“ and Community Health”

Six years ago the *British Journal of Social and Preventive Medicine* embarked on a new career under the title *Journal of Epidemiology and Community Health*. We explained the reasons for these changes in an editorial, “Changing names—Changing disciplines”, where we declared “it is the intention of the *Journal of Epidemiology and Community Health* to pursue a policy animated by the same spirit of inquiry and concern for society that inspired its predecessor. It is the intention to publish original work in the field of epidemiology and community health which relates to total populations and which shall be numerically valid.”

There were therefore to be two major themes in the journal, epidemiology and community health. We defined epidemiology as “the study of the distribution of disease and the determinants of disease in man” and commented that “the epidemiologist must analyse the disease processes so as to reach a better understanding of the nature of disease, how it arises and spreads, how it can be controlled or modified, how it can be eliminated”.

We chose community health to describe the other activities in which we are concerned partly because we wished to examine the physical and social wellbeing of societies but also because it is an expression that has never been subject to formal definition. Public health, state medicine, sanitary science, and community medicine have all been used in Acts of Parliament, in charters from the Privy Council or defined in detail by the General Medical Council. A recommended curriculum in social medicine has also been specified by the General Medical Council. We ourselves deliberately did not define what we meant by community health but said “What we have in mind at this embryonic stage is not only the study of the health state of individuals in a community but also the study of the provision of health care, the outcome of treatment of the sick and the prevention of disease in communities. We pass the responsibility to our contributors over the years to come to demonstrate by their publications what the term means in practice”.

We published in that first issue of the *Journal of Epidemiology and Community Health* three papers on resource allocation within the British National Health Service, one on the identification of need for health care and one on the continuing association of childhood mortality with housing status and unemployment; two of these papers were from academic units and three from service units. We

hoped that they would start to demonstrate what the term community health should mean to us in the present day.

At an editorial board meeting in 1983 we noted with concern that in recent years the proportion of papers published relating to community health was low and diminishing and that this was due to a paucity of contributions. Epidemiological papers have always been warmly welcome and they still are but, to judge by early published papers, the founders F A E Crewe, Lancelot Hogben, Ian Taylor, and Tom McKeown intended the journal to play a broader role. They included a steady flow of papers on the provision of health services (then called medical care), on social conditions leading to ill health or disease, and on the control and prevention of disease.

In an attempt to regain the balance by increasing the community health component of our contents we canvassed for papers from British research workers in this field in the very broadest terms. The subjects that were offered to the journal as a consequence came as something of a surprise to us as it may to our readers.

They reflect two different aspects of the scientific contribution to community health. The first is a concern to assess practice: Miller and Chamberlain examine two groups of procedures, namely, immunisation and screening, and neither author is very satisfied with what was found; Knox considers the difficulties involved in monitoring a population for congenital malformations and Elwood argues that scientists must detach themselves from relevant politics if their work is to be credible and therefore useful to the making of decisions and planning.

The second aspect is the steadily increasing contribution of the behavioural sciences to epidemiology and community health. Two papers are concerned with the identification of stigma, one from the psychological and the other from a sociological point of view; two study the economic and sociological facets of caring for the aged; there is a medicosocial study of reasons for failure to participate in a breast screening programme; and one paper is on resource allocation.

No paper was offered on evaluation of need, none on primary health care, none on the social determinants of disease, none on “Health for all”, a theme so dear to the World Health Organization.

We would expect that economists, psychologists, and sociologists working with the health sciences would wish to identify with their own professional

journals to ensure their scientific credibility yet it is important that their contributions should also be available to medical readers for both information and criticism. To some extent this is done by abstracting and retrieval systems but we would like to publish some of this work ourselves.

One social scientist, however, observed that behavioural scientists working in the health field tended to state the obvious; she continued disarmingly that perhaps this aspect of the obvious had to be stated from time to time in the medical press. Perhaps—but there is much that is not obvious in these important fields of joint endeavour which will help to promote the health of the community, and we hope to be asked to publish such work.

But we are worried, even more, that doctors working in both academic and service units of community medicine may have lost the fire and spirit that inspired the fathers of social medicine. Epidemiology is a difficult and strict discipline which still seems to be flourishing. But we would hope that our contributors might ask more penetrating questions on the health of their communities, on provision of care, on the health implications of social policy no matter how embarrassing the answers might be to their political and administrative paymasters.

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