IN THIS ISSUE

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"ALE/HALE/DALE OR IMR"

In this issue, a feast of acronyms in two commentary pieces kick off a debate about the relevance of population health indicators. In particular, the argument is made that infant mortality is not an adequate summary measure of population health, and that with the demographic transition to an aging population and chronic non-communicable disease, other more appropriate indicators of the burden of disease are necessary. The debate should not stop there for, as we recognise with increasing force the upstream policy determinants of health, if we are to escape the straight-jacket of a narrowly biomedical view of public health we desperately need practical, readily available horizontal measures of upstream action and effect. As the Victorians went for safe water, not a range of vertical programmes for each disease caused by insanitary conditions, so we should make full use of measures such as low birth weight, and self esteem, height and weight of school children, and level of education attainment, and of Titmuss's "control over resources through time" to make reality of multidisciplinary, multi-sectoral public health.

See pages 318, 319

This point is particularly apposite to our Glossary on social capital from Australia. Why do church goers tend to live longer? And what is the downside of evangelical churches that emphasise the personal acquisition of wealth? Is there really a "Newton's Law" of sin? (Everybody's up to something, it is just a question of finding out what.) And how does the egocentric nature of modern society impact on health?

See pages 320

Meanwhile, in Speaker's Corner, a call is made for a summit on one of the most amazing drugs in the pharmacopoeia, aspirin, with its ever-extending range of beneficial effects; and our Gallery highlights the inequity of access to safe play areas for children of different social classes, something that is starkly reflected in accident death statistics.

See pages 314, 315

Durrheim and Speare make a strong case for more intellectual rigour in thinking about global leprosy

elimination statistics and the confusion that arises from the choice of prevalence as the measure for determining elimination—resonances here with the argument about "massaged" waiting lists in healthcare systems.

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Public Health Observatories are coming of age, not least in the United Kingdom, where they are at the leading edge of developing practical and relevant health indicators (see above). In Policy and Practice we carry a short paper that takes stock, and in the same section we address the question of the most effective ways of improving population health through transport interventions (health promotion campaigns of various sorts, traffic calming, and specific legislation against drink driving feature strongly). Both in this section, with a paper on the environmental influences on healthcare expenditure, and in a later paper in Theory and Methods on the Care Need Index, there is a convergence of public health in relation to sustainability and equity. It costs more to look after the poor, and environmental neglect is expensive. The solution for both is husbandry (not of the kind referred to by Tom Lehrer in one of his songs).

See pages 324, 327, 334, 347

Violence, war, death and destruction are in all our minds as I write this, and we carry research evidence from Mason and Lyons of the acute psychological impact of suspected bioterrorism, together with further insights into the prevalence and distribution of perpetrators, victims, and witnesses of violence, this time from Colombia.

See pages 353, 355

Other highlights from this month's Research Reports include:

- Observations on depressive symptoms and physical functioning in the Whitehall II study—work is most important for inequalities in depressive symptoms in men, and work and material disadvantage are equally important in explaining inequalities in depressive symptoms in women, while health behaviours are more important for explaining inequalities in physical functioning ("Newton's Law" of Sin again). The risk of secondary psychological distress among those with physical ill health is greater in the low employment grades.

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- The long term outcome after poliomyelitis in different health and social conditions—varies enormously.

See page 368

- The effects of social class and community occupational structure on coronary mortality among black men and white women in upstate New York—positive findings are reported, with differential impacts on subpopulations.

See page 373

- Increased mortality related to heavy alcohol intake (Newton again)—consuming six or more drinks at a time is related to increased mortality among working aged male Finns, with no clear evidence of beverage specific differences.

See page 379

- The relation between numbers of siblings and adult mortality and stroke risk—number of siblings is strongly related to mortality risk, but with some refinement as explored by Hart and Davey Smith.

See page 385

A book review this month from the United States builds on the British tradition of inequalities research in demonstrating growing inequalities in the United States, and the enormous social cost of growing economic inequalities and social injustices that continue to deny good health and adequate healthcare for many (see above); and a timely contribution on sentinel general practice monitoring stations from the Netherlands—the future building blocks of health information systems must surely be at the primary care level.

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Finally, a strong case is made for strengthening public participation in environmental approaches to dengue (and also malaria) control. Am I just an old cynic, or is the undue emphasis on pharmaceutical approaches to mosquito borne disease something to do with commercial vested interests, when history teaches us how large scale environmental action cleared the marsh areas of these diseases in Europe and elsewhere in the pre-pharmaceutical age?

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