included in the book. The possible harms of colonoscopy and laparoscopy in screening for colorectal cancer and ovarian cancer, respectively, are not mentioned. Reports of the death of healthy people with a false-positive screening result have been published and should have been included as a possible harm resulting from these two screening programmes.

It also seems as though the provision of full and understandable information is used as an excuse to implement any kind of screening programmes that have a measurable benefit. The authors use Raffle *et al*'s study on actual data from cervical cancer screening as an example of a programme that has very little benefit but does a lot of harm: 1000 women have to be screened for 35 years to prevent one death from cervical cancer. At least 80 of the 1000 women will be overdiagnosed and 50 will receive overtreatment. Despite this large harm-and-benefit ratio, the authors recommend screening for cervical cancer as long as the people invited for screening are given full and understandable information at invitation. From my point of view, such a recommendation contributes to the public's and its political representatives' view on screening as a panacea. I believe the conclusion should have been that it is difficult to recommend cervical cancer screening in industrialised countries where the incidence of cervical cancer is low. Mass screening for cervical cancer does not seem to be sustainable for all women aged 21–64 years. The authors should have argued against the misunderstanding of screening by the lay population and the politicians by not recommending cervical cancer screening because of its limitation and harm. They should have suggested an alternative to mass screening—for example, screening in high-risk groups or no cervical screening at all.

J Brodersen

Alcohol problems in adolescents and young adults

Edited by G M Boyd, V B Faden, E Witt, D Lagressa, M Galanter. Published by Springer Berlin, 2005, $49.95 (paper back), pp 456. ISBN 0-38729-215-2

In this book, the editor has brought together a comprehensive view of all the literature in this complex field, and in terms of the detail and coverage, the book cannot really be faulted. The issue of alcohol use by young people is not only hugely important, but is important to a range of people in many different roles and professions in addition to that of specialist adolescent psychiatrists; unfortunately, this tome is directed towards a specialist psychiatric readership to an extent that it is entirely possible to lose the will to live during some of the more densely opaque jargon-filled sections. There is also a distinct air of moral authority running through many of the contributions, which perhaps will sit more easily with a US readership.

One striking point that emerges with all the studies and literature put together in one place are the gaping holes about some of the most fundamental aspects of alcohol use by young people. For example, there do not appear to be good long-term studies of levels of financial, emotional and professional success achieved by childhood alcohol users compared with those who do not indulge, and clearly these studies are needed.

Some specific chapters do stand out, so for example, Chapter 5–Drinking among college students, which is notable for its lack of judgemental tone and for the excellent reviews of the large numbers of studies carried out in this area. There are also areas which, despite the very comprehensive coverage, are not covered well—for example, the whole contentious area of alcohol use and sexual risk among young people, a topic that is extremely relevant in an age of escalating sexually transmitted disease and in societies with very high and unacceptable levels of sexual victimisation.

There are some specific problems for a UK readership. The UK is the ''sick man'' of Europe as far as teenage alcohol problems are concerned, with record levels of teenage pregnancy and soaring rates of sexually transmitted diseases. At a time when overall alcohol intake is decreasing in many parts of Europe, alcohol intake in young people is still increasing in the UK. In particular, female drinking patterns are approaching male drinking patterns in both frequency and quantity of alcohol consumed, and some of the downstream measures of the effects of this increased alcohol intake are showing extremely worrying consequences. For example, deaths from liver disease have increased eightfold in young and middle-aged people over the past 30 years, with all the signs being that we have only just seen the start of the likely problems to come. Many knowledgeable people in the field are predicting future large rises in alcohol-related deaths and in particular, female deaths.

Unfortunately, one of the main issues for a UK or indeed a European reader is that most of these studies are US based, and American and European drinking cultures are very different. For example, the cut off for problematic binge drinking of five units of alcohol in a single session amounts to two glasses of wine or pints of lager in most UK bars, and is less than the mean weekly alcohol intake of an average 11–13-year-old school child in the UK (6.4 units).

In a recent survey of alcohol use in a local sexually transmitted diseases clinic, we found that 94% of attendants regularly drank more than 6 units, with the median consumption of 20 units of alcohol (200 ml) on a heavy night. The US bias in the book is no fault of the authors, but merely reflects the huge disparity in the quantity and quality of research into alcohol in the US compared with that in Europe, particularly reflects the disgraceful absence of funding for serious studies of the problem.

In summary, this volume provides an excellent reference work for those with a specific clinical interest in this area but it is less easy to recommend it to a more general readership; for those working in the field in the UK, it really does give a clear indication as to how desperately similar research studies are needed in the future.

