

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, reproductive, 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.

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**Action Research for Health and Social Care: a guide to practice.** Elizabeth Hart and Meg Bond. (pp 244; £12.99) Buckingham Open University Press, 1995. ISBN 0-335-19262-9.

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 practice of action research. The second 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 of an action research programme 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 the studies described 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.

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**Needs assessment in public policy.** Janie Percy-Smith (Pp 149; £12.99 (pbk) £40.00 (hbk). Buckingham: Open University Press, 1996. ISBN 0-335-19595-4 (pbk) 0-335-19596-2 (hbk).

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 methodical issues of relevance, using Bradshaw's classification of normative, expressed, and comparative needs. Public services should 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.

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**Lecture Notes on Infectious Diseases.** B K Mandal, E G L Wilkins, E M Dunbar, R T Mayon-White. (Pp 347; £14.95). Blackwell Scientific Inc. 1996. ISBN 0-632-03351-7.

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 with 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.

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**Making use of clinical audit: a guide to practice in the health professions.** M Kogan and S Redfern with A Kober, I Norman, T Packwood, S Robinson. (Pp 188; £14.99 (pbk) £40 (hbk)). Buckingham: Open University Press, 1995. ISBN 0-335-19542-3 (pbk); 0-335-19543-1 (hbk).

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 reagggregating 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 by four 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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