months after the bombings and thus excluded the effects of radiation doses received by fathers during the period of spermatogenesis—ie immediately before conception—whereas we reported an association with the dose estimated to have been received by fathers in the 90 days before conception. Referring again to table 4 of our paper,⁶ it will be seen that only in the studies of chronic exposure is it likely that the father was irradiated in the immediate preconceptional period and that these studies yield equivocal results.

James' post-hoc comparison of the children born to mothers and fathers who had received a preconceptional radiation dose is invalid: our analysis considered an a priori hypothesis comparing both these groups independently with the remainder of the population, after allowing for the effect of year and paternal employment at Sellafield. Since the sex ratio of children of mothers with a preconceptional radiation dose was 0.985 (95% CI: 0.865, 1.121), not significantly different from that of children of mothers without such a dose, 1.046 (95% CI: 0.961, 1.140), our data provide no evidence to support the hypothesis that irradiated mothers are more likely to produce girls.

One of the caveats concerning our results which we would like to reiterate is our concern about the estimation from annual dose summaries of radiation doses received during the 90 days before conception—a process which inevitably leads to dose misclassification. While random misclassification generally biases the results towards the null hypothesis, in this instance it is quite possible that there is differential dose misclassification and hence uncertainty about the direction of bias. Measurement error is clearly an important issue in this regard and is an area we are actively exploring.

To summarise, studies of the possible association between parental preconceptional irradiation and an altered sex ratio do not yet satisfy the Bradford Hill criteria for inferring a causal relationship.¹³

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NOTICES

11th Conference of the European Health Psychology Society, 3–5 September, 1997, Bordeaux, France. For further information contact: 11th EHPS, Congress Rive Droite, 23 rue Baudrimont, 33100 Bordeaux, France. Tel: +33 05 56 32 82 29. Fax: +33 05 56 32 79 53.

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BOOK REVIEWS

Lecture notes on epidemiology and public health medicine. 4th ed. Richard Farmer, David Miller, and Ross Lawrenson (Pp 288; £13.95) Oxford: Blackwell Science, 1996 ISBN 0-86542-611-2.

The fourth edition of this well established text bears little relation to the thin tome that I used at university in the early 80s. The book has been expanded and is well laid out with good illustrative diagrams and extensive use of bullet points. The latest edition has been excessively updated and includes a new chapter on health targets with a particular emphasis on the priority conditions identified in *The Health of the Nation*. Many of the latest changes in the Health Service are described, although the pace of change is such that the most recent mergers, of district health authorities and family health service authorities, have not been included.

In general the book is an excellent introduction to the subject and any criticisms are fairly minor. In the chapter on survey methods, it was sometimes not clear whether the term "bias" was being used in a general or technical sense with a definition only appearing towards the end of the chapter. The discussion of this important concept could

have been expanded within one section rather than spread through subsequent chapters. In discussing Health Service structure, there is a heavy emphasis on describing the Health Service in England, the other countries in the United Kingdom meriting only one sentence. One diagram is erroneously labelled as illustrating the Health Service in the United Kingdom when, in fact, it only shows the structure in England. A further chapter giving some general international perspectives in health service organisation could also have been usefully added.

Notwithstanding these comments, the book should be a recommended initial text for medical students, and serve as useful summary of the subject for clinicians wishing to update their knowledge. Postgraduate students commencing study in public health might also find the book useful.

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Adult mortality in Latin America. Ian M Timaeus, Juan Chackiel, and Lado Ruzicka. (Pp 367; £45.00). Oxford: Clarendon Press, 1996. ISBN 0-19-828994-4

Latin America, as other world regions, is changing its demographic and epidemiological pictures. The adult population is growing and it is essential to analyse health conditions of this group. This volume is focused on the mortality of that segment of the population. The book originated from the First Scientific Seminar of the Adult Mortality Committee held in Chile in 1991. In spite of the old information on which the papers are based, the diversity of subjects, and diverse author approaches, it is a good summary of the burdens and contrasting situations characterising the changes in this region.

The book has four parts. The first presents a comprehensive overview of the book content and an expert's paper with a complete description of trends and demographic characteristics of Latin America. The four papers comprising the second part concentrate on the different methods of studying adult mortality and on the limitations of data sources in underdeveloped environments. Part three concerns itself with current changes in the epidemiological patterns in selected countries. The corresponding analysis is a reminder of the complexity of the transition phenomena in countries with vulnerable economies and increasing social conflicts. The negative effects of global crisis on public health programmes and the big contrasts within the countries, are important considerations made by the authors. The last section is the longest and is concerned with specific causes of death and their prevention.

The quality of the papers is variable—it is worth mentioning, however, the remarkable paper on maternal mortality by Rajs. The reduction in cardiovascular mortality seen in some countries is difficult to explain because of the scarcity of effective preventive intervention and health promotion programmes. The excessive deaths due to all kinds of violence are striking, even more when it is considered that violence ranks first in morbidity and mortality in several countries. Some of the conclusions arrived at by the authors in this section are fascinating and challenging, particularly those by Frejka and Atkin on abortion.

This book is a valuable contribution to the subject of adult health in Latin America. However, several questions are still unanswered. 1.