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CORRESPONDENCE

We may return unduly long letters to the author for shortening so that we can offer readers as wide a selection as possible. We receive so many letters each week that we have to omit some of them. Letters must be signed personally by all their authors. We cannot acknowledge their receipt unless a stamped addressed envelope or an international reply coupon is enclosed.

Correspondents should present their references in the Vancouver style (see examples in these columns). In particular, the names and initials of all authors must be given unless there are more than six, when only the first three should be given, followed by et al; and the first and last page numbers of articles and chapters should be included. Titles of papers are not, however, included in the correspondence section.

Equalities and inequalities in health

SIR,—The Secretary of State's dismissal of the report of our working group[1] has attracted much attention from the press. Moreover, only 260 copies were printed, its main purpose—to stimulate serious discussion of a critical health issue—thus being frustrated. Even major health authorities were not provided with a copy. Your return to the subject (20 September, p 762) is therefore very welcome.

I could cavil at several statements in the leading article. We do not endorse the suggestion "that savings should be made in the maternity services": "We regard improvement of the quality of maternity care as crucial; there can be no scope for savings here" (p 234). Nor did we join in the attack on "acute hospital services." Alternatives are presented, one involving a small cut in the Government's plans for a (slight) increase, and the other no cut at all (p 244). And so on.

My object in writing, however, is to point out that, while commenting that the emphasis on prevention is "a little vague," your leader, centred as it is on the NHS, gives no picture of the report's principal thrust on prevention, its principal diagnosis and recommendation for action. Social inequalities in health, we concluded quite conventionally, arise to a large extent out of the socioeconomic structure; and one of the main factors in the poor health record of the lower social classes is their poverty and the multiple disadvantages inherent in this. The realistic and, one hopes, preventive way to attack this is in childhood and, in the light of massive research, the first years of life. Hence "We consider that the abolition of child poverty should be adopted as a national goal for the 1980s. We recognise that this requires a redistribution of financial resources far beyond anything achieved by past programmes, and is likely to be very costly. Recommendations are presented as a modest first step which might be taken towards this objective" (p 366)—increase in child benefits, a new infant care allowance, higher maternity grants, expansion in day-care facilities for the under-5s and free school meals. These together, if fully implemented at once (which, of course, does not follow), would cost about £1500m, three-quarters of the £2000m a year considered by the Secretary of State to be "quite unrealistic in present or any foreseeable economic circumstances." The corresponding total budget on social service, it may be mentioned, is £45 000m.

This is old-fashioned social medicine indeed. "How far the poor can be made less poor. . . . In the whole range of questions concerning Public Health, there is not, in my opinion, any one to be deemed more important. . . ."[2] Subsistence poverty is abolished now—there is no hunger, no bare feet—but serious residual poverty remains to blight the lives of sizable sections of the population. Later in the twentieth century we are still beset by nineteenth-century-type problems of deprivation. If we are to be rid of social inequalities in health, these will have to be resolved at the same time as more focused education and health-service measures are instituted and the incentives provided for changes in life style, diet and exercise, and smoking and drinking behaviour.

The Opposition will, of course, be raising the whole issue of the report and its treatment when Parliament reassembles. But should not medicine seek to prevent this national issue from becoming merely a party one? Will the Faculty of Community Medicine give a lead (27 September, p 826)? As your leading article concludes, the report "could be modified to become a long-term development plan for health and social services," something we shall require more than ever in the difficult days ahead.

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[1] Department of Health and Social Security. *Inequalities in health.* Report of a research working group (chairman Sir Douglas Black). London: DHSS, 1980.
[2] Simon J. *English sanitary institutions.* London: Cassell, 1890:444.