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### We're all social engineers now

Social engineering got a bad name because of the unintended adverse consequences of well intentioned actions. But there's plenty of evidence in this week's journal that social engineering is alive and well (under the guise of politics, marketing, public health, charity) -and still producing unintended consequences. A couple of papers on social deprivation (pp 1097 and 1115) provide further data on the association between deprivation and ill health and early mortality. In their accompanying editorial George Davey Smith and Matthias Egger show how increasing disparities in mortality have paralleled the increasing disparity in material wellbeing over the past decade in Britain (p 1085). Although acknowledging that the causes of socioeconomic differentials in health are complex, they also point out that the association between income and mortality is consistent across time and place.

In another editorial Victor Carey argues for the benefits of social engineering—this time in the context of preventing childhood drownings: passive safety measures, such as fences round pools, are, he argues, an important part of prevention (p 1086). Otherwise, unrealistic exhortations to parents to "be careful" serve only to attribute blame. Tony Smith too thinks that society/state provision is the only answer for services such as health and education: "a return to charitable

funding is a return to nineteenth century inequalities and chaos" (p 1149). In her account of the appalling conditions in the hospitals of Belgrade, Kovin, and Budva, Mary Black shows what happens when society's functions break down almost completely (p 1135). The state of the hospitals is a direct consequence of economic sanctions against Serbia and Montenegro, she claims.

This week's issue also has reminders of two continuing scientific debates: the Health and Safety Executive has weighed in with another piece of evidence on Sellafield and radiation (p 1094), and in the letters columns S J Passmore and colleagues consider recent conflicting studies on whether vitamin K causes childhood cancer (p 1140). They suggest that exposure to vitamin K needs to be verified by consulting records and not just assumed; studies currently under way should, they hope, settle the issue.

And, finally, something for the social engineers of the future. Analysing data from Bedfordshire and elsewhere over the past few decades the South Bedfordshire Practitioners' Group has concluded that childlessness (much of it voluntary) seems to be increasing among British women (p 1116). This, they suggest, "has important implications for British society."