Book reviews

Anon. *Turning Evidence into Everday Practice*, PACE, London, 1997, 72 pp., £12.50.

"Evidence-based medicine" is one of those slogans which gain a sudden following, not so much because they represent a new idea, but because they attach a label to something which needed an identity. There is nothing new about the notion that medical practice should be based on sound evidence – William Withering's dissertation on the foxglove of 1777 (and his insufficiently recognized work on other traditional remedies) was one of the classics which established the tradition. However, there is no doubt at all that practical medicine has often run years (and sometimes decades) behind discovery and has failed to improve its practices when science had shown that correction was called for. This modest booklet (though regrettably expensive for 72 pages) is a worthy first product of a British programme aimed at promoting evidence-based practice throughout the health services. PACE ("Promoting Action on Clinical Effectiveness") has to date worked at 16 sites scattered throughout Britain to develop the concept at all levels. So far, it seems to show that by concentrating effort on key sites and priorities one can induce change and render practice both safer and more effective. Looking at the programme from the outside one would merely urge PACE to concentrate a little more on the economic advantages of better medicine. It is all very well to work altruistically, but policy ultimately depends to a very large extent on people (and institutions) with budgets to respect and politics to play. Proving that good medicine is cost/effective will be vital in developing their support for change.

A. August Burns, R. Lovich, J. Maxwell et al., *Where Women have no Doctor: a Health Guide for Women*, Hesperian Foundation, Berkeley, CA, US, 1997, 94 pp., $20 (for developing countries: $10.-).

That marvellous little book *Where there is no Doctor* has acquired a valuable sister volume from a non-profit group in California (which, very commendably, makes it available to developing countries at a discount). There is little duplication of the earlier book, since this newcomer concentrates very largely on those health problems which are specific to women. There is as much information on staying healthy as on treating disorders – of tremendous importance since it is so clear from most developing countries that the health resources available for the poor are still devoted almost entirely to therapeutic care. In this comprehensive book, menstrual function, sexual health, pregnancy, birthing, breastfeeding and the menopause are admirably handled in simple text and pictures. Not a great many of the women who could benefit from this book will, alas, ever possess it, even at a reduced price. What one would hope is that aid agencies will work with it and disseminate it on a sufficient scale to make it accessible at health centres throughout the developing world.

Anon. *Health Statistics in the Nordic Countries, 1996*, Nordic Medico Statistical Committee, Copenhagen, 1998.

Figures can throw an unexpected light on the performance (or non-performance) of the health professions. The admirable annual volumes documenting the progress of health in the countries of Scandinavia

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are no exception. In most respects they point, fortunately, to progress and to a better state of health in this part of the world than in many others. Here and there, and particularly when one sets the figures for the various countries alongside one another, one runs into some curious discrepancies; and some of these relate very much to matters on which health professions can – or should – have an influence for good.

Smoking is one of them. The annual sale of tobacco in kilograms per capita, shrank over a four year period in Finland from 1.11 to 0.87; in Denmark it was vastly higher, dropping hardly at all from 2.98 to 2.91 – some 3.3 times higher than further north. Yet doctors and the public in the two countries have precisely the same facts facing them regarding the risks of tobacco. So why the difference – or indifference?

Where fat intake is concerned, the Danes have done rather better; despite a powerful dairy industry, the annual intake of fats in kilograms per capita shrank in Denmark from 25.6 to 18.4 – closely parallel to the trend in health-conscious Norway; the Icelanders remain incorrigible at 24.3 kg per head. As to alcohol, however, Denmark was once more the black sheep of the Nordic family, with annual intake (calculated as litres of pure alcohol per head) gently rising to 12.2 in Denmark and slowly falling over the same period to a mere 5.0 litres in Norway.

It is hardly fair to judge the value of this volume from such examples; other tables show how intensive the provision of medical care is throughout the region, and how excellent its achievements in terms ranging from a negligible maternal mortality to an unexcelled life expectation (75 years or more). Above all, the completeness of the record is an example to many other parts of the world.