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Because we receive many more letters than we have room to publish we may shorten those that we do publish to allow readers as wide a selection as possible. In particular, when we receive several letters on the same topic we reserve the right to abridge individual letters. Our usual policy is to reserve our correspondence columns for letters commenting on issues discussed recently (within six weeks) in the BMJ.

Letters critical of a paper may be sent to the authors of the paper so that their reply may appear in the same issue. We may also forward letters that we decide not to publish to the authors of the paper on which they comment.

Letters should not exceed 400 words and should be typed double spaced and signed by all authors, who should include their main degree.

Lies, damned lies, and suppressed statistics

SIR,—Your leading article (9 August, p 349) about the Registrar General's decennial report on occupational mortality, and particularly your title, calls for a reply. The suggestion that the Registrar General's office has suppressed statistics on mortality rates in the different social classes is totally untrue. We have published extensive data, more than you have mentioned, including not only the data in the decennial supplement but also results from the Office of Population Censuses and Surveys' longitudinal study,¹ with further results for 1981-3 already quoted in parliament and issued to the press.² An article coauthored by a former member of this office commenting on the differential mortality rates between manual and non-manual workers as shown by the data in the decennial supplement has also been published.³

It is true that the commentary in the latest decennial supplement was shorter than in the previous edition, but there were reasons for this, which apply equally to occupational mortality as to social class. In my view this office had an obligation to publish the full statistical data with minimum delay, while providing a detailed description of the method issues relevant to the interpretation of the data. When this has been done users of the material may draw their own conclusions in relation to specific issues. We are always willing to help users of the material.

The recently published material is much more extensive than in previous volumes. Both the number of occupations and the number of causes tabulated are larger; many more tables are provided for women (married women classified by both their own and their husband's job, single women classified by their own job). For the first time the volume includes results for Scotland.

There are comprehensive tables on mortality by social class. In order to publish this body of data with minimum delay and at an acceptable price we provided all these results on microfiche (equivalent to 22 000 pages of tables).

Some of the problems of measuring trends over time are complex, due to changes in classifications and in the structure of employment. OPCS is proposing to use the longitudinal study to make further investigations of the effects on the data of changes in the classification of occupations; and the Social Statistics Research Unit at City University, in collaboration with OPCS, is planning to extend and update the analysis of trends in mortality by social class.

Our immediate contribution has been to make the decennial report results available as soon as we could without holding up the data while we wrote a long commentary ourselves. The data are needed by those concerned with occupational medicine, as well as by those interested in social classes. To help them all we have reduced the time lag between collection and publication from six years for the previous report to three years—the quickest publication time achieved this century.

The above should indicate the efforts that have gone into release of this material. Your suggestion of suppression of information is quite unfounded and not what I expect from a serious scientific journal.

M R ALDERSON

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1 Fox J, Jones D, Moser K, Goldblatt P. Socio-demographic differentials in mortality 1971-81. *Population Trends* 1985; 40:10-6.

2 Trumpington. Written answer. *House of Lords Official Report (Hansard)* 1986 July 30:479:cols 978-80 (142).

3 Marmot MG, McDowall M. Mortality decline and widening social inequalities. *Lancet* 1986;iii:274-6.

Whatever happened to the Black report?

SIR,—Dr R R Gordon (9 August, p 394) is correct in saying that social class differences in post-neonatal mortality have declined between 1970-2 and 1983. What is problematic is the interpretation of the size of the decrease in these differentials over time, in particular the extent to which the two sets of figures he quotes are directly comparable.

Figures on social class released annually by the Office of Population Censuses and Surveys since 1975 have been based on linked data and refer only to deaths among legitimate births while 1970-2 data were cross sectional and consequently contained numerator-denominator biases. In particular, a number of deaths to infants who were born illegitimate would have been included in the 1970-2 analysis; these might well have contributed disproportionately to a wider class gradient. Figures released by OPCS when linked data first became available¹ suggested that a number of sources of numerator-denominator biases in cross sectional data increased with length of survival of the baby.

In a paper on trends in postneonatal mortality Pharoah and Macfarlane presented figures which showed that the greatest reduction in the ratio of class V to class I postneonatal mortality in the 1970s was between the 1970-2 cross sectional and the 1975 linked figures.² Comparison of present day ratios with those of the 1970s must be further qualified by recognising the change in the method