reviews

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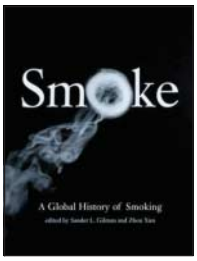
Smoke: A Global History of Smoking

Eds Sander L Gilman, Zhou Xun



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Rating: ★★★★

This remarkable collection of over 30 essays makes its first impact for two reasons. Firstly, it is beautifully produced and profusely illustrated, while being marketed at a reasonable price. The publishers deserve praise for this increasingly rare event in hardback publishing. Secondly—and one must take this to be an editorial decision—the focus of the collection is the history, not of tobacco or opium, but of smoke and smoking. This simple manoeuvre opens up what can only be called a cultural universe, one with its origins in the earliest known history of humankind and which takes us right up to current debates about very modern objects and their uses: the cigarette and its alleged dangers or the recent fashion for smoking rocks of cocaine, now of course called "crack."

As a result, the central importance of smoking in all cultures and the highly complex and differing practices and meanings behind smoking are wonderfully displayed. Smoking as religious ritual; smoking as a possible source of medical healing in early modern Europe; smoking as pleasure, espe-cially in groups—all receive attention. And this is where the illustrations and the photographs play such a vital part, providing amazing examples of artefacts (pipes, above all), places (the opium den, the cocktail bar), and icons who almost are their cigarettes or their cigars (Bogart, Dietrich, Castro). Text and illustrations blend perfectly.

Thanks to Herodotus we are told of ancient Scythians howling with pleasure after throwing hemp seeds on hot stones and inhaling. We note that "the ancient Mayas were passionate smokers and so were their gods." We are educated in the varying and important history of women and smoking, especially of cigarettes. These were a sign of emancipation, often sexual, and a sign of suffrage in late nineteenth century Europe but on the other hand were a sign of domestic enslavement in modernising China, a practice to be ended for a healthy future. At least in theory: Chinese men, especially under Communism, were actively encouraged to smoke, and eventually sex barriers collapsed and now everyone in China smokes. As one of the coeditors, Zhou Xun, puts it in her essay on the topic, "Smoking is a necessary part of being professional, since business can rarely be carried out without an exchange of cigarettes."

The variety of topics covered in this volume and the number of contributors make it difficult to single out particular contributors. Suffice it to say that it augurs well when both editors contribute excellent pieces. As well as Zhou Xun's essay, that by Sander Gilman on Jews and smoking looks at the historical association between Jews and the tobacco industry as well as the growth of racist accounts of "Eastern" Jewish susceptibility to tobacco poisoning and nervous illness. We also get, of course, Freud and his (probably fatal) cigar. Gilman has a light touch in highlighting the phallic aspects of the cigar and Freud: "Without it, he ceased to be a complete human being." But all contributors find their individual voice, happily housed within sections concentrating on history, artistic and literary representations, gender, ethnicity, and—the big modern dilemma—the burning issue of why it is so hard to stop.

Clay pipes or expensive silver pipes; smoking as a pleasure for the elite but not one to be extended to the labouring masses without careful consideration; smoking and advertising and billions of dollars (and some fine advertisements); the post-coital cigarette; smoking and death (the work of Richard Doll and successors): it is all here, with much else besides.

It is a real pleasure to recommend a book of true anthropological range and seriousness, conjuring, like the perfect smoke ring, the history of a universal human practice at a time when the issues raised (discussed in the final chapters) are at the forefront of current worldwide debates on health policy and social safety.

Tar quality: smoking icon Humphrey Bogart, and (top right) an advertisement for the Lucky Strike "purifying process"

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Items reviewed are rated on a 4 star scale (4=excellent)

Dispatches: Undercover Angels

Channel 4, 31 January at 8 pm

Rating: ★★

The "undercover angels" of this documentary's title were Norma Ndebele and Charlie Smith, a nurse and a health care assistant (HCA), who spent three months apiece working at the Royal United Hospital, Bath, and Ealing Hospital, London, as HCAs wearing hidden cameras. Their six months of filming was distilled into a one hour programme trailed by Channel 4 as "a damning catalogue of inefficiency, neglect and substandard treatment."

A different director's cut might have shown a heartwarming catalogue of happy patients basking in wonderful care given by dedicated professionals, but that wouldn't have made the newspapers. The shock-horror build-up was duly fulfilled with distressing scenes of patients being fed against their will, left to lie in beds soaked with urine and faeces, and treated without respect or love. There were no spectacular dramas but a long litany of dreadful humdrum failures, including a woman sitting cold and wet for hours on a commode; medication left on a locker long after it should have been taken; and lack of routine precautions with patients with methicillin resistant *Staphylococcus aureus* (MRSA).

