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### **Vol. 3, No. 1—March 1996**

#### **Lessons and Legacies**

We cannot fail to approach 1995 as a year of anniversaries. For all of us born in this century, adult and aware as we near its end, our lives turned on 1945. Either we lived through that war, as combatants or entrained civilians, or we have lived in its shadow, haunted by our parents' memories and preoccupations. And as physicians and health professionals who think about war, peace, and catastrophe, this year has more resonance than any we have seen.

Fifty years ago this January, the British liberated Auschwitz. February marked the 50th year since Dresden (February 13, 1945) and Iwo Jima (February 19, 1945). The emblem of all concentration camps; the annihilated civilian city; the bloodiest battle of the war. At all these sites this year, prayers were offered in joint ceremonies and survivors walked on ground hallowed by the fiercest suffering.

It is difficult to speak about the meaning of those times for the survivors now, for those of us who remember but were not there.

There are perhaps at least three points worth making. One is that those events were held in collective experience for more people on earth than ever before or since. Never before, or since, has the whole world been quite so agonizingly engaged in one enterprise, transfixed and skewered by one cataclysm. Such a focus, refocused now in recollection, offers immense opportunity for common discourse. Now, in memory, that audience can stand still and reflect. On the losses, of a range and magnitude beyond our powers to quantitate. On the tragic spectacle, whose scale dwarfs all things thereafter. On the intensity, born of a distant innocence and ignorance, whose like we will never see again. On the evil, which is with us always.

Another point, however, is that despite the power of this collective memory, we are not yet ready to speak of lessons. Attempts in this direction still splinter the audience, tear open consensus, excite the readiness to affiliate by nation or ethnicity, mock the facade of treaty, legal finding, historical explication. In our failure to understand and come to closure, perhaps around a lesson or so, we seem consigned to recapitulate events that look disturbingly familiar, and we are perplexed as to whether the familiar features are essential ones or incidental to the currents that will sweep us into the future. The United States cannot print a commemorative stamp or design a museum exhibit without stumbling into a still

undiscussed fault line in national consciousness about the atom bomb. No one particularly wishes to discuss the legal basis for Dresden. Auschwitz is claimed by many people. Japan argues with China and Korea about the language and cost of apology. Virtually every thing that mattered then matters now. The difference is that in Bosnia, Somalia, Rwanda, and Chechnya we know that other things must matter also and we are not at all clear what they are.

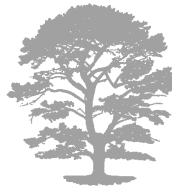
The third point is that we are living with lethal legacies. Spawned by World War II, the nuclear weapons and military armaments industries have shaped and contaminated the landscape of the U.S. and the states of the former Soviet Union. These countries still own, among them, nuclear weapons with the equivalent force of 200,000 Hiroshima bombs. Under the bland gaze of the Nuclear Non-Proliferation Treaty (NPT), proliferation of nuclear technologies has spread to 11 countries that we know of with some certainty (from three when the treaty was signed in 1970). There is peril latent in this earth that our statesmen refuse to perceive.

Much of this issue of *M&GS* is devoted to description and analysis of this aspect of our present that we owe to powerful trends unleashed during WW II. In upcoming issues, we will explore other features of the impact of the war on current medical, psychosocial, and ethical understanding. We trace here the extensive abuse of the world's biological and ecological systems occasioned by our strategic pursuit of and reliance on military -- and particularly nuclear -- technologies; an abuse initiated and sustained by the hope that through this route lay national and international security and stability. This effort and this hope, as assessed through the courageous and knowledgeable eyes of physicians, scientists, and informed citizens, can increasingly be seen as disordered and deadly. In this vein, the essays and commentaries in this issue provide timely and useful perspectives on the key problems we must address worldwide.

The 25th anniversary of the NPT is in April. Renewal must be linked to a timetable for abolition of the weapons we now merely watch proliferating. May will mark the 50th anniversary of the end of the war in Europe; August the end in Japan. The war that ended then began the world we now inhabit. Remembrance should be linked to recognition, and to unsurpassed efforts to recover what we are destroying.

