Read the review on p 929 and join the discussion on doc2doc

A volcanic disruption

PERSONAL VIEW **Desmond O'Neill**

"If you want to make God laugh tell him your plans," was a proverb that re-entered common currency in the last week. In common with many conference organisers (and impromptu vulcanologists) I was preparing for the worst on Saturday. I was to chair a long planned national conference on the brain and music, and three international speakers were due to fly in. While we were fortunate to field an excellent local speaker as one substitute, the stellar qualities of the other two speakers were such that we were poised to cancel the meeting. In the event, new technology and the adaptability of enthusiastic delegates saved the day. For a limited period at least, it would appear that Goethe's dictum "It is when constrained that the master shows himself" holds in a crisis situation.

The presentations were broadcast via web based technology to a large screen in Dublin's National Concert Hall, with generally good sound quality. When the speaker was not using slides or videos his image showed full screen; with slides, the speaker occupied a space of about a 10th of the screen in the upper right hand corner. Paul Robertson, the celebrated violinist and a pioneer in promoting dialogue between musicians and the neurosciences, spoke movingly of his own experiences with stroke, the restorative nature of creativity, and the experience of teaching the medical humanities in the Peninsula Medical School in Plymouth. There was a particular charm in the informality of Paul talking from his study in his home, and he brought the house down by finishing with an extract from a Bach partita on the violin. The slight pixillation of the image, and the episodic tiny breaks in the sound transmission, added in some ways to the experience: it was almost like the surface static on 1930s recordings of great violinists.

Did the experience convert me to the use of webcasts in conferences? Up to a point

Daniel Levitin, a convincing evangelist for a realistic and scientific approach to music and neuroscience, had the luxury of better bandwidth and gave an equally stimulating overview of the neurological underpinnings of music. His background as a highly successful record producer and sound engineer (to Steely Dan, among others) provided a highly entertaining and wide ranging variety of musical illustration, including Beethoven's Fifth played on power tools. Between these broadcasts Jane Edwards, director of a graduate music therapy course, gave an excellent presentation with a strong focus on the role of music and music therapy in areas such as neurodevelopment and in child-parent interactions. Musical interludes were provided by a music therapy grouping. (In honour of the occasion we would have liked to play one of the most graphic musical depictions of a volcano, *Hekla*, by the Icelandic composer Jón Leifs, but its demands for a percussion section of 19, including "rocks with a musical quality," chains, anvils, sirens, church bells, shotguns, and cannons, defeated us.)

Did the experience convert me to the use of webcasts in conferences? Up to a point: as with teleconferences for everyday business, the technique is probably best seen as a supplementary tool between regular meetings, which bring all the important human, emotional, and informal contacts engendered by direct contact. If teleconferencing allows for a wider diffusion of remarkable "live" presentations, including direct question and answer sessions, interspersed with speakers who are physically present and time for coffee breaks to allow networking and socialising, then this may be a promising development. It may also allow those who receive many conference invitations to respond to more of them, help to save the environment, and see more of their families.

However, a fully webcasted conference would be a step too far: let us hope that the present hiatus in travel will not dissuade us in the future from continuing to benefit from the very real insights (and pleasures) that we gain from our physical engagement and interaction at conferences.

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See NEWS, p 883

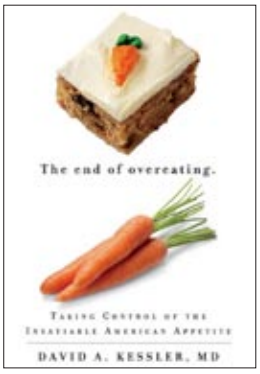
THOMAS COEX/AFP/GETTY IMAGES

How have conference organisers coped in the wake of the Icelandic eruption?

REVIEW OF THE WEEK

Food, glorious food?

How can we counter the food industry's promotion of "hyperpalatable" energy rich food? **Juliet Walker** reviews a book describing the problem and offering a solution



The End of Overeating: Taking Control of our Insatiable Appetite
David Kessler
Penguin, £9.99, pp 352
ISBN: 978-0141047812
Rating: ★★★★

In the introduction to his book, David Kessler, former head of the US Food and Drug Administration and a paediatrician, interviews people about their eating habits. One said: "If food is put in front of me, I find it an eternal struggle not to eat . . . As soon as I'm not actively doing something, I'm thinking about what I'm going to eat . . . I feel ridiculous. It should not be all-consuming." It is such behaviour, the lack of control when faced with food, that Kessler explores.

He has some pedigree. Previously he has taken on the tobacco industry, and here he challenges the food industry by exposing how it is driving the obesity epidemic by promoting fatty, salty, and sugary foods in large portions to be eaten at any time of the day. He talks to people within the food industry, including an anonymous insider who reveals the tactics the industry uses to make us eat more.

