



IN THIS ISSUE

Alfonso Hernandez-Aguado, Deputy Editor
John R Ashton, Joint Editor

WITHOUT IT, WE ARE CONDEMNED TO REPEATING OURSELVES

It's a cliché, that without a knowledge of history we're condemned to repeat it. This is especially true of health policy and public health. Remarkably, despite the renaissance of public health over the past 20 years, our history has remained all but invisible. The journal intends to change all that, and, beginning this month, we will be carrying regular historical contributions. To kick us off, Virginia Berridge and Martin Gorsky contribute an Editorial on the importance of the past in public health linked to a paper by Scally and Womack, which includes some good signposts for the beginner. The recently established Centre for History in Public Health at the London School of Hygiene and Tropical Medicine should help to provide us with a focus, but clearly it is important that a historical capacity should be built in all those academic institutions that lay claim to educating the next generation of practitioners at both undergraduate and post-graduate levels. This point is further elaborated in a veritable manifesto for public health history by Gabriel Scally. **See pages 728, 751**

The humanities are further represented in this issue by several contributions in Continuing Professional Education. Mackenbach reflects on the streets of Paris, sunflower seeds, Nobel Prizes and the quantitative paradigm of public health, while two further papers in the same section launch our commitment to exploring the contribution of literature to epidemiology and public health. This series was inspired by a course on social epidemiology delivered by Professor Ichiro Kawachi at the Summer School of Public Health on Menorca, where it was agreed that some novels could be of particular utility for students of social epidemiology. The inclusion of literary studies in medical schools has shown a continued growth in recent years, and there is a wide recognition that the study of literature can make relevant contributions to the practice of medicine. For example, it has been recognised that literature,

among other potentialities, can help doctors understand what happens in patient's lives and develop empathy. Epidemiologists and public health practitioners are usually more distant than doctors from their object of inquiry and work, the human population. Although epidemiologists regularly manage phenomena like social stratification, working conditions, or perinatal risks as variable categories in their analysis, their real knowledge of these facts could be limited. Furthermore, because of their population approach, epidemiologists also need a thorough insight into people's environments, including families, neighbourhoods, social milieu, working conditions, and allied factors. The narrative knowledge stimulated by reading literary texts facilitates the understanding of these subjects, but the links between literature and epidemiology have been apparently scarce in the related scientific production. The first two pieces in our series on Literature and Epidemiology are published in this issue. Ichiro Kawachi proposes that we travel back to the end of the 19th and beginning of the 20th centuries as viewed by five American authors, while Naomar Almeida-Filho portrays the parallels between the central topic of the book *All the Names* by the Portuguese writer Saramago and epidemiological methodology. Although with different approaches, both papers remind us of the commitment of epidemiology to the foundations of public health: human rights and social justice. In the words of Naomar Almeida-Filho, "the new epidemiological dream is having our young science deeply committed to human emancipation and social equity and justice". Contributions to this series are most welcome.

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Staying with continuing education for a moment, and also with history, Virginia Berridge and Sarah Mars provide a Glossary on the history of addictions. Note the use of the term "addictions"—a contested term that the World Health Organisation sought to replace by the word "dependence" in 1964. It is interesting that the word "addiction" continues to enjoy such currency. Perhaps we could have some debate on this subject? Note also that Berridge and Mars' first names are used in full, this in response to Debbie Lawlor's complaint that our journal policy on naming was resulting in women being given male identities. In Speakers' Corner this month, Lawlor expands on her theme. **See pages 747, 726**

All three Gallery contributions have a historical spin in one way or another. From Glasgow and Gaza a comparison of housing in slum areas separated by almost 100 years, and from Fes an occupational and environmental hazard related to tanning (not the type that we are now familiar with in England, where healthy young women subject their skin to the rapid aging caused by sun beds). Deborah Salerno draws to our attention the hazards of an industry that used to exist in other parts of the world, but whose public health consequences have now been largely exported to less fortunate parts of the world. Will occupational health standards trickle down any more successfully than economic development? And from New York, photos of the City Public Health Department, a building from the early 20th century and reminiscent of the London School of Hygiene with its own pioneer hall of fame, where the surnames of (all male?) public health pioneers are displayed loud and clear within a few blocks of the World Trade Centre site. **See pages 727, 733, 778**

Discussion about the appropriate methodologies for evaluating complex public health interventions seem to have moved on to a new level. This is reflected in Helen Roberts' Editorial exploring some of the issues. Surely we also now need narrative and case studies to be included in the repertoire—something touched on in a paper in Theory and Methods by a group from the Social Science Research Unit at London University in their examination of systematic reviews and peoples' views. **See pages 729, 794**

