BOOK REVIEWS


The book is part of a European Commission funded project, which has the objective of supporting cooperation between western European researchers. A first book, already published, was written by a study from 18 European countries in a standard format. This second book includes five new empirical analyses, but has eight papers covering methodological problems, potential explanations of inequalities, and the policy implications of studies.

A valuable European dimension is provided to the debate on health inequalities in Britain. Two important reports were published in 1993. The first, Adding Inequalities in Health: An Agenda for Action, was published by the King’s Fund. The second, Variations in Health, What Can the Department of Health and the NHS Do? was produced by a group convened by the Chief Medical Officer (CMO). Both aim to make inequalities a more central public policy issue, to stimulate the application of existing research, and to define a more intervention based research agenda.

The review of European work illustrates a similar process of attempting to apply analyses, given that inequalities have been shown to exist in all the countries studied. This provides significant inputs to the discussion on achieving this aim. The chapter by Sally MacInnery reviews the range of the indicators used in European research, and illustrates the importance of defining indicators for specific processes to be addressed in public policy interventions. The chapter by Johan Mackenbach on the Dutch Government’s five year research programme, has important implications for the CMO’s recommendations for more integrated research. With the growth of collaboration between European researchers, and of European programmes to reduce inequalities, the book in general will make an important contribution to work that aims to translate research into action.

PETER FLYNN


The provision of universal medical care, free at the point of delivery, remains the avowed bedrock of the NHS, to which all political parties in Britain subscribe. Yet all parties also realise that this ideal is becoming less and less attainable. This book traces the events of the last 14 years as the Conservative Government has sought to address the problem, largely through organisational restructuring and the introduction of modern management.

The two authors have wide and very differing experience of the NHS. Tony Kember, an Oxford graduate in the 1950s, followed the old ’administrator’ pathway, eventually becoming a regional general manager and finally an advisor in the Department of Health before retirement. Gordon Macpherson, also graduated in the mid 50s, but in medicine, worked in general practice, then for the BMA and finally as deputy editor of the BMJ. Two of the 14 chapter are written jointly, seven by Kember and four by Macpherson. Topics covered include general management, primary care, the internal market, clinicians in management, the independent sector, community care funding and resource allocation, and management and accountability.

Reasonably, the most recent reforms get the greatest coverage, but these are seen more clearly as part of a continuum stretching back to the 1974 Royal Commission on the NHS. Topics are dealt with in a generally balanced way, though neither author is an uncritical enthusiast for the current changes. This is hardly surprising given Macpherson’s background, but perhaps more telling coming from Kember. Terms like ’the mirage of the market’ and comments such as ’After 45 years the personnel capability (of the NHS) is still weak. The committed and loyal NHS staff deserve better.’ or ’Too often intervention from the centre has failed to capitalise on that goodwill upon which the future of quality care depends,’ will strike a chord with many readers.

This book is not light reading, though it reads easily. It has occasional flashes of light relief - what about this for a Trivial Pursuits question? Which two organisations, world-wide, employ more people than the NHS? Answer, The Soviet Military and the Indian Railways!

Who should read the book? I believe it is mandatory reading for any lay person involved in the present day NHS, especially non-executive members of health authorities and trust boards and members of community health councils. Politicians and civil servants, especially those who find themselves in ‘health’ after the next general election, should certainly do so. It should also find a place as background reading material on management courses for health service professionals. The final chapter by Kember almost deserves separate publication as it admirably summarises the central thesis of the book: ’... we face a health crisis ... it would appear that the health changes introduced since 1979 will fail to provide the answer. The reforms have brought some successes and potential successes ... what the reforms have failed to do, however, is to address how modern society can meet future demands given: the fact that there is only a limited amount of money available for health care.’ I couldn’t agree more!

BRIAN MCGUIGKEN

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While many will point to the slow moving nature of change within health and social services, this text highlights the extent to which ideas around evaluation within a ‘consumer’ oriented market have taken hold. On this ground, the book is indeed highly successful. In providing a clear outline of basic evaluative concepts and supporting these with useful reflective questions, the text will be attractive to those in the field who are looking for relatively uncomplicated and usable ideas by which they can evaluate their work. In grounding these ideas in practical examples the text gains additional relevance. So, at this level, readers will find a relatively gentle introduction to both conceptual and methodological elements of evaluation.

Beyond these limits, there are, however, issues left either underdeveloped or unresolved. In general terms, one could characterise the book as having a rather instrumental and mechanistic view of evaluation. This is perhaps reflected in three major areas: the balance between quantitative and qualitative based evaluation, the issues of research implementation and the role of the ‘consumer’ in evaluation.

The first areas is perhaps the easiest to pin down. While generally supporting the notion of the importance of qualitative evaluation, the meagre allowance of two pages of a 176 page book page perhaps reflects the authors’ view and obviously denies any possibility of developing a substantial methodological base for exploring these areas. Concerning the notion of implementation, is largely ignored in the text. Apart from a brief discussion of ‘who should do the evaluation’ a mechanistic assumption that good evaluation will inform practice and policy is left. Perhaps some more consideration of the political context of evaluation would have been useful. Lastly, the ‘consumerist’ discourse that is introduced at the very beginning of the book and which is developed in a later chapter informs a tacit notion of a relatively limited role and scope for such ‘consumers’. This in turn sets a relatively restricted view of evaluative method with, crucially, consumers as external commentaries on existing services.

SANDY WHITELAW

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If you thought anthropometry just involved measuring height and weight - think again! This book will be appropriate to a rather specialist audience - those with a particular interest in measuring the human body. Nevertheless, as a researcher in nutrition and epidemiology, I found the book interesting, and the contributions were on the whole well-written. The first couple of chapters discuss the history of anthropometry and its use in discriminating the pathological from the normal. The next three cover interesting aspects of statistics as it relates to measurement, using anthropometric results (this chapter would be applicable to other similar data), and the development of new growth charts. Following on from this are two chapters which address the use of growth monitoring. The second focuses in particular on growth monitoring in relation to screening and surveillance in developing countries. Despite the potential benefits of such ‘regular’ growth measurement, these do not appear to have been realised in less developed countries. The use of the body mass index to define the limits of human survival is explored. There is a