SOME BY FIRE AND SOME BY THEIR OWN HAND

In this issue there is a mixed bag. We explore media coverage as a risk factor in suicide, something for which there is clearly a case—chance would be a fine thing if we could get the media generally signed up to a prevention approach, but Stack and his colleagues wish to go further and explore the specific aspects of media coverage that are conducive to copycat events. By “fire” in this issue, I refer to the paper by Kinra and Black on landmine effects in Bosnia and Herzegovina: in the aftermath of war the authors point out the importance of different approaches to secondary prevention of mine injuries for children and adults. And staying with children, the Gallery this month explores the involvement of children in describing their own urban environments; while Segura from Barcelona, on his Spanish soapbox, argues the case for a more proactive public health practice.

Returning to Theory and Methods, Galobardes and Morabia explore the use of a habitat indicator, namely the social standing of the habitat (SSH) in terms of its heuristic value in relation to hypertension; and Braveman and Gruskin (brave people indeed) have a go at defining equity in health; while from China, we have a local version of the SF-36 Health Survey Instrument adapted for local use.

The fruits of this month’s Research include an analysis from Denmark on educational level as a context and determinant of all cause mortality, and an exploration of area deprivation as a predictor of smoking habit from Norfolk, England.

Meanwhile, the MRC Social and Public Health Sciences Unit at Glasgow flags up the need for care in using car ownership as an indicator of socioeconomic position if it ignores cohort effects; and the appalling levels of hepatitis C infection among injecting drug users (this time in Dublin) underline the imperative for us to get ahead of this particular curve. Perhaps surprisingly, a paper from New Zealand demonstrates no association of income inequality with adult mortality, but on second thoughts in a country where nobody is really too rich and nobody is really too poor, is it surprising that ethnicity becomes a more relevant variable?

Finally, we carry a paper from France that supports the point that the quality of work environment and social relations affects sickness absence; a paper from Western Australia indicating that women who have undergone hysterectomy and who are not using hormone replacement therapy have a significantly worse profile for coronary heart disease than women with an intact uterus (raising a whole host of supplementary questions, given the enormous variation in hysterectomy rates); and a depressing note that inequalities in life are compounded when survival from colorectal cancer is worse when associated with socioeconomic deprivation (this from Southampton).

Our recent paper on the health benefits of greenspaces from Takano and his group in Japan elicits a mean response from Adams and White in our correspondence columns. Readers should join in the debate, but let Takano and his colleagues have the last word for now that it should be borne in mind that “public health is far too complex to be considered merely applied epidemiology”. Let the argument continue.

And a footnote, and perhaps another debate from another letter, what is the evidence that bottle feeding in the first six months is extremely harmful for babies? Answers please to the JECH.

See pages 238, 264, 234, 235

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