LETTER TO THE EDITOR

Deprivation and excess winter mortality

EDITOR,—I read with interest the paper by Shah and Peacock on deprivation and excess winter mortality.¹ I have just completed a similar research project.² This looked at the association between excess winter mortality and socioeconomic deprivation at enumeration district level for Bradford. In addition the excess winter mortality of the Office of National Statistics classification group "manufacturing districts" (a deprived group) was compared with that of England and Wales as a whole.

An identical measure of age standardised excess winter mortality as Shah and Peacock was used, with accumulated data covering the time period from August 1994 until July 1998. During this period there was no recorded evidence of a flu epidemic. The indicator of socioeconomic status used was the Super Profile³ classification. This approach was used because it allows deprivation to be assessed as a multi-dimensional concept as compared with the uni-dimensional concept of the composite deprivation indices like Townsend.³ Super profile groups are derived using 120 census variables covering demographic structure, household composition, housing, socioeconomic structure and employment, to obtain clusters of enumeration districts that have similar socioeconomic and demographic status. As a result Super Profile groups allow for classification of several types of deprivation, for example, predominately white populations on council estates, over crowded minority ethnic populations or young early career professionals.

Our results confirm those of Shah and Peacock. No significant trend was found in age standardised excess winter mortality across the 10 Super Profile groups. Two groups did however seem to have a significantly higher excess winter mortality than Bradford as a whole; one of these is a relatively affluent group "thriving greys" the other a relatively deprived group "hard-pressed families". There was no significant difference between excess winter mortality in the manufacturing group and that of England and Wales as a whole. These results suggest that there is no association between deprivation and excess winter mortality but certain sociodemographic factors may put some groups more at risk than others. I agree with Shah and Peacock that further research is needed to identify the important aetiological factors in excess winter mortality and the most appropriate interventions.

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1 Shah S, Peacock J. Deprivation and excess winter mortality. *J Epidemiol Community Health* 1999;53:499-502.

2 Lawlor DA, Dewh H, Harvey D. Investigation of the association between excess winter mortality and socio-economic deprivation. *J Public Health Med* (in press).

3 Bebsley DC, Shahtahmasebi S, Fryers PT, et al. Validation of use of super profile groups with

deprivation indices and mortality. In: *A census based view of the population and its health—statistical review*. Harrogate: Yorkshire Regional Health Authority, 1994: chapter 3.

BOOK REVIEWS

The tobacco epidemic. Edited by C T Bolliger, K O Fagerström. (Pp 264; price not stated). Karger, 1997. ISBN 3-8055-6531-3.

This book gives a comprehensive and up to date view of the tobacco problem and is timely given the recent legislative changes in the USA and the starting of a similar process in Europe.

The book has been edited by two well known experts in the field, C T Bolliger and K O Fagerström and contains 15 chapters covering nearly all the clinical, public health and political aspects of the tobacco epidemic. The potential benefit of increasing the knowledge among smokers of the deleterious effects of smoking and the benefits of quitting are emphasised. The chapter on passive smoking merits attention because of its huge impact in the public's health. The need for more research into the addiction to nicotine is pointed out, with more information in this field the techniques to reduce consumption could be improved. Also improving our knowledge of the smokers psychology could increase the effectiveness of quitting in the long term.

The need of preventive multisectoral policies on pricing, advertising and promoting cigarettes in also described. Also is well illustrated the role of general practitioners, nurses and pharmacists in the quitting programmes and the importance of primary care in these processes. A very useful and easy to use quitting programme is given as well.

Finally the strong dependency produced by tobacco without smoke and the smoke free spaces and regulatory aspects are detailed. The most important advantage of this book is its ability to compile, summarise and at the same time give to the reader a lot of details on the topic. The good index of contents is most helpful.

The book could be used not just for those professionals directly concerned in their practice for this problem, but for anybody with interest in the tobacco epidemic from the perspective of research or practice.

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Mad cows and modernity: cross-disciplinary reflections on the crisis of Creutzfeldt-Jakob disease.

Edited by I McCalman, B Penny, M Cook. (Pp xi + 190; price not stated). Canberra: Australian National University, 1998.

Practising public health is becoming ever more difficult. Newly emerging influences on health, such as climate change, global financial markets, or genetically modified organisms present us with new sets of challenges. The idea that any single discipline can begin to make sense of these complex causal chains

and the competing paradigms in which they are located is frankly naive.

In 1996, a group of Australians, representing the National Academies of Science, Social Science, Humanities, and Technology voiced concerns about the way in which narrow disciplinary perspectives were inhibiting the development of a proper understanding of a wide range of important issues. They established the National Academies Forum as a means of bringing together the widest possible range of disciplinary perspectives. One of their first inquiries was into the so called "mad cow affair".

Bovine spongiform encephalopathy (BSE) and its implications for human health exemplify many of the challenges facing public health today. The public wanted to know the risk they face but the scientists gave little assistance. The evidence is patchy, existing models are inadequate, and interpretation is clouded by commercial, emotional, and even nationalistic interests.

