

DISCUSSION

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The papers that we are discussing today are interesting examples of the variety of approaches and meanings that can be given to epidemiological studies. First, let us refer to Lilienfeld's historical review. Not only in epidemiology but in most applied sciences, the search for analytical methods and the extensive possibilities of computer techniques lead us often to forget a basic question: where did we come from and where do we go from here? Under these circumstances it is useful to remember that scientific reasoning is not new and that it cannot be replaced by methods or computers. Although basically I agree with the final statement of the authors, that men and methods make statistics, I think that another element has been omitted in their paper, that is: the problems that should be solved after having been analyzed through these methods by these men. Those problems are essentially the ultimate objective of any epidemiological study. The kind of problems that are perceived in different times or in different stages of socioeconomic development call for different approaches or analytical methods--which explains part of the variety mentioned earlier. The other two papers are good examples exemplifying these comments.

Through his report on some special investigations in mortality, Laurenti emphasises the importance of two problems which interfere with epidemiological studies: the availability and the quality of data. In many countries, mortality statistics are still one of the only possible data sources for epidemiological studies, although everyone agrees that they are by no means the ideal health indicators. Moreover, studies like those described by Dr. Laurenti are not even possible in a great number of developing countries where vital statistics are often very unreliable. This paper therefore deals with a situation that we could describe as being of intermediate or high development. In consequence the methods to test the quality of data or to complement them could be considered useful and could be transferred to the analysis of other problems only in countries or areas with a similar availability of mortality data.

Finally, in Gilling's paper we find an example of the possibilities of health research when resources are available to collect the needed data. Under these conditions, after the design of the research project, the analytical methods shift to a more important place. In this special case they required the support of computer facilities. Although I would prefer to remain on a general level in my comments, I would like to express a doubt regarding the test of agreement between observers. I am wondering if it would not have been better to explore whether the differences between hands or between tasks were consistent for different observers on the same individual. Since the differences were the main problem, this kind of agreement might have been of more interest

than that of the absolute value of the measurements.

I would like to go back to the more general view. In summary, what we can conclude from the different papers is that if we accept that epidemiology is aimed at discovering and quantifying health problems, the stress on the collection of data, on their quality, or on the development of new analytical methods depends largely on the particular circumstances under which the research is performed.