

Letters

'social science' that Popper rejects is one which does not produce refutable hypotheses: for example, one based on dialectical metaphysics¹ which Cameron and Jones appear to adopt. By applying the same criterion to social science as to natural science Popper demonstrates that, in his view, natural and social science do form a unified basis for the development of social policy.

A final point ought to be made on relations between science and prejudice. We did not consider scientific objectivity to be easy and acknowledged "that no scientist is perfect". That is why the importance of impartial criticism was emphasised in our paper. However for Cameron and Jones to insist that prejudice cannot be overcome merely discredits their own argument.

P C ELWOOD
J GALLACHER
MRC Epidemiology Unit (South Wales),
4 Richmond Road,
Cardiff
CF2 3AS

Reference

¹Popper KR. *Conjectures and refutations: The growth of scientific knowledge*. Routledge and Kegan Paul, 1963.

SIR—Fox, Goldblatt, and Jones¹ refer to our paper without any comment.² As its title implies, our paper contains a criticism of the kind of work they are engaged upon. In it we show, we hope clearly, that the "classes" devised by Stevenson and elaborated by the office of the Registrar General, and later by that of Population Censuses and Surveys, are not social classes at all. They are merely occupational groupings compiled, it appears to us, according to private whim in those offices and having no scientific standing. If we are wrong and there are scientific principles on which these categories are based and according to which they are from time to time amended, perhaps Professor Fox and his colleagues could explain their basis. Dr Alderson had the opportunity but did not take it.³

The common opinion that explanation or theory is unnecessary because, as indicators of mortality, these categories work, is not acceptable. Such a view is anti-intellectual and inhibits scientific progress in medicine. Moreover, as we have shown, there is such wide variation in mortality within the "classes" that the "class" mortality rates, which are of course weighted means of the rates in their constituent occupations, do not fairly represent these constituents. In this respect they do not work.

We know something of the origin of this classification from an examination of Stevenson's writings, which show that he adjusted the classification to fit his personal notions of social class and to make "social class" gradients in mortality smoother. Szreter has shown, from a study of the minutes of the GRO Committee on the Census (1911), that Stevenson was inclined to make the same sort of adjustments in order to smooth fertility gradients.⁴

When you consider the heated arguments that accompany proposed changes in other taxonomies, in biology, for example, and just recently in chemistry, it is strange that there is so little complaint about this one. Szreter has persuaded us that the failure of medical people to discuss this properly is because in the past they were confused by statistics. Now that we are more sophisticated, let us reject this useless classification, "this stultifyingly simplistic apparatus", as Szreter has called it. After all, what is to be gained by sticking to it? Perhaps some have the notion that we could change mortality experience by changing people's "social class". It won't work. Stevenson tried it.

DONALD CAMERON
I G JONES
Department of Community Medicine,
Usher Institute,
Warrender Park Road,
Edinburgh EH9 1DW

References

- ¹Fox AJ, Goldblatt PO, Jones DR. Social class mortality differentials: artefact, selection or life circumstances? *J Epidemiol Community Health* 1985; **39**: 1–8.
²Jones IG, Cameron D. Social class analysis—an embarrassment to epidemiology. *Community Medicine* 1984; **6**: 37–46.
³Alderson M. A comment on social class analysis. *Community Medicine* 1984; **6**: 1–3.
⁴Szreter SRS. The genesis of the Registrar General's social classification of occupations. *Br J Sociology* 1984; **35**: 522–46.

The authors reply as follows:

SIR—In response to Cameron and Jones's letter, we are happy to try to explain our continued usage of occupation-based social class in analyses of mortality differentials: we speak as users, not as those currently responsible for the development of the classifications and for production of official data.

Our reference to Jones and Cameron¹ was intended to emphasise our awareness of criticisms and limitations of the social class classification. In retrospect, perhaps the Black report² or other references to limitations of social class^{3,4} would have proved a better choice! We do, however, agree with