months after the bombings and thus excluded the effects of radiation doses received by fathers during the period of spermatogenesis—ie immediately before conception—whereas we reported an association with the dose estimated to have been received by fathers in the 90 days before conception. Referring again to table 4 of our paper,⁶ it will be seen that only in the studies of chronic exposure is it likely that the father was irradiated in the immediate preconceptional period and that these studies yield equivocal results.

James' post-hoc comparison of the children born to mothers and fathers who had received a preconceptional radiation dose is invalid: our analysis considered an a priori hypothesis comparing both these groups independently with the remainder of the population, after allowing for the effect of year and paternal employment at Sellafield. Since the sex ratio of children of mothers with a preconceptional radiation dose was 0.985 (95% CI: 0.865, 1.121), not significantly different from that of children of mothers without such a dose, 1.046 (95% CI: 0.961, 1.140), our data provide no evidence to support the hypothesis that irradiated mothers are more likely to produce girls.

One of the caveats concerning our results which we would like to reiterate is our concern about the estimation from annual dose summaries of radiation doses received during the 90 days before conception—a process which inevitably leads to dose misclassification. While random misclassification generally biases the results towards the null hypothesis, in this instance it is quite possible that there is differential dose misclassification and hence uncertainty about the direction of bias. Measurement error is clearly an important issue in this regard and is an area we are actively exploring.

To summarise, studies of the possible association between parental preconceptional irradiation and an altered sex ratio do not yet satisfy the Bradford Hill criteria for inferring a causal relationship.¹³

We would like to take this opportunity to thank Mr Les Scott, Dosimetry Data Manager at Westlakes Research Institute, for estimating the preconceptional radiation doses on which the study was based.

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NOTICES

11th Conference of the European Health Psychology Society, 3–5 September, 1997, Bordeaux, France. For further information contact: 11th EHPS, Congress Rive Droite, 23 rue Baudrimont, 33100 Bordeaux, France. Tel: +33 05 56 32 82 29. Fax: +33 05 56 32 79 53.

International Congress on Biomedical Peer Review and Global Communications, 17–21 September 1997, Prague, Czech Republic. For further information, contact: Annette Flanagan, Workshop on Peer Review, 515 N State St, Chicago, IL 60610, USA; fax: +312 464 5824; e-mail: jama-peer@ama&enr;assn.org.

BOOK REVIEWS

Lecture notes on epidemiology and public health medicine. 4th ed. Richard Farmer, David Miller, and Ross Lawrenson (Pp 288; £13.95) Oxford: Blackwell Science, 1996 ISBN 0-86542-611-2.

The fourth edition of this well established text bears little relation to the thin tome that I used at university in the early 80s. The book has been expanded and is well laid out with good illustrative diagrams and extensive use of bullet points. The latest edition has been excessively updated and includes a new chapter on health targets with a particular emphasis on the priority conditions identified in *The Health of the Nation*. Many of the latest changes in the Health Service are described, although the pace of change is such that the most recent mergers, of district health authorities and family health service authorities, have not been included.

In general the book is an excellent introduction to the subject and any criticisms are fairly minor. In the chapter on survey methods, it was sometimes not clear whether the term "bias" was being used in a general or technical sense with a definition only appearing towards the end of the chapter. The discussion of this important concept could

have been expanded within one section rather than spread through subsequent chapters. In discussing Health Service structure, there is a heavy emphasis on describing the Health Service in England, the other countries in the United Kingdom meriting only one sentence. One diagram is erroneously labelled as illustrating the Health Service in the United Kingdom when, in fact, it only shows the structure in England. A further chapter giving some general international perspectives in health service organisation could also have been usefully added.

Notwithstanding these comments, the book should be a recommended initial text for medical students, and serve as useful summary of the subject for clinicians wishing to update their knowledge. Postgraduate students commencing study in public health might also find the book useful.

