

BOOK REVIEWS

Cancer Registration, Principles and Methods. Eds O M Jensen, D M Parkin, R Maclellan, C S Muir, R G Skeet. (Pp 288.) IARC (World Health Organization), Lyon, 1991. ISBN 92-832-11952.

Increasing interest in the systematic evaluation of needs for health care and outcomes of health care have, over the last few years, created something of a renaissance in cancer registration in England and Wales. The first registers in this country were established in the 40s and 50s and since the 1960 report on cancer registration every regional health authority has maintained a cancer register, which reports to the National Cancer Register held by the Office of Population Censuses and Surveys. With honorable exceptions it is nevertheless true to say that for many regions cancer registration was a very low priority and the quality of information and the quality of management was low. Within the last five years, however, there has been a real interest in the use of registry information and in the priority and quality of information produced. Thus it is very timely that this new monograph from the IARC should have been published at a time when enthusiastic newcomers to cancer registration are looking for concise information and examples of best practice to help them re-establish and to demonstrate the value of their work.

The book, written by acknowledged leaders in the field of cancer registration, is full of information vital for the directors and staff of cancer registries and contains much of great interest to those who wish to use the registry data. The chapters on history of cancer registration, purposes and uses of cancer registration, and two methodological chapters on statistical methods and analysis of survival are useful sources for those who wish to understand how registration data can be used and analysed, and there are many examples of publications using cancer registry information which should serve as a source of inspiration for both epidemiological and health planning purposes.

Coding of neoplasms is an important specific area of the general problem of disease classifications and the chapter written by Muir and Percy is a useful source of information on ICD9, IDC0, and the changes that will be introduced with the introduction of ICD10. Chapters of importance to those working in and running cancer registries include consideration of data sources, items of patient information, the issues involved in manual and computerised cancer registries, quality and quality control, and the legal aspects in confidentiality. All of these chapters contain sound advice from experts with practical experience and contain valuable insights and advice which directors of cancer registries and registry managers should study and consider.

Overall this is a well written book and although there are some of the inevitable problems of duplication arising from multi-

author publications, this is a valuable addition to any cancer registry and public health physician's bookshelf and can be strongly recommended.

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Healthy Cities. Ed John Ashton (Pp 235; £14.99.) Open University, Buckingham, 1991. ISBN 0-335-09476-7

"Healthy Cities" is about the WHO's Healthy Cities Project which now involves many communities around the world.

The introduction describes the origins of the Project. These are traced back to a meeting in 1844 in Exeter at which the Health of Towns Association was formed. The development of the Medical Officer of Health and the great sanitary leap forward in the 19th century are described as an earlier model for the Project. Reference is made to McKeown's analysis of the (rather small) contribution of health services to health. The introduction presents the Project as the response to the ecological problems of our crowded planet.

Part I—"Utopia and realities"—is a rather inadequate hotchpotch of insufficiently rigorous ideas and inadequate methodology. I did not find it useful. Part II—"Urban health: a global overview"—consist of five chapters giving an overview of the development of the Health Cities Project in Canada, the USA, Australia, and developing countries. Parts III-V consist of 15 case studies from Europe, North America, and the Antipodes.

It is about the politics which believes that health and life are one and has the earnestness of fundamentalism. It is difficult to identify whether the book's intended audience is the converted or the unconverted. The book may appeal to those who already have an interest in the subject although I doubt they will find much new in it. Parts II-V may well be useful to those who are contemplating intersectoral collaboration. It may well serve students as an introduction to the subject but I found the book curiously bitty: not a practical manual, nor a penetrating analysis of current ecological issues, nor a methodological tome, its purposes remain a mystery to me. The book can be criticised but the ignorant and the sceptical might well consider reading it to question their comfortable beliefs.

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Measuring Health—A Review of Quality of Life Measurement Scales. By Ann Bowling. (Pp 199; £12.99.) Open University Press, Milton Keynes, 1991. ISBN 0-335-15436-0 and ISBN 0-335-15435-2

Epidemiologists, clinicians, managers, politicians, and those involved in health services research or drug trials are all interested in measuring health. This short book is a good introduction to the subject and reviews a selected number of some of the most widely used instruments.

Many people are not familiar with the theoretical debates, the conceptualisation relating to health or quality of life, the importance of validity and reliability or the approaches to construction of scales or weighting. The book starts with a readable and concise account of these basic issues and, being well referenced, enables those interested to undertake further study.

The remainder of the book reviews about 50 instruments which have been grouped under five headings—functional ability, broader measures of health status, psychological wellbeing, social networks and social support, and life satisfaction and morale. Categorisation of measures is a topic of debate, but here a pragmatic approach is adopted. Wisely the author has not attempted to identify a "best buy", and acknowledges that each scale has different advantages and disadvantages and potential users should consider these in relation to the aims and requirements of their research. They are encouraged to contact the original authors, especially with regard to copyright. However, the clear, rigorous, and consistent approach to each instrument will be of great benefit in helping researchers to plan their own work.

While this will form a valuable introduction, it is limited and many researchers may need to use some of the other reference books as to specialised subjects or clinical areas.

There is relatively little on disease based scales or individual symptom scales, and there is minimal reference to the contribution of health economics. The book ends abruptly and a final section, reviewing the overall state of development and possible future areas for research, would have been helpful.

This is a useful addition to the publications in this expanding field of research and is an excellent beginning for those new to the subject.

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Epidemiology in Military and Veteran Populations, Ed William F Page. (Pp 103; £16.50.) National Academy Press, Washington DC, 1991. ISBN 0-309-04548-7

This slimish volume comprises reports of the proceedings of the Second Biennial Conference on Epidemiology in Military and Veteran populations held in Washington DC in 1990. These populations are comparatively well documented and are very well suited for a variety of studies, as material is readily available to assemble cohorts and to pursue follow up studies. Additionally, although the active duty military population is not strictly comparable to the general civilian population, much can be learned by its study, and by comparison with results obtained from cohorts which may themselves be less than representative of the whole population. There is also the advantage of the wide geographical spread of the cohorts studies.

During World War II some 50 000 US servicemen were given yellow fever vaccine contaminated with hepatitis B virus. In a case-controlled serological follow up some 40