
This book is a detailed account of a study which is perhaps notable in that it was planned and initiated prior to the events in Cleveland. It will be most relevant to those planning similar studies and as the basis of further research in this area.

Both practitioners and policy makers in the field of child sexual abuse require information about the magnitude of the problem and the risk factors involved. This study claims to address the first of these issues by identifying the number of sexually abused children reported during 1987. The recurrent nature of child sexual abuse as well as the proportion of children abused is required if valid statements are to be made about the magnitude of the problem. The study also collected sociodemographic information on cases identified but because of the lack of similar data on the resident population, risk was not calculated for variables other than age and sex.

The authors used a practical method of ensuring confidentiality and their approach probably contributed to the high degree of cooperation they appear to have obtained from a wide range of individuals and bodies. This is likely to have enhanced both the ascertainment of cases and the accuracy of the data. However the social, cultural, and legislative differences between Northern Ireland and other countries, particularly in relation to sexualised studies to help limit the extent to which the results can be generalised.

The lack of clarity and agreement on the definition and diagnostic criteria of child sexual abuse continues to hamper the comparability of studies. The authors have taken account of this and provided a range of diagnostic criteria and the varying levels of diagnostic certainty, producing a categorisation which lends itself to comparison.

The study makes a useful contribution but only those with a special interest would be likely to tackle the 100 pages of text contained in this publication.

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One of the products of the IARC Monograph vol 42, Silica and some silicates (1987), was a study group which had the task of producing new toxicological studies to help fill gaps in knowledge on the relationship between occupational exposure to silica and the risk of cancer, especially of the lung. This scientific publication is the outcome of that endeavour. Besides a foreword and an introductory chapter there are 11 other chapters each consisting of an epidemiological paper which tends to update or complement earlier work by the same authors. The main and justified emphasis is to present epidemiological studies of workers exposed to silica but with a negligible risk of developing diseases such as silicosis or lung cancer. The studies reviewed are limited to those involving a high proportion of exposed workers, such as poly cyclic aromatic hydrocarbons in foundries or ionising radiation in mining.

About half the work clearly achieves this with creditable attempts in the remainder. Thus there are papers on dust exposure by Lagorio et al in ceramic workers and by Siemiatycki et al whose multiexposure multisite monitoring study had less control over potential confounders. Cohort studies on exposed workers are presented by Koskela et al in granite workers, Melner et al in slate quarry workers, and by Thomas and Winter et al, both in pottery workers. Lynge and her Nordic colleagues present comparative data from occupational mortality and cancer registers in their four countries with reasonable and, in Kundi’s potential confounded cohort is derived from routine “preventive” medical examinations. Finally, three studies by Chiyotani et al, Merlo et al, and Tornling et al studied cancer risk among known silicotics. The first two of these compared the effects of smoking and showed an association between silicosis and an increased risk of lung cancer even in non-smokers.

Most of the data presented are consistent with a statistically significant, modest (less than twofold), excess of lung cancer in workers with a history of occupational exposure to silica. However, the associations between cancer risk and time since first exposure, duration of exposure, and estimate of dose are less consistent. The estimates of exposure are based on occupational histories and on qualitative descriptions of the work, not on quantitative environmental sampling, and strong consistent evidence of a dose-response relationship with silicosis is still absent. The one cohort and one case-referent study investigating silicotics and non-silicotics separately have shown that the excess cancer risk was mainly attributable to the silicotics. However, it is still not possible to distinguish whether silicosis increased the risk of lung cancer or whether it is merely a surrogate for exposure.

In summary, this topic is a difficult one to study, and generally the authors have made commendable efforts to investigate it within the restraints beyond their control. The book is essential reading for those who wish to be updated on epidemiological progress in this field.

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This volume is the latest Registrar General’s decennial supplement on area mortality. The book does not present the report in its entirety but having a wider scope and more attractive presentation than its predecessors. There are 10 author chapters illustrating various approaches to the study of area mortality, with much of the routine tabulations relegated to appendices and microfiche (sold separately). Novel features include analyses from the
Longitudinal Study, a study of the role of birthweight in areal variations in infant mortality, and increased attention to the mortality of migrants, and variations according to place of birth.

The examination of mortality from selected causes back to 1921 shows how long some of the variations between areas have persisted. It is perhaps a pity that the authors have not paid more attention to the influence of age in variation between areas. The use of the SMR as a summary measure implies that the ratio of death rates in two populations is constant over age strata, or at least not sufficiently variable as to make the SMR misleading. It is introduced that the regional variation in "all cause" mortality is rather wider for the age groups 15-64 than for 65 and over, but this finding is only briefly commented on. Local authority areas were used as the main units of analysis, although it was recognised that they are internally heterogeneous with regard to their social, economic, and environmental characteristics. Such heterogeneity inevitably limits investigators’ ability to explain the variations that are observed. The suggestion that future volumes may make more use of smaller areas such as wards is therefore welcome.

Such minor criticisms do not detract severely from the book. There is, however, a generalised view that there is some overemphasis on geographical variations in health.