N Sheron

Drug and alcohol abuse: a clinical guide to diagnosis and treatment

Authored by Marck A Schuckit. Published by Springer, New York, 2006, $52.04, pp 404. ISBN 13.978-0387-25732-7

As the subtitle indicates, *Drug and alcohol abuse* is a clinical guide, no more, no less. The fact that it is in its sixth edition shows that it sums up important and indispensable information for specialists working in clinical addiction medicine, ranging from the basic concepts of addiction medicine, through the diagnostic criteria of the different addictive syndromes, to the specific treatment methods. Right in the first chapter the author emphasises that the book has undergone considerable changes and development since the appearance of the first edition (1979). A separate study could be made of the contemporary development of addiction science by comparing the different editions. In each edition, in defining the priorities for the different drugs, Schuckit takes into account how popular the particular substance is with users at the time. As a result, this edition contains no information on ketamine, a drug that was given considerable attention in the previous edition. From the Hungarian viewpoint, this is regrettable because ketamine use is increasing among young people in Hungary. In the same way, although the fifth edition devoted a chapter to prevention, this is not found in the present edition. If the reader skips over the reasons for this given by the author in the first chapter, by the time he or she reaches the end of the book he or she will have a strange feeling that something is missing. This feeling can arise in the individual chapters too because the preventive view is lacking from the approach of the whole book. This lack is reflected, for example, in the fact that concepts such as gateway do not appear in the book. If the aspects of the gateway phenomenon had been examined for individual drugs, the author would have been able to expound his ideas on how the process leading to addiction can be halted in the early stages. Schuckit had earlier received feedback leading him to the conclusion that his book is read mainly by clinicians who are interested in clinical cases and the specific tasks in the given situation. If this is true, then we must conclude with regret that the clinicians do not have a preventive attitude. This in turn points to the shortcomings in this aspect in the training provided in addiction medicine. It would certainly have been more fortunate if the author took advantage of the popularity of this book to broaden the horizon of clinicians in the direction of community health and prevention.

The greatest merit of *Drug and alcohol abuse* is that it does not contain a single superfluous sentence. The author expresses what he has to say concisely, giving only the most important and most reliable information. He does not recommend any form of treatment if the efficacy tests leave any doubt about its value. One example: in the chapter on opioids, the author mentions the possibility of ultrarapid detoxification with naltrexone, but he does not recommend its use because research to date has not shown its efficacy compared with the longer-term outcome, and the potential dangers of its use are well known.

Schuckit places the different syndromes in the widest perspective, which also includes the epidemiological data, not only giving the reader recommendations for the course of clinical treatment for individual patients but also giving a comprehensive picture of the spread of the syndromes in the USA as well as the historical aspects of this spread. The reader in Europe and other continents is left with a feeling of something missing: where suitable information is available, the American figures could have been supplemented with those for Asia, Australia, Europe and Africa. This would

undoubtedly make the book longer, but would give the reader a much more comprehensive picture of the problem of drug misuse in the contemporary world.

The 14 chapters of the book give a description of the syndromes related to what the author considered to be the most prevalent drugs (depressants, alcohol, stimulants, opioids and other analgesics, cannabinols, hallucinogens and related drugs, glues, inhalants, and aerosols, over-the-counter drugs, prescription drugs, xanthines and nicotine), information on the drug combinations and the emergency problems. Finally, the book ends with a chapter on the rehabilitation of chronic drug users, which broadens the perspective of the earlier chapters focusing mainly on psychopharmacological aspects, with a brief, factual description of the psychosocial and other biological, naturopathy treatments.

At the end of each chapter is a detailed bibliography containing an average of more than a hundred of the most relevant items on the topic.

Schuckit's clinical guide provides practising doctors with an important conceptual framework and information for the solution of daily clinical problems.

J Gerevich

Management mistakes in healthcare: identification, correction and prevention

Edited by Paul B Hofman, Frankie Perry. Published by Cambridge University Press, Cambridge, 2005, $95.00 (hardback), pp 255. ISBN 0-521-82900-3

Dick Davidson reminds us in the foreword to this important book that the public perception of the American hospital as a partner in its community, supporting ''kindly Marcus Weldon MD'' of 1970s television fame in the US, has changed. Although the nurses and doctors in the emergency room still seem heroic, the hospital seems more like a bureaucratic barrier getting in the way of ''good people trying to help people''. Systems are now in place in the US and the UK for the detection and prevention of clinical error, but the detection and prevention of healthcare managers' errors has not, until publication of this book, received the same attention.

The book aims to be a first step towards acknowledging and examining mistakes in healthcare management. Although their consequences are not as immediate as for clinical error, management errors may affect the health of whole communities. The book recognises that it is not easy to define management error. It offers some options here, emphasising a thorough review of evidence before a decision is made, and distinguishing error from intentional wrongdoing. The target audience is chief executives, senior managers and clinical managers (because clinical error, it argues, can become a management issue), and perhaps also risk managers, clinical governance staff (in the UK) and ethics staff (in the US). The book comprises six initial thought pieces followed by seven US-based case studies. The content is mainly relevant to US, but a reflective chapter on UK facilitates the transfer of some lessons from the case studies.

