
This book documents the natural history of a study of life before death. It describes the process of conducting a nationally based survey: objectives, methodology, frustrations, and rewards.

Initially the authors describe the development of an idea and demonstrate the value of exploiting available data sources. Then follows a convincing argument for pilot studies, even in follow up surveys, and detailed documentation of problems resulting from the computerisation or record systems, e.g. stratification and selection of random samples.

Descriptions of difficulties with ethical committees will be very valuable to the research community. The authors experienced a wide variation in their policies, practices, and final decisions; some insisted on scrutinising research proposals and questionnaires. Of particular concern is the requirement that individual GPs be consulted before citizens are interviewed. The chapter addressing interviewing is thoroughly practical, describing methods of training, remuneration, and support of interviewers. Myths are dispelled that high response rates are not achievable in distressing situations and evidence presented that interviewers in such circumstances (in this case bereavement) can find the experience therapeutic; also that reasonable response rates from health professionals are possible. The practical description of data processing is very thorough, demonstrating attention to detail for which the Institute is renowned. Innovative strategies for examining validity are described which would be valuable to the less experienced.

Finally, the authors address the issue of dissemination of findings: comparing benefits of publishing in journals or books, and some findings are presented to whet the appetite.

This book has much to offer those who have learned the theory of research methods but have yet to conduct a major survey. Experienced researchers will also benefit from the honest description of pitfalls and the painstaking and rigorous attention to detail. Advice on the development of protocols would have been helpful. It should be obligatory reading for those maintaining record systems, for funding committees, for ethical committees, and for health professionals wishing to turn their hand to a survey without seeking appropriate advice. It might discourage naive enthusiasts approaching large surveys for the first time, but such a dose of realism should do no harm. To those with more experience it will provide not a little amusement and comfort that others have found similar frustrations.

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The title of this compilation is somewhat misleading in that several contributions relate as much to environmental as to occupational hazards. For example, one concerns the risk of lung cancer from domestic use of coal, and another is devoted largely to radon exposure in dwellings.

Of greater interest to occupational epidemiologists are reviews of phenoxy herbicides, asbestos and manmade mineral fibres, and electromagnetic fields. These are short and overlap with other more comprehensive reviews published quite recently. Nevertheless, they present interesting angles on controversial topics.

The most useful sections of the book deal with methodological issues. There is a helpful review of confounding in occupational cancer studies, and a clear account of weaknesses in the traditional approach to analysing cohort studies and of how these may be counteracted. A discussion of measurement error and its effect on dose-response relationships is rather mathematical, but touches on an important topic. As epidemiology turns increasingly to the investigation of low relative risks, it is essential that we recognise its limitations and understand the potential impact of inaccurate data. The message is brought home further in a chapter which compares different methods for assessing occupational exposures and illustrates the effect of misclassification.

This book is not essential reading, but epidemiologists working on occupational disease will find plenty of interest if they browse through it.

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I have been using this book profitably and with increasing regularity in my practice as a cancer epidemiologist since I received it. All the important features of cancer epidemiology are present and as correct as present knowledge allows. This is as expected from a group of distinguished editors led by the present Director of the International Agency for Cancer Research. This 100th scientific publication of this organisation is cause for celebration, as is the 25 years of solid scientific achievements which much of the book is based on. The choice of title is a statement of the authors’ confidence in epidemiology as the foundation of cancer control.

To have distilled, refined, and commented on the epidemiology of 34 anatomical sites, 16 single and 14 complex environmental agents; then to include comprehensive up to date reviews of tobacco, alcohol, diet, hormones, drugs, radiation, pollutants; and finally to discuss the effects of population screening for every conceivable organ in just over 300 easily read pages is a remarkable achievement when the evidence on which it is all based is so complex and intimidating. It is a bargain at £24.00.

Readers of this journal will enjoy this book. Students and practitioners of public health medicine especially those in health promotion will need to buy it and reference to it. Undergraduates and postgraduates in medicine and allied sciences will find much to interest them and to challenge their teachers with.

This book should be used to interest policy makers. Resources for health care are unlikely to increase. Society needs to invest more in health than care. The final chapter on quantification of the effects of preventive measures is of considerable worth though somewhat esoteric. If it stimulates the setting up of such exercises in individual countries that would indeed be a fitting outcome to the magnificent effort this book represents.

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This is the Audit Commission’s first report for the NHS and it sets a high standard. Written in the form of a practical guide for District Health Authorities (DHA) and hospital managers, the report claims that an increase in the use of day case surgery could result in an additional 300 000 patients being treated annually without increased expenditure.

There are several barriers to be overcome before the target can be achieved: the first of these—the lack of information on which to assess current performance—affected the scope of this report. The Commission had to resort to collecting data from four Regional Health Authorities in order to fill the gap caused by the demise of the Hospital In-Patient Enquiry, a casualty of Körner implementation. The Department of Health’s Health Service Indicators packages do not adequately fill this gap because the data are aggregated to specialty level and are therefore of limited use for assessing performance in day surgery, owing to the fact that they cannot take account of case mix differences.

Within the 54 DHAs studied by the Commission, there was considerable