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*Editor-in-Chief*

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**Vol. 3, No. 2—June 1996**

### **The Presence of the Past**

On the 50th anniversary of the end of this war it is of immense importance to try to remember and try to explain. World War II cut a wide swath through the 20th century. Millions of lives were lost, changing the demography, culture, and future of our world in ways we can only partially apprehend. As the war recedes in time, its obvious, gross effects (casualties, refugees, economic and ecological destruction) become more or less dealt with. The events do persist in human consciousness, however. Over the years, these events acquire particular interpretations and assessments that form our historical and psychological sense of "what happened" and "what it was like" and, even, "why."

On all levels, personal psychology, professional, cultural, we are shaped much more than we know by the interpretations we have received of the past. To the extent we make these influences explicit and explore them, we have an opportunity to understand the present and our role in it more clearly and freely. The imperative may not be as linked and mono-directional as Santayana phrased it ("those who cannot remember the past are condemned to repeat it"), but for all of us who know what "never again" refers to, there is no way to understand 1995 without having thought about Auschwitz.

And for those in the health professions and sciences the road from Nuremberg, Hiroshima, and Nagasaki to informed consent, euthanasia, genetic engineering, and the Nuclear Non-Proliferation Treaty (NPT) could not be more straight, or short.

Millions of stories from that war are now rising to the surface, as files are released and anniversary attention permits a return to the past. People find the strength to tell their grandchildren and veterans in retirement grant themselves the time to write. Inestimably impoverished by the loss of all the people who did not survive that war, we are deeply enriched by the memories of those who did. They speak as a cohort unlike any other currently living in our midst. They have seen the extremes, and been tempered. Now many of them are approaching the age of accelerating death from more natural causes. When they pass from us, we are more at risk of falling back from vigilance, of failing to recognize the decisive steps among the many that constitute movement along the slippery slopes of political and moral action.

Consequently, in this issue we have chosen to mark the 50th anniversary of the end of World War II with individual and collective histories. The work of recollection and analysis, based upon reading and evaluating histories, requires engaging with the authors in a rather active form of historiography, a conscious look at method as well as content. This is the case because although the methods of history are not the direct focus of any of the essays (Goldberg comes closest), they permeate the subtext of each and reflect, as well, the editorial hand at work. Those of you familiar with the methods of epidemiology will see at once that questions of data quality, observer bias, sampling error, sample size, and study design have their counterpart questions in the increasingly diverse field we call history. As methodological issues, however, they are greatly more complicated than the ones we face in epidemiology. Is one event related to another (according to statistical rules) in sufficient frequency (again according to statistical rules) for us to presume, for the moment, a causal relationship? That is the process by which epidemiology proceeds. In history, where the concept of cause encompasses enormous variation across time and space, where randomness cannot be assumed and thus probability becomes irrelevant, and where the role of human agency considerably blurs the notion of dependent and independent variable, the process of arriving at explanation becomes far more arduous and the endpoint far less definitive.

Vast human events played out in the world are impossible to delimit comprehensively, in a descriptive or analytic mode, at any temporal vantage point. We approach our understanding of such events by accumulating the accounts of contemporary participants and survivors, and then layer on the contributions of later generations of scholars of many disciplines who plumb the past of their chosen subject from their point of view. All knowledge of things that happen on a human plane is thus moderated by who is speaking, at what time, from what perspective, out of what experience.

Readers of individual and collective histories must pay attention to these constraints. We have selected authors from several fields (history, political science, medicine, psychiatry) and asked them to write from a range of reference points (first hand memoir, review of testimony, analysis of documentary history, political commentary). We deliberately sought authors who lived through those times and those who were born after. We present voices from countries that, 50 years ago, were at war.

The monumental facts of the war provide a context for these histories. Familiar, they bear repeating, if only to put Bosnia, Somalia, and Rwanda, to mention the last most recent settings for carnage and failure, in some moderated light of grim recognition and re-commitment, in the face of serious odds.

