

many studies there are either substantial protocol deviations (i.e. ineligible patients, non-randomized patients, patients lost to follow-up, incorrect treatment, inadequate forms, poor data handling) or worse still a proper protocol was never agreed such that the validity of conclusion should be questioned. Not surprisingly such problems receive scant mention in research papers, but clinical research would gain considerably by improving organization.

Commonsense and objectivity

Lastly, I feel that the greatest hurdle in clinical research is to achieve a more objective outlook and a degree of self-criticism and caution essential to the scientific method. Each investigator has his own beliefs regarding the anticipated outcome of a project and only if he has the self-control to prevent these influencing the analysis of results can he claim

to be a true scientist. Thus statistical methods are no substitute for commonsense and objectivity. They should never aim to confuse the reader, but instead should be a major contributor to the clarity of a scientific argument.

References

- FREIMAN, J. A., CHALMERS, T. C., SMITH, H. & KUEBLER, R. R. (1978) The importance of the type II error and sample size in the design and interpretation of the randomized controlled trial. *New English Journal of Medicine*, **299**, 690-4.
- GORE, SHEILA M., JONES, I. G. & RYTHYER, E. C. (1977) Measure of statistical methods: critical assessment of articles in B.M.J. from January to March 1976. *British Medical Journal*, *i*, 85-7.
- WHITE, SUSAN J. (1979) Statistical errors in papers in the British Journal of Psychiatry. *British Journal of Psychiatry*, **135**, 336-42.

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Book Reviews

Compliance in Health Care. Edited by R. BRIAN HAYNES, D. WAYNE TAYLOR and DAVID L. SACKETT. London: The Johns Hopkins University Press. 1979. Pp 516. £15.00.

I well remember sharing the amazement of those chest physicians who, some 25 years ago, reported the non-compliance of tuberculosis patients in PAS treatment. They were so stunned that they prefaced their article with a quotation from Belloc's *Cautionary Tales*; about Matilda, who "told such dreadful lies it made one gasp and stretch one's eyes". About the same time psychiatrists, with a different experience, were surprised to discover the compliance of informal hospital patients.

This fascinating book, lucidly written and purposefully edited, examines these and other aspects of compliance, which it defines as "the extent to which a person's behaviour . . . coincides with medical or health advice". Since the 1950's research on compliance has proliferated and over 1,400 references are listed in the book. Of these 537 research reports are systematically classified in terms of their methodological adequacy. There are also thirteen tables indexing the bibliography according to the clinical condition being treated, the determinants of compliance evaluated, measurement methods and so on.

The book then is not concerned solely with medication compliance, although the grave and irreversible effects of some drugs will force serious reconsideration of the subject. No less important are the chapters examining attempts to alter man's harmful and unhealthy life styles.

Few may read the book from cover to cover, but all should sample its contributions and most will be very glad that they did so.

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Sexual Variations. Fetishism, Sado-masochism and Transvestism. By CHRIS GOSSELIN and GLENN WILSON. London: Faber & Faber. 1980. Pp 169. £7.50.

This is a useful addition to the research literature on the paraphilias. The persons studied belonged to organizations within the community catering for their sexual needs; thus generalizing from clinical extremes is avoided. The objective data is from questionnaires, the EPI and a Sex Phantasy Questionnaire buttressed by 'case' histories. The theoretical framework is