to the question, "are restrictions on availabil-
yty justified?" posed in its title. The relation-
ship between the supply of the drug and its
use in overdose is relevant to the discus-
sion, but such factual representation is insufficient
in itself to justify the proposed changes. We also
need to consider the values which underpin
our provision of health services. The title
encourages us to believe that clarification of facts
alone justify our actions. Such a
short-hand is dangerous since it may lead
some to miss out other vital considerations altogether.

The authors conclude from an association
between availability of paracetamol and the
levels of its use in overdose that sales of this drug
should be restricted. At least three
relevant debates which question this have been
identified in the past.

The restriction of sales is intended to reduce the
harm caused by overdose. When consider-
ing the benefits of the suggested intervention, we
need to also look at the associated costs. Such restric-
tions on sales will create increased
inconvenience and extra costs which will be born by
the vast majority of users who do not abuse the
product. Are such measures affecting the
vast and drowsiness, on proposals the
reducing that the
highlighting will increase when

Gunnell and O'Connell
Gunnel's
Thirdly, there is a possible hidden cost of
reducing the availability of paracetamol. We
value self reliance of the general public regarding
their own health care. This is an issue of
special importance to general practitioners
who often see development of these skills as an
integral part of their work. This view has
been previously expressed, for example by Dr
O'Connell who wrote earlier this year regarding
the Medicine and Control Agency's
proposals on paracetamol.1 If implemented, the
proposals will have a massive impact on
general practice. They will further destroy
public confidence in paracetamol as a safe
drug for pain and fevers. Patients are consult-
ing their general practitioner before taking
medicines for self limiting complaints, and this
practice is likely to increase when paracetamol
is harder and more expensive to obtain.

Gunnell's research is extremely useful in
highlighting the public health effect of
partial drug availability. We need to
remain aware of the link between accessi-
bility and choice of method of attempted
suicide—and possible links with overall sui-
cide rates. However, as Gunnell has pointed
out elsewhere, we also need to remember that
the prevention paradigm, whereby there is
disadvantage to the many frivoius interventions
that can only benefit the few, is important . . .
where the outcome to be prevented is as rare
as suicide."

The debate regarding the availability of
paracetamol needs to be widened beyond the
fictional issues to include discussion of the val-
ues underlying the various options. The
authors of the recent article are obviously
aware of this necessity. However, their choice
of title is potentially misleading. This is a
minor point, but in view of the complex issues
which are skinned over as a result, I feel it is
important.

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1 Gunnell D, Hawton K, Murray V et al. Use of paracetamol for
suicide and non-fatal poison-
ing in the UK and France: are restrictions on availability justified? J Epidemiol Community Health 1997; 51:175-9.
2 Medicines Control Agency. Analgesic medicines available without prescription: proposal to change the product information.
London: Department of Health, 1996. MLX231
4 Iainbocht George W. Prescription drug laws: jus-

NOTICE

VIIth Annual BEES Workshop (British
epidemiology-socioby)
was founded in 1990 with the aim of promoting a
high standard of epidemiological research
into all forms of skin disease, with emphasis
on an interdisciplinary approach. The VIIth
BEES Workshop will be held on 16 January
1998 at the University of Nottingham. 100
places only. Further information, contact: 
Dr Hywel Williams, Department of Dermatol-
ogy, C Floor, South Block, Queen's Medical
Centre, Nottingham, NG7 2UH. Tel: 0115
924 9924 ext 44539. Fax: 0115 970 9003.

BOOK REVIEWS

Health Promotion: An Anthology. Pan
American Health Organization. (Pp359;
US32) Scientific Publication No557,

This book offers a selection of the most
important articles and documents on health
promotion, its concept, and the different stra-
egies and methodologies. Editors and con-
tributors, grouped around Helena Restrepo
and PAHO's Division of Health Promotion
and Protection, have achieved a formula
acceptable to all involved that has successfully
operationalised many of the chapters.

Women and the Health Care Industry.
Peggy Foster. (Pp 218; £40). Buckingham: Open

This book examines the effectiveness of
modern medicine in meeting the health needs
of women and the extent to which ineffective
or dangerous interventions are perpetuated
because of vested interests. To achieve these
aims evidence from a wide range of sources is
presented. Since providing ineffective or dan-
gerous services for profit in doctor-patient
relationships based on trust must be the most
unethical form of marketing dangerous produ-
ces, this book contains important infor-
mation for researchers and providers as well as
users of health care to consider.

The author points out that any bias in cit-
ing research findings in favour of one the-
ories. Contradictions in evidence and the
validity of research findings are discussed in
relation to issues such as the impact on
knowledge of these of not publishing studi-
results, biased allocation of research funds,
and the influence of organization and funding
mechanisms on how vested interests affect
services. As critical scrutiny of available evi-
dence is hamstringed and other sources of
knowledge, these are major contributions of the
book.
A tendency to mix research evidence, anecdotal evidence, and the perspectives of social critics without distinguishing the differences in forms of evidence weakens the discussion. The recurring exaggerated theme of a sexist patriarchal ideology in medicine diverts attention from how social and cultural determinants interact with dominant treatment models to shape demand for services as well as the types of products and services provided. Large and increasing numbers of female doctors provide the controversial psychiatric, reductive, and other treatments discussed. Likewise, predominantly male patient groups are affected by the combination of vested interests and the technological imperative in the dominant biological treatment paradigm.

