late 1970s and is now rising. After allowing for the proportion of births to mothers over 35 years, the trend with year remains significant at the 5% level, OR = 0.9996, (95% CI: 0.9995-0.9997). Over the period there has also been a steady increase in the proportion of single mothers. As single mothers are more likely to have boys, it is likely that the decline in the sex ratio of children born to other women is even greater.

This decline in the sex ratio remains unexplained. Possibilities are a general fall in the frequency of intercourse, perhaps due to the increasing stress of society or changes in male or female hormone balance. The latter could be consequence of air pollution which was shown by Williams et al. to be associated with a lower sex ratio.

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5 Williams FL, Lawson AB, Lloyd OL. Low sex ratios in births in areas at risk from air pollution from incinerators, as shown by geographical analysis and 3-dimensional mapping. Int J Epidemiol 1992;21:311-19.

Comparing measures of variation
Sir – We recently reported levels of geographical variation in hospital admission rates in the Oxford region.1 In discussing our results, we briefly compared systematic component of variation (SCV) values from our data with those published by Wennberg et al.2 for hospital service areas in Maine, USA. Wennberg et al described their method by citing an earlier paper in which SCVs had been calculated using a multiplication constant of 100.3 We now believe that in the 1984 study they in fact used a multiplication factor of 1000, although it is impossible to discover this from their paper.

The reported differences between our results and those from Maine persist, however, after taking account of the 10-fold multiplication factor. Only 10% of admissions in Maine were for conditions with an SCV (100) of less than 5%, compared with 44% of surgical workload in Oxford.

Our conclusion remains unchanged. There was substantially less variation in admission rates in the Oxford region than in Maine, USA.

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Perinatal mortality in a first generation immigrant population and its relation to unemployment in The Netherlands
Sir – In the introduction of the above article1 we stated in error that a previous study by Doornbos and Nordbeck of the same population2 showed an odds ratio of 1.50 for perinatal mortality for infants of Surinamin origin and of 1.42 for infants of other non-Dutch origin. In fact, these authors reported crude odds ratios of 1.23 and 1.22 for the two groups. The error resulted from a misreading of data provided by these authors.

Our re-analysis of the role of various factors associated with perinatal mortality and ethnic origin therefore confirms the simpler Doornbos/Nordbeck analysis with respect to the marginal role of infant origin itself.

The main finding of our report regarding the important role of parental employment status as a predictor of perinatal mortality is not affected.

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2 Doornbos JPR, Nordbeck HJ. Perinatal mortality. Obstetric risk factors in a community of mixed ethnic origin in Amsterdam (proofscritpt), Amster-