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Instructions to authors appeared in the issue of 2 January 1993, p 55

From public health to personality

Judging by their conference last week, Britain's public health doctors are feeling the ground move uncomfortably under their feet with a series of government initiatives (p 1694). Meanwhile, the European Community seems to be suffering from too few rather than too many ideas about public health. In his editorial Michael Joffe argues that it is time for the community to develop priorities for action (p 1629), and Hart reports some of the suggestions discussed at a recent public hearing in Brussels (p 1636). Social inequalities and unemployment topped the list.

Could Britain's *Health of the Nation* (despite its silence on poverty and ill health) ever form the basis of a *Health of the Community*? As we approach the first anniversary of its publication we publish two pairs of papers that are relevant to its key areas.

Two mental health targets relate to suicide, and papers from Copenhagen and Edinburgh follow up people admitted after an attempt at suicide. Merete Nordentoft and colleagues found that such people were at greatly increased risk of premature death (and not only from suicide) (p 1637); Keith Hawton and colleagues found that substance misuse and psychiatric admission were the strongest predictors for subsequent successful suicide after an attempt (p 1641). In an accompanying editorial Gethin Morgan suggests how we should use this information (and that provided by

clinical audit) to reduce the toll of suicide (p 1626).

The second pair of papers looks at cardiovascular risk factors in patients in general practice: both papers have disappointing results. A study of men who attended a well person clinic in Builth Wells found that cholesterol concentration, systolic blood pressure, and weight had all increased after three to five years (p 1652). As the authors could find no published evidence from Britain to contradict their findings they wonder whether the current emphasis on well person screening clinics in general practice is misplaced. Another paper looks at the complicated relations between patients' knowledge, attitudes, and behaviour regarding cardiovascular risk factors (p 1657). Most people who were smokers or physically inactive perceived their behaviour as harmful and wanted to change, but few had tried to do so in the preceding year.

So how much could personality explain illness, with those taking up (and retaining) unhealthy behaviours putting themselves at greatest risk of disease? Hans Eysenck, of course, has done most to explore this possibility, and this week we publish the second critique by Anthony Pelosi and Louis Appleby of his (and Ronald Grossarth-Maticek's) research (p 1666). Last time, Eysenck came back with a spirited defence.

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Editor's Choice

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