
BOOK REVIEWS


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 Organization.

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 sold 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 tablets, in contrast, 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 from the same drug factory and between 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 £0.10 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 read by those concerned to find solutions to these problems.

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


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 select papers which, if published in retrospect, would have been published in 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 epimciological and other evidence for 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 behavioural changes on HDL-cholesterol and triglyceride levels.

Primary prevention of hypertension is dealt with in a chapter documenting 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 his 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—theoretically 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 Reaven on syndrome X is especially useful and persuasive. In short, this book is recommended reading in this rapidly changing field, though for specialists only.

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

NOTICES

Tuberculosis—Signs of the Times? Royal College of Nursing Tuberculosis Visitors Forum Conference, 26 October 1944, Westminster Central Hall, London SW1. RCN members £45; non-members £60. Topics include: drugs and drug resistance; tuberculosis and nursing lessons from Romania; tuberculosis HIV/AIDS; tuberculosis and its relation to humans. Application from: Sandra Treadwell, 071-409 3333.