In terms of casualties, World War II was the first war where more civilians were killed than military personnel. From 1939 to 1945, the total loss of life caused by the war approximated 46 million human beings: 19 million military lives, 20 million civilian lives as a direct result of military action, and another 17 million civilians

deliberately murdered. Of the 17 million civilians, more than 5 million were Jews and another 800,000 were gypsies, killed in concentration camps throughout German-dominated Europe [1].

In terms of technology, in three short years, from 1942-1945, the atom bomb was built and in the closing days of the war twice exploded over Japanese cities. One plane and one bomb sufficed, each time, to deliver deaths to more than 100,000 people. With Hamburg, Dresden, and Tokyo, deaths in this range from conventional weapons required the sorties of hundreds of air craft, dropping thousands of bombs.

In terms of the environment, a total of 6-9 million tons of air munitions was expended by all combatants on targets throughout the world [2], leveling cities and towns, battering island and desert ecosystems, strewing farm and pasture land with unexploded ordnance.

In terms of population movement, entire societies took flight to escape the armies and the bombs. By the end of the war, in Europe alone, approximately 40-50 million people were refugees, without homes and in many cases without countries [3,4].

If we live only on the surface of these facts, it is staggering how rapidly the world appears to have recovered from its bout, in Hobsbawm's phrase, with total war [5]. One can find vast cemeteries, enumerate gaps in European population age and sex structures, see from the air the scars of tank tracks in North Africa. But the apparent actuality of our lives in the 1990s seems shaped far more by the technological, economic, and political forces that took off during those war years: the Manhattan Project, giving rise to the nuclear weapons complex that now sprawls across the U.S. (and the states of the former Soviet Union); the mass entry of women into the work force; the re-industrialization of Europe and Japan; the Cold War and its client conflicts. Within our own disciplines, we see the results of the wartime surge in expertise and knowledge: the perfection of blood transfusions and techniques of mass casualty surgery; the relative miracle of penicillin; the founding and funding of the U.S. National Institutes of Health with the post-war peace dividend.

But beneath this energetic surface of the world there beats a tribal heart. To hear its cadence, one must listen to the voices of single and unique individuals. Increasingly, these voices speak about the war only at anniversary times. And then we learn the burden of sorrow, memory, perception, and loss that weighs down the survivors and shapes our consciousness, directing us, to the extent that we care to listen, to live as alert and moral beings.

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#### References

1. Brzezinski Z. Out of control: Global turmoil on the eve of the 21st century. New York: Charles Scribner and Sons. 1993:9.

2. Westing AH. Misspent energy: Munitions expenditures past and future. *Bulletin of Peace Proposals* 1986;1:9-10.
  3. Laquer W. *Europe since Hitler*. New York: Penguin Books. 1984.
  4. Proudfoot MJ. *European refugees 1939-1952: A study in forced population movement*. Chicago, Illinois: Northwestern University Press. 1956.
  5. Hobsbawm E. *The age of extremes*. New York: Pantheon Books. 1994:21-53.
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**Vol. 3, No. 3—September 1996**

### **The Postwar Quest for Universal Human Rights**

The founders' vision of the United Nations extended beyond creating an organization "to save succeeding generations from the scourge of war" by mediating between nations and "maintain(ing) international peace and security" [1]. The searing realities of the Holocaust in Europe led also to a determination to seek, within the United Nations framework, new ways to prevent state-organized violence towards individuals and groups. As a result, the United Nations Charter, which entered into force on October 24, 1945, identified "international cooperation...in promoting and encouraging respect for human rights" as one of the four principal purposes of the new organization.

In 1946, the Commission on Human Rights was created and directed to draft a Bill of Rights for approval by the UN General Assembly. The process took nearly two years; the General Assembly Committee working on the Bill met more than 80 times and refined the text through nearly 1,300 separate votes [2]. The drafting process was understandably and necessarily replete with conflict and compromise. For example, the first article starts with the key proposition that "all human beings are born free and equal in dignity and rights." Earlier versions included the statement that "all men are brothers" (rejected following criticism by, among others, the Commission on the Status of Women) and references either to the divine origin of humanity or to the philosophical concept of "nature" [2]. Realpolitik was alive and well during the debates: for example, the original phrasing of the article on asylum proposed that "everyone has the right to seek and be granted asylum from persecution." However, worried that this text created a firm entitlement to asylum, Great Britain successfully lobbied for less clear and binding wording: "everyone has the right to seek and to enjoy in other countries asylum from persecution" [2].

