



THE BETHLEM ROYAL HOSPITAL
AND
THE MAUDSLEY HOSPITAL

INSTITUTE OF PSYCHIATRY

DE CRESPIGNY PARK
DENMARK HILL
LONDON SE5 8AF
TEL: 071-703 5411
FAX: 071-703 5796

Direct telefax line: 071 274 9467

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Mr. A. Baron,
93c Venner Road,
Sydenham,
London, SE26 5HU.

Dear Mr. Baron,

Thank you for your letter of the 14th April, and the typescript of your interview with Doll. I am sorry I couldn't reply earlier; I have just come back from Moscow, and am just off to Bogota. However, I shall try to deal with some of the matters raised in the interview.

The first thing I noticed was the vehement way in which he states his assessment of other views. "Complete nonsense", "Completely untrue", "This is nonsense", "Just not true" - these are just some of the rather unparliamentary and unscientific things he has to say about views he doesn't approve of. Similarly, he simply rubbishes people he disagrees with: "Passey knew absolutely nothing about how to handle statistics", Birch "shows a complete ignorance of medical matters", and so on. In other words, instead of dealing with arguments he insults people; this is not a good way of conducting a scientific argument.

When he does try to deal with arguments, he simply makes statements which are often untrue. Take the statement on page 15: "There are ethnic or racial factors in a few cancers but not in lung cancer". In Caucasian populations, risk ratios are around 10; in Japan, and for Singapore Chinese, they are 3.8! In Northern Thailand and Mainland China they are 1.6 and 1.57. In other words, there are

very marked differences. There is much further evidence, cited in my book "Smoking, Personality and Stress", demonstrating that Doll is wrong in his assertion. Similarly, sex ratios for lung cancer differ profoundly between Caucasian and Mongoloid groups.

Take another statement on page 14. "When you look at smoking over the right period, then you find that every country fits in perfectly with the amount of lung cancer that citizens get." The "right period" seems oddly variable, from 20 to 40 years; usually a period is chosen after the event which gives the best results! Now we get some figures. The U.S. Department of Health, Education and Welfare has published a figure for lung cancer mortality versus cigarette consumption, where there is 20-year difference, as demanded by Doll, in the time when the figures were taken. The correlation is very far from perfect. Consumption is about identical for the U.K. and the U.S.A. (indeed, it is greater for the U.S.A.), yet lung cancer mortality is over twice as great in the U.K.! (Over 450 per million vs. less than 200). Doll is simply not telling the truth.

On page 10, concerning the Finnish study, Doll says: "The studies which have indicated the possible difference are almost certainly just a matter of chance." Actually in the relevant study, there was a very significant difference statistically, ruling out chance.

Doll often avoids the issue by dealing with a different one. Take on page 4 the accuracy of reports on smoking. Doll's argument deals entirely with reliability. (Does a person stick with his original estimate) not with validity? (Is he telling the truth?). Dr. Lee has summarized some 100 studies showing that people systematically underestimate their true consumption of cigarettes. Doll is ignorant of this very important fact, or is trying to ignore it. Yet it is vitally important for any consideration of the effect

of smoking; Lee demonstrates that it accounts for all the (rather small) alleged effects of passive smoking.

Doll tries to argue away important findings. On page 10, he considers the Framingham Study. This was for a long time the major study demonstrating the harmful effects of smoking and coronary heart disease; they finally (at the 30-year follow-up), failed to show any harmful effects. Now suddenly, in Doll's words, it "was a very small study" (which it wasn't), and Doll still maintains that it was not "very inconclusive", (which it was).

Doll makes statements of very great importance which are quite unsupported by any evidence. Thus he says on page 5 that 150,000 people die as a result of their smoking. There is no conceivable evidence for such a statement, and no statistical argument is offered. Given that several risk factors are usually present in any particular death (heredity, smoking, wrong diet, stress, etc.), how can one attribute deaths to any one of them? How can one rate the relative contributions? The statement about "150,000 deaths" has no scientific meaning.

On page 12, Doll deals with the alleged increase in lung cancer mortality. He dismisses Birch, who disagreed, by saying "Birch didn't really understand medical statistics." Birch actually spent most of his professional life as a professor in the field of medical physics dealing with such statistics, and was famous for his work in that field. To accuse him of "complete ignorance of medical matters", and "just speaking without knowledge of the facts" is hardly fair, particularly as Doll does not deal at all with the demonstrated fact that lung cancer was under-diagnosed some 2,500 per cent at the beginning of the century and is now over-diagnosed 200 per cent.

Doll sometimes indulges in quoting irrelevant evidence. Thus

dealing with the mechanism of carcinogenesis for producing lung cancer, Doll quotes animal studies, but the 1982 U.S. Surgeon-General's Report states clearly that no useful animal model for the experimental study of carcinogenesis in humans has been found. Thus Doll's argument is irrelevant.

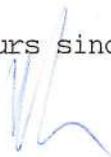
Finally, dealing with my own work, Doll states that "I haven't studied it myself apart from his criticisms of the relationships between smoking and lung cancer". This is hardly a good scientific basis for criticising a large body of empirical work and theoretical argument! This disregard of critical comments is typical of the way that orthodoxy has treated such criticisms; instead of answering them they simply disregard them. It is quite meaningless to say that he has studied only the relationship between smoking and lung cancer; this is embedded in a much larger argument which cannot be understood without looking at all the evidence. Doll goes on to say that the Cortisol-Stress argument "is just not true"; he neglects dozens of experimental studies I have cited in my book on "Smoking, Personality and Stress" which demonstrate the relationship quite clearly.

I feel that the interview shows a man so certain of the truth of his ideas that he doesn't bother to look at criticism or answer them; that he condemns everyone who disagrees as being ignorant, and talking nonsense. It is not a pretty picture, but fairly representative of what I have found in other proponents of the orthodox view. I feel sorry that a man of such ability and accomplishment should take so one-sided a view, refuse to look at criticism, and defend his own views in such a one-sided manner. Even in regard to his own famous English doctors' study, he entirely fails to mention the major criticism that has been made, namely that empirical studies have shown that people who give up smoking are in much better health than people

that people who give up smoking are in much better health than people who continue to smoke, suggesting that their lesser mortality may be due to their original state of health, rather than to giving up smoking.

With best wishes,

Yours sincerely,



H.J. Eysenck.