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This book brings together a body of work on statistical methods for assessing reliability which is scattered throughout the statistical, psychological and medical literature. It will prove a useful reference text for the applied statistician or the more mathematically confident epidemiologist. A basic knowledge of statistics, up to the level of analysis of variance and regression, is the level which the author expects of his readers. This background is certainly necessary for most of the book, as is confidence in mathematical manipulation. However, the introductory chapter and chapter 4 on the design of reliability studies provide a useful introduction to this subject without any difficult mathematics. It is particularly gratifying to find an accessible section on the choice of sample numbers for reliability studies in chapter 4.

The remaining chapters provide an introduction to measurement models and to measures of inter-rater agreement (such as k coefficients) and indices of reliability. The relationships between the different measures and the interpretations of each are fully discussed. Chapter 4 deals with the design of studies, including practical matters like the choice of subjects, and more technical questions such as nested and blocked designs.

The final three chapters deal with more complicated methods, such as variance component models and likelihood methods for estimating these. Much of this last part of the book goes beyond what most workers in epidemiology will need. However, examples are given in every case, and more space is devoted to randomisation to the derivation of algebraic results. An appendix reviews the computer software which is available for performing the methods discussed.

The text seems to be remarkably accurate, and free from the typographical errors which so often mar statistics texts. It is a practical and useful book which I would recommend without hesitation to anyone who wants a broad background in this field.

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When I was a medical student during the 1970s, psychiatry was, among medical subjects, the bête noire of progressively minded folk. This position was soon usurped by obstetrics because of the rapidly rising profile of a medical specialist who in little time this medical specialty was subjected to unparalleled scrutiny by clients, the media, and other professional groups. These were the days when the rate of induction of labour exceeded 50%, in many maternity units, when new techniques of fetal assessment were being introduced with little understanding of their pathophysiological bases and still less of their impact (beneficial or otherwise) in actual practice, and when doctors still expected "their patients" to comply weekly with medical advice. The clinical atmosphere had evolved, I believe, through benign paternalism and uncritical acceptance of reigning dogmas rather than from any sense of malice, so that these were generally professional attitudes which suffered this public onslaught. It is understandable that it was maternity care, as a subject primarily concerned with healthy women undergoing a physiological event, that should have been highlighted in this way, but what is becoming increasingly apparent, sometimes under the unforgiving lens of the television camera (and editor’s scissors) was that obstetricians had little scientific proof to support many of their cherished practices.

In 1979, one prominent epidemiologist awarded obstetrics the "wooden spoon" as the medical subject with a practice least based on clinical science.

Times have changed and there is a rapidly increasing awareness among obstetricians of the nature of scientific enquiry and the central importance of randomised controlled trials in directing clinical management. Much of the thanks for this (both in the UK and also globally) must go to Iain Chalmers and his colleagues in the National Perinatal Epidemiology Unit in Oxford. As well as tirelessly trying to influence reluctant obstetricians (they still exist as the pages of some journals show) they have accumulated the most comprehensive database of randomised controlled trials in perinatal medicine, including not only those published but also (to avoid biases) those never published, those in progress and even those being planned. To overcome the common problem of small numbers, meta-analyses have been performed to derive consensus views from the studies conducted.

This information has now appeared in two forms. The first is a large two volume book called “Effective Care in Pregnancy and Childbirth” (edited by Iain Chalmers, Murray Enkin and Marc Keirse, Oxford University Press, 1989). Now an electronic package “Oxford Database of Perinatal Trials” has appeared, edited by Iain Chalmers. There is overlap in content between book and electronic package but only so much, and those who enjoyed the book should not feel deterred from dipping into the computer.

Over 300 reports of controlled trials since 1940 have been identified. These are packaged in 12 floppy discs which are installed (easily and simply) on the hard disc of (only) IBM compatible personal computers. (I exist in a workplace totally dominated by Apple Macintosh and found this irksome.) After installation, the Database is easy to use. There is great flexibility of operation. The trials are accessed using a single topical (e.g., bed rest) or multiple topics. They are grouped according to specific phases of the perinatal period or alternatively the entire period can be reviewed. Results are presented in tabulated and graphical forms (odds ratios with 95% confidence intervals). Overviews by experts from many different parts of the world are also included. These are incomplete as yet but this does not much detract from the current productivity. In my view the great advantage of this electronic journal is that it is updated for subscribers twice a year. The overviews are modified as fresh trials are completed. I am a committed browser of libraries and bookshops—the Oxford Database of Perinatal Trials allows, I am pleased to say, a most enjoyable and instructive form of electronic browsing.

At the end of the day, has my clinical practice been modified by what this book has taught me? I am now convinced of the value of antepartum corticosteroid therapy in some clinical situations in which preterm delivery can be anticipated. I accept there is no justification for routine bed rest in pregnancy with twin pregnancies. Technique of repair of episiotomies may seem a mundane subject, but it is very important and I found the data collected here to be highly instructive.

The Oxford Database of Perinatal Trials is a great visionary achievement which follows years of preparation. It carries obstetrics into the 21st century with a sound base of clinical science encapsulated in the technology of the future. It should be available not only in academic departments of obstetrics and gynecology, but in all maternity units with ready access for all professionals involved in maternity care.

Just as there are other medical specialties which could benefit from the type of public scrutiny applied to obstetrics, so there are also, I suspect, specialties (gynaecology certainly included) which would benefit from this type of exercise. It is time for the wooden spoon to pass on.

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