
This is one of a series of "contributions to epidemiology and biostatistics" whose subtitle "a survey of 109,000 cancer cases amongst Finns of working age" nicely encapsulates the burden of the contents. Researchers familiar with UK decennial supplements of occupational mortality often forget the uniqueness of these data which have been produced uninteruptedly since the middle of the 19th century. It is only relatively recently that other nations have developed similar statistical records and among those of the highest quality are those now kept in Finland.

The systematic interrogation of these records has led to the gradual realisation that data derived from information captured by way of death certificates will result in considerable bias which limits the quality of inferences which may be drawn. This bias derives from the description of occupations, the lack of information on exposure, and the accuracy of cause of death data. The most serious confounder is social class. The other traditional routes to the evaluation of risk in occupation have been cohort and case control studies, which of course have been highly focused on specific factors and do not provide the overview previously referred to.

Over the past 20 years a series of studies has attempted to bridge this gap between the two approaches. To a greater or lesser extent they have attempted to overcome the effects of bias and confounding by capturing more accurate data at more relevant points in the work, social, and pathological histories of the populations studied. This book is one such large scale essay bringing together census and cancer registry data.

The format is that of a PhD thesis only perfunctorily, if at all, disguised in literary form. It isdense with data on standardised incidence ratios, the chosen tool of expression of risk, and is conventional in analysis these.

The main thrust of the work is, as has been stated, to obviate or minimise bias and to disentangle occupational and social class effects. The work has been diligently conducted and thus makes a helpful contribution to the narrowing of the wide bands of uncertainty concerning the attribution of cancer risk to occupation and a wider range of social factors. Derived as it is from the excellent Finnish census and registry records, it creates an interesting and reliable reference source.

It is not a book for anything other than the most unusual taste in light reading, indeed any attempt at a "straight through" read is liable to lead to data indigestion. However, the text makes a useful starting or reference point for those interested in occupational morbidity generally as well as for hypothesis development and those with interests in specific occupations or cancers. Similarly, it offers an easy approach to occupational risk for those interested in social risk factors to whom occupation may be a difficult and time-consuming confounder. In those contexts, the book is a nicely presented and useable addition to the bookshelf.

A J M SLOVAK Centre for Occupational Health, The University of Manchester Medical School.


This text follows on from Bowling’s highly influential book, Measuring Health (1991). As the title suggests, the emphasis here is on the application of “quality of life measures” to specific conditions and states, rather than the general overview contained in Measuring Health. What we get through is very similar to the preceding work. That is, text that is remarkably detailed and comprehensive in its coverage of a range of “quality of life measures” in relation to areas like cancers, respiratory conditions, and cardiovascular diseases. In this sense, the book will be highly relevant to practitioners who favour the notion of measuring outcomes other than those traditionally associated with mortality and morbidity. This book provides a critical overview of a host of tools that could be taken and used “off the peg”.

Due to the utility, I have some concerns. As is the case with many who attempt to bridge divides – in this case the gulf that arguably exists between philosophically accepting the complexity in conceptualising “wellbeing” and formulating and measuring it – there may be censure from both directions. Firstly, “formalists” may argue that by insisting on a subjective and ethereal concept...