

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 cigarette smokers inhale less frequently and less deeply than non-menthol cigarette smokers.^{4,5} Although additional data on this issue are desirable, it is possible that mentholation facilitates the absorption of tar, nicotine, and other products from cigarettes,⁴ 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.⁶ Given the widespread popularity of menthol cigarettes among African Americans, it is essential that putative excess 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 recognised as having potential to convince many smokers to quit.¹⁻³ 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.⁴ 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% v 21%). Smoking rates were similar in both sexes. Mean daily cigarette consumption was 9 (SD 8). Most smoked filter-tipped cigarettes. Of daily smokers, 42% claimed to have made a serious attempt to stop smoking, but only 16% expected that they would stop within five years of the survey (v 85% 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 better 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% give 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%).⁴ Our results for cardiologists confirm the lower prevalence of smoking among young French doctors in our earlier study.⁴ 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 students⁵ 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 office, with the significant leaders in Congress being openly beholden 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, as a psychiatrist, that 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 smoking is a loss of autonomy and empowerment, we might reach people who otherwise would be turned off by the concept of "tobacco control"?

Perhaps we could invite readers to submit proposed 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 Crazyness* might even be appropriate!

Keep up the good work.

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Percentage of French cardiologists answering "often" to the question: "In these three situations would you advise patients against smoking? Situation 1: When the patient has symptoms/confirmed diagnosis of tobacco-related diseases. Situation 2: When the patient himself raises the question about smoking. Situation 3: When the patient is a smoker who has no symptoms/diagnosis of smoking-related diseases and doesn't himself raise the question of smoking."

	Daily smoker n = 100	Occasional smoker n = 97	Ex-smoker n = 341	Never-smoker n = 192
Situation 1	99	100	99	99
Situation 2	95	98	97	97
Situation 3*	54	68	68	63

*p < 0.05.

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

considered included various combinations of the following words: smoking, tobacco, nicotine, journal, international, prevention, cessation, reduction, problems, disease, and health.

We chose *Tobacco Control* for three main reasons: (a) it reflects our intention to focus on the *control* of the problem, as opposed to effects of tobacco use on disease processes; (b) it subsumes the major interventions in this area, including public education, prevention, cessation, and policy; and (c) it is pithy, as are the names of other journals published by the BMJ Publishing Group – for example, *Eye*, *Gut*, and *Thorax*. In the masthead on the front and back cover of the journal, we have added “An International Journal” as a subtitle to emphasise our goal to include material from throughout the world.

The issue you raise, though, is an important one. “Control” has many meanings. When people hear “tobacco control”, do they think of control by government, by a “smoking police”, by “smoking Nazis” (a term used recently by a spokesman for Newt Gingrich, Speaker of the US House of Representatives¹)? Or do they think of well-intended efforts to reduce tobacco use, appropriate regulation of the manufacture and marketing of tobacco products, or control of behaviour by nicotine?

The *Random House Dictionary of the English Language* (unabridged edition) provides 16 definitions of “control”, one of which is particularly relevant to tobacco control: “prevention of the flourishing or spread of something undesirable: rodent control” (emphasis in original).²

“Control” also seems to be an accepted, if not standard, term in public health circles. One of the leading textbooks in public health has included chapters entitled “Communicable disease control”, “Occupational and environmental health control”, and “Smoking: health effects and control”.³ The US Centers for Disease Control and Prevention has a National Center for Injury Prevention and Control, a Division of Cancer Prevention and Control, and a Measles Control Unit.⁴ A directory of state public health agencies shows “control” in the names of many of their organisational units, including “Radiation Control” (Alabama), “Diabetes Control” (Alaska), “Zoonosis Control” (Colorado), “Tuberculosis Control” (Florida), “Litter Control” and “Vector Control” (Hawaii), “Drug Control” (Maryland/Rhode Island), “AIDS Prevention and Control” (New Jersey), “Environmental Quality Control” and “Air Quality Control” (South Carolina), and “HIV and STD Control” (Texas).⁵

We can speculate about whether the term “tobacco control” helps or hinders our efforts. Or better yet, someone could do a bit of research to see what the term means to consumers, policy makers, and other targets of our work.

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Editor

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Smokers in Marvel Comics

To the Editor – Marvel Comics has recently received praise from such sources as the *New England Journal of Medicine* (1994; 330: 1321) and the *Columbia Journalism Review* (January/February 1995: 20) because they cancelled trading cards showing characters (heroes and villains) smoking. In addition, trade advertisements stating “These Spokespeople will Never Smoke...” (published in *Tobacco Control* 1994; 3: 199) demonstrate Marvel’s commitment to health via communication with kids. Marvel’s comic books, however, the major communicator of the company, tell a different story.

A recent survey of the popular *X Men* titles, reveals an abundance of characters (the heroes, the role models) smoking. Some of these are established adult characters whose smoking is, unfortunately, part of their persona. “Wolverine”, the mutant warrior, can smoke with impunity because he has a “healing factor” which protects him from harm. Teenagers, who consider themselves immune from the health effects of tobacco, will surely be consoled by this character. “Gambit”, the Cajun thief, lives for adventure and risk-taking, and smoking enhances the image. Although the behaviour of these characters may be excused because they are adults, recent actions by Marvel have exceeded these limits when they introduced teenage smokers.

The new character of “Skin” is an egregious example of this (figure). He is a 16-year-old, extremely ugly Hispanic teenager, insecure about his appearance, who gets by with attitude. Part of this “attitude” is his

smoking behaviour. His character sends just the wrong message to teenage readers: if you’re upset about your looks and your standing in the world, use tobacco to calm down/project a tough attitude. A recent issue of *Generation Next* (March 1995) takes this even further. Here we have “Shadowcat”, a teenage character who is talented, tough, and beautiful. For no apparent reason (and in a change from her previous characterisation) we see her casually smoking after a fight scene. The message is clear: even respected, dominant teenagers smoke, either to relieve stress or for no reason at all.

Marvel characters are important figures to a huge number of children and youth. There is no reason that these heroes should be modelling dangerous, addictive behaviour to project images of idealised rebellion. I call on Marvel Comics to immediately change this behaviour in their comics as they have done in their trading cards. They owe it to their loyal public.

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In reply – Marvel Entertainment (including Marvel Comics) is owned by Ron Perelman, a cigar-smoking billionaire who also owns Consolidated Cigar Corporation. Perelman was featured on the cover of the Spring 1995 issue of *Cigar Aficionado*, which included an in-depth interview with him. – ED

Women and tobacco

To the Editor – We answered a letter from Deborah McLellan voicing dissatisfaction about the Ninth World Conference resolutions on 21 March 1995. Discovering that the letter has been published in the letters section of *Tobacco Control*,¹ I would like to request that our response to her also be published in *Tobacco Control*. It is unfor-



“Skin”, a mutant teenager portrayed as one of the “good guys”, lights up in the November 1994 issue of *Generation X*.