"The Public Health Call"

Gabriel Scally

The new ballad "The Public Health Call" urges public health personnel to work together and take inspiration from some of the great figures of the past

The role of popular ballads in recording, preserving and communicating history is long established and pre-dates the development of widespread literacy, let alone the internet. Ballads also play a role in establishing or challenging social norms. However, singing in an informal setting has declined substantially in the face of more formalised modes of entertainment, notably television.

The key themes of ballads reflect the central themes of life and death. They deal with war, love and daring deeds. They can be serious, humorous, congratulatory or insulting. There are, however, very few ballads that deal with public health, either in general or specifically. Illness and death are referred to regularly in ballads and songs, and individual diseases sometimes can be identified, most famously in the children's song "Ring a Ring a Roses" which is associated with pneumonic plague.¹

Most traditional ballads are anonymous, but there is a strong contemporary tradition of composing folk ballads. Song writers and performers such as Pete Seeger (USA) and Tommy Sands (Ireland) see themselves as modern day troubadours and chroniclers of turmoil and change.²⁻³ They also have taken a lead in preserving traditional songs and writing contemporary songs which encourage and promote social change. As Seeger and Reiser have stated, "each step forward came as a result of enormous work and courage, some bloodshed, and music like this which kept people's spirits alive".²

The newly composed song that follows, "The Public Health Call" (a version of which sung by the author is available at <http://jech.bmj.com/supplemental>) is set to a traditional English tune which is used in a sword dance in Earsdon in the county of Northumberland.⁴ The tune has also been used to accompany a contemporary "calling-on" song⁵ and can be sampled on a number of websites.⁶ In the folk tradition a "calling-on" song is used to gather an audience and introduce characters. In the song presented here, the theme of "calling-on" is used to call

public health people together and urge them to take inspiration both from some of the great figures of the sanitary revolution and the common people who benefited from and supported their work.

The individuals mentioned in the song led some of the major public health advances that we have seen in past centuries (box 1). Their individual histories are worthy of study by all those who seek to understand or practice public health. Indeed, it has been argued elsewhere that an appreciation of public health history is an essential ingredient in developing an effective response to the major public health problems of today.⁷

"THE PUBLIC HEALTH CALL"

Come all of you men and women
Who work for the welfare of all
Come and list' to my song while I tell you
Of how we must answer the call
We have all come from far distant places
And travelled by road and by rail
We have all come to learn from each other
That hygiene and health may prevail
When Jenner he did walk among us
He studied both cuckoo and pox
Sarah Nelves helped him conquer the virus
Though many his efforts did mock
John Snow he is a great hero
His deeds they are famed and renowned
But without the poor widow of Hampstead
The truth it would never 'ave been known
Kitty Wilkinson she came from Ireland
In Liverpool cholera did meet
Her washhouse which shone like a beacon
Helped the people the peril defeat
Edwin Chadwick he was but a lawyer
He knew naught of physic or blade
But his efforts they laid the foundation

Box 1: Dramatis personae

Edward Jenner (1749–1823) was a country doctor in Gloucestershire, England who developed an effective means of smallpox vaccination using cowpox material taken from the hand of Sarah Nelves, a local dairymaid. In addition to his work on smallpox, Jenner also studied natural history and was the first to accurately describe the nesting habits of the cuckoo.

John Snow (1813–1858) was a doctor in London during the cholera outbreak of 1854. He correctly identified that cholera was a waterborne disease. Susannah Eley, the "widow of Hampstead", provided the key piece of evidence after she died having drunk water brought to her from the pump in Broad Street, Soho.

Kitty Wilkinson (1786–1860) was an Irish woman from Derry who migrated to Liverpool, England as a child. Although not trained at all in healthcare, during the cholera outbreak of 1832 she established the first public washhouse. Her efforts helped the poor of her locality to have clean clothes and bed-linen. The public washhouse movement spread across the world as a direct consequence of her efforts

Edwin Chadwick (1800–1890) was a lawyer who had a profound influence on the social landscape of Britain in the mid-1800s. His landmark report on sanitary conditions in 1842 was a precursor to his enormous influence on the very first Public Health Acts which were passed by parliament at Westminster in 1848.

