

SIR,—There are certain points in the letter of Professor R. D. Passey (February 14, p. 399) which I feel require some comment. Professor Passey suggests that the “immeasurably greater degree” of ability to diagnose cancer of the lung is as closely related to the increase in lung cancer as between cigarette smoking and the increase of lung cancer. Surely Professor Passey cannot seriously suggest that in the past 10 years the ability of medical practitioners to diagnose cancer of the lung as a cause of death has markedly changed. If there was some social reason for the increase in the number of certifications—that is, reluctance of doctors to certify cancer as a cause of death—then this should be reflected in the certifications of death of all other forms of cancer. Deaths from cancer of the trachea and bronchus have risen from 4,815 in 1940 to 11,241 in 1950, an increase of 133%. Certified deaths from cancer of the large intestine have risen only from 9,809 in 1940 to 10,153 in 1950. This trifling increase of 3.5% would seem to dispose of the idea that there has been any marked increase in the x-ray diagnostic facilities. The second point was that no carcinogen had yet been found in tobacco smoke, but it was stated in Professor Bradford Hill’s article that carcinogen has been demonstrated in tobacco tar.

A mere correlation in time between the increase of tobacco smoke and cancer of the lung would indeed be a highly fallacious premise on which to base any argument as to the aetiology of the one against the other, but what the survey shows is that a much larger number of persons who suffer with cancer of the lung smoke cigarettes than would be accounted for by chance. It is certainly true that in the past many theories as to the causation of carcinoma have been proved false by later experiment, but a statistical survey of this type is one of the most potent methods of distinguishing facts from fancy—that is, in the demonstration that residence near a gas works is of no import and the non-carcinogenic properties of the cigarette lighter.

Finally, Professor Passey states that we do not know how many of the 68 women smokers who suffer with carcinoma would, in fact, have suffered from this disease had they not smoked, but, applying the figures of relative risk in table XII, it would appear that this figure would have been under 10. Professor Bradford Hill’s article may not have proved that carcinoma of the lung is caused by tobacco smoking, but it has put the matter in so grave a doubt that any reasonable person would need to receive very strong weight of evidence before dismissing the matter as of no account. No single survey, even one so carefully planned and carried out, could be said to prove so important a subject, but it certainly does make it of the utmost importance that further research be pressed forward with the greatest celerity.—I am, etc.,

London, W.8.

H. BINYSH.

SIR,—Your publication of “A Study of the Aetiology of Carcinoma of the Lung,” by Dr. R. Doll and Professor Bradford Hill (December 13, 1952, p. 1271), which was followed by a television programme on smoking, and much Press publicity, including front-page banner headlines in at least one daily paper, have resulted in great and justifiable public alarm about the ill-effects of smoking. A conference has been hurriedly called for the purpose of planning further and more extensive research on this subject. Let us have this, by all means. Let us make assurance doubly sure. But extensive research, well planned and carried out, is extremely time-consuming, and must not be made an excuse for our neglecting to take immediate steps to safeguard the public from this grave and rapidly increasing malady.

Your leading article (December 13, 1952, p. 1299) implied that the association between smoking and cancer of the lung was virtually proved, in so far as statistics can prove anything. The second limb of Doll and Hill’s investigation

confirmed the conclusions of their first, and the whole confirmed those of Wynder and Graham,<sup>1</sup> and of other investigators. A long-nurtured suspicion, born of extensive clinical observation, has thus been subjected to repeated large-scale investigations by independent investigators of high standing, and has been shown to be well founded. Its validity is therefore proved beyond all reasonable doubt, although I appreciate that many smokers are, understandably, not reasonable when there is a threat to their supplies of tobacco, and are certain to cast doubts, including “phony” ones, on the validity of such utterly unacceptable findings. But this should not be allowed to deter or delay us in the performance of our duty, which is clearly to call on the nation to stop smoking now, voluntarily in the first instance. I realize that the psychological and financial repercussions would be enormous. But even more enormous, in my view, would be the upsurge in the national health and morale. Tobacco smoking is a disease in its own right—a drug addiction—and well worth curing even if it did not predispose to any other affection.—I am, etc.,

Wallasey.

LENNOX JOHNSTON.

REFERENCE

<sup>1</sup> *J. Amer. med. Ass.*, 1950, 143, 329.

“A Thorough Overhaul”

SIR,—We in this partnership are concerned over the increasing number of requests we have from National Health Service patients for a “thorough overhaul,” or, as they frequently put it, a “medical.” While we agree with the desirability of this and have not as yet turned any such requests down, we are getting a little apprehensive at the increasing frequency of these requests, due, we have no doubt, to the many health articles in the popular magazines and the sometimes horrifying programmes on the radio and television. This is certainly going to become an acute problem, because, if such examinations are not done as thoroughly as those for life assurance purposes, they are not only useless but may be dangerous.

We should like to ventilate this question and ask how our colleagues elsewhere deal with it.—We are, etc.,

RONALD COLDREY.

G. A. F. QUINNELL.

D. R. W. BURBURY.

G. E. P. KELLY.

Teignmouth.

The College of General Practitioners

SIR,—It is evident from the letter of Drs. J. P. Denny, C. H. Highfield, D. L. Isaac, and A. Murphy (February 7, p. 333) that my previous communication (January 24, p. 219) has been misunderstood. In order to eradicate any false impressions, I would be grateful for the opportunity to answer a few of the points which they make.

First, it is not quite fair to speak of a *fait accompli* being presented to the profession. The steering committee has considered the views offered to it by members of the profession, and Dr. Denny and his co-writers had every opportunity to submit theirs. The committee has now gone a stage further and made some *provisional* arrangements for the establishment of the College and has given it a *provisional* constitution. In its report it makes it quite clear that a general meeting will be held in 1953, at which a new council will be elected by the full body of members, the provisional constitution will be reviewed, and the by-laws will be submitted for amendment and confirmation. A second general meeting will be held in 1954, when the same procedure will be followed. Such an arrangement can hardly be called undemocratic.

The fact that more than 1,500 general practitioners have joined the new college in its first five weeks has shown indisputably that there is a real need for it. Those who have not yet enrolled are not necessarily opposed, and many, I am informed, are still joining daily. This degree of support from practitioners immediately after the birth