Epidemiology is concerned with group-level risk\(^1\) and nowhere is this more clear than in the Health and Demographic Surveillance Systems (HDSS) that generate the basic but essential information on births, deaths, fertility, migration and, increasingly, data for computing burdens of common diseases in the poorest countries. These necessary resources do not get the long-term funding and scientific recognition they deserve. In this issue of the *IJE*, we attempt to redress this situation in our small way by launching a new series from the Global South. The International Network for the Demographic Evaluation of Populations and Their Health (INDEPTH) Network, set up in 1998, is an umbrella organization currently made up of 36 centres, running 43 HDSS, which covers 3.2 million people. Located in low- and middle-income countries, where routine universal registration of vital statistics is lacking, INDEPTH member HDSS sites provide a medium-term solution to the lack of population-based health data in Africa, Asia and Oceania. The series is introduced in an editorial by Osman Sankoh, Executive Director of INDEPTH and Peter Byass, chair of the international Board of Trustees and Scientific Advisory Committee.\(^2\)

Over the next couple of years, we hope to publish profiles of all the INDEPTH member HDSS sites, and this issue contains profiles for four of them: Chakaria (Bangladesh),\(^3\) Karonga (Malawi),\(^4\) Kilifi (Kenya)\(^5\) and Ouagadougou (Burkina Faso).\(^6\)

Individually and collectively, these profiles showcase the breadth and depth of data available to INDEPTH and provide an outstanding tribute to the dedication and tenacity required to collect such detailed data in difficult and demanding circumstances.

Key findings highlighted in the profiles illustrate the many and varied uses of the data. To date, a majority of these have been site specific and related to health initiatives in the HDSS area. However, increasingly, papers using cross-site and multi-site data are appearing in the literature\(^2\) and public access data from the eight sites that took part in the WHO-SAGE programme on ageing are starting to appear in leading specialist journals.\(^7\) The huge volume of data generated across Africa, Asia and Oceania by members of the INDEPTH Network constitute one of the largest sources of longitudinal data and scientific evidence on the health and living conditions of people in the Global South today. As set out in its policy document,\(^8\) INDEPTH’s ultimate goal is to promote the wide use of its data by the scientific community. These data are hugely expensive to collect, manage and curate, and large sums of money will be necessary if this vital resource is to be maintained and enhanced. The purpose of our new HDSS series is to generate interest and encourage wider use of these data. In the past two decades, there has been a major change on the part of many funders, so that data sharing is now considered to be the norm rather than the exception.\(^9\) Data access and sharing are not without problem, especially, as Sankoh and Byass point out, in a world where vestiges of colonialism still surface, and power is not evenly distributed between North and South. Scientists in the South, understandably, do not expect to be used as data producers for analysts in the North. However, true partnerships are possible, in which the rights of the data generators to play an equal role in the analysis of the data they gather and to develop their careers are recognized together with the need to generate funding to maintain and develop the invaluable resource they collect.

Our poem in this issue, ASJ Tessimond’s ‘The man in the bowler hat’ (Figure 1),\(^10,11\) with its opening line ‘I am the unnoticed, the unnoticeable man’, encapsulates the individual lost within the impersonal data sets so useful to demographers and epidemiologists. The poem’s protagonist, the nameless member of the masses, goes on ‘I am graph diagram, composite face’, acknowledging the status of one unimportant datum in a world where only data matter. Tessimond’s life exemplified the extraordinary in the apparently quotidian. Before publishing his first
collection of poems, a leading critic identified him and WH Auden as being at the forefront of a new poetics that saw ‘beauty in what was seen as ugliness’ and heralded ‘a new mode of life’.12 Auden, of course, became one of the most celebrated poets of the 20th century (see his take on the anonymous individual in Box 1), whereas Tessimond remained obscure, out of sympathy with the (at the time) political poets of the Auden circle (‘MacSpaunday’). His attempt to connect with the imagists by sending poems to Ezra Pound was repaid with a scrawled message ‘Not hopeless if you are less than 21’; he was in his mid-twenties.13 He published three short volumes in his lifetime, working as an advertising copywriter, a job he did not appear to hold in high regard. His poem ‘The ad-man’ begins

The trumpeter of nothingness, employed
To keep our reason full and null and void:
The man of wind and froth and flux will sell
The wares of any who reward him well,
Praising whatever he is paid to praise,
He hunts for ever-newer, smarter ways
To make the gilt seem gold; the shoddy, silk,
To cheat us legally; to bluff and bilk
By methods which no jury can prevent
Because the law’s not broken, only bent.10

When he received a sizeable inheritance, ‘he spent half of it on nightclub hostesses, stripease girls and models and the other half on four or five successive psychoanalysts’,13 and apparently gave away his remaining money to his latest girlfriend shortly before his premature death, perhaps brought forward by electroshock therapy for manic depression.