Finally, on 10 December 1948 (since celebrated annually as Human Rights Day) the UN General Assembly adopted the Universal Declaration of Human Rights (UDHR) as "a common standard of achievement for all peoples and all nations." Of the 56 UN member states, 48 approved, none voted against and eight abstained (the USSR and several associated states -- Byelorussian SSR, Czechoslovakia, Poland, Ukrainian SSR and Yugoslavia; along with Saudi Arabia



and South Africa). Thus, the core document of the modern human rights movement was born, written in language, as proposed by Eleanor Roosevelt, for ordinary people, not just for philosophers and jurists [2].

For the first time in history, a set of internationally agreed statements about human rights and dignity came into being, adopted through a series of explicit and visible processes and codified in an accessible written document. In this light, modern human rights can be seen as not simply a matter of personal inclination or opinion -- like a preference for the philosophy of Kant or Descartes. The UDHR, like the United Nations itself, is a human creation and therefore mutable and subject to revision and reform in response to evolving realities and experience. The document and the rights it embodies also have acquired status in international law.

The UDHR embodies several major principles:

- \* rights inhere in people because they are human;
- \* rights are inalienable: governments might violate them, but no government can either grant or take away human rights;
- \* rights are universal, applying equally to all, regardless of time or place;
- \* rights are rights of individuals; the focus is on the relationship between governments and individuals; rights imply the existence of societal obligations and remedies in case of violation;
- \* rights are inviolable; they are intended to "trump" over other social goods; nevertheless, under certain conditions, (such as protecting public health) some restriction of some rights is permitted.

The UDHR is a short and eloquent list. The first 21 articles focus on civil and political rights (such as ensuring freedom from arbitrary arrest or torture and ensuring equality before the law, the right of association and freedom of information); the next six involve economic and social rights (such as rights to work, social security, an adequate standard of living, health, and education); and the final articles deal with duties and limitations of rights. It is a brief and bold statement, an indispensable text in the core library for all citizens of the modern world.

A major innovation embodied in the UDHR and subsequent human rights treaties and declarations is that, for the first time, the human rights of individuals anywhere are recognized as a legitimate issue and subject of international law. In other words, how a state treats its own people is no longer an exclusively national concern. This approach has replaced (albeit more in word than in deed) the previous understanding of the individual-state relationship, which considered national sovereignty to be absolute, permitting of no interference from outside. As in many other areas, this transnational, universal aspiration conflicts and will continue to clash with the principle of respect for national sovereignty upon which the UN is also founded.

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In addition, as the UN of 1948 was radically different from the international realities of 1995, an active and vital discourse must continue about universality and cultural relativism in the understanding, promotion, and protection of human rights and dignity [3].

Since 1990, all diplomates of the Harvard School of Public Health are given a copy of the UDHR, considered as important for their future work in public health as the Hippocratic Oath may be for medical doctors. Why should health professionals be concerned with the UDHR in particular, or with human rights more generally? We have proposed at least three reasons [4].

First, as citizens of the modern world, regardless of profession, we are called upon to know about human rights. Unfortunately, in the United States, a physician or public health professional is unlikely to receive any formal teaching about human rights at any level from elementary to post graduate.

Second, in our professional lives, to the extent that we participate in developing or implementing public health policies or programs, we risk violating human rights or dignity. Because protecting public health is one of the few legitimate and acknowledged reasons for restricting human rights, this privilege must be accompanied by the responsibility to ensure that violations of rights resulting from our work are as brief and limited in scope, intensity, and duration as possible [5].

