

ly mean that it will perform as well in the general population where the probability is lower.

Bradley takes us through the historical sequence of changes in medical reasoning with short sections on inductive and deductive logic, hypothesis formulation and hypothesis testing and so on. In these early chapters I felt the section on 'what is a disease' would have been enhanced by clearer recognition that there is an illuminating and extensive literature on this issue—the fact that disease and illness are different and that it matters from which perspective one is looking is important and interesting.

The central sections are well done and it seems churlish to mention defects. Nevertheless, like most book reviewers, who feel not to do so would be negligent, I shall. First, the section dealing with predictive value would have been a good opportunity to point out (and clear up) an interesting terminological issue—that the term 'predictive value' could (and indeed is) construed in at least two senses. One of these is the one clearly explained in this book—the proportion of those who screen positive who actually have the disease. The second is the sense of 'prognostic value', that is, the usefulness of a clinical or laboratory finding in predicting the *future* development of disease. I have heard these two senses of the term confused by students (and by some practitioners who should know better).

The second issue is that of 'sensitivity analysis' (not to be confused with sensitivity of tests). The former does not appear in the index and, as far as I can see, an explanation of it does not appear in the text. To have included sensitivity analysis in the sections on decision analysis would, I should have thought, have been mandatory.

The fact that these 'defects' are so trivial should clearly convey the sense that finding defects in this volume is a difficult task. With its slightly poignant dedication ('To Joyce, Dylan, Davy and Helen for the loss of the shared evenings and weekends, which can never be recaptured'), this is a useful book to read and even to own. The lost evenings and weekends were worth it.

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**Regulation of the market in the National Health Service.** Edited by Anthony Hopkins. Royal College of Physicians, London, 1994. 119pp. £12.00.

Once upon a time a group of people were told by their Leader that they all had to go on a journey. Some of them didn't want to go on the journey at all: they were quite happy where they were, give or take a few local difficulties and frustrations. Others in the group rather fancied the idea of a mystery tour, but they weren't too sure about the charabanc that would be taking them on it. It was called *NHS Internal Market*,

and it was a brand new model that nobody had ever seen before. In theory it was a sound vehicle, but it hadn't actually been road-tested. So some of the group asked for a trial run in it before the journey started, but the Leader said 'nonsense', the charabanc included all the latest gadgets, 'so stop moaning and let's set off'.

So they did. For a while it was all quite exciting. It was certainly different, and just as the Leader had said, the charabanc did contain some very interesting bits of equipment. Some of the people noticed that the charabanc seemed to be travelling rather slowly at first, but the Leader said that this was simply because of the petrol they were using (*Steady State*), and things would start to speed up when they switched to another brand.

After they had been travelling for a while, someone suddenly asked: 'where are we going?'. The others said out loud, 'what a silly question!'; but secretly they were relieved that it had been asked, because they weren't absolutely sure either. 'Where do you think we're going?', asked the Leader. 'I think we're going to Efficiency', said one. 'No we're not', said another, 'we're going to Competition'. 'I'm certainly not going there', said a third, 'I want to go to Quality via Choice'. 'Don't be silly', chipped in a fourth, 'we were told quite clearly that we were all going to Market'. 'Just like the little piggies', said a fifth, though he shut up when the Leader glared at him menacingly.

Emboldened by this, someone else in the group wanted to know who was driving the charabanc, and whether they knew how to work the controls properly. After all, it was a brand new and immensely complicated vehicle and it hadn't been on the road for very long. 'Of course I know', shouted the driver; 'look, here's the accelerator!'. 'Yes, but what about the brake?', asked another. 'Brake', yelled the driver angrily, 'who needs a brake? If we start getting heavy with the brake, we'll never get there at all!' Then one of the little ones started to cry. 'I don't think I like this', he sobbed, 'please can I get off and go home?' 'No you can't', said the Leader firmly, 'it's much too late for that'. 'Hurrah', said some of the adventurous ones who were enjoying the journey, 'now let's get on'.

But some of the more important people in the group, the doctors and professors and managers, began to get a little anxious about the whole thing, and they decided to have a meeting to discuss their progress on their journey so far. They all talked earnestly and seriously about where the charabanc was going and who was driving it, and whether it really did have all the controls that it ought to have, and even if it did, whether they had been properly installed and serviced. Of course, nobody went as far as to suggest that it might have been a mistake to start the journey in the first place. In any case, even those who weren't *absolutely* sure they knew where they were going or whether anyone was *actually* in control of the charabanc, were still very excited about the journey itself.