Behind the scenes, many of our Board members continue to make important contributions to this journal, and this month one of them, Ana Garcia, provides a thoughtful Editorial on the *Uniform Requirements for Manuscripts* produced by the International Committee of Medical Journal Editors. This might seem like a very dry topic, but in seeking to serve both our public and our authors, it is something that we as an Editorial Board must take very seriously, and about

which all parties to publication have a duty to keep themselves informed. We would also like to express our thanks to Ana for her assistance with the revamp of our “Guidelines for authors and reviewers” at <http://jech.bmjournals.com/misc/ifora/>

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Other points this month include:

- a report of mercury contamination at unsafe levels in women of reproductive age in a Caribbean island;
- two valuable explorations of the use of capture-recapture techniques for service planning in relation to problem and injecting drug misuse;

Speaker's corner

What's in a name?

The first woman in Britain to qualify and practise as a doctor had to change, not just her name, but her gender in order to do so. “James Barry” joined Edinburgh University in 1809 as a “literary and medical student” and qualified with a medical doctorate in 1812. She maintained her male disguise (necessary at that time to study and practise medicine) throughout her distinguished career as a medical officer and surgeon in the British army. Only on her death was her true identity revealed:

“...His professional acquirements had procured for him promotion to the staff at the Cape. About 1840 he became promoted to be medical inspector, and was transferred to Malta. He proceeded from Malta to Corfu where he was quartered for many years... He there died about a month ago, and upon his death was discovered to be a woman. The motives that occasioned and the time when commenced this singular deception are both shrouded in mystery. But thus it stands as an indisputable fact, that a woman was for 40 years an officer in the British service, and fought one duel and had sought many more, had pursued a legitimate medical education, and received a regular diploma, and had acquired almost a celebrity for skill as a surgical operator.”

excerpt from the *Manchester Guardian* of 21 August 1865

Interestingly, the year of Barry's death (1865) was the year in which Britain's first official female medical graduate—Dr Elizabeth Garret—graduated having passed the examination of the Society of Apothecaries.

Things have changed dramatically since the 1800s and in many British medical schools female graduates now outnumber males and are more likely to achieve merit and distinction awards. But in both clinical and academic medical practice male dominance of positions of power, as well as gender stereotyping and prejudice continue.

This journal has a policy of using only initials for author's first names on publications. As a result one's identity is concealed. A consequence of this is that readers can continue the misapprehension that the authors of research are necessarily male. I have had a number of papers press released from this journal, which illustrate this point. Despite submitting articles with my name as Debbie A Lawlor this is replaced by initials (D A Lawlor) in the final proof and published paper. However, the people who write the press release feel that a full name is required in the contact details. In all of the press release drafts I have been sent I have been

- a neighbourhood comparison of self rated health between London and Helsinki (high rates of single parenthood were associated with health impact in London, but not Helsinki);
 - and an analysis of social position and minor psychiatric morbidity in Britain between 1991 and 1998 (the impact of unemployment and minor psychiatric morbidity was higher for those who were previously in a more advantaged social class position);
 - and finally, in Theory and Methods, a further discourse on methods for exploring variation in implementation in local contexts, including the use of written and oral narratives.
- See pages 756, 758, 766, 772, 779, 788

assigned a male name—most commonly David and in the most recent one Andrew. On two occasions when I phoned to ask why I am not only given a wrong name but am assumed to be male I have been told that this reflects the fact that authors are more commonly male. This may be true, and it may also be true that on occasions male authors have been given female names. However, my experience illustrates that the journal and press office have strict but differing policies concerning names and that the result can encourage gender stereotyping of researchers. The journal decides we can only have initials and surnames, and the press office that everyone has to have at least a first and last name. Surely, this should be for us to decide?

People's names are important. They are our identity. I don't identify with David Lawlor. It's not me. I like to identify myself with my first and last name. I know of other female academics who say they never put their full name on submissions because they think the review process is prejudicial against women scientists. I have no evidence that this is true, but it's sad that some bright and senior women actually think this. For some individuals there may be no clear differentiation in terms of importance between their names.

With respect to having names on papers and in press releases the solution to me seems simple. We now teach medical students that good communication includes addressing individuals in the way they indicate they want to be addressed—if they say Debbie its Debbie, if Doctor Lawlor then use that, and so on. Medical journals and the media are rightly concerned with good communication and for me the same should apply here. All journals should have a policy that allows authors to have their name on the article in whatever form they choose and the press releases should then use this form. If someone chooses not to disclose their first name they should not be made to, neither should an incorrect name be applied. There is no reason why the format of names on papers has to be uniform. More broadly female scientists need to feel confident that the system values and supports their contribution on an equal footing with men.

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Editor's note: In response to this article, we have changed the style of the authors' names in the journal to be as presented to us.