Third, public health has been defined as "ensuring the conditions in which people can be healthy" [6]. Identifying and acting upon these underlying conditions that interfere with physical, mental, and social well being is the challenge of public health. Considerable research has demonstrated that societal factors represent the most important of these pre-conditions for health [7]. More recently, we have proposed that the modern human rights movement, starting with the UDHR, provides a more coherent and comprehensive description of the societal pre-conditions for health than any framework thus far developed within the biomedical tradition [4]. Thus, whether considering population vulnerability to HIV/AIDS [8], reproductive health [9], cancer, heart disease, or injuries, population vulnerability is associated with the extent to which human rights and dignity are respected and realized within each society [4]. In this perspective, the UDHR provides an invaluable instrument for analyzing, disaggregating, and addressing the societal conditions required for health.

These related insights, combined with growing experience, have challenged traditional public health approaches, which tend to acknowledge the societal dimensions of health without a clear commitment to changing them [10]. Yet without a commitment to change the societal conditions that constrain health and create vulnerability to preventable disease, disability, and premature

death, the positive impact of traditional public health work will be inherently limited.

Linking biomedical understanding with human rights perspectives offers public health an opportunity for revitalization. This will require us to be both humble and bold. Humble before the prodigious complexity of societal life and the difficulties in promoting respect for human rights and dignity. Yet also bold: health and human rights, inextricably linked, offer new ways to contribute, through the gateway of our knowledge of health and disease, to the struggle against the weight of human suffering.

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#### References

1. UN. United Nations Charter. New York: United Nations. 1945
  2. United Nations Chronicle. Perspective. 1984;XXI,2:ii-xx.
  3. An-Na'im AA. Toward a cross-cultural perspective to defining international standards of human rights. In: An-Na'im AA, editor. Human rights in cross-cultural perspectives: A quest for consensus. University of Pennsylvania Press. 1990:19-43.
  4. Mann JM, Gostin L, Gruskin S, et al. Health and human rights. *Health and Human Rights* 1994;1:6-23.
  5. Gostin L, Mann JM. Towards the development of a human rights impact assessment for the formulation and evaluation of health policies. *Health and Human Rights* 1994;1:58-80
  6. Institute of Medicine. Future of public health: Summary and recommendations. Washington, DC: National Academy Press. 1988:1-7.
  7. Evans RG, Barer ML, Marmor TR (eds). Why are some people healthy and others not? The determinants of health of populations. Hawthorne, NY: Aldine de Gruyter. 1994.
  8. Global AIDS Policy Coalition. Towards a new health strategy for AIDS. Cambridge, Mass. June 1993.
  9. Correa S, Petchesky R. Reproductive and sexual rights: A feminist perspective. In Sen G, Germain A, Chen L, editor. Population policies reconsidered: Health, empowerment and rights. Cambridge, Mass: Harvard University Press. 1994:107-123.
  10. Mann JM. Human rights and the new public health. *Health and Human Rights* 1995;3:229.
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**Vol. 3, No. 4—December 1996**

### **The Future of *M&GS***

Pundits emboldened by the drumbeat of the coming millennium have estimated that the amount of information is growing at such an astonishing rate that by the year 2000 it will be doubling every two to three years. This observation (whose source is difficult to pin down) may not come as much of a surprise to professionals in health and science, publishers of academic journals, or those riding the waves of the Internet. The information avalanche is upon us, and we are feeling it.

At *M&GS*, the old truth -- that information comes much more quickly than knowledge -- underlies our message and our new and exploratory medium.

### The Message: Health in an Ecological Context

In these pages we have been encouraging health professionals, other involved scientists, and concerned citizens to assess and explore human health in the context of the social and natural environment that constitutes the human ecosystem. We have been evolving what might be seen as a new epidemiology, the discipline of medicine and public health applied to the health effects of environmental change, population growth, war and disaster, political oppression and civil unrest.

Epidemiology has been defined as "the study of the distribution and determinants of health related states and events in specified populations and the application of this study to the control of health problems" [1]. The new epidemiology, which, in fact, can be traced back to mid-19th century public health analysts and activists such as John Snow, conforms as rigorously as possible to the classical methods of epidemiology but differs from its traditional antecedent by expanding the notion of distribution and determinants. As described by Wing in an essay last year [2], the new epidemiology would look more aggressively at root causes, interactive variables, the influence of context, the conceptual underpinnings of the analysis, political and funding ramifications, and possibilities of affecting social change. He has not been alone in his call for a broader perspective [3,4,5,6].

