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, is based on studies 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, Achieving 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 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 restructurings and the introduction of modern management.

The two authors have wide and very differing experiences 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 1976 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-famous, have a special relationship with the NHS? The answer is the BMA and the Royal College of Surgeons.

Who should read the book? I believe it is mandatory reading for any lay person becoming 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 MCGUCKEN

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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 an 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 perhaps reflects the authors' view and obviously denies any possibility of developing a substantial methodological base for this. The second issue, 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 to prevail. 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 discussed the history of anthropometry, and gave a useful overview of analysing the pathological from the normal. The next three cover interesting aspects of statistics as it relates to measurement error, the reliability of 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 grab and monitoring. The second focuses in particular on growth monitoring in relation to screening and surveillance in developing countries. Despite the potential benefits of regular and accurate 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
chapter on body composition and anthropometry in children in which the relatively new technique of bioelectrical impedance measurement is described. There are a couple of chapters on anthropometry and physical performance and fitness. The final chapter is on the uses of anthropometry in the US armed forces.

Although it is not a book to recommend for the bookshelf of every public health physician, it will be useful to those involved in research relating to the measurement of human characteristics.


The pioneering epidemiological research in ischaemic heart disease (IHD) in Finland is well recognised and this small book provides a useful contribution to the specialist literature. The primary data sets cover the period 1971-85, the age group 35 to 64 years of age, and links mortality and census data. The author found that region of birth was much more closely linked with mortality from IHD than was region of residence. The author suggests that this provides some support for the hypothesis that this excess mortality is due to the poverty of the childhood environment, although generic factors are acknowledged as an alternative or additional explanation.

This book contains no original epidemiological survey data and the readers interested in a broader epidemiological view should also read a recently published account of the North Karelia project (The North Karelia Project. 20 Year Results and Experiences. Eds Puska P, Tuomilehto J, Nissinen A, Varhainen E. The National Public Health Institute [KTL], Helsinki. Finland 1995. ISBN: 951-53-0549-7). This summarises the considerable public health achievements in reducing the mortality from cardiovascular disease in the whole of Finland and provides a bibliography of the important series of papers published by the authors linking changes in risk factors with trends in IHD mortality.


This book, which included contributions from 23 authors, is a very welcome addition to the Literature on occupational epidemiology. It is divided into two main sections, the first considers the available information on aspects of work in relation to disease. Four chapters are devoted to occupational cancer, considering the effects of metals and chemicals, ionising radiation, electromagnetic fields, and mineral dust and fibres. The authors of these chapters have provided a very thorough review of the most important aspects of these topics. The remaining chapters of this first section are devoted to non-malignant disease and, taking as an example the chapter on musculo-skeletal diseases, the reader is provided with a detailed yet concise summary of the evidence relating aspects of employment to disorders of the back, lower limb, and upper limb. There is also a comprehensive bibliography. The book contains over 100 references at the end of this chapter, allowing the reader to research whichever particular aspect of the subject interests him or her, in greater detail. A particularly interesting chapter in this section analyses the evidence linking stress at work to specific diseases as well as measures of mental health and general well being.

The second section of the book is devoted to methodology in occupational epidemiology. This will be particularly useful for students, since a thorough grounding is given of the design of studies, assessment of exposure, measurement of outcome, and evaluation of preventive measures. There is an alms book to recommend for the bookshelf of every public health physician, it will be useful to those involved in research relating to the measurement of human characteristics.