

jargonized dishing-up of old wives' tales are, in my opinion, causing quite an appreciable increase in the minor psychiatric illnesses suffered by the populace.

One feels off-colour, sickly, and grumpy with the children. Unless one immediately takes large rations of "X," a product of no therapeutic value at all unless one has been adrift on a raft foodless for a fortnight, one's husband will instantly pay attention to a pretty girl over the road, or a underling will win promotion over one's head, and so on. Who has not seen the patient with a severe anxiety state, or an early pernicious anaemia, who when asked why he or she had not come for advice earlier, says, "Well, doctor, I've been on so-and-so for three weeks, it's supposed to be so good for this sort of thing, isn't it?" Who says so?—the Telly.

If the B.M.A. and doctors generally united in attacking these advertisements whenever possible and took steps to try to educate patients away from these useless products, not only would medical good be done, but a waste of money, which must amount to millions in a year, be avoided.—I am, etc.,

Linton on Ouse, Yorks.

R. E. DAWSON.

I.Q. and Response to Group Psychotherapy

SIR,—Some of your readers might be interested in a comparison I have recently made between the Stanford Revised Binet I.Q. of mental defectives and their response to group psychotherapy. I took as samples 14 males and 17 females from 120 patients who had, at one time or another, participated in group psychotherapy. In 50% the rank orders of the I.Q. and the response to group psychotherapy were equal. As part of the group psychotherapy was devoted to the "draw-a-person" test, one could perhaps say that this test is a fairly good complementary method of assessment.—I am, etc.,

Prudhoe-on-Tyne.

A. D. HELLER.

Prevention of Lung Cancer

SIR,—Tobacco consumption in England and Wales last year went up 4.8 million lb. (2.18 million kg.) and reached the record figure of 304.3 million lb. (138 million kg.).¹

In its statement on "Tobacco Smoking and Cancer of the Lung" the Medical Research Council accepted the evidence associating smoking with a major part of the increase in lung cancer. This was tantamount to accepting the view that a major part of the epidemic of lung cancer now upon us is readily preventable because tobacco-smoking is readily preventable—it is no more difficult to prevent than opium- or hashish-smoking (which we now prevent), and large numbers of smokers stop smoking voluntarily. Yet the M.R.C. made no recommendations in this statement for preventing lung cancer by stopping people smoking. They were thus guilty, it seems to me, of a grave act of omission. They followed the precedent established by their chief investigators on this subject, Dr. R. Doll and Professor A. Bradford Hill, of merely setting out the evidence and their conclusions, which carried an implied warning for smokers. But tobacco is far too powerful a drug of addiction to be abandoned, except by a small minority of smokers, in response to mere implied warnings about a remote risk—as the tobacco consumption figures testify. Such warnings have often, indeed, an immunizing effect. Many smokers have acquired such a degree of immunity to fear of lung cancer, as a result of repeated inadequate warnings over the past seven years, that they are quite unscarable: their protective emotion, fear, no longer fulfils its normal function where lung cancer is concerned.

In the absence of any recommendations from the M.R.C., the Government, a lay body which consists mainly of smokers, put in hand measures of its own devising for ending the epidemic of lung cancer. These are a complete farce: the Government merely passed the buck to the local authorities. Cancer of the lung is not, of course, a local but a national problem, and only the national Government has the power to deal with it effectively.

The nation's smoking could be cured almost overnight and the great bulk of lung cancer prevented by a national anti-smoking campaign followed by legislation aimed at doing away with tobacco-smoking within a matter of months. The campaign would consist of educational talks at peak listening times on T.V. and sound radio on the effects of tobacco smoking on the human organism. Blunt warnings about the damage smoking does, coupled with firm injunctions to smokers to stop smoking, could be interposed from time to time between programmes. Everything connected with the campaign should be in the hands of non-smokers, since smokers are obviously pro-smoking, and anti-smoking words on their lips must be hypocritical, however much smokers may protest their sincerity. There is no objection to frightening smokers about the effects of smoking just as there is none to frightening children about the effects of fire.

The economic effects of the nation's stopping smoking would be a problem primarily for the Chancellor of the Exchequer. For too long have successive Chancellors shamelessly exploited the smoker's craving for tobacco to extort from him enormous sums in the form of taxation.—I am, etc.,

Wallasey.

LENNOX JOHNSTON,
President, National Society of Non-smokers.

REFERENCES

- Central Statistical Office, *Monthly Digest of Statistics*, 1958, No. 148, p. 135.
- Brit. med. J.*, 1957, 1, 1523.

Recognition of Intoxication

SIR,—Your annotation on the recognition of intoxication (*Journal*, May 31 p. 1293) delighted and surprised me. As one concerned for over twenty years in the practice and teaching of forensic medicine, it is somewhat distressing to note the tendency in the less enlightened universities to reduce the teaching in forensic medicine and, in fact, in some cases to eliminate the subject from the list of professional examinations altogether. Perhaps your annotation may be interpreted as an indication of a reawakening of the university authorities to the usefulness of the subject.

A professional reputation may be marred in a few minutes by a trouncing in the witness-box administered to one improperly prepared, and, apart from that aspect of the matter altogether, the increase in civil litigation involving the medical profession must surely call for instruction of the undergraduate in his ethical and legal obligations. While little harm may be done if a misdiagnosis is made of some rare chronic malady, most medico-legal situations demand action and decision at once. A wrong decision may have disastrous effects on the doctor, the patient, or both. I am sure that practical instruction and examination in these aspects of the subject which concern the general practitioner are essential if properly educated doctors are to be turned out. Admittedly, some aspects of the subject are the concern only of those specializing in its practice, but many are basic necessities for practitioners in all spheres, and obvious ignorance of the functions of the coroner, of death certification, of certification of the insane, as well as of the regulations governing cremation may seriously damage the practitioner's reputation in the eyes of his patients.—I am, etc.,

Sheffield, 10.

GILBERT FORBES.

POINTS FROM LETTERS

Stress-induced Distress

Dr. GWENDOLINE M. LANGHAM-HOBART (Paisley) writes: With reference to your special correspondent's report on the conference on "The Nature of Stress Disorders" (*Journal*, May 17, p. 1173), it would appear that the concept of "stress-induced distress" requires clarification. . . . It might be profitable to imagine that, just as an adequate stimulus is thought to produce a specific reaction and overstimulation of any sensory modality may cause pain, so adequate stress elicits function and undue stress, which is distress, results in dysfunction, and may later produce disease. There is also a sociological implication within this framework.