smokers endorsed ease of inhalation and ability to inhale more deeply as reasons for smoking menthol cigarettes. Such a pattern of smoking could contribute to excess disease risk. Several studies, however, indicate that menthol smokers inhale less frequently and less deeply than non-menthol cigarette smokers. Although additional data on this issue are desirable, it is possible that mentholation facilitates the absorption of tar, nicotine, and other products from cigarettes, while at the same time allowing smokers to smoke cigarettes in a more "soothing" way, fostering the perception that they can inhale easily and deeply.

It is not surprising that familial and social factors play a major role in choice of menthol over non-menthol cigarettes. Advertising dollars, no doubt, also play an important, albeit subtle, role. Given the widespread popularity of menthol cigarettes among African Americans, it is essential that putative adverse health effects of menthol cigarettes be determined and corrective action, if necessary, be undertaken.

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French cardiologists and smoking

To the Editor – Interventions by physicians are recognized as having potential to convince many smokers to quit. In 1993, a postal survey was undertaken among 2171 members of the French Society of Cardiology. Its aim was to assess attitudes and opinions of French cardiologists towards tobacco and then to compare information with the results of a similar survey in a representative sample of French general practitioners. The questionnaire, which was designed by the World Health Organisation and the International Union Against Tuberculosis and Lung Disease (IUATLD), was similar in the two surveys. A total of 730 (33.6%) cardiologists responded to the mailing. There were no significant differences between non-responders by age, sex, and geographical location.

The prevalence of smoking was 27% (14% daily smokers, 13% occasional smokers), 47% were ex-smokers, and 26% were never-smokers. There were more never-smokers among young cardiologists (age < 45) than among older ones (33% vs 21%). Smoking rates were similar in both sexes. Mean daily cigarette consumption was 9 (SD 8). Most cardiologists (54%) believed smoking was a serious threat to smoking, but only 16% expected that they would stop within five years of the survey (7% in occasional smokers).

Most (97%) French cardiologists strongly agreed that smoking is harmful to health (independently of their smoking status). They had good knowledge of the adverse health effects of cigarette smoking, but those under 45 years were significantly more informed of the risk of coronary disease and chronic bronchitis related to smoking than older cardiologists (p < 0.001). As shown in the table, French cardiologists have a different attitude towards a smoking patient according to the smoker's situation. Only 64% gave smoking cessation advice "often" to smokers who do not have tobacco-related disease and who do not raise a question about the dangers of tobacco; the proportion is lower in cardiologists who are themselves daily smokers (54%). Only 53% of cardiologists felt they had sufficient knowledge to counsel patients on stopping smoking, and 74% believed that health professionals should get training to help their smoking patients. A total of 36% disagreed with banning tobacco advertising, the highest proportion being in daily smokers (63%).

The proportion of daily smokers among cardiologists (14%) was lower than among French general practitioners (21%). Our results for cardiologists confirm the lower prevalence of smoking among young French doctors in our earlier study. Younger cardiologists also have a better knowledge of the adverse effects of smoking. But 37% of them do not systematically advise a smoking patient to quit. The proportion of cardiologists who need training on smoking cessation methods is similar to that in general practitioners.

Results of our survey are consistent with conclusions of a recent IUATLD survey among medical students and emphasize the need for reforms in the teaching of tobacco issues to medical students.

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Tobacco “control”: a consumer-friendly term?

To the Editor – I continue to be pleased with the high quality and wide variety of articles in Tobacco Control. As you well know, however, we have an entirely new ball game (in the US) since the Republicans took the Senate, a situation that the health leaders in Congress are openly beholding to tobacco interests. Consequently, we are going to need to rethink our strategies, particularly looking at ways in which we can reach the average individual in terms that are emotionally meaningful to that person.

I wonder if we should take a serious look at the name of the journal, Tobacco Control? I can tell you, if we don't, the last thing anyone wants is to be controlled by any external influence. Although you and I, and most readers of the journal, know that our goal is to control the devastating effects of tobacco consumption, the word “control” is not one likely to make our cause consumer-friendly. Perhaps if we can incorporate the concept that smokers and chewers really have no control over their behaviour and that empowerment, we might reach people who otherwise would be turned off by the concept of “tobacco control”?

Perhaps we could invite readers to submit new titles for our journal? Because our articles deal with the deleterious effects of tobacco, perhaps Tobacco Pathology, dealing with problems in the broad sense of the word, might be appropriate. From the standpoint of a psychiatrist, tobacco use is the most maladaptive behaviour that we encounter in both individuals and society, so something like Tobacco Madness or Tobacco Craziness might even be appropriate! Keep up the good work.

SHELDON B COHEN
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In reply – Thank you for your thoughtful letter. Before we launched Tobacco Control, we solicited suggestions for the name of the journal through networks of people working in the field of tobacco and health. Titles we