The atmosphere was surreal, with the queasy jerkiness of the hidden cameras and faces out of focus to avoid identification. The disembodied voices were most striking—patients' miserable repeated calls for help, muted protests, inarticulate moans, and whimpers. All were elderly and passive, helpless and alone. This viewer's distress turned to rage when Norma or Charlie would finally find help to tend a patient, prompting a stream of self-justifying chatter over the patient's head, punctuated with an occasional token question, "All right, my love?" that never waited for an answer.

So were we simply seeing a minority of uncaring and lazy nurses among the hundreds of thousands of dedicated ones, as the narrator unconvincingly reassured us in the name of "balance"? Having collected compelling data, the analysis was weak and inconclusive. Occasional commentary from Norma and Charlie, nursing experts, and the inevitable Claire Rayner offered some disjointed insights—take your pick: nurses are too busy trying to be ersatz doctors; all that university education and book-learnin' has made them too posh to wash; nursing is going downhill; nursing is in crisis.

"It wasn't always like this" was the programme's own take, showing the also inevitable 30 year old clip of starched nurses listening to Sister. That nursing student could have been me, and of course it *was* like that. The failures filmed today were as common then and well documented, if not always tackled.

This knee-jerk nostalgia for nursing's mythical golden age simply will not do. It precludes the close scrutiny needed to understand and prevent abuse. Problems like poor hygiene, sloppy infection control, irregular supplies, and bad record-keeping result not only from individual fecklessness but also from systems failures. Yet we saw no doctors and only one manager, whose response to reported abuse was feeble and defensive.

What we did see was the nursing subculture, portrayed as an unappealing world of filth, plastic aprons, and rubber gloves, where everyone is tired, fed up, unsupportive, ducks responsibility, and skives when possible. The programme left me wondering, as so often, why anyone would want to do this job; the attrition rates prove that many do not. As one student nurse in the film put it, you have to regard being up to your armpits in poo and pee as a learning opportunity, and say bollocks to the paperwork. Sister would have disliked the language but applauded her spirit.

Jane Salvage *international nursing consultant*

Horizon: Living with ADHD

BBC 2, 3 February at 9 pm

Rating: ★★★

When I see a child with a disability or behaviour problem I know that I see them for 30 minutes and then move on to the next patient. The parents cannot move on. This programme showed some of what parents of children with attention-deficit hyperactivity disorder (ADHD) have to put up with.

As cameras followed two families for six months the parents told their experiences without interruption from an interviewer. The viewer saw some of the day to day behaviour of children with ADHD and the parents' feelings of frustration, impotence, anger, and guilt. There was sensible information about what ADHD is; co-morbidities such as dyslexia and oppositional defiant disorder; the genetics and neurobiology of ADHD; and methylphenidate, which for once was not demonised as a chemical cosh. It would have been helpful to see the children's behaviour in school.

Liam was a runner and a climber. He clearly had ADHD and oppositional defiant behaviour. Initially it was tempting to wonder which came first—his defiant behaviour or his parents' frequent (ineffective) efforts telling him to behave.

One could see why parents of children like this smack them or worse. Liam's mother admitted to being at the end of her tether and clearly felt guilty that she disliked her child. She admitted that if she disliked an adult that much she would have nothing to do with them. But she also recognised Liam's good qualities.

Liam's behaviour at home, in a multistorey car park, and when shopping was a good picture of a child with ADHD. When the local ADHD assessment team gave the diagnosis, the parents were relieved. They found strength in that and opted for the moment not to give Liam medication. They have been offered special behaviour classes.

BBC

Liam: a runner and a climber

James and Jasmine were two siblings with ADHD. Their mother, who was doing a grand job as a single parent, realised she had had ADHD as a child and still had it. All three of them were on methylphenidate. On Jasmine's first day at secondary school the household was in chaos and mum forgot to give everyone their methylphenidate. We saw the deterioration in behaviour when a dose was missed. A psychologist worked with the mother on behaviour management—tokens and rewards for the children; and a timetable and structure to the mother's day, all of which seemed to help.

The shortage of child psychiatrists in the United Kingdom will not be resolved in the next decade, so most ADHD will continue to be diagnosed and treated by community paediatricians, often without the ideal package of behaviour support as well. I will use some parts of the video of this programme to give trainees an insight into ADHD outside the clinic.

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PERSONAL VIEW

How do we set the records straight?

In the United Kingdom there are plans to make elements of patients' electronic health records available to any practitioner with "a legitimate care relationship" anywhere in the country. There is justifiable unease about confidentiality and consent in this new environment. Will patients understand what is happening to information about them, and will that information be secure?

Another cause for concern, which is perhaps even more fundamental, has to do with how a medical record's context contributes to its meaning.

