IN THIS ISSUE

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Joint Editors

DEBATE, DIALOGUE, STIMULATION: A FEAST FOR READERS THIS MONTH

In this issue we have plenty to stimulate and arouse discussion. In six editorials, we range between the tantalising finding of a causal association between suicide rates and the political complexion of government and the complexity of public health issues relating to molecular epidemiology and environmental cancer.

See pages 722–731

Our gallery focuses on traditional healers in the Americas, and reminds us that part of the legacy of the colonial period—and now of the new colonial era of globalisation—has been to undermine capacity as represented by traditions that have built on observation down the generations, and in substituting a narrow Western-reductionism have often distorted priorities to the disadvantage of the people. Hope, in this case, comes from the Andes.

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One year on from the atrocity at the World Trade Center, Robin Stott, the Chairman of Medact, reflects on the role of physicians in campaigning against war; and in our Debate, which addresses a search for holism in molecular epidemiology, we are confronted yet again

with the urgent need for a renaissance of integration, not just in the sciences but also in the humanities. A point also relevant in our Glossary on ethics in epidemiology and public health, which includes timely discussion of coercion, informed consent, and the precautionary principle, which, to the detriment of the planet and ultimately of its inhabitants, is honoured more in the breach than in the observance.

See pages 732, 739

Helena Restrepo, one of the Mothers of public health in South America, and her collaborator Henry Valencia describe the poignant experience of implementing a new health system in Colombia. Certainly it is the best of times (the energy that is available from community participation) and the worst of times (the stultifying and destructive effects of corporatism on communities). This is a good tale of Healthy Cities, and underlines the political nature of public health.

See page 742

From the United Kingdom comes a report of the continuing progress towards developing multidisciplinary, as compared with medical, public health—something that is inevitable, and must be pursued energetically everywhere.

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In our Theory and Methods section there is reassurance about the use of volunteers in surveys on health and sexuality, a timely reminder that we need to develop better measures of health care need in rural areas; and an intellectually challenging report on the Kunst-Mackenbach index of inequality.

See pages 748, 754, 762

The effect of political regime on suicide rates, referred to in our editorials, is based on a research report that we publish from New South Wales, which examines the experience from 1901 to 1998; and on the environmental side, there is support for the detrimental impact of diesel exhaust on cardiovascular disease—ironic, when governments seem to be promoting diesel with one hand and discouraging it with the other. The amazingly productive stable of Davey Smith *et al* has worrying findings on body mass index in young adulthood and its relation to cancer mortality in later life; and on the equity front, there is Swedish evidence of the relatively poor outcomes of less affluent residential areas for myocardial infarction; and from London, some reassurance that when it comes to health outcomes from acute coronary artery disease, gender does not seem to influence the care that people receive.

See pages 766, 773, 780, 785, 791

Finally, in a corner of the journal not normally associated with controversy, the latest edition of the *Oxford Textbook of Public Health* prompts Rubén D Gómez to ask whether having such an expensive volume of public health is really compatible with global public health development. In my view, it may be worse than this—most medical specialties have accumulated a “bible” genre of textbook, a huge tome that is usually out of date by the time it arrives in the shops. Surely this is now an anachronism in the e-world?

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APHORISM OF THE MONTH

On elephants and prevention 1

There is a story of two men travelling on a train through Africa. One of them is throwing powder out of the window. His puzzled travelling companion asks him what he is doing. He replies that he is throwing powder out of the window to keep the elephants away. “There are no elephants,” replies the inquisitor. “There you are,” retorts the powder-thrower, “it works!”

The problem with prevention is that things, once prevented, become invisible. Somehow, public health must make visible and real threats to public health that have gone (such as childhood infections) and maintain vigilance and awareness and a commitment to perpetuate preventive programmes such as childhood immunisation and vaccination that will keep the elephants away.

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