The editors of this outstanding book have assembled contributors from a wide range of disciplines to help us understand some of the events surrounding the "mad cow affair". Two public health professionals examine the coverage of events by the Australian press, noting the very limited contribution of science to the debate. A pathologist takes us through the molecular biology of BSE. A British medical practitioner, taking a clinical perspective, argues that the British government over reacted to events while an economist, drawing on research on public perceptions of risk shows why the experts misjudged the public mood and why the government was right to act as it eventually did. Historians help us place beef within the British collective psyche and take us on a journey through Papua New Guinea, retracing the story of the discovery of the aetiology of Kuru, a chronicle with many parallels to the BSE story. Finally, a writer who has worked with cattle for many years, in which "his viewpoint shifted from that of a biped to that of a quadruped", uses this perspective to examine the position of the cow in our society.

Those people who are comfortable in their closed disciplinary boxes may wonder what this book is about. Those who realise that there is more to the world will find it absolutely fascinating.

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Problems and potential in international health. Transdisciplinary perspectives.

Edited by Pieter Streefland. (Pp 232; price not stated). Het Spinhuis Publishers, 1998. ISBN 90-5589-1169.

The multifaceted concept of international health harbours a lot of problems, questions and contents, a number of which are considered in the following essay. *Problems and potential in international health* is a scientific analysis about medical and social tendencies, changes and dynamics before public health in all countries of the world. The discourse includes studies and experiences about new and old epidemics, public health policies, safe motherhood and reproductive health, new medical technologies, appropriate use of pharmaceuticals and pharmacological resources. The main aspect in the book is the social vision adopted by the authors. To approach their problems and ideas, the

authors use both epidemiological knowledge and social and economic determinants to realise more complete scientific interpretations.

A tropical medical specialist and three social scientists, write the initial four chapters about epidemics in developing countries. In chapter I, Piet Kager locates the new diseases, like Ebola and Lassa fever, and emphasises their prevention and control by health policies. De Swan, in chapter II, examines how a process of collective action can transform the conditions of public health in some countries, appealing to history experiences. Streefland, in chapter III, distinguishes between real epidemics from imagined and social epidemics. He describes how people sometimes mix up disease symptoms and consequences. Varkevisser, in chapter IV, discusses innovation in social methodology in research on HIV/AIDS transmission and control.

The next three chapters, by two public health physicians and a social scientist describe specific aspects of changing health care in developing countries. In chapter V, Kusin shows the importance of avoiding the morbidity of reproductive age women by the Safe Motherhood Initiative (SMI) from a medical perspective. Hardon, in chapter VI, studies fertility regulation in Asia and Africa from a medical and anthropological perspective. In chapter VII, Chabot describes the main changes in public health care in Zambia and Guinea Bissau, and the difficulties of applying new health policies in these countries.

The next two chapters, by a sociologist and two medical doctors, look into medical technology development and their practical application. Blume, in chapter VIII, reviews the role of vaccine development and the position of the pharmaceutical industry on this sanitary application. In chapter IX, Terpstra

and Smits describe the different steps of a diagnostic test for leptospirosis and the possibility to be used in the South.

The last two chapters, written by a pharmacologist and an anthropologist, examine questions about medicines and the way they are used. In chapter X, Van der Geest discusses the use of some medicines as a form of self medication, and emphasises the importance of a rationality drug use. Van Wilgenbur, in chapter XI, looks at the contribution of herbal medicines to world health. He shows how plants can be used in cases like malaria or cancer diseases.

The concept of international health concerns changes in health, health care and disease control. Internationalisation of health policies may be seen as the representation of the process of globalisation in the field of health. So, this increased movement of people and goods or global communication affects public health strategies and medical technologies. Health policies have an innovative capacity for uncovering a lot of groups and social categories to reduce the new forms of social polarisation in the access to sanitary resources.

To sum up, this book considers research in the main world health problems. The different chapters and authors describe perfectly this group of questions about societies, health and diseases.

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Textbook of influenza. By K G Nicholson, R G Webster, A J Hay. (Pp 578; price not stated). Oxford: Blackwell Science, 1998. ISBN 0-632-04803-4.

Influenza is a fascinating disease, often considered as the "last plague of the twentieth century".

Indeed, in industrialised countries, very few epidemics can be detected on a crude mortality curve as influenza is (at least epidemics linked to the influenza A virus). And it is well known that influenza can cause a real pandemic that could lead to a public health disaster. But on the other hand, a vaccine is efficient to protect high risk people against clinical complications and amantadine is one of the few antiviral active drugs actually available. Other drugs will be available soon.

Despite its austere appearance, we can welcome this new textbook, the outcome of an international and comprehensive effort. It covers all the aspects of the disease, from basic molecular biology to economic impact of the epidemics through ecology, epidemiology, and clinical features. Undoubtedly, it is very helpful to offer in one book the key contributions of each disciplines. It contains all what a public health professional needs to know about what remains one of the most serious threats for the health of humans. Of special interest in this perspective is chapter 34, which is devoted to an attempt to compare the national immunisation policies in the main countries and to explain its wide diversity. And also the last chapter about the H5N1 outbreak in Hong Kong as a test of the pandemic preparedness.

It is just a little disappointing that some aspects are missing. For instance, the "swine flu affair" in 1976 is surely one of the most important public health crises of this century. And recent European initiatives in the field of influenza surveillance deserve a better coverage. Nevertheless, this textbook is a huge attempt at bridging the gap between scientific knowledge and medical and public health action.

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