Half of general practices in the United Kingdom are now minimising their use of paper, with routine record keeping being done on computer rather than on the traditional record card. While appreciating the greater accessibility of information in a computerised record, many GPs still miss the feeling that, just by holding a records envelope in their hand, all sorts of knowledge will seep into their brains. Thickness, weight, state of repair, handwriting, and wee diagrams all contribute. Why can't electronic records carry more of this context?

Some things have not, so far, been changed by computerised records. In most practices and computerised units in hospitals the record is held on site, and the computer server mimics a filing cabinet. A patient's continuation notes have a limited readership, and those who do read the record are part of a team and know each other. When communication is with a different social group a specific message is created: a referral letter from primary to secondary care or a discharge summary or clinic letter in the other direction.

What is proposed in the NHS care records service is that items that are recorded as continuation notes will be extracted and made available across the NHS. Thus another aspect of context—the purpose of the record item—is lost. Berg and Goorman (*International Journal of Medical Informatics* 1999;56:51-60) described the difficulties of reconstructing the meaning of a message sent from a distance, unless all sorts of context came with it. For instance, a summary code of "depression" may be recorded for an episode of severe depression as defined by formal diagnostic criteria; alternatively the same code may be used for a consultation with someone who is not coping with stress and is showing some features of mild depression. This distinction is important: practitioners local to the author will be able to infer the difference: a remote practitioner, who only has access to the coded summary, will not.

I recently had a consultation with someone who had a problem with alcohol intake in the 1980s and early 1990s. He has had an application for permanent health insurance turned down (on the basis of what was in the computerised summary of his records) and was somewhat miffed. We talked about the relations between the computer record, the written record, and his current view of his previous condition.

This brings a dilemma. On one hand is the case for including as much context as possible in what goes into the care records service. This is in the hope that the meaning of record entries may survive the distance travelled. For meaning to be preserved in this way the record has to carry surrogates for the cues that we traditionally pick up by handling a handwritten record and from personal knowledge of the author. On the other hand, what GPs think of as useful context is probably just what the patient (or third parties) are likely to wish to be restricted in distribution. Given the opportunity of granting consent, this is what they may refuse.

> What GPs think of as useful context is probably just what patients will wish to be restricted

As a jobbing practitioner I am not sure how to handle this. It takes shared decision making to new heights if the decision is about what is included in the record. Is it sensible to expect clinical systems to make explicit to the parties in the consultation just what is going to remain local and what is going to the records service? What is the legal status of information that we choose to keep local? Can we manage consultations in the future without this distinction being explicit?

The government is in the process of spending billions of pounds on the national programme for IT in the NHS. It was explicit in the Department of Health's 1998 *Information for Health* that one purpose of electronic health records was to provide service managers with accurate data about activity in the health service. At this late stage we still do not know how much of the local medical record is going to be exported to the records service. We do not know what control patients will have over what information about them is held there. We do not know if the amount of context required for a remote record to be meaningful exceeds or is less than patients will consent to. We do not know how the passage of time will affect patients' and doctors' interpretations of events. In short, it is not clear how a centralised record system will sit with the dispersed relationships that constitute primary care or whether the government will get any useful return on its investment.

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SOUNDINGS

Of cats, mice, and cocaine

The cats that live in our apartment share many characteristics with their owners. They eat, sleep, can be noisy, and occasionally fight. Each cat has a unique personality, just like humans and also (according to an Indian friend) cows. As with humans, they pose interesting but unanswerable metaphysical questions, such as why are they here (it was to reduce the cat load of friends with an unexpectedly large litter), what is the purpose of their life (other than to convert old furniture into very old furniture), and is there a cat heaven (with plenty of mice to eat and carpets to tear up).

With reference to the last question, a cat was recently allowed past the pearly gates and given a golfmobile to get around—followed by 12 mice, provided only with roller skates. An audit six months later found the cat very happy. "It is wonderful here," he said, and "thank God for those delicious meals on wheels."

Far from heaven, in our laboratory, we once used mice to study the action of cocaine, under the watchful eye of a mouse-friendly institutional scientific review board. Mice are exquisitely sensitive to cocaine but benefit greatly from pretreatment with clonidine. This confirms that cocaine acts at least in part through the sympathetic nervous system and explains why for many patients clonidine is the preferred antihypertensive drug, which they ingest in large quantities and also pass on to their street friends.

But to return to cats. Cats offer an irresistible opportunity for punning, as shown by Mark Twain's Catasauqua, her siblings, Cattaraugus and Catiline, her former husband, Catullus, her many catercousins, her catechism, and her catacaustic remarks. Cat healthcare bills can be catastrophic, there is no government supported medicat progamme, and there is no reimbursement for immunisation shots, declawing, and other services. Previous generations of our cats have developed diabetes requiring insulin, and various forms of renal diseases; so far we have avoided dialysis or transplantation, except for a brief episode of peritoneal dialysis some 30 years ago. The bill even then caused a man from a less developed country to explain that at home he could buy a wife for the same money.

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