KATHRYN DEAN
Population Health Studies, Copenhagen, Denmark


In these times of emphasis on outcomes, success, and results in all walks of life, it is refreshing to read a book where examples of research are shared in a reflective way, so that readers can learn in a very direct way from the experience of others.

The book is for practitioners, researchers, and educators teaching research on health and welfare courses. It is divided into three parts. The first looks at the context, process, and issues of research. The second part consists of five case studies, and the third is a toolkit. The reader should gain a good understanding of what action research is, a sense of where it might be useful, and guidance on how to set it up both from the toolkit and the strengths and weaknesses of the case studies.

The case studies examine the political context, the need for action research programmes in a district general hospital, a staff development initiative, interprofessional working, and changes in service provision and practice. The emphasis is on organisational development and professional change, although some of these studies also draw from community development approaches.

The book reminded me of the increasing role of research and development in innovation and change in the health service as practitioners abilities to do this in other ways becomes constrained by the contracting process. Books which have the qualities this one has are very much needed; it is readable and accessible to the range of people who might want to use an action research methodology to initiate change. It will definitely go on my reading list.

JUDITH EMANUEL
University of Manchester


This book highlights the growing importance of needs assessment in relation to public services. In some areas it is now a legal requirement, and at a time of scarce resources the demonstration of need can bring extra revenue. The growing influence of market forces and forms of purchaser/provider split in public services has created an environment where needs assessment is recognised as an integral part of the increased focus on outcomes. Finally, widening inequality has led to a concern that resources are targeted on those who are in greatest need.

In the first part, the book addresses theoretical, conceptual, and methodological issues of relevance, using Bradshaw's classification of normative, expressed, and comparative needs. Public services said address areas of need where the market place is prone to failure in terms of efficiency, outcome, and inequity. The book then reviews issues of quality and reliability in data collection. The relative advantages of existing data as an indicator of comparative need, and new data specifically gathered for needs assessment are discussed, as are those of quantitative and qualitative approaches such as focus groups, public meetings, and participatory rapid appraisal. The choice of method needs to take into account timescales and resources available, and often these are inadequate for comprehensive health needs assessment.

In the second part, the book considers health, housing, community care, legal aid, and training for the labour market. The book generally covers these areas comprehensively, although there are omissions. The section on community care covers mental health problems, but makes no mention of the care programme approach. Equally, the importance of socio-demographic factors in epidemiological approaches to the assessment of health service need is not considered. The limitations of rapid appraisal, life cycle, and community led health needs assessment are only briefly covered.

Generally, the book provides a useful overview of the subject although there could have been more detail on practical aspects of health needs assessment.

STEVE KISELEY
University of Birmingham


This is a revised and updated edition of the Lecture Notes on Infectious Diseases. It follows a new system-based approach instead of concentrating on infections as such. The first section of this book (general topics) covers the basis of infectious diseases, including immunology and immunisation, chemotherapy, hospital acquired infections, and pyrexia of unknown origin.

The second section deals with system-based infections. For each system, the commonest clinical syndromes are discussed in the first part of the chapter and in the second part the most important ones are considered in more detail. For clinical syndromes, causes, complications, investigations, differential diagnosis, treatment, and prevention are presented. Under specific infections, more information on epidemiology, pathology, treatment and prevention is given.

The third section describes infections of the immunocompromised host, including HIV and specific infections that are linked within immunosuppression. The last section covers parasitic infections.

The information presented in this book is clear, easy to follow, and straight to the point. In addition, the text is full of self explanatory tables. This book should serve as a quick reference for the medical students, GPs, hospital doctors and any other health professional who is dealing with infections.

ALI HAJEER
ARC Unit, University of Manchester


This book deals with the activities of four health professions in the search for clinical audit. The health professions are: clinical psychology, occupational therapy, physiotherapy, and speech and language therapy. The book is based on a research sponsored by the NHS Executive and carried by the Centre for the Evaluation of Public Policy and Practice at Brunel University and the Nursing Research Unit at King's College, University of London. The purpose of the research was "investigating known examples of good practice, desegregating the principles of components of each model, and then disseminating those models, perhaps reaggregating them on a way".

The research consisted of interviews with practitioners in nine sites in England that were recognised as places with an "active story of audit, geographical spread, representation of professions, setting (to include audit in hospital and in community settings), organisation client group, and keenness to participate".

The book is divided into seven chapters, five appendices on the research methodology, and more than 150 references. The first three chapters cover the theoretical aspects of the research. Chapter four details the findings of the research. The three last chapters bring a reflection on the findings; chapter five deals with the benefits and the factors that benefit or constrain clinical audit; chapter six relates clinical audit with the management structure of the health care systems; and chapter seven offers ideas on how to make audit progress. Each chapter has been written by one to three of the members of the research team.

The book is not a practical guide on how to do clinical audit, but a research report on how audit is being applied to the therapy professions. The reader of this book should not be a health professional intending to do audit who expects practical tips on how to do it, but a researcher interested on the development of quality management in the health services.

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