### The Medium: The Internet

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In a world of 5.6 billion people and counting, the Internet arrives at an opportune time. Quantum leaps in both information and population are overloading our traditional means of communication, possibly to the brink of collapse. The Internet and the World Wide Web gives each of us with access to the technical equipment the opportunity to communicate on a scale and at a pace that we are only beginning to fathom. The technical equipment (a computer, modem, and link to a telephone cable system) is within reach of most people in the developed world and is coming to an increasing number in Latin America, Asia, and Africa.

The importance of peer review, analysis, and editorial commentary in establishing focus and confidence in the material presented, long acknowledged as essential in scholarly publishing, is rendered more crucial on the Internet, this democratic online free-for-all, where a great deal of the discussion occurs uncritically and anonymously. *M&GS*, still published by the British Medical Journal Publishing Group, will continue to provide this rigorous editorial function to a much larger group of readers -- and at minimal cost -- on the Internet. (See the editorial by Loretz, below, for a description of the new online *M&GS*.)

#### The Duty to Warn

As we make the transition from a printed to an electronic journal, we present several articles that ably testify to the new epidemiology at work.

Nussbaum and Kohnlein have written a clear and provocative assessment of what is known, what is still highly controversial, and what is sadly still unknown about the health consequences of exposure to ionizing radiation. Their review reflects their technical competence as physicists, their long collaboration with epidemiologists, and their links to communities with particularly pressing reasons to be concerned about these issues.

Kunii, Akagi, and Kita discuss the recent disastrous earthquake in Kobe, outlining concisely and compellingly the responses and consequences. As a contribution to the disaster literature, as a resounding lesson in public health planning, and as a historical testament to issues of suffering and survival, their paper merits close attention.

We offer four related discussions of the interaction between the environment and health. Borrini-Feyerabend develops a trenchant and beautifully documented environmental and social argument for the position that it is both wise and just to control human population growth; Guidotti contributes a theoretical framework that places environmental risk assessment in the context of our expanding ecological understanding of human health; and Backhouse and van Seters show us what medical and social value we are about to lose as industrial development encroaches upon our tropical forests.

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Running throughout these analyses of trends and dangers is the obligation of those who would practice the new epidemiology to warn and, occasionally, to intervene. There are consequences to adopting this approach, as noted by Rush, in an editorial accompanying Wing's article. "If we attempt to practice a richer and more searching epidemiology we may not find our efforts welcomed...." [7].

### Profiles in Responsibility

When individuals speak out or act on the basis of conscience and deep knowledge, they can be extremely influential and can run very grave risks. In this issue we respectfully acknowledge three professionals, one a physicist, one a writer, and one an engineer, who, in their work within the broad public health tradition, have acted heroically. Joseph Rotblat, one of the first nuclear scientists to protest the effects of nuclear weapons, is this year's recipient of the Nobel Peace Prize. We have honored him over the years, most specifically in these pages in an essay by Bernard Lown [8], and we honor him now. We also honor Ken Saro Wiwa, an eloquent spokesman for his people and his homeland in Nigeria, executed for opposing widespread defiling of the environment by the international oil industry supported by a corrupt national government. As an environmental activist, and now martyr, his death shames us all and must now prompt a vigorous campaign to help his work succeed.

We honor as well Frederick Cuny, an outstanding leader in the complex and rapidly evolving field of humanitarian response, who died on a dangerous relief mission in Chechnya, killed by men who did not know or believe that he was there to help. A profile of this courageous man and his work is offered here by Aryeh Neier, the director of the Open Society Institute, under whose auspices Fred Cuny had pursued his humanitarian efforts over the last several years.

### The End of the Beginning

After five years as solely a print journal, first as *The PSR Quarterly* (1990-1993) and then as *M&GS* (1994-1995), we now move to the Internet. We invite all of you who have contributed as readers and subscribers, authors and reviewers, to travel with us into the online environment. We are privileged to continue to serve in the work that constitutes the field of medicine and global survival by engaging an ever-widening community in discussions that lead to understanding and action. As we add more than a million people a day to this earth, spawning a multiplying multitudinousness we cannot imagine, let alone feed and educate, it is ever more essential to be able to talk and learn across cultures and continents. Using the power of access that technology now supports, it is possible, barely, to believe that serious people, working together across time and space, can provide insight and guidance and moral sustenance for the almost overwhelming tasks that are upon us.

