LETTERS TO THE EDITOR

Methods for epidemiological surveys of ethnic minorities

Sir – The article by Chaturvedi and McKiegu1 fails to mention the danger of relying on the 1991 UK census as an accurate estimate of ethnic minority populations. Both Ballard and Kalra,2 in their discussion of the census nationally, and Glover,3 in his figures for the London areas of Camberwell and Hammersmith, point out the huge under-representation of black Caribbean men aged 25 to 44. Both reports attribute this finding to undercounting. If this explanation is valid, there are clear implications in attempting to estimate rates of illness such as schizophrenia in this group of the population.

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1 Chaturvedi N, McKiegu PM. Methods for epidemiological surveys of ethnic minority groups. 1 Epidemiol Community Health 1994; 48:107-11.
3 Glover GR. Sex ratio errors in census data. BJMF 1993;307:506.

Reply

The analyses of the 1991 UK Census returns by age, sex, and ethnicity were not available at the time we prepared our article. We agree that these data suggest that men aged 20–44 years in the groups “black Caribbean” and “black other” are probably under-represented by about 20%. In this situation we suggest using age-standardised proportional mortality ratios or proportional admission ratios, which do not depend on population denominators, to compare patterns of mortality or morbidity in different ethnic groups.

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NOTICES


BOOK REVIEWS


This is a completely new approach to explaining basic statistics. The book's most striking features are its logic, and the fact that it follows a thread where each chapter is an expansion of a previous one for more complicated cases: it breaks away from the classic division of statistical books into chapters devoted to isolated techniques. With this latter arrangement the researcher can get confused about which technique is appropriate for their data. Fundamental to understanding the book are the types of variables to be analysed (continuous, ordinal, nominal) as well as the concept of dependency/independence. Although these concepts are defined in the early chapters, given their importance for the understanding of the book, more prominence and ease of reference in the treatment would have helped the reader.

Statistical First Aid gives a good insight and overview of how different types of data are handled by the statistician; this fact in itself should also help the reader to understand their results.

On the other hand, “thread” structure compared with self contained chapters means that the book may not be very useful where the reader is interested in understanding more about a particular statistical technique, without wishing to refer to a number of different chapters. Furthermore, the layout, with too dense text and not much graphic support, could be discouraging for new users of statistics.

A crucial area of weakness, especially for those not well versed in statistics, is in the teaching of data presentation by means of graphic methods such as charts, scatter diagrams, graphs, or summary figures such as summary measures of frequency distributions, tables of counts, means, etc. The information on this area is limited. A similar criticism could be made in the area of sampling and study designs.

Overall this publication is highly recommendable for medical students or researchers who already have some basic background in statistics/epidemiology and who want to understand better the use of the different statistical techniques depending on the type of data. For more “casual” readers or “first time” users of statistics this book would need to be complemented by a more “classic” introductory book.

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"Each year, at the end of the first week of meeting of the World Health Assembly, the representatives of the member states devote two days to the exploration of a single compelling subject which has been chosen as the theme of the technical discussions... In May 1990, the selected problem was 'Health Research' and this book is based upon those discussions" (from the editor's preface). The organisation and content of the book reflect these origins and those unfamiliar with WHO bureaucrats will find many of the chapters heavy going.

There are 5 central sections: Research for health; a global overview; Health systems research; Research capability strengthening; Nutrition; and Biological and physical sciences and technology.

The meaning of "research" is itself unclear. It ranges from the sense of research in natural sciences (activity which aims to add to the stock of generalisable knowledge about the natural world) to the disciplined seeking of solutions to specific health service problems. It is this latter meaning which is often used in the more policy oriented discussions. Some examples: "health research is defined very broadly as a method of obtaining systematic knowledge which can be used for improvement of the health of individuals or groups" (a definition which would seem to include taking a clinical history p 38); "health systems research is the scientific approach which enables us to generate necessary data for making better-informed decisions..." (WA Hassouna, p 61); "Health research is a process for obtaining systematic knowledge and technology which can be used for improvement of the health of individuals or groups..." (Report of technical discussions p 93).

A central proposition is that the optimal use of resources requires good local knowledge. Thus, applied health services research should not be seen merely as a "luxury" of richer countries but also as a necessity for poor countries who can even less afford to waste resources on ineffective or inefficient pro-
grams. The background papers and the summaries of the 4 discussion groups' deliberations make a sustained plea to participat-
ing governments and to the WHO to take "research" more seriously.

Who then could profit from this translation of the "technical discussions" into book form? The politicians and bureaucrats of potentially defaulting governments may have been stimulated on this theme by their participation in the World Health Assembly but its hard to imagine that the turgid prose of this publication will stimulate action where direct participation has failed.