The thought pieces cover some sources and types of error (eg, of commission and omission), levels of disclosure, coping strategies for individual errors, methods of improving management performance, and systems and policies for managing management errors. Other chapters look in detail at the dimensions of the context of managerial mistakes, and present alternative or complementary taxonomies of sources, types, and ways of disclosing, managing, correcting and preventing management mistakes. There is a reflection on the lessons from medical mistakes, and recognition that there is management responsibility for both the antecedents and the consequences of clinical error. A final reflective chapter considers accountability for management mistakes, suggesting that the ''no-fault society may actually have some limits''.

The case studies are generally lively and convincing. They cover the management response to medical error, management of a nursing shortage, problems with IT procurement, inept strategic planning in the development of a new hospital, mistakes in public relations after a death caused by equipment failure, problems with clinical governance, specifically, in engaging the board in providing ''loyal sceptic'' (''iron sharpens iron'') support for the CEO and an account of a failed hospital merger. Although the cases are all US based, the UK review of selected cases highlights the UK national systems for reporting mistakes and sharing lessons, and points out that in the UK, chief executives of healthcare organisations are now legally accountable for mistakes made by their staff. The final chapter sums up the lessons learnt from both case studies and the thought chapters.

The book makes a commendable start in dealing with healthcare management error. It emphasises the need to be open and honest, alongside acknowledging that complete candour may not always be useful. It does not draw explicitly on concepts from organisational learning which could point to the links between robust systems for detecting and preventing error using single-feedback loop learning and double-feedback loop goal changing learning. An open learning culture—for example, using the method of Argyris and Senge, needs to include the possibility of innovation. The definitions of management mistakes are not fully convincing, because the nature of management evidence means that management mistakes can be made sense of in different ways from different perspectives, and this, the political dimension, is not much discussed. Some of the differences in principle between management and clinical mistakes are usefully dealt with. I would recommend this book for all senior healthcare managers interested in learning from mistakes.

A D Millard

Bovine spongiform encephalopathy: risk, science and governance

Authored by P van Zwanenberg, E Millstone. Published by Oxford University Press, Oxford, 2005, £35.00 (hardback), pp 303. ISBN 0-19-852581-8.

Over the past decade, there has been an increasing number of food alerts—bovine spongiform encephalopathy (BSE), dioxin, *Listeria*, *Salmonella*—creating a genuine crisis of confidence among consumers in food safety and its governance. Of these food alerts, the BSE one has been the worst, developing the characters of a real emergency.

van Zwanenberg and Millstone's book *BSE: risk, science and governance* provides a comprehensive analysis of the development of the BSE crisis, tracing its roots back to traditional UK agriculture and food policy-making. From these premises, the book analyses the course of events from the discovery of the first BSE case in November 1986 to the final failure that brought profound institutional changes in the UK, in the European Union and in several European countries. Particularly, the role of the relationships between science and public policy making in the development of the BSE crisis has been thoroughly analysed. The focus of the book is mainly the various lessons that can be learnt from the BSE saga. The history of BSE is presented as a paradigm of situations that require interaction between science and politics in a framework, where scientific uncertainties predominate.

The book first describes the role of science in public policy making and the different structures and approaches for science-based policy making after 1945 and up to the publication of the US *NRC's Red Book* of 1983, which states the paradigm adopted after the BSE crisis by the European Commission and the European Food Safety Authority for their policy-making process. In the subsequent chapter, the evolution of UK policy making on agriculture and food-related topics during the past two centuries is described. This chapter provides a basis for understanding the psychology of the Ministry of Agriculture, Forestry and Fisheries officials that led to the development of the BSE crisis. The next three chapters describe reactions to the detection of the first BSE cases, characterised by the imposition of a policy of secrecy at first, followed by seeking the help of advisory committees (Southwood Working Party, Tyrell Committee and Spongiform Encephalopathy Advisory Committee) to try to provide a justification for, and a masquerade to disguise, faulty policy judgements. The last chapters of the book, before the summary and conclusions, are about the BSE policy in continental Europe and the partial reform of food policymaking in the UK, the European Union and some European countries (France and Germany).

The analysis of the BSE policy in continental Europe is less complete and convincing than that carried out on the UK policy. The European reaction to the 1996 crisis, after the first cases of variant Creutzfeld–Jacob disease, is not analysed in all its aspects and consequences. In particular, the book does not deal with the testing of all bovine animals slaughtered for human consumption, adopted in the early 2000s. This was a clear over-reaction in contrast with the previous period that the authors properly define as ''regulatory rigor mortis''. This mass testing, presented to the public as a precautionary decision, an overkill from the scientific viewpoint, as it did not prevent a significant amount of infected animals from entering the human food chains, but was quite an effective way to overcome the attitude of European veterinary officials of overlooking the importance of BSE and to obtain widespread testing of animals in the categories at risk. This is another example of flawed policy decisions based on non-scientific motivations and concealed under the pretence of science-based policy making, which has characterised the entire BSE saga.

A Giovannini