On which all of our progress was made
So never forget where we came from
And the heroes we honour today
And the plain people who stood right beside them
Together they showed us the way
For health is the real wealth of nations
That's a truth that none can deny
So let all of our people be healthy
And let poverty perish and die

Note on performance

In performing the song it is recommended that you do so with a firm voice, a clear demonstration of pride and a strong belief in the future.

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"The Public Health Call" performed by the author is available at <http://jech.bmj.com/supplemental>.

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Research in genomics

Assessing the social meaning, value and implications of research in genomics

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Genomic discoveries need to be translated to clinical and public health practice

Many health professionals and citizens believe that science is on the cusp of generating a major revolution in medicine as a result of advances in genomics, proteomics and other “-omics” disciplines. However, it has long been clear that other approaches, such as those typical of epidemiology, are essential to fulfil the promise of genomics for clinical and public health practice,¹ and should be part of the research agenda. The main objective is the translation of genomic discoveries to clinical and public health practice. However, moving too rapidly to the clinics with immature technologies could jeopardise the promising future of this research, as Ioannidis remarks in the Research Agenda section in this issue.²

As knowledge of the human genome has progressed,³ health professionals and the general population have been pledged dramatic improvements in health.⁴ Unfortunately, although such discoveries are occurring at a fast pace, the impact that they will have on public health is unclear; there is ample evidence that many research results have been “lost in translation”.⁵ There has also been some disappointment and impatience that diagnostic tests derived from the human genome have not been applied immediately to clinical diagnosis. However, Ioannidis and Ransohoff, among others,^{6–8} have already stressed the need to obtain more robust information regarding several methodological concerns before applying these novel insights

to clinical and public health practice. The principles of valid study design and sample size, for instance, must not be forgotten in any drive to generate novel data.⁹ As Ioannidis describes, genetic association studies of complex phenotypes have typically failed to discover susceptibility loci or to replicate other results. This lack of reproducibility is often ascribed to small samples; in other words, large sample size, rigorous p value thresholds, and replication in multiple independent datasets are necessary, though not sufficient, for reliable results. Ioannidis and others think that a possible solution lies in the organisation of biobanks, which systematically store biological material and information from a large number of people, and “represent the new generation of cohorts” for discovery and characterisation of genes associated with common diseases.² There is no doubt that biobanks are a key part of this area of research. Nevertheless, their role could be more effective if their samples were linked to well-designed epidemiological and population-based studies, as recently illustrated by Frayling *et al.*¹⁰ This move is essential to avoid important problems, such as selection bias.³

Further to the various methodological points raised by Ioannidis in his article, it might be worth considering the health, industrial, regulatory and social context, in line with other Research Agendas published so far.^{11 12} Virtues such as clear

thinking, good will and hard work may not be enough to push forward the highly relevant agenda suggested by Ioannidis. The fact is that commercial and social influences abound. And while these influences have several positive aspects, they often apply pressure to speed up marketing, take “shortcuts”, exaggerate promises,¹³ or circumvent regulatory approval.^{14 15} Commercial actors are very prominent in many stock exchanges. For example, biotechnology companies such as Illumina, Cephalon or Celgene, among others, are among the 25 technological businesses with the highest growth. Yet, references to “external actors” are frequently absent from academic reviews on the successes and failures of -omics technologies. Such omission probably reflects the fact that the technological, industrial, civilian and political forces that shape the evolution of health research have seldom been studied.^{3 16} More realistic, “feet on the ground” analyses would perhaps help to achieve the “transparent and comprehensive availability of information” that Ioannidis and others rightly request.^{2 17} Failure to disclose the interests of an author is the main reason for a rather symbolic reprimand of *The Wall Street Journal* to *The New England Journal of Medicine*.¹⁸

Another process threatening translation of “omics” to clinical and public health practice is the reduction or breaking up of biotechnology research into independent sections.³ Research is typically conducted by different scientists and funded separately: the discovery phase relies on basic scientists, testing depends on manufacturers, application on laboratories, and the final evaluation rests largely on clinicians. However, as Ioannidis states,² even though there is a clear need to develop systematic procedures in order to achieve analytical and clinical validity of the derived devices, an increase in integration, coordination and collaboration seems to be required to meet the growing demands for rapid improvements in healthcare.³ In addition