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Preventing Cancers. Eds T Heller, L Bailey, S Pattison. (Pp 216; £35.00hb £12.99pb) Open University Press Bung-

Preventing Cancers is an ambitious title and
the formal aim of the book and of the associ-
ated Open University Course (PS78 - Reducing The Risk of Cancers) is to "help health professionals and policy makers throughout Europe and beyond to under-
stand many of the elements of effective
cancer prevention". The book is a further
development from the sister volume entitled Reducing the Risk of Cancers edited by
Heller, Davey, and Bailey and both books have been produced under the Europe Against Cancer initiative.

The book is divided into four main parts.
The first two parts focus on the ways of
studying and identifying the causes of
cancer; the second two parts look at ways of
preventing cancers by using case studies. In
the main, I found all the chapters were well
written and had many points of interest in
them. Some of the topics by their very nature are less interesting than others but their
inclusion is merited by the fact that to study
cancer prevention involves many types of
study and perspectives. Chapters, for
example, on "The reliability of cancer data"
and "Food, policy and cancers" struck me as
being the most uninspiring, whereas others,
for example, on "What causes people to
change their behaviour" and "Stress and
psychological aspects of cancer" were par-
ticularly interesting. One comment worth
making here is that the "old chestnuts" of
cancer epidemiology, that is, smoking and
cancer, and melanoma and sunlight, were
given good consideration and a new edge put
on what seem like old and established stories.

So, overall, this was a very good book with
many interesting and new points relating to
this multi-factorial and multi-faceted prob-
lem. One of the over-riding observations,
however, is one of complexity both at the
level of knowledge pertaining to different
issues and also to that of changing peoples'
behaviours, even once reliable knowledge
has been accrued. Furthermore, by considering cancers in isolation then any
changes recommended in lifestyle or other
behaviours may actually be counter to the
general public good if they are inconsistent
with lifestyle changes necessary to reduce the
incidence of other major diseases.

In conclusion, I am sure that people from
each of the previous mentioned target groups
will benefit from reading this volume in
terms of increasing their factual knowledge
but whether present knowledge is sufficient
to actually reduce the incidence of cancers
remains to be seen.

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Sexual Attitudes and Lifestyles. By A M
Johnson, J Wadsworth, K Wellings, and J
Field. (Pp 449; £29.50 (hbk), £15.00 (pbk))
Oxford: Blackwell Scientific Publications,

It was Alex Comfort, in his writings before
the Joys of Sex became a best seller, who
 speculated on what our nutritional and di-
etic advice would look like if the anxiety
which our culture focuses on reproduction
were to be transferred to food. Thirty years
later things may at last be beginning to
change, but not without a struggle. This
volume is the report of the first large scale popu-
lation based survey of sexual attitudes and
behaviour to be carried out in Great Britain.
It makes fascinating reading.

Of particular interest is the account of the
political battle which was fought with the
ostrich tendency. In this the prime minister,
Margaret Thatcher, herself seems to have had
a lead role in the attempts to avoid moving
towards a knowledge based approach to pol-
icies for sexual health. Other analysts may
wish to return to this story in the future
because within it lies a crucial issue of know-
ledge, power, and control which goes to the
heart of different philosophies of democracy
and the imperatives of public health.

For the time being what we have is a most
rigorous attempt to establish a robust meth-
ology and a baseline with which we can
begin to construct sound public health pol-
icy. In large part, these workers have been
successful and for that both ourselves and
future generations should all be grateful. We
have here a wealth of valuable information
some of which challenges myth, humour, and
fantasy while other consolidates what com-
mon sense tells us – that most people are
trying in a responsible way to live their lives
enriched by sexual expression.

The central weakness of incomplete popu-
lation coverage remains. Despite the rigorous
methodology and the high response rate (mid
60%) in this area above all else we need to
know much more about the non-responder.
If it was deemed too sensitive to ask the
respondents about masturbation, and if, as
was the case, there are indications that re-
spondents were unwilling to admit to certain
sexual behaviours; if, as we know, the dis-
tribution curve of behaviour is skewed with
a smallish group being much more sexually
active and diverse than the rest then we must
try and find out about the 35% about whom we
know so little. This is a very hard chal-
lenge!

So all credit to the team for making such
a sound start. What is now needed is for
others to respond a'nd to develop creatively
further methods to build on these solid
foundations.

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Also received …

Medical Knowledge: Doubt and Cer-
tainty. Edited by Clive Seale and Stephen
Pattison. (Pp 150; £12.99). Buckingham:
Open University Press, 1994. ISBN: 0-335-
19251-3.

Research Strategies in Human Biology.
Edited by GW Lasker and CGN Mascie-
Taylor. (Pp 204; £37.50). Cambridge: Cam-
bridge University Press, 1993. ISBN: 0-251-
43188-3.

HIV Epidemiology: Models and
Methods. Edited by Alfredo Nicolosi.
(Pp 383; $107.50). New York: Raven Press,

Report of the 1993 Conference of European
Community Parliamentarians on
HIV/AIDS. Church House Conference
Centre, Westminster, London, 23-24 April

An Introduction to the Bootstrap
(Monographs on Statistics and Applied
Probability 57). Bradley Efron, Robert J
Tibshirani. (Pp 436; $49.95). New York: