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neurosurgeons such as Cushing and Dandy dominated the field, it would have been useful to have had more coverage of the rest of the world. One chapter of 22 pages deals with all the countries not included in North America and Western Europe.

But these are quibbles. The book achieves its aim and provides a clear and useful account of modern neurosurgery.

Boleslav Lichterman,
Russian Postgraduate
Medical Academy,
Moscow

S Lock, L A Reynolds and E M Tansey (eds), *Ashes to ashes: the history of smoking and health*, Wellcome Institute Series in the History of Medicine, Amsterdam and Atlanta, Rodopi, 1998, £39.00, \$65.00 (hardback 90-420-0396-0), pp. viii, 244, £12.00, \$19.00 (paperback 90-420-0386-3).

When I read Richard Doll's and Bradford Hill's paper in the *British Medical Journal* of 30 September 1950 on smoking and lung cancer, I thought that was the end of the matter; the evidence was overwhelming. When, a few years later, they reported their prospective findings on doctors addressed "to the survivors" there was nothing more to be said. Everyone would stop smoking, lung cancer incidence would fall by 90 per cent and epidemiologists could turn their hands to something else. On the contrary, battle had just commenced and even in this country it is far from won.

My assumption was that people, especially doctors, would be convinced by evidence. I did a little poll of the medical staff of the Radcliffe Infirmary where I then worked to find out if they (a) smoked and (b) believed the evidence linking lung cancer and smoking. Those who smoked were split 50:50 in their view of the evidence, those who did not accepted it by 5:1. You can

interpret that result in two ways; my explanation was that personal taste had influenced a supposedly scientific opinion.

This book gives a fascinating account of the story since then—its science, psychology, politics, taxation, commerce, hypocrisy and many other unedifying motives. British doctors, I am glad to say, have given an example, only 10 per cent of them smoke. Of Danish men 46 per cent smoke, the number being as high in women. Among Greek men 61 per cent smoke, but only 26 per cent of women do. In some countries (including this one) the number of women smoking is actually going up. What can be the reason for this?

The effort that is put into persuading us to eat, not eat, lose weight, drink, not drink, exercise or in other ways to improve our health pales into insignificance compared with giving up a habit which increases the death rate from lung cancer by *thirty times* in heavy smokers.

This volume is one of that splendid series of history of medicine meetings and Witness Seminars run by the Wellcome History of Twentieth-Century Medicine Group. The second category (I remember particularly the Witness Seminar on transplantation) are as good as such meetings can be. So are the highlights of this volume, especially Richard Doll on the early reports—we have heard the story many times before but it is still thrilling. There are entrancing pieces on tobacco and Dutch paintings, and on Victorian literature. In others the standard is nearer the ground. It is disappointing that publication is so late—the conference was held in 1995.

It is still possible to be surprised: the tobacco crop in China is 38 per cent of the whole world's; employment in tobacco growing in Asia is six times greater than all the rest of the world put together; the United States employs less than one-tenth.

Roland Moyle was Minister for Northern Ireland in 1977. One day he was having lunch with some tobacco manufacturers trying to persuade them to increase their

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investment in Northern Ireland when the telephone rang. It was the new Prime Minister asking him to become Minister of Health. What did he do? What should he have done? What would any politician have

done? What would a virtuous doctor have done?

David Pyke,
London