multivariate analysis are presented without adequate definition of the variables used and in a way which emphasises significance tests rather than measures of effect. However these deficiencies are minor, and there is much of value and interest in this book which will be useful to all those interested in the twinning process.

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Functional disorders of the menstrual cycle. Eds: Brush MG, Gouldsmit EM (Pp 314 £45.00) Chichester: John Wiley, 1988.

Many women experience some degree of distress, both emotional and physiological, related to the menstrual cycle. Although the exact incidence is hard to assess, about 10% of menstruating women suffer from premenstrual symptoms which affect their functioning and wellbeing, and at least another 70% notice some cyclical changes. The exact causes of premenstrual syndrome (PMS) remain obscure and complex; and reflecting this uncertainty, treatment rests often on trial and error rather than proven effectiveness. Other problems with the menstrual cycle include dysmenorrhoea, menorrhagia, cyclical breast pain, menstrual headaches, and endometriosis.

The editors have drawn together the large and growing literature on the diagnosis, causes and treatment of menstrual problems, concentrating particularly on the premenstrual syndrome, but also covering other problems in some depth. The overall impression from the nine chapters discussing PMS is that the area remains conflicting and contradictory; thus while the chapters on endocrine factors in the aetiology of PMS present a convincing argument for the definitive role of physiological agents, others describe the syndrome as primarily psychosomatic or related to lifestyle or personality, and discuss the value of psychological treatment. To its credit, the book includes a variety of viewpoints, including the interrelationship between PMS and environmental factors, although there is a tendency for each chapter to present its views, sometimes arising from scanty research, as facts rather than possibilities. I would have liked a chapter synthesising what is known, perhaps highlighting the fact that PMS must reflect complex, multifactorial causes.

The last six chapters provide a useful overview of menstrual disorders, endometriosis, hyperprolactinaemia, menstrual headaches, and cyclical benign breast disease.

It is the aim of the book that it should be a source of reference, not only for researchers, but also for doctors and others whose work brings them into contact with

women with menstrual problems. I felt that clinicians might have some problems extracting clinically useful material from chapters on PMS, and would need patience to wade through the repetitive material and contradictory ideas presented. The chapters on other disorders were more clinically relevant. The book's value lies in its comprehensive coverage of the published reports and it would be of use to researchers new to the field. However, the price of £45 is no doubt prohibitive to many, and unless available in a cheaper edition, I suspect the book will remain a reference source in libraries.

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UK smoking statistics. Eds: Nicholas Wald, Stephanie Kiryluk, Sarah Darby, Sir Richard Doll, Malcolm Pike, Richard Peto (Pp 197; £35.00) Oxford: Oxford University Press, 1988.

This is a comprehensive description of smoking in the United Kingdom. It includes much which has not been published or widely available in the past and is a helpful, single volume source of statistics of smoking prevalence, per capita consumption, yields of tar, nicotine and carbon monoxide of individual brands and much more besides.

Few data can be presented uniformly for the century that cigarettes have existed. For the first 50 years, before the explosion of scientific evidence showing the harmfulness of smoking, few statistics were gathered. During the fifties, as the first major studies came in, far more detailed collection began. In those days the tobacco companies were committed to research, in the hope that dangerous ingredients could be identified and subsequently removed, making cigarettes safe. The industry's Tobacco Research Council became a leading source of data, but as adverse research piled up, genuine scientists lost their influence within the industry and power shifted to marketing men who simply wanted to sell as many cigarettes as possible regardless of the evidence. In 1975, the TRC was closed down.

The main source of reliable prevalence data nowadays is the Office of Population Censuses and Surveys, but its surveys tend to underestimate total consumption, due to underreporting. The industry often exaggerates consumption, sometimes wildly so, to try to portray smoking as less of a minority habit than it now is. Caution is also required with emission levels of individual cigarette brands—"low" tar