Tessimond felt starved of parental affection and attributed (or at least his therapists attributed) his later unhappiness to this. The notion that there is a long shadow cast by early (including antenatal) experiences is a focus of much contemporary epidemiology, and our classic reprint presents a seminal study of neurological damage produced by prenatal iodine deficiency during pregnancy.14 The original investigators reflect on this ground-breaking study,12,15 and

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**Box 1 The Unknown Citizen WH Auden**

*(To JS/07 M378
This Marble Monument
Is Erected by the State)*

He was found by the Bureau of Statistics to be
One against whom there was no official complaint,
And all the reports on his conduct agree
That, in the modern sense of an old-fashioned word,
he was a saint,
For in everything he did he served the Greater Community.
Except for the War till the day he retired
He worked in a factory and never got fired,
But satisfied his employers, Fudge Motors Inc.
Yet he wasn’t a scab or odd in his views,
For his Union reports that he paid his dues,
(Our report on his Union shows it was sound)
And our Social Psychology workers found
That he was popular with his mates and liked a drink.
The Press are convinced that he bought a paper every day
And that his reactions to advertisements were normal in every way.
 Policies taken out in his name prove that he was fully insured,
And his Health-card shows he was once in hospital but left it cured.
Both Producers Research and High-Grade Living declare
He was fully sensible to the advantages of the Instalment Plan
And had everything necessary to the Modern Man,
A phonograph, a radio, a car and a frigidaire.
Our researchers into Public Opinion are content
That he held the proper opinions for the time of year;
When there was peace, he was for peace: when there was war, he went.
He was married and added five children to the population,
Which our Eugenist says was the right number for a parent of his generation.
And our teachers report that he never interfered with their education.
Was he free? Was he happy? The question is absurd:
Had anything been wrong, we should certainly have heard.

*Source: Auden WH, Another Time. Used by permission of Curtis Brown Ltd, New York, 1939*
Basil Hetzel also considers new evidence, reviewed by Mark Vanderpump, on the possible effects of less severe prenatal iodine deficiency.

Birth cohorts are clearly a powerful resource for studying early life influences on later health and development, and we have profiles of a 1997 Hong Kong birth cohort and a consortium of birth cohorts from low- and middle-income countries. Birth cohorts provide the data for a series of papers, on the effects of maternal smoking during pregnancy on offspring growth, seasonality of infant feeding practices, and post-term birth and childhood behavioural problems.

We called for papers on methods of measurement in 2010, and the latest paper in this series relates to the complex issue of socioeconomic indicators in low- and middle-income countries. More recently, we launched an ‘education corner’ and in this issue, we are educated about competing risks. Finally, our series on the global status of epidemiology arrive in South East Asia.

We rarely publish more than one review of a book, but break that tradition for two books, recently brought out by Olli Miettinen. Miettinen is certainly a major player in the invention of ‘modern epidemiology’ and in these two books, he critiques evidence-based medicine and aims to correct what he sees as the failures of the International Epidemiological Association’s Dictionary of Epidemiology. Jan Van Den Broeck and Jonathan Brestoff welcome Epidemiological Research: Terms and Concepts as an important work for those interested in theoretical epidemiology and ‘warmly recommend it to all students of epidemiology and all practitioners of epidemiological research’. Miettinen’s own views on the evolution of his thought can be heard in an interview that is part of the excellent ‘Voices’ series published in the journal Epidemiology.

Interestingly, given his important work on what he terms the case-referent study (which he considers should have made the case-control study obsolete), he lists Franz Müller as one of the three most important epidemiologists of the 20th century, for his primitive case-control study of smoking and lung cancer published in 1939. Miettinen now appears to consider epidemiology as being in the business of producing ‘the knowledge base for clinical medicine’. In marked distinction to Van Den Broeck and Brestoff, Neil Pearce is unimpressed by Miettinen’s two volumes, concluding that what ‘is useful in them is not new (and has been described more clearly by other authors); what is new is not useful’. Seldom does one read a reviewer admitting that they had not finished a book because ‘halfway through ... I stopped reading because I had begun to lose the will to live’. However, since in his review Pearce also reports that he knows exactly when he first heard the Bee Gees playing disco (presumably ‘Jive Talkin’), he will have responded to the sense of his life draining away with one hand definitely on hip, the other thrust in the air, singing (Figure 2).

Well, you can tell by the way I use my walk, I’m a woman’s man: no time to talk.
Music loud and women warm, I’ve been kicked around since I was born.
... Whether you’re a brother or whether you’re a mother, you’re stayin’ alive, stayin’ alive.
Feel the city breakin’ and everybody shakin’, and we’re stayin’ alive, stayin’ alive.
Ah, ha, ha, ha, stayin’ alive, stayin’ alive.
Ah, ha, ha, ha, stayin’ alive.

References


