

experiences culminate in the strangest of all stories.

If you ask what the book is about, the answer would have to include: the power of music to communicate across cultures and epochs; the ramifications of colonialism and its mindset; the nature of grief and loss, and ways to their resolution; the significance of origins, migrations, class stratifications, and political affiliations; the transcendence of love — and, I suppose, the evolution of the lute. As the author more lyrically puts it:

*'Zuleikha at last was able to hear and understand all the tongues of her forbears and to comprehend the love that bound people together and the pain which they felt when they were cast apart by time, place or circumstance — and above all, by death. And in all this epic song of the earth and the stars, Zuleikha felt that maybe she was a single complex note [...] and that contained within it was the music of an infinitude of songs, all accompanied by the plucking of a stringed instrument.'*

If you want to avoid overloading your bookshelf, the novel will be published as an e-book at [www.josephsbox.co.uk](http://www.josephsbox.co.uk) where you can also find background material, some of it informative, some, such as the author's pre-emptive footnote aimed at potentially bemused reviewers such as myself, more playful. In the book itself I could have done with a glossary of the many foreign words of varied and uncertain origin referring to music, architecture, and poetry, but perhaps this is asking too much from a multilingual author writing for a mixed readership; less excusable from a medically trained author is the repeated use of 'enervation' for 'innervation' and the misspelling of minuscule. These though are tiny quibbles. This is emphatically not one of those earnest books which reviewers in these pages deem worthy of inclusion 'in every practice library', but I hope it will find itself on the holiday reading lists of the curious and the open-minded looking for something quite different.

**Dougal Jeffries**

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## The Research Paper of The Year Award 2008

It's a decade or more since pavement cafes and *al fresco* dining started to become widespread. The press celebrated this phenomenon, either as an embracing of continental culture or a beneficial side-effect of global warming. At the time, a few chill summers soon got the furniture back indoors. Travel around England in the past 2 or 3 years, though, and every pub you pass has its outdoor tables, umbrellas, and space heaters. It's nothing to do with global warming or that last holiday in the Med, and everything to do with the ban on smoking.

Perhaps living in the North East, where smoking rates are the highest in England and women are 50% more likely to smoke than in London, makes the impact of the ban more evident.<sup>1</sup> There is certainly more to it than a suburban sprawling of our legendary ability to dress for midsummer in mid-February. It is remarkable, but the ban on smoking in public places seems to have been absorbed into popular culture. Contrast this with countries such as Spain, where a similar ban was imposed at the same time and is an affront to be ignored or subverted at every turn.

Tackling a public health problem such as smoking requires a multifaceted approach, but population measures and legislative actions seem increasingly to be favoured over those directed at individuals. Indeed the World Health Organization in its Framework Convention for Tobacco Control doesn't include help for individuals in its six key provisions.<sup>2</sup> Intuitively, this makes sense. The returns for the UK from a policy based on smoking cessation services have not been impressive.

In general practice we see many people whose health would benefit if they stopped smoking. We have all lost count, for example, of the number of patients with early COPD to whom we have given such advice. To see a patient stop on your advice is a gratifying experience, but often tinged with an uneasy feeling of not being quite sure how you did it or whether it'll work with the next patient. This year's RCGP and Merck, Sharp and Dohme Ltd Research

Paper of the Year gives us a useful tool to back up that advice, one that could easily be applied in clinical practice.

Gary Parkes and his colleagues took a formula, first described over 20 years ago, that generates a measure of lung age. Lung age is the age of the average person who has an FEV1 equal to the individual, and is a way of making spirometry results easier for patients to understand. They developed a feasible method of applying it in general practice and then targeted a higher-risk group within the smoking population, those over 35 years of age. Communicating this information to smokers in this age group resulted in an absolute reduction in smoking rate at 12 months of 7.2% (NNT 14), at an estimated cost of £280 per successful quitter.<sup>3</sup>

This rigorously conducted study showed that the simple intervention of telling smokers their lung age is as effective as, and likely to be cheaper than, the approaches to smoking cessation that are in current use. Why does it work, and in particular why does it work for people with normal as well as abnormal lung age? Parkes offers the observation that some participants were relieved that their results were normal and that it was 'not too late' to try to quit. The study was underpowered to relate quitting to Prochaska's 'stage of change', but intuitively it seems that something else is going on that can only be fully explained by a different psychological model. But then perhaps on this occasion the mechanism is less important than the effect.

**Greg Rubin**

### REFERENCES

1. General Household Survey: smoking and drinking among adults 2007. Office of National Statistics. 2008. <http://www.statistics.gov.uk/pdfdir/ghs0109.pdf> (accessed 6 Jul 2009).
2. WHO Framework Convention On Tobacco Control. Geneva: World Health Organization, 2003. <http://whqlibdoc.who.int/publications/2003/9241591013.pdf> (accessed 13 Jul 2009).
3. Parkes G, Greenhalgh T, Griffin M, Dent R. Effect on smoking quit rate of telling patients their lung age: the Step2quit randomised controlled trial. *BMJ* 2008; **336**: 598–600.

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