‘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.

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Reference

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 stupefyingly 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.

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References

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 class3,4 would have proved a better choice! We do, however, agree with
Jones and Cameron (and, for that matter with Alderson, and no doubt many others) that social class has a purely empirical basis and that no analyst should offer “social class” rather than more fundamental measures of societal, nutritional or educational (etc) circumstances as an explanation of observed differentials. Despite this common ground, we differ markedly from Jones and Cameron’s view of how to proceed from the imperfect present.

Routine statistics have many limitations, but for well over 100 years they have provided a background against which much more detailed research is set; such detailed research should always call on the characteristics most appropriate to the specific questions being addressed. When deriving statistics from routine sources, one is in practice constrained by the circumstances in which information is collected: birth and death registrations provide less opportunity for detailed questioning than censuses or personal interviews.

One use of a broad hierarchical classification such as social class stems from a wish to compare across a number of routine sources. The Black Working Group, for example, wished to compare socioeconomic differences in mortality by cause, in morbidity by cause, and in various aspects of hospital use.

Our wish to make the best possible use of routine data underlies our attempts to investigate other possible measures including, for example, household tenure and car ownership. Comparison of differences across a variety of socioeconomic scales, as in a forthcoming report on cancer incidence, points to findings which may not be affected greatly by the choice of any single measure. Similarly, comparisons with gradients derived using theoretically based measures, such as the Hope-Goldthorpe scale, are now possible using published data. In addition, we have explored variations in mortality within social class in analyses of other variables such as economic position, occupation, and area.

Widespread debate and discussion of the limitations of social class should be encouraged, if only to reduce the chance of misuse of the classification. We cannot, however, agree with Jones and Cameron that social class be abandoned and not replaced; to do so would increase the risk that the scale of (health) inequalities in our society would fall from view, whereas interest in the analyses and policy implications of the Black Report was widespread. Efficient remedial measures require detailed analyses of the mechanisms leading to inequality. However, provided social class differentials are not regarded as self-explanatory, we prefer not to throw out the baby of demonstrated health inequalities with the admittedly dirty bathwater of the social class taxonomy.

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