IN THIS ISSUE

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Joint Editors

WHAT IS STOCHASTICISM ANYWAY? THE UNBEARABLE LIGHTNESS OF POLICY MAKING AND ALL THAT

Heralded last month, the editors are now pleased to bring you for the first time Hygieia. We hope that you will find this useful as the latest development of the journal.

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Returning to our customary sections, we have an editorial and linked paper on mental health and the “Troubles” in Northern Ireland. O’Reilly and Stevenson, using the General Health Questionnaire, demonstrate the significant impact of mental health, while Cecilly Kelleher ponders the public health implications. Meanwhile, Paccaud drums up support for more interest in routine health statistics, a point picked up in a Theory and Methods paper by Unal *et al* in relation to coronary heart disease. And as for the meaning of “stochastic”^{*} and its relevance to long coffee breaks, readers are referred to the editorial by Tam and Lopman, in which fundamental questions of epidemiology (how and why) experience some fresh thinking. In this issue we also carry the second part of our glossary on genetic epidemiology.

See pages 488, 474, 476, 530, 477, 480

^{*}The definition according to the Oxford English Dictionary at <http://www.oed.com/> is: Stochastic (adjective). Randomly determined; that follows some random probability distribution or pattern, so that behaviour may be analysed statistically but not predicted precisely.

Policy and Practice explores the involvement of policy makers in the research planning process, this time with less than outstanding success, and a paper from Australia explores the pathways of material deprivation and health damaging behaviours through to their policy implications. Protagonists of water fluoridation will be heartened by the findings of a large study from England’s north east of no evidence for congenital abnormalities.

See pages 483, 493, 499

A set of Research Reports this month find:

- a strong inverse and independent association between education and common mental disorders (from Chile);
- gender differences in education related health inequalities in Chinese northern rural areas; and
- greater odds of obesity at both 23 and 33 years in people of lower socioeconomic position in Glasgow;
- there is limited evidence from Italy of an association between non-Hodgkin’s lymphoma and nitrate in the water supply; while
- low occupational status is found to be an important correlate of motor vehicle driver injury;
- physical inactivity is found not to be a risk factor for low back pain in the Netherlands, although the authors argue that this is not an excuse to give up exercise!
- Also from the Netherlands, we report small variations in the use of surgical procedures by community income;
- and from the United Kingdom, geographical variation in the prevalence of haemodialysis.
- Finally, Mariotto and colleagues argue that future elderly generations will be intolerant of age discrimination over public health services, and equipped with better powers of advocacy.

See pages 501–523

Turning to Theory and Methods, we have a contribution from Petticrew and Roberts arguing some issues of methodological appropriateness, and also from Glasgow, an interesting finding on the effects of disseminating research findings on response rates in a community survey (there was no effect). A group from Bristol asks whether all of the questions in the WHO Rose Angina Questionnaire are necessary. No is the answer.

See pages 527, 536, 538

Book reviews on ethnicity, class and health (no mentions of the Irish); hospitals in a changing Europe; the 10th edition of *Statistics at Square One* (doesn’t time fly when you’re enjoying yourself, I remember the first edition); evidence based public health; cancer epidemiology; and regulating entrepreneurial behaviour in European healthcare systems complete this month’s offerings.

See pages 542–543