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Health problems of anaesthetists and their families

SIR,—Dr P J Tomlin's conclusion, recently reported in the *BMJ* (24 March, p 779), that employment as an anaesthetist involves an occupational hazard of cancer both for the anaesthetist and his or her children would be of grave concern if it were justified by the evidence. The evidence is, however, very frail. Dr Tomlin's data consist of two cases of cancer in 277 children of various ages up to 20 years and two cases of cancer of the breast at some time in the lives of 76 female anaesthetists. These numbers, he concludes, are respectively 60 and 50 times more than would be expected from national experience. If this were indeed so, it would be of some interest despite the smallness of the numbers. In fact it is not, as the conclusion is derived from an inappropriate comparison of cumulative rates over the whole of the subjects' life with national incidence rates for a single year.

Dr Tomlin does not say whether any of the adult anaesthetists had suffered any other type of cancer, nor does he refer to the

somewhat larger study by Peto and myself,¹ in which 547 male anaesthetists were followed for approximately 20 years. Twenty-nine died of cancer whereas about 32 would have been expected from the experience of all the doctors observed in the study. Our study had several failings, but it is surprising that Dr Tomlin made no reference to its results as he cited the paper as providing an example of the way statistical critics sometimes dismiss the finding of a probability of 0.05 as a "quirk."

RICHARD DOLL

Department of the Regius
Professor of Medicine,
Oxford OX2 6HE

¹ Doll, R, and Peto, R, *British Medical Journal*, 1977, 1, 1433.

SIR,—I should like to comment on certain of the statistical aspects of Dr P J Tomlin's survey of health problems of anaesthetists and their families (24 March, p 779) insofar as the

data relate to the outcome of pregnancy.

Firstly, while the rate of spontaneous abortion occurring in women who were exposed to anaesthetics during pregnancy was significantly higher than that in the control series (17 of 58 v 10 of 102, $\chi^2_{(1)} = 8.69$, $P < 0.01$), this was not true for the unexposed wives of practising male anaesthetists (44 of 280 v 10 of 102, $\chi^2_{(1)} = 1.69$, $P \approx 0.2$). These findings are in line with those of other published studies, which have been reviewed in detail elsewhere.¹ Like other retrospective studies of this sort, the interpretation of the results is bedevilled by possible biases in the recall of past events.

With regard to the data on birth weight, the comparison of information gathered from anaesthetists with that published in *British Births—1970*² is of doubtful validity. It may be noted, for example, that the control infants in Dr Tomlin's survey had a mean birth weight well below the 3420 g which he regards as the "norm" for social class I children. If internal comparisons are made between the "exposed" infants and the control infants in Dr Tomlin's survey, those means which are based on any appreciable number of observations show little variation.

The comparison between the "congenital abnormality" rates reported by the anaesthetists and the rates obtained in other surveys must also be regarded as of doubtful