They certainly didn't want to go back to wherever it was they had come from, with all its local difficulties and frustrations.

Understandably, the meeting didn't actually resolve anything, but then, nobody had really expected it to. They certainly thought it had been a jolly worthwhile thing to do, and they all felt a little bit more confident what they would say to the Leader when she next asked them how they were getting on.

As it happens, the landlord of the premises where the meeting took place (a rather comfortable hostelry with a grand name—The Royal College of Physicians) kept a note of everything that the important people had said, and he decided to publish it as a book, so that all the other people on the journey could know what was happening. It is quite a short book but it fairly and accurately reflects the dilemmas and prospects of the internal market in the NHS so far, reflected in the views and experiences of those who, for the most part, have to make it work. The RCP is to be commended for organising and hosting the meeting, and for presenting the complexities and ambiguities of the market in such an ordered and readable way.

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**Therapeutic applications of prostaglandins.** Edited by John R Vane and John O'Grady. Edward Arnold, London, 1993. 227pp. £65.00.

Is there ever a right time to publish a scientific review in book form? There can be few constraints on the timing of an historical account, and for an autobiographical description of scientific discovery the limiting factor is the author's recall. However, for a good scientific review, a hardback book poses problems. In science the average half life of a fact is rarely more than a few years (and is ever diminishing) so the longer the production time, the greater the chance of the information being out of date. It is difficult for the reader to know which bits of information lag; there is however at least one pointer—the number of 'facts' that have been superseded will usually depend on how fast the particular subject is developing. For prostaglandins research was frenetic in the seventies and eighties and by 1990 the publication explosion was settling. An account written now on their pharmacology and biochemistry should be fairly secure.

But even if a fact itself remains unchallenged, its relevance can be undermined if it can no longer be integrated with developments in related fields. When writing a review on a single topic for basic scientists this may not be a problem since basic science usually progresses along narrow seams and so its lines for integration tend to be vertical. In medicine, however, much of science must be integrated horizontally and this finds

no better illustration than in therapeutics where a clinical trial on a single drug would be of limited value; the demand is for comparisons with other treatments whenever possible. For those writing books on therapy this is a real challenge since the turnover of 'facts' does not depend on the scientific activity in a single topic but on the broad and relentless (horizontal) advance in all.

Nevertheless, books on management are written, classically the 'text' book, and somehow many of these succeed. The trick here seems to be in the spirit of the writing. As in good teaching, the information errs on the side of the established with clear signs given of any move into the speculative. Wherever possible information is balanced and impartial, with readers alerted about views that might be seen as biased. In the long run the partisan, polemic or crusade are a liability for the unwary.

*Therapeutic applications of prostaglandins* is part textbook and part tract, and like other multi-author books the effective time between writing and publication was long with few references published after 1990. In many ways the book succeeds, in others it becomes awkward. By its very nature it is partisan as it searches for, and promotes the place of, prostaglandins in physiology, pathology and eventually therapeutics. After early chapters giving detailed analysis of the biochemistry and pharmacology of prostaglandins (the number of receptor subtypes will overwhelm many readers!) the book moves on to discuss management-based issues such as 'Prostaglandins for termination of pregnancy', 'Prostaglandins in the management of gastroduodenal ulceration' and 'Prostaglandins in erectile dysfunction'. Each of the later chapters starts with a background review of the pharmacology of prostaglandins as it relates to the condition and ends with a description of their use in the management of the condition.

It is in the analyses and background reviews that the book succeeds. These are uniformly good, are very well referenced and would provide a splendid springboard for those new to the subject or even for specialists who want a quick reminder. Although dated, someone starting from 1991 could easily put new material into context. Much less successful are many of the management sections. Now the book's partisan approach, and the fact that areas have been superseded, become an impediment. The book seems desperate to find therapeutic places for prostaglandins. In many instances, such as the induction of labour, they have a clear role and this is well argued. In others it is all very speculative yet the text seems to bombard the reader with pleas urging the use of prostaglandins and encouraging more and different trials. This less circumspect approach annoyed me and I found myself critical of the fact that too often the information was neither up-to-date nor comparative. How, for instance, do the effects of prostaglandins compare with new drug treatments such as triple therapy (antibiotics plus bismuth derivatives) for duodenal ulcer or nimodipine