In need of a laugh, I googled ‘epidemiology jokes’. Intriguingly, on the first page of hits was the Wellcome Trust Clinical Research Facility in Edinburgh—which did make me laugh a little. The only joke I found was this:

Epidemiology jokes! This one’s for all you epidemiologists, feverishly Googling the evening before your big seminar, searching for a little icebreaker—a little nugget of self-deprecating humor to win the crowd over. Show them you’re not some pointy-headed stiff. I get a fair amount of Google hits on this site for ‘epidemiology jokes’ for some reason, so I thought I’d cater to this important demographic. Here is a comprehensive list of epidemiology jokes:

Parasites! Make up your own jokes. 1

Finally, I remembered a joke told to me on a long car journey in India. Two epidemiologists are driving along admiring the scenery. ‘Look at the rock on top of that mountain’, says the first epidemiologist. On their return journey the second epidemiologist says: ‘Look at the rock on top of that mountain—it’s still there’. It is not particularly funny—further evidence of epidemiological humour deficit disorder—but it does make the point that epidemiologists do spend a lot of time making statements that are blindingly obvious or simply miss the main point—looking at the mountain might be more interesting than looking at the rock. In this issue, Dave Leon, our editorialist, suggests that epidemiologists should take in the view provided by European trends in life expectancy and demonstrates some fascinating outliers from the general upward trends. 2 Alcohol and smoking are the likely causes of deviations from the norm.

The abuse of alcohol gets further attention in this issue. First, and following Leon’s theme of the value of classical time series and ecological studies, are two evaluations of the consequences of European Union deregulation of import duties and tax reductions of alcohol that resulted in large price reductions in Denmark, Sweden and Finland. 3, 4 The findings are mixed with some evidence of harms (alcohol-related deaths) and of benefits (reductions in CVD deaths) although the problems of attribution of a causal link in such studies is well understood by the authors. In a commentary on these papers, Mark Petticrew makes the important point that it is better to do an evaluation using observational data than not to do one at all. 5 He also emphasizes the importance of posing alternative hypotheses for the results observed and testing these hypotheses in further studies. He considers it ‘unlikely that government departments will see mass outbreaks of randomization in the near future’. Observational methods will remain essential tools to measure the impact of many public health interventions.

Remarkable secular trends have occurred in alcohol consumption over the past three centuries. In 1700, about 500 kcal/day of the British diet comprised alcohol—largely beer—but this declined markedly during the 20th century (Figure 1) 6 and in the 21st century has risen to about 15 g per person per day 7—nowhere near the 45 g in 1700. The rise in spirits consumption—largely gin—in the 1700s was originally promoted by the British government to prop up the grain market and to increase international trade, without regard for any potential harm that might arise. Following the abolition of a punitive level of taxation on gin in 1743 that had been introduced a decade earlier to reduce consumption by the poor, a dramatic rise in consumption occurred, which resulted in major public concern about the social consequences. Hogarth’s well-known etchings Beer Street and Gin Lane contrast ‘healthy’ beer drinking among the affluent and the disastrous effects of gin among the poor in London in 1751. Hogarth intended these prints to ‘reform some reigning vices peculiar to the lower class of people’ and they played a part in a successful campaign against gin drinking in London, culminating in an Act that banned the sale of gin in local grocery shops. Against this background of ubiquitous exposure to alcohol, attempting to identify the hazards to health associated with heavy drinking would, as explained by Neil Pearce in a compelling piece on the challenges for epidemiology when globalization leads to ubiquitous exposure for all, 8 have been very difficult.

Heavy drinking among the poor continued into the next century and prompted concern about long-term effects of alcohol on criminal and ‘degenerate’ behaviour. The effect of a mother’s drinking on her offspring is the subject of Sullivan’s research in our
Sullivan was concerned about how to distinguish cause from effect, noting that alcohol ‘may get the credit of determining in the stock a degenerate tendency which really existed prior to it, and of which, in fact it was merely a symptom’. He demonstrated the very high levels of deaths in infants below the age of 2 years among 100 women prisoners in Liverpool classified as ‘chronic drunkards and who have borne children’. In a series of careful analyses—without confidence intervals or statistical tests of significance—he shows clear trends and large differences in infant outcomes, both death and epilepsy, making comparisons with the prisoners and other sober members of their families. Sullivan notes that far from gin being the ruin of these mothers, they ‘drank any sort of liquor they could get’. He makes the data from his 100 women work hard but is helped by large numbers of pregnancies, high infant death rates and extended family networks to provide ancillary data. As our commentators note, he took a eugenics perspective leading him to interpretations that are uncomfortable to the modern reader—‘In suppressing the female drunkard the community not only eliminates an element always individually useless and constantly liable to become individually noxious.’ Our commentators also make the point that Sullivan’s work was effectively lost for almost a century and that his findings—had they been a prominent part of the knowledge about health effects of alcohol—would have paved the way for much earlier discovery of the fetal alcohol syndrome.

So, having found little—apart from a stiff gin—to cheer me up in the current IJE, I asked staff in the department for a joke that might fit my choices of life expectancy and drinking. This was the best I got:

A man asked his doctor if he thought he’d live to be a hundred. The doctor asked the man, ‘Do you smoke or drink?’
‘No,’ he replied, ‘I’ve never done either.’
‘Do you gamble, drive fast cars, and fool around with women?’ inquired the doctor.
‘No, I’ve never done any of those things either.’
‘Well then,’ said the doctor, ‘What do you want to live to be a hundred for?’

If any of our readers have good epidemiological jokes please let me know—I am still in need of a good laugh.

References


12 Sanders JL. Commentary: What might have been: Sullivan may have impacted modern prenatal alcohol research under different circumstances. *Int J Epidemiol* 2011;40:283–85.