

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

years later markers for hepatitis virus were found in 97.7% of those vaccinated and subsequently admitted to hospital, and in 72% of those vaccinated but asymptomatic. In contrast only 13% of a control group of service personnel were seropositive. However a striking result was the very low incidence of carriers of the hepatitis B surface antigen, at 0.5%, where previous studies had predicted a carrier rate of 5–10% after acute hepatitis. This finding has attracted much interest in the field of hepatitis research.

An interesting study utilising a registry of twins who were inducted into the US Army, and for whom medical records were available, indicating that genetic factors do contribute to the variation in the use of alcohol, tobacco, and coffee in late adulthood. However a significant finding was the reported history of tobacco use by 82% of the population studies. The origin of this high use was attributed to the distribution of free cigarettes to World War II soldiers. Similarly, and unfortunately, modern British soldiers also smoke more than their civilian peers, and this is probably due to the availability of duty free tobacco when abroad.

A further paper in this volume describes the follow up of the haemorrhagic fever with renal syndrome which occurred in Korea, and makes a connection between viral infection and the development of chronic renal disease following similar virus infections in modern Baltimore. The latter may well represent a multimillion dollar public health problem.

A unique cohort of former prisoners of war was found still to have notable psychiatric sequelae nearly 40 years after release from captivity, and higher rates of depressive symptomatology were linked with the severity of treatment during captivity. Recent events in the Middle East show that this problem is likely to remain of considerable concern worldwide.

In a subset of military veterans exposed to the herbicide Agent Orange in Vietnam, no excess of dioxin, one of the toxic contaminants, was found in adipose tissue when comparing Vietnam veterans, non-Vietnam veterans, and civilian controls.

The last paper concerns radiation risk factors in military populations. Accurate exposure data were seldom available, but the cohorts were large and well identified, and there was potential for quick and easy mortality follow up. An excess of leukaemia deaths from one particular atomic test series was demonstrated, but no other form of cancer. Interestingly, when data from men in all the test series were combined there was no excess of leukaemia compared to contemporary US mortality rates, and a sizable decrease in deaths from all forms of cancer.

This series of papers gives a remarkable insight into the variety of uses to which military medical data may be put and the considerable opportunities such data may provide for significant epidemiological research. It contains careful and readable studies of a variety of epidemiological problems and is highly recommended to all those interested in public health medicine.

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Epidemiology of Peripheral Vascular Disease. Ed F G R Fowkes. (Pp 336; DM 225.) Springer Verlag, London, 1991. ISBN 3-540-19696-X

Peripheral vascular disease is often somewhat neglected, probably because it is believed to be more benign than arterial occlusive disease of the heart or the brain. Yet it is immensely important in many ways. It affects a large proportion of the adult population; it is associated with a poor prognosis; it is amenable to treatment; it causes enormous costs.

The book is therefore a welcome addition to the literature. It is written by a number of top experts, mostly (but not exclusively) from the United Kingdom, and subdivided into six main parts: measurement, descriptive epidemiology, vascular risk factors, social and life style factors, genetics, and natural history including prevention. Thus the title of the book is a slight understatement—the work covers epidemiology but certainly expands beyond that.

The text is highly informative. The editor should be congratulated for assembling prominent scientists from all relevant fields to give a rounded, well balanced, and complete picture. Each chapter is self contained and extensively referenced. All the information is surprisingly up to date. The text is completed by a detailed and useful index. In my view, this book should be in the library of anybody who has an interest in vascular diseases, no matter whether practical or theoretical. It provides an excellent basis for clinical as well as research work, and will surely be a basic text on the subject for quite some time to come.

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DNA Polymorphisms as Disease Markers. Eds D J Galton, G Assmann. (Pp 158; \$US 59.50.) Plenum Press, New York, 1991. ISBN 0-306-44039-3

This is volume 214 in the NATO Advanced Science Series which aims to disseminate scientific and technical knowledge with a view to strengthening links between scientific communities. Volume 214 reflects the proceedings of a workshop of some 24 distinguished participants which was held in September 1990 to consider the value of DNA polymorphisms for the prediction, diagnosis or elucidation of aetiology of common diseases.

There are four sections to the volume on the theoretical background, diabetes mellitus, hyperlipidaemias, and atherosclerosis. In each section various strategies for application of DNA polymorphisms are considered and consensus findings summarised. Most studies to that time had utilised association analysis and whilst these had been successful in identifying some genetic determinants (eg, apolipoproteins in hyperlipidaemias) they are unreliable in the presence of mutational heterogeneity. Cosegregation analysis (the central approach to single gene disorders) was

also considered but appeared to be more difficult to apply in human pedigrees for common disorders with reduced penetrance or in quantitative traits.

Subsequent progress has utilised new approaches, in particular cosegregation analysis with selective breeding in animal models of disease, transgenic animals with aberrant candidate gene expression, sib-pair analysis, and mutational screening in candidate genes. These new approaches have already helped to provide further insight into genetic determinants of common disease but the field is still in its infancy and the prediction of the editors that DNA polymorphisms as disease markers will provide a wealth of new genetic markers for analysis of the inherited basis of common diseases remains valid.

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Diet, Life-Style and Mortality in China. By C. Junshi, T C Campbell, L Junyao, R Peto. (Pp 894; £95.) Oxford University Press, Oxford, 1990. ISBN 019-2618431

Having just returned from South China I can testify that the improvement in the quality and the amount of the food is as notable as any of the other changes I have seen during the past 10 years. This encyclopaedic volume can serve as a baseline for studies of future changes as well as associations in the present or recent past between diet, lifestyle, and mortality.

A mortality study throughout China involving about 800 million people in 1973–75 is summarised, followed by a detailed study in 65 counties ranging from plasma, red cell, and urine measurements to food samples, dietary surveys, and a lifestyle questionnaire. The basic presentation comprises 733 A4 pages of data including maps and correlations. Two plotted correlations display something of the breadth of the data—mortality rate from stomach cancer for each county against the percentage of individual plasma samples positive for *Campylobacter pylori* IgG antibody, and mortality rate for colorectal cancer against mortality from schistosomiasis.

There are only 30 pages of author commentary in this massive book, but Peto gives some general reflections on the principles and purposes of such an enormous study. He points to the increasing relative importance of chronic disease control in China, in particular emphasising the emergence of cigarettes as the major cause of premature death (his expression). This is a change from very high death rates in the 1940s from nutritional deficiencies and infective and parasitic diseases.

A non-random example of the data—mortality from myocardial infarction and coronary heart disease—illustrates what the volume has to offer. Among 49 counties (some had missing data) significant high correlations were shown with mortality from cervical cancer (0.51), mortality from stroke (0.72), red cell levels of phosphatidylcholine