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## References

1. Last J (ed). A dictionary of epidemiology. New York. Oxford University Press, 1983.
2. Wing S. Limits of epidemiology. *M&GS* 1994;1:74-86.
3. Brown P. When the public knows better: Popular epidemiology challenges the system. *Environment* 1993;35:116-119.
4. Leaning J. Questions coming late in the day. *Environ Impact Assess Rev* 1994;14:321-326.
5. Chivian E, McCally M, Hu H, Haines A (eds). *Critical condition: Human health and the environment*. MIT Press. Cambridge, MA. 1993.
6. McMichael AJ. *Planetary overload: Global environmental change and the health of the human species*. Cambridge University Press. Cambridge, 1993.
7. Rush D. Epidemiology as a subversive activity. *M&GS* 1994;1:63-64.
8. Lown B. Joseph Rotblat: A hero of the atomic age. *M&GS* 1992;2:229-232.

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## ***M&GS* on the Internet: A Time for Cautious Excitement**

For *M&GS* readers already connected to the Internet and accustomed to searching the World Wide Web, the evolution of our journal, as described by Jennifer Leaning, should be welcome news for a number of reasons. For those who have not yet established an Internet account, the opportunity to read a more vibrant and expansive publication and to participate in the development of the ideas to which *M&GS* is dedicated may be a persuasive reason to do so.

How will the online *M&GS* compare with and differ from the print version?

\* The editorial mission of the journal will remain unchanged: *M&GS* will continue to publish peer-reviewed articles and informed opinion of the highest quality. An article and its graphics, for those with graphics-capable Web browsers, can be downloaded to the user's hard drive in a matter of seconds.

\* *M&GS* will no longer be constrained by deadlines and limitations on issue size. Articles will be posted on the Web as soon as they are approved for publication. We will no longer need to reject otherwise acceptable articles or postpone their publication because space is unavailable. News items will be more frequent and more timely.

\* The audience for *M&GS* will grow exponentially, as will the geographic base of potential authors. Medical students, physicians and public health officials in the developing world, NGOs, and mainstream journalists will all benefit from the presence of *M&GS* on the Web.

\* Our readers need no longer be passive recipients of information. By using e-mail and online forms built into the Web site, readers will be able to respond to articles and to engage in dialogue and debate with the authors and the editors.

\* As the *M&GS* Web site develops, we will make increasing use of hypertext links -- highlighted text elements that transport the reader with a keystroke or a click of the mouse to a document on another computer or to another Web site related to an article's content.

\* The titles of all *M&GS* articles -- including those articles published during the three years when the journal was known as *The PSR Quarterly* -- will be archived on the *M&GS* Web site and text files will be provided via e-mail upon request.

There are several reasons to approach this new venture with our eyes wide open and there are many problems to solve. The Web is already flooded with thousands of homepages and the ratio of noise to useful information is very high. *M&GS* will do its part toward correcting the balance.

For all its recent and phenomenal growth, the Internet is still not available to everyone. Reliable and affordable high speed phone lines and computers powerful enough to support the software needed for Internet connections are still beyond the reach of people in many developing countries.

The democratization of the flow of information could be one of the greatest strengths of the Internet, but may be undermined by government censorship and efforts to restrict access to Internet sites that are politically or socially controversial.

For most users, the Internet promises to reduce the cost both of providing and of retrieving information. The jury is still out on whether publishers on the World Wide Web can find ways to generate revenue with their online products and services. This will be an especially important challenge for *M&GS*, which will continue to be assisted financially by the *British Medical Journal* for the next six months while we pursue outside sources of funding. To our friends and supporters at the *BMJ*, particularly Richard Smith and Alex Williamson, who have stood by us during this transition, we offer sincere thanks.

*John Loretz*  
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