There are many things to worry about as we get older. Women have had to cope with gynaecological cancer screening for decades but for men, prostate cancer screening is the latest worry on the scene for British men of a certain age, 50+ to be exact, as a new trial of prostate cancer screening is now underway in many areas of the country. In other countries, prostate specific antibody (PSA) screening is already part of the ‘well-man’ (or is that ‘worried-man’?) screening battery, putting you closer to a prostate biopsy than you might want. In this issue we reprint a seminal paper by Arnold Rice Rich published in 1935 describing the occurrence of small prostate tumours found during routine autopsies. Making use of his laboratory’s routine procedure of making a histological preparation of every organ of every body examined at autopsy, he was the first to describe just how common these small, clinically undetected, prostate cancers are—affecting 41 (14%) out of 292 autopsies conducted in men over 50 years, and overall two-thirds were not recognized in life.

The significance of these findings for our current screening enthusiasm, as Miller comments, is that it causes over-diagnosis of prostate cancer unlikely to shorten life, of a scale as high as 40% to >60%. In PSA, we have a screening test that doesn’t help to identify the prostate cancers that matter—the ones that will kill. To make matters worse, over-diagnosis is compounded by over-treatment with the vast majority of men receiving active treatment, likely to lower their quality of life considerably. Clinicians, anxious not to miss treatable disease, have lowered the threshold for an abnormal PSA result, and have increased the number of prostate biopsies taken—with the medically rewarding result of eventually diagnosing one in six US men during their lifetimes. As Adolfsøn states, prostate cancer incidence is rising dramatically, but mortality rates have remained stable or in decline over the last decade. The goal must be better diagnostic methods from identifying the genetic markers of aggressive, rapidly progressive cancers, and better imaging techniques.

For epidemiologists, the question is surely one of aetiology. What factors pre-dispose some prostate cancers to progress and others to remain quiescent?

Archie Cochrane was a remarkable man whose name lives on in the Cochrane Collaboration which conducts and promotes the wider use of systematic reviews of the effects of interventions in health care. McKee examines the effects of political ideology on evidence based health care, and using the former Soviet Union as an example, suggests that ideology seriously damaged the development of effective health care, and draws analogies with the contemporary scene in the USA. Further demonstration of the effects of political ideology on science has been reported by Taixin Wu, a member of the Chinese Cochrane Centre, who recently found that a large number of Chinese randomized trials were never actually randomized after interviewing the investigators.

In an effort to promote wider use of evidence in health care, and in common with several journals, we publish a ‘Cochrane Column’ in each issue that aims to provide a synopsis and commentaries on a systematic review of relevance to the field of public health. This issue’s column is concerned with dietary calcium supplementation and prevention of pre-eclampsia—it seems to work.

Cochrane’s aesthetic interests are less well known. While a prisoner of war in Greece, he wrote poetry to overcome privations and externalize his anger. This is an example:

I’m a gaoler; the prison’s my soul,
Fate fixed what had to be,
I’ve fought and I’ve struggled and sought out help,
But I’ll never, never be free.

Prisons are not healthy places, but it seems that it is not incarceration but release from prison that is a hazard for survival. Ex-convicts are at greatly increased risk of all-cause mortality—4-fold for men and almost 8-fold for women. Mental health problems were particularly dominant underlying causes of death.

The original observations of Durkheim on the higher rates of suicide of Protestants compared with Catholics, published in 1897, are the earliest empirical data focusing on the importance of group determinants of mental health. His interpretation was that social bonds of two forms—attachment to other individuals and attachment to social norms—were protective against suicide. How far has social epidemiology travelled over a century? Surprisingly, given the extreme importance of religion in contemporary society, it is no longer a popular interest for social epidemiologists. I was pleased, therefore, to read Tammes’s account of the Jews during the holocaust in The Netherlands, demonstrating how social ties with non-Jews aided survival.

Our social epidemiology theme is, however, dominated by issues of income, occupation and education. In Fone and colleagues work on social cohesion, the basic ideas underpinning the analyses remain true to the Durkheimian view of the causes of mental ill-health, but Putnam gets the credit.

As a young man, I spent my time in the north-east of Thailand helping set up a new medical school in an impoverished area as part of an attempt by western countries to thwart the ‘domino’ theory—the collapse of USA’s influence in Vietnam in 1975 would be followed by communism.
spreading to the adjacent countries of south east Asia. Vietnam did indeed invade Cambodia to rid it of Pol Pot’s killing regime, and Laos by then had already established a People’s Democratic Republic (which, incidentally produces a very fine rice-based lager available from http://www.beerlao.co.uk/), ousting its monarchy. The anticipated political change never affected Thailand, but the unforeseen impact of HIV on the epidemiologic transition toward low mortality, chronic disease pattern is the subject of Hill and colleagues’ piece, which attempts to understand the impact on adult mortality using routine vital registration data.  

Finally, teenage pregnancies are associated with poor neonatal outcomes, and underlying social mechanisms of material deprivation, failure to use antenatal and intrapartum care, and biological reproductive immaturity have all been postulated as reasons. Chen’s paper challenges these mechanisms by finding similar poor outcomes among an educated, white, non-smoking, non-drinking, ante-natal care using teenagers.  

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References