It is true that these have been a recurrent, and clearly as yet unresolved, point of debate at the meetings of the REVES network, but in the peer reviewed international literature the problem has only been mentioned, albeit unsufficiently and not quite correctly explained, by Robine and Ritchie.¹ Other researchers apparently prefer to ignore it. In a comprehensive overview of the Dutch population health status, aimed squarely at policy makers, an interesting section, written by Van de Water, Boshuizen, and Perenboom, is devoted to health expectancy and its trends in The Netherlands.² Although the trend analysis is based on the Sullivan method, no mention is made that there might be a problem with the results. This can hardly be considered as giving the full story to policy makers.

And lastly, "pooh-poohing" the problems of health expectancy trend estimation from cross sectional data is a self defeating strategy. What policy maker worth his salt is going to endorse the large chunks of taxpayers' money needed for longitudinal studies when the researchers themselves say cheap cross sectional data will do fine? If the policy makers take the word of Van de Water *et al* for it, we will never be able to find out how wrong we are.

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- 1 Robine JM, Ritchie K. Healthy life expectancy: evaluation of global indicator of change in population health. *BMJ* 1991;302:457-60.
- 2 RIVM. Volksgezondheid toekomst verkenning: de gezondheidstoestand van de Nederlandse bevolking in de periode 1950-2010. Den Haag: Sdu Uitgeverij, 1993.

Socioeconomic factors and injuries

SIR - The conclusions stated in the article by Petridou *et al*¹ seem a little confusing. Their multiple logistic regression-derived odds ratio estimate for paternal schooling is 0.66 (95% CI=0.44, 0.99). It is then concluded that low socioeconomic status (SES), as reflected by paternal education, increases the risk for school related injuries. An odds ratio of less than 1, however, suggests there is a protective effect against school injuries for paternal schooling. Unfortunately, since the authors did not provide sufficient information on how paternal education was defined in this study, their conclusion seems to contradict their data. It is likely that the authors' data reflect a protective effect against injuries for some degree of paternal schooling, but the reader is left to infer just what this may be.

These results, along with their reported significance for school injuries to children from single parent homes, are contradictory to our case-control study of Ghanaian childhood burns² and our prospective study of the incidence and determinants of all-cause injury in adolescents in the United States.³ There are other examples of discrepancies in the literature for both SES as an injury risk factor^{4,5} and in the reported incidence of injury in developing and developed countries.⁶ Comparisons of injury data are most often impeded by two factors: a lack of a consistent case or attribute definition and variations in

case ascertainment rate. We have been advocating the use of standardised terminology in injury research including demographic descriptors to permit valid comparisons of injury research. With the growing interest in risk factors for injuries in childhood and adolescence, including school injuries, it is important to present concise and thorough information as a guide to researchers so that comparisons can be made across studies.

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- 1 Petridou E, Kouri N, Trichopoulos D, Revinthi K, Skalkidis Y, Tong D. School injuries in Athens: socioeconomic and family risk factors. *J Epidemiol Community Health* 1994;48:490-491.
- 2 Forjuoh SN, Guyer B, Strobino DM, Keyl PM, Diener-West M, Smith GS. Risk factors for childhood burns: a case-control study of Ghanaian children. *J Epidemiol Community Health* 1995;49:189-93.
- 3 Anderson R, Dearwater SR, Olsen T, Aaron DJ, Kriska AM, LaPorte RE. The role of socioeconomic status and injury morbidity risk in adolescents. *Arch Pediatr Adolesc Med* 1994;148:245-9.
- 4 Pless IB, Verreault R, Tenina S. A case-control study of pedestrian and bicyclist injuries in childhood. *Am J Public Health* 1989;79:995-8.
- 5 van Rijn OJL, Bouter LM, Kester ADM, Knipsheld PG, Meertens RM. Aetiology of burn injuries among children aged 0-4 years: results of a case-control study. *Burns* 1991;17:213-19.
- 6 Chiu W, Dearwater SR, McCarty DJ, Songer TJ, LaPorte RE. Establishment of accurate rates for head and spinal cord injuries in developing and developed countries: a capture-recapture approach. *J Trauma* 1993;35:206-211.

Reply

SIR - We appreciate the interest of Drs Forjuoh and Dearwater on our paper,¹ but we are mystified by their concern over our results concerning socioeconomic class as reflected in paternal education. Our data show that an increased paternal schooling by 3 years, that is higher socioeconomic status, is associated with significantly reduced risk for school injuries by 34% (odds ratio 0.66; 95% confidence interval 0.44, 0.99). Obviously, lower socioeconomic status increases this risk, which is exactly what we have reported. We find it hard to further simplify the expression "3 more years of paternal schooling".

We agree with Forjuoh and Dearwater that there are discrepancies in the literature concerning risk factors for childhood injuries but editorial policies of the *Journal* with respect to short reports did not allow us to expand on this issue. We also agree with Forjuoh and Dearwater that standardised terminology is needed in this as in any other field. Whether their approach, ours, or that of another group should be the basis of an eventual consensus cannot be ascertained at the present time.

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- 1 Petridou E, Kouri N, Trichopoulos D, Revinthi K, Skalkidis Y, Tong D. School injuries in Athens: socioeconomic and family risk factors. *J Epidemiol Community Health* 1994;48:490-491.

NOTICE

The 11th International Conference on Pharmacoepidemiology (ICPE), sponsored by the International Society for Pharmacoepidemiology (ISPE), will be held from Sunday, August 27, 1995 to Wednesday, August 30, 1995, in Montréal, Canada. The conference focusses on global public health issues, including a session devoted to issues from developing countries. For further information, contact Dr Stanley A Edlavitch at the ISPE office, University of Kansas Medical Center, Department of Preventive Medicine, Robinson 4040, 3901 Rainbow Blvd, Kansas City, Kansas 66160-7313. Tel: 913-588-2790; fax: 913-588-2791; e-mail: ISPE@UKANVM.CC.UKANS.EDU.

BOOK REVIEWS

Physical Activity and Health. Society for the Study of Human Biology Symposium 34. Ed N G Norgan. (Pp 262; price not stated.) Cambridge: Cambridge University Press, 1992. ISBN: 0-521-41551-9.

This is an up to date and wide ranging account of the key issues of the biology of physical activity and health. Its six chapters are presented by different contributors and cover comparative and temporal activity in humans, the concept and methodology issues associated with activity, exercise, health, and fitness (as well as their inter-relationships) and an overview of current and future lifestyles.

Metabolic rates, speeds, and geographical ranges of activity are compared with those of animals. People are neither remarkably active nor remarkably inactive for mammals of our own size. The problems associated with health measurements are discussed. It is argued that value judgements are implicit in the definition of health. The best that can be achieved is to make the value judgements used explicit so that those with other value systems can interpret the data. An account is given of both the Allied Dunbar fitness survey and the Welsh heart health survey. Studying childhood activity shows that the percentage of body fat in the early teenage period seems to be the most important coronary disease indicator in predicting risk levels. This indicates a need for increased activity and weight reduction. Retirement from full time employment can potentially result in a reduction in activity resulting in a vicious circle of declining function and further reduction in activity. In general, it seems that older people are not very active and become less so prematurely. It is confirmed that exercise seems to play an important role in the prevention of weight gain.