late 1970s and is now rising. After allowing for the proportion of births to mothers over 35 years, the trend with year remains significant at the 5% level, OR=0-9996, (95%CI: 0-9995, 0-9997). Over the period there has also been a steady increase in the proportion of single mothers. As single mothers are more likely to have boys, it is likely that the decline in the sex ratio of children born to other women with higher educational level. This decline in the sex ratio remains unexplained. Possibilities are a general fall in the frequency of intercourse, perhaps due to the increasing stress of society or changes in male or female hormone levels. The latter could be consequence of air pollution which was shown by Williams et al to be associated with a lower sex ratio.

H O DICKINSON
L PARKER
University of Newcastle
Sir James Spence Institute of Child Health
Royal Victoria Infirmary
Newcastle upon Tyne

This research was supported by grants from the United Kingdom coordinating Committee on Cancer Research, the North of England Children's Cancer Research Fund and Westlake Research Institute.

5 Williams FL, Lawson AB, Lloyd OL. Low sex ratios of births in areas at risk from air pollution from incinerators, as shown by geographical analysis and 3-dimensional mapping. Int J Epidemiol 1992;21:311–19.

Comparing measures of variation
Sir – We recently reported levels of geographical variation in hospital admission rates in the Oxford region.1 In discussing our results, we briefly compared systematic component of variation (SCV) values from our data with those published by Wennberg et al for hospital service areas in Maine, USA. Wennberg et al described their method by citing an earlier paper in which SCVs had been calculated using a multiplication constant of 100.2 We now believe that in the 1984 study they in fact used a multiplication factor of 1000, although it is impossible to discover this from their paper.

The reported differences between our results and those from Maine persist, however, after taking account of the 10-fold multiplication factor. Only 10% of admissions in Maine were for conditions with an SCV (100) of less than 5.0, compared with 44% of surgical workload in Oxford.

Our conclusion remains unchanged. There was substantially less variation in admission rates in the Oxford region than in Maine, USA.

JOHN NEWTON
VALERIE SEAGROATT
MICHAEL GOLDA C
Unit of Health-Care Epidemiology,
Department of Public Health,
and Primary Care,
University of Oxford.


Perinatal mortality in a first generation immigrant population and its relation to unemployment in The Netherlands
Sir – In the introduction of the above article1 we stated in error that a previous study by Doornbos and Nordbeck of the same population2 showed an odds ratio of 1.50 for perinatal mortality for infants of Surinam origin and of 1.42 for infants of other non-Dutch origin. In fact, these authors reported crude odds ratios of 1.23 and 1.22 for the two groups. The error resulted from a misreading of data provided by these authors.

Our re-analysis of the role of various factors associated with perinatal mortality and ethnic origin therefore confirms the simpler Doornbos/Nordbeck analysis with respect to the marginal role of infant origin itself.

The main finding of our report regarding the important role of parental employment status as a predictor of perinatal mortality is not affected.

L H LUMEY
S A REINEVELD
American Health Foundation
New York
USA


NOTICES

European Journal of Public Health (1996;6)
The contents of the European Journal of Public Health for June 1996 are as follows.

Looking back and ahead: a bright view for the journal (ed) Palm J, Svensson P-G.

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