

The field of accident prevention is poor on theory. Accidents occur through complex interactions between individual behaviour and environments. We can describe how accidents happen, but we won't prevent them by changing the environment unless the behaviour is controlled, or vice versa. Too often, however, intervention is aimed at only one side of the interaction. Risk compensation, in which behaviours change in response to a changing perception of risk, defeats environmental change; and there is often little understanding of the behavioural motivations and incentives within a risky environment.

Epidemiologists have analysed statistical data and identified the characteristics of people with accident "risks"; but they have contributed little to developing rational prevention policies. There are few good books on accidents, and the ones I would recommend to colleagues are not in the mainstream of publishing. Avery and Jackson have written an

account that stays safely within the traditional paradigm. The next generation of researchers need to challenge this orthodoxy and be more critical if progress is going to be made.

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## Notices

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**Medical screening: the way forward.** Medical screening provides many opportunities for the prevention of disease and handicap. What can it offer and what are its limitations? Based on several case studies,

"Medical screening: the way forward", organised jointly by *BMJ* and *Journal of Medical Screening* is a one day conference to be held on 26 January 1994 at the QE2 Conference Centre, London to examine the medical, scientific, ethical, social, psychological and economic aspects of screening. For more information contact: Pru Walters, BMA Conference Unit, BMA House, Tavistock Square, London WC1H 9JR, Telephone 071-383-6405; fax 071-383-6400.

The following courses **Epidemiology and statistics in communicable disease control; The 17th update for CCDs; Update on environmental issues; and Epi info** are to be held at Manchester. For further information, please send a stamped, addressed envelope to: Binnie Hene, University of Manchester, Second Floor, Department of Public Health, Stopford Building, Oxford Road, Manchester M13 9PT.

### T'is the season to be jolly

"Deck the halls with boughs of holly", goes the carol, but leafing through some published studies that have a Christmas "connection" is not exactly a cheering experience. Yuletide is also the season to . . .

#### . . . FEEL SUICIDAL

Cullum *et al*<sup>1</sup> studied all cases of non-fatal deliberate self-harm that presented to three central London hospitals on St Valentine's day and Christmas day on two control dates between 1983 and 1989. There was no association between cases of deliberate self-harm and St Valentine's day but a negative association was found with Christmas day.

#### . . . DEVELOP ALLERGY

After eight years of making Christmas candies to which pectin was added, a 29 years old candymaker developed acute respiratory symptoms.<sup>2</sup> Challenge testing with the pectin mixture caused a 40% decrease in his FEV<sub>1</sub> and skin prick testing was positive to the pectin extract. Total IgE was normal and pectin specific IgE antibodies were not detected but the pectin specific IgG4 antibody response was strongly positive.

Antigen specific IgG4 should be sought in IgE negative cases of occupational asthma.

#### . . . WATCH YOUR BODY WEIGHT

The effect of Christmas time on body weight development was measured in 46 obese patients on maintenance therapy at the Obesity Unit of Karolinska Hospital and 76 hospital staff controls of similar sex and age distribution.<sup>3</sup> There was a significant weight increase of 0.4 kg in controls but the mean increase of 0.6 kg in obese patients was not significant. Controls had little variation in weight development over Christmas but the weight change in the obese group ranged from +6.1 to -8.8 kg over the 2-3 weeks. Seasonal variation in body weight has been attributed to circadian rhythms—cultural food habits may also play a part.

- 1 Cullum SJ, Catalan J, Berelowitz K, O'Brien S, Millington HT, Preston D. Deliberate self-harm and public holidays: is there a link? *Crisis* 1993; **14**: 39-42.
- 2 Kraut A, Peng Z, Becker AB, Warren CP. Christmas candy makers' asthma. IgG4-mediated pectin allergy. *Chest* 1992; **102**: 1605-7.
- 3 Andersson I, Rossner S. The Christmas factor in obesity therapy. *Int J Obes* 1992; **16**: 1013-5.