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Adult mortality in Latin America. Ian M Timaeus, Juan Chackiel, and Lado Ruzicka. (Pp 367; £45.00). Oxford: Clarendon Press, 1996. ISBN 0-19-828994-4

Latin America, as other world regions, is changing its demographic and epidemiological pictures. The adult population is growing and it is essential to analyse health conditions of this group. This volume is focused on the mortality of that segment of the population. The book originated from the First Scientific Seminar of the Adult Mortality Committee held in Chile in 1991. In spite of the old information on which the papers are based, the diversity of subjects, and diverse author approaches, it is a good summary of the burdens and contrasting situations characterising the changes in this region.

The book has four parts. The first presents a comprehensive overview of the book content and an expert's paper with a complete description of trends and demographic characteristics of Latin America. The four papers comprising the second part concentrate on the different methods of studying adult mortality and on the limitations of data sources in underdeveloped environments. Part three concerns itself with current changes in the epidemiological patterns in selected countries. The corresponding analysis is a reminder of the complexity of the transition phenomena in countries with vulnerable economies and increasing social conflicts. The negative effects of global crisis on public health programmes and the big contrasts within the countries, are important considerations made by the authors. The last section is the longest and is concerned with specific causes of death and their prevention.

The quality of the papers is variable—it is worth mentioning, however, the remarkable paper on maternal mortality by Rajs. The reduction in cardiovascular mortality seen in some countries is difficult to explain because of the scarcity of effective preventive intervention and health promotion programmes. The excessive deaths due to all kinds of violence are striking, even more when it is considered that violence ranks first in morbidity and mortality in several countries. Some of the conclusions arrived at by the authors in this section are fascinating and challenging, particularly those by Frejka and Atkin on abortion.

This book is a valuable contribution to the subject of adult health in Latin America. However, several questions are still unanswered. 1.

How to interpret trends and epidemiological patterns in countries with large internal and external diversity in terms of quality of data, socioeconomic conditions, and political stability? In Latin American countries, problems of first world countries coexist with the others typical of the third world. 2. How to define the health needs of adult population, and organise gender-oriented and effective programmes? 3. Which are the most feasible intervention strategies to modify present trends and challenging situations? It is a good time to consider these questions because of the on-going health sector reforms.

Adult health has been a neglected field for many years in developing countries. The publication of this book is timely and its acquisition is recommended for epidemiologists, demographers, and public health professionals interested in Latin America.

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Patient no more: the politics of breast cancer. Sharon Batt (Pp417; £10.99) London: Scatlett Press, 1994. ISBN 1-85727-067-3

I strongly recommend this book to several audiences. These include health researchers, because it asks searching questions about how we arrive at research subjects and in whose interests the research is being done; health care decision makers, because the book makes important points about the type of evidence which is and is not available in these days of striving to make evidence based decisions; and people interested in breast cancer. This is because this book provides a rigorous and exhaustive analysis of current issues which makes clear how much is missing from the rest of the literature.

Sharon Batt is a journalist who was diagnosed with breast cancer. She takes the reader through a critical analysis of a wide range of allopathic and alternative cancer treatments, the roles of cancer charities, industries benefiting from breast cancer, and the press. There is a section about breast cancer action groups in the United States and Canada, which are more "high profile" than the groups beginning to develop in the UK. The book is packed with complex information but I found it compelling. Batt does for breast cancer what Randy Schlitz did for AIDS in his book *And the band played on*.

A central theme of the book is that breast cancer services have become increasingly mechanised and depersonalised. Batt wants a more patient centred system.

Despite the availability of high tech procedures and research, professional opinion continues to be divided about whether the UK mammography programme is effective and the relative effectiveness of different treatment. Yet models of care continue to get minimal consideration in breast cancer developments. Batt points out that many groups have a vested interest in the search for more high tech screening, treatments, and cures. The challenge she presents is who would lose out if more sensitive patient centred services became a more central issue? It would be women with breast cancer.

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The health of the schoolchild: a history of the school medical service in England and Wales. Bernard Harris. (Pp 260; £45 hardback, £16.99 paperback). Buckingham: Open University Press, 1995. ISBN 0-335-09995-5; 0-335-09994-7.

