions of drug manufacturing companies and of the governments of individual countries, in relation to the supply of medicines.

In many developing countries one can see expensive and inappropriate medicines on sale to the public while health units do not have enough basic supplies to treat common illnesses. Parents may be persuaded to spend scarce money on ineffective proprietary "tonics" when they would be better to buy good food for their undernourished children. Dye-containing pills have been advertised to cure nearly every ill—one can see the poisons leaving the body with the coloured urine which results!

Within more "respectable" medicine, enormous price differences between supplies of the same drug from different sources greatly affect the number of people who can be treated from a limited budget. A proprietary drug against intestinal worms may cost £3 for a course of six tablets, where the same drug from a "generic" source, with no brand name, costs £10 for 1000 tablets.

Too many competing drugs with similar uses, including new and more expensive alternatives to existing medicines, also increase costs. Essential drug lists and limited drug lists are means to cut costs and simplify prescribing.

Such means are also useful in richer countries. A successful scheme in a hospital in Dundee, Scotland, allowed doctors to prescribe listed drugs without having to justify each prescription. They could prescribe other drugs but had to write why on the prescription form.

Drug manufacturers argue that they cannot stay in business unless they make profits, and they must cover research costs if they are to discover and test new drugs.

It is an irony that new and effective drugs are often available for veterinary use before they can be used in humans. Ivermectin, an effective drug against parasitic roundworms and arthropods, widely used in veterinary medicine, is not yet licensed for general use in humans. But Merck Sharp and Dohme, the makers, have since 1987 supplied it free to WHO for use against onchocerciasis, a debilitating worm infection in parts of Africa and Central America.

Not all of these points are covered in this book, but it gives a good background to the politics and economics of medicine supplies for less wealthy countries – which is relevant to all countries. It should be widely read by those concerned to find solutions to these problems.

DAVID STEVENSON
Department of Public Health Sciences, University of Edinburgh Medical School.

Primary Health Care Reviews: Guidelines and Methods. (Pp 226; Sw fr 40) Geneva: World Health Organization, 1992. ISBN 92–4–154437–6.

The approach to reviewing primary health care systems described here is a synthesis of *WHO Common Framework for Monitoring Health for All Strategies*, and several programme specific methodologies for monitoring and evaluation developed by WHO. Such reviews can provide an overview of strategic and operational issues, identifying strengths and weaknesses in programming or service delivery at all levels. They can also yield useful information in terms of health indices. This manual draws on experiences gained in over 40 national reviews of primary health care.

Throughout, there are checklists and dummy tables summarising information in the text. The first part gives a guide to the background and preparatory work required, and an overview of what the completed review should contain. The following six parts deal with different levels of the review, from the national to the household level. Each has a common format: there is a section describing the primary aims of that part of the review, and of how this level relates to the others, and sections on data relating to health policy resourcing, and management, and how it may be obtained and validated, and on key primary health care indicators. The first of the four annexes concerns sampling: methods of sampling, sample size, and analysis of data are covered.The other three annexes contain sample questionnaires for data collections from traditional birth attendants, community leaders, and households.

It is hard to determine who the intended audience is. The book seems to fall between the stools of being a practical and theoretical