IN THIS ISSUE

John R Ashton, Carlos Alvarez-Dardet
Joint Editors

OF GREEK GODDESSES AND MATTERS OF LIFE AND DEATH

In this issue we introduce our new Hygieia feature, based on Minerva in our parent journal. We hope Hygieia's family tree will provide the genetic wherewithal for a flourishing and popular page. Future issues will carry short pieces reporting on findings from various journals ably copy-tasted by our colleague Harvey Marcovitch, the BMJ Journals Syndication Editor.

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At a time when the world is digesting the implications of the next stage in the Middle East conflict, we carry an editorial from the International Health Advocacy Group at University College on how to focus the public health response to Iraq, and a soapbox from Mervin Susser who wrote so poignantly from New York in the aftermath of September 11th. An editorial and linked paper on legionnaires' disease, based on findings of an ecological association at the small area level between the presence of industrial systems with aerosol generating devices and the incidence of legionnaires' disease in France, raise the question of whether reporting of a sporadic case should be enough evidence for a more intense epidemiological investigation focusing on the environment; and in a further editorial, Reijneveld gets close up into a discussion of the meaning of age in epidemiological analysis—food for thought here.

At a time when epidemiologists must be increasingly literate in genetics, our glossary this month provides the basic language for molecular genetics (one of a series of three we will be publishing over the following months); and the JECH Gallery throws the spotlight on the continuing imperative of improving access to clean and safe water for public health.

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Policy and Practice for this month carries a diverse group of papers, ranging from a timely discussion of evaluation in arts for health—this area is rapidly becoming mainstream—to findings

from a cohort study on the negative effects of maternal smoking on children's cognitive performance (they are limited to those who have not been breast feed). While most discussion about immigration tends to focus on the political dimensions of social inclusion, we have a paper from the Netherlands reporting the benefits of health promotion among elderly Turkish immigrants; and evidence from Denmark from a pooled cohort study that smoking cessation in healthy people reduces the risk of a subsequent myocardial infarction, in contrast with there being no evidence of benefit from a reduction in the amount smoked.

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Primary care intervention in the form of an organised programme of cervical screening can contribute to reducing inequality in population health, this from England, and also highlighting the importance of practice nurses. And from Canada, we have evidence that the universal coverage of family doctor and hospital services ameliorate the socioeconomic difference in mortality, although the use of specialist services in the highest income group is significantly greater.

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Liverpool manager Bill Shankly once famously said that football is more important than life and death. A paper from the north of England, by Kirkup and Merrick, puts flesh on the bones of this claim, with a retrospective study comparing mortality on the days of football matches between 18 August 1994 and 28 December 1999 with the results of the matches in a number of health authority areas. The findings show that the results achieved by the local football team are associated systematically with circulatory disease death rate over a five year period in men, but not women. From Finland, using the Finnish medical birth register, evidence that inequalities in perinatal health outcome have diminished in the 1990s; and perhaps unsurprisingly, from London, findings that socioeconomic differences in healthy lifestyles are associated with differences in attitudes to health that may themselves arise through variations in life opportunities.

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Support for the notion that it is better to be poor in a wealthy area than in a poor one comes from a study of Mexican-Americans, which teases out the influence of individual and neighbourhood socioeconomic status to mortality; and gender differences in relation to locomotor disability in early old age come under the spotlight in a West of Scotland study.

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The row over incinerators and crematoriums will receive more oxygen, this time in a paper from the north west of England that finds an association between proximity to incinerators and crematoriums and the risk of spina bifida, heart defects, still birth, and anencephalus. The birthweight story takes a further step forward, with findings from Lawlor *et al* of an association between offspring, birth weight, and parental carotid intima media thickness, an indicator of preclinical disease. Finally, evidence that more intelligent people really do stop smoking, this time from Taylor and an inter-institutional group.

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T H Lu, from Taiwan, explores the use of ACME (Automatic Classification of Medical Entry) software to monitor and improve the quality of cause of death statistics. Another letter, this time from Russia, highlights a decrease in male births in the last quarter of the year in Siberia, and raises questions about what this might mean during the relevant conception period in the first quarter; and two book reviews, one on trauma, war and violence, the other on international cooperation in health, bring us full circle to the aftermath of the war in Iraq and the role of international solidarity and cooperation, including that of the United Nations and its agencies.

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