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The Health of Populations in a Changing Europe, IEA European Meeting, 3–6 September 1997, Münster, Germany. Second announcement of call for abstracts. Further information: Scientific Secretariat, Universität Münster, Institut für Epidemiologie und Sozialmedizin, D-48129 Münster, Domagkstrasse 3. Tel: +49 (0) 2 51 83 5396. Fax: +49 (0) 2 5183 5300. email: hense@uni-muenster.de.

BOOK REVIEWS

Statistics at Square One (9th Edition). TDV Swinscow (revised by MJ Campbell) (Pp 140; 8.95) London: BMJ Publishing, 1996. ISBN 0-7279-0916-9.

Reviewing a new edition of a 'best-seller' is a rather fraught task, since the book has clearly found favour with its audience, whatever the reviewer's opinion. *Statistics at Square One* has long been a best-seller. In under 80 pages it introduced the basic statistical techniques, illustrated largely with clinical examples, and included detailed instructions for performing statistical tests using (sometimes at a push!) a pocket calculator.

A new edition was certainly due since the 8th edition was published in 1983. Campbell's rewrite has kept many of the excellent features of the original whilst making some long overdue improvements.

The general structure has been retained, as have most of the original examples. Improvements include: a cleaner layout; some 'commonly asked questions' at the end of each chapter; more up to date terminology; and fewer step by step instructions for performing calculations (I suspect this part could be reduced further as computers and user friendly statistical software become ever more

ubiquitous). Underlying concepts of statistical analysis – such as the meaning of confidence intervals and significance testing – are described more fully, though this book will not provide an in-depth understanding of these issues.

There are some important additions. These include succinct chapters on presentation of data and survival analysis, expanded coverage of linear regression and sampling, and description of some additional statistical tests – such as the χ^2 test for trend. Most importantly, a new chapter gives a brief overview of the two issues which cause most heartache for the statistically naive – sample size and choice of statistical test. The book does not pretend to be comprehensive, and more complex techniques like multiple linear regression, analysis of variance and the Poisson/binomial distributions are not covered.

I found the volume very readable with clear tables and diagrams. At 130 pages it retains an appealing brevity. But there were a few gripes. For example, the exercises in the final chapter could have addressed determination of sample size and choosing an appropriate statistical test – rather than just describing study designs.

I recommend *Statistics at Square One* as an introductory text for the undergraduate or postgraduate student, provided its limitations are understood. It would also be useful for rapid and succinct advice about choice of statistical analytical methods for simple datasets, as long as the reader sticks to the golden rule – if in doubt seek proper statistical advice (and, I would add, do so early – when the doubt first occurs).

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A New Social Atlas of Britain. Daniel Dorling (Pp 247; 35.00) Chichester: John Wiley & Sons. ISBN 0 471 94868 3

Variations in health are now official.¹ As social scientists know, geographical variations exist in most domains of life. Mapping these variations is fascinating.

In this book, conventional equal land area maps are replaced by equal population cartograms, distorting the familiar outline of Britain to a squatting unicorn, and compressing huge amounts of data into instantly visible information. The data used are generally routinely available. The topics covered in the seven chapters are wide ranging, even if the data used are necessarily selected. 'Population' includes population change, census imputation, and population density; 'demography' includes fertility, ethnicity, country of origin; 'economic' includes employment status, industrial structure, early retirement; 'housing' includes overcrowding, tenure, negative equity; 'health' includes long term illness, mortality over 50 years; 'society' includes households and families, changes in care availability, dependency; and 'politics', the final chapter, includes party specific voting patterns, abstaining, and the 50 most marginal constituencies. There are detailed index maps, naming all wards, local authorities, and parliamentary constituencies. Maps and cartograms include time series and are often accompanied by graphs. The text elucidates the main messages from the dense compression represented in all the illustrations, and, at the end of each chapter, provides useful references both to the source data and to other authors, specialists in the relevant

topic. There is no attempt at causal interpretation. There is, however, sufficient here for others to explore aetiological relationships, and develop their own hypotheses.

The author has worked with a variety of data, all treated uniquely, but ultimately mapped using a standard school program. At 35.00 this book represents good value for money. Epidemiologists, social scientists, geographers at any level of training or seniority will find here imaginative ways of representing data which are informative and stimulating.

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¹ Department of Health. *Variations in health. What can the Department of Health and the NHS do? Report of the variations subgroup of the Chief Medical Officer's Health of the Nation Working Group*. London: Department of Health, 1995.

Talking About Anorexia. How to cope with life without starving. Maroushka Monro. (Pp 116; 5.99). London: Sheldon Press, 1996. ISBN 0-85969-751-7.

No woman can be too rich or too thin'. Anorexia or compulsive starvation is based on distaste of body size and fear of gaining weight. Approximately 3% of all young women in the UK are believed to be suffering ill health through eating disorders, although classification and under-reporting make more accurate assessment difficult. Anorexia typically develops gradually with physical symptoms including dizzy spells, constipation, swelling of the stomach and face, loss of menstruation (amenorrhoea), reduction in less important functions such as thyroid, respiratory and blood pressure activity, and slowing down of the basal metabolic rate. Long term damage may include heart failure and decreased bone density.

While opinions about the cause and treatment vary, anorexia is increasingly common. It is therefore urgent that health professionals can recognise the signs and understand the causes. This book is aimed at the popular market, and is available widely in the high street, so I was somewhat sceptical as to its relevance, both to readers of this journal and health professionals in general. However, the author, achieves credibility with a compelling account, demonstrating the complexity of anorexia and eating disorders generally.

The book proved to be informative and useful. It covers perspectives of anorexia widely, and provides a handy reference list of sources of help, advice lines and help-line numbers. Part three, in my opinion the most useful, helps the reader or carer to look beyond the eating behaviour and to explore the real problems and causes of the disease. It identifies the problems teenagers face daily and by acknowledging these and dealing with them rather than focusing on the eating, shows that progress is possible. In a therapeutic situation it could be used to promote discussion between health professional and young patient. At the least it could prevent misinterpretation or trivialisation of an issue more profound than slimming and more common than we think.

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Statistics at Square One

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J Epidemiol Community Health 1997 51: 104
doi: 10.1136/jech.51.1.104

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