The subtitle of Harris's book is essential. Its subject matter is the school health service in England and Wales since its creation in 1907; schoolchildren themselves are seldom centre stage, and their parents scarcely feature. This is an account from the inside.

Its origin is Harris's thesis concerning historical changes in children's average height between 1900 and 1950, a rather unpromising beginning. But as he states in his charming and generous preface, the book has undergone a long gestation. The result has been worth it—of modest length, but with a good index, a prodigious 30 page bibliography, and the whole thing attractively presented. His publisher has served his scholarship well.

This is the first full length published account of the history of the school health service for over 30 years, although two other theses have been completed recently. As such it cannot fail to be of importance. It will appeal to non-historians: accounts of difficulties of grappling with less precise indices of population health than physical height—malnutrition, for example, or new angled concepts like vitamins—will strike a chord with epidemiologists everywhere. Debates around the value of universal screening, which run in and out of this account for most of its length, will interest those now working with the elderly.

The book retains a narrow focus. The political mileage to be made from the development of the school health service is merely hinted at, and little attention is given in general to the wider political context. Others will take these issues up, gaining from the groundwork Harris has laid.

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Commissioning mental health services. Graham Thornicroft and Geraldine Strathdee. (Pp 316; £19.95). London: HMSO, 1996. ISBN 0-11-321974-0.

This book on the commissioning of mental health services usefully complements a recent publication by the Faculty of Public Health Medicine in Britain covering the same subject. It brings together the recent initiatives and legislative changes in the area including the care programme approach (CPA) and supervision register, as well as giving definitions of priority groups such as those with severe mental illness.

Subsequent sections cover provider, purchaser, and commissioner perspectives including those of health authorities, general practitioners, and social services. There is a very useful chapter on different methods of estimating local need which integrates epidemiologically based needs assessment, Goldberg and Huxley's filters of care, and expert views on service provision, describing how these can be modified using local demographic and deprivation characteristics. The final section covers practical aspects of strategy implementation.

There are only a few quibbles and omissions from what is a very useful book. In spite

of the title, the emphasis is on adult general mental health services so there is very little about the subspecialties of child and adolescent psychiatry, old age psychiatry, or liaison psychiatry. It was surprising to see the use of annual suicide rates as one indicator of health service need without the use of aggregated figures or confidence intervals. Although there is a chapter on the effectiveness of various interventions, there is very little in terms of evaluating different models of community psychiatric service. Forms of case management such as CPA are described uncritically, even though there is little evidence of effectiveness in terms of mental state, social functioning, or quality of life.

In conclusion, this book is a useful, practical reference for those involved in commissioning mental health services, a fact to which my well-thumbed copy will testify. Although primarily written for a British audience, many of the general principles are equally applicable elsewhere.

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Health psychology—a textbook. Jane Ogden. (Pp 335; £13.99). Buckingham: Open University Press, 1996. ISBN 0-335-19544-X

This book provides both a comprehensive and informative introduction to the developing area of health psychology. It works particularly well as a textbook as it is clearly laid out, incorporates chapter overviews, provides questions and discussion points, and draws on extensive research from around the world. It is therefore particularly well suited to those either teaching or studying health psychology, but would also be of use to other health professionals, particularly in the field of health promotion. It is also accessible enough to provide a good introduction for those with a general interest in this area.

The book begins by highlighting some of the theories and models underpinning the study of health psychology, looking at the role beliefs and behaviour play in health and illness, providing support and criticism for each. This is an important area, but can be quite complex for those not well versed in psychology. However, these models do become clearer and their relevance is demonstrated as they are examined in the context of specific areas of health behaviour, including drug use, diet, exercise, and sexual health. After a comprehensive account of placebos, the author goes on to look at how health psychology can contribute to the various stages of illness such as susceptibility, progression of illness, and longevity, with reference to HIV, cancer, and coronary heart disease.

This book helps us to move away from the biomedical context of illness and health and to see health as a complex interaction of physiological, psychological and social factors and in doing so highlights how different techniques may be used to prevent and treat health problems. As such it would be a useful way for any health professional to access this area of evolving importance.

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