He shows that the success of the food industry is down to its production of "hyperpalatable" foods that taste good and whose fat, salt, and sugar content make them addictive. The foods are also engineered to be easy to eat, involving less chewing and slipping down quickly, so we eat more. The food becomes highly rewarding, resulting in a cycle of overeating as we learn that the food makes us feel better and we are then motivated to eat it again.

Kessler describes this behaviour as "conditioned hypereating." He writes, "Chronic exposure to highly palatable foods changes our brains, conditioning us to seek continued stimulation. Over time, a powerful drive for a combination of sugar, fat, and salt competes with our conscious capacity to say no."

The constant availability of food is another part of the problem. To push their profit levels higher, food companies encourage customers to eat throughout the day. Starbucks designed the Frappuccino as a way to entice customers back into its shops in the afternoons, which were quiet after the morning rush to buy coffee. The invention transformed the business; but with some Frappucinos containing the equivalent of 18 teaspoons of sugar and six scoops of ice cream, customers were being encouraged to consume a considerable amount of fat, sugar, and energy. An interesting point Kessler makes is that a shift in social attitudes towards food has exacerbated this tendency to overeat. Whereas in the past it would have been unusual to eat outside meal times or on the go and unacceptable in business meetings, it is now commonplace. Such habits, once established, are hard to break.

Whereas in the past it would have been unusual to eat outside meal times or on the go and unacceptable in business meetings, it is now commonplace. Such habits, once established, are hard to break

But Kessler says that his deepest concern is the effect this behaviour is having on the eating habits of children. He spoke to the researcher Susan Johnson, whose work shows that more and more children are becoming unable to control how much they eat. A study she did in the 1980s showed that children would naturally compensate, by eating less, for 90% of any extra energy in their diet. By the 1990s they were compensating for only 45%.

The book also aims to give some solutions. So, how can we end this habit of overeating? Kessler considers whether the urge to overeat has a genetic or environmental basis and therefore how it might be countered. He discovers that some people are more likely than others to be overeaters but that they will only overeat in the right environment. Therefore changing our attitudes to eating and the environment in which we eat would help solve the problem, he concludes.

Kessler outlines a five point plan to combat the urge to overeat, and he talks about "food rehab," saying that we need to break old habits and find a new way of eating that we can stick to. At this point the book begins to read like a diet book, albeit one that is evidence based, sensible, and realistic. Indeed the word "diet" shouldn't even enter into the solution, as dieting is exactly what he tells us we shouldn't do.

Kessler points out that although alcohol and drug misusers can break their addiction by eliminating alcohol and drugs from their lives altogether, we can't do the same with food. The answer lies in eliminating the industry engineered, hyperpalatable foods from our diets, as even a small amount of these will trigger the overeating cycle.

The book's tagline is "this book will change the way you eat," and it certainly will. I was taken aback by its descriptions of the food industry's behaviour and in particular by the industry's lack of guilt over its detrimental effect on our eating habits. It was refreshing to read such a considered and heavily researched account of what we can do about the surge in eating. My only criticism is that it is so filled with hard evidence I am not sure that everyone will find it digestible. It is perhaps aimed at healthcare professionals, which is a shame, because the message is an important one for everyone. Were I not cautious about offending my friends I would definitely give them a copy.

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See EDITORIAL, p 876

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Follow the discussion about *The End of Overeating* on doc2doc, BMJ Group's global clinical online community
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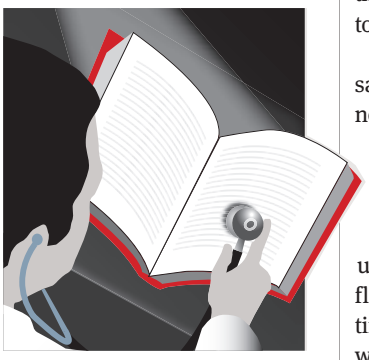
The father of cremation

BETWEEN THE LINES
Theodore Dalrymple



Dr Price tried to cremate his 5 month old son (called Jesus Christ Price) but was arrested in the attempt. A howling mob attacked his home for his blasphemy, but at his trial he was acquitted . . . Henceforth cremation was permissible under English law

In his wonderful memoir of his early life in the Rhondda Valley and in London, *Print of a Hare's Foot*, Rhys Davies (1901-78) devotes an entire chapter to Dr William Price of Llantrisant. Dr Price (1800-93) was eccentric, to put it mildly; but he was a real doctor, having qualified in 1821 at Barts in record time. He is said to have cured many where others failed; he operated surgically only as a last resort or (by his own admission) if he needed the money.

Davies's memoirs lend romance to a time and place that, superficially at least, rather lack it if one just looks at old photographs. Davies was born in relatively privileged circumstances, being the son of the founder and owner of the Royal Stores of Clydach Vale. He devotes eloquent paragraphs to the prickly Welsh flannel shirt that he was made to wear, which served a dual spiritual and physical purpose, the discomfort being good for the soul and the material itself being thought to ward off chest infections. Another way to prevent such infections was to stick a child's head out of the railway carriage window as the train went through a tunnel, a method of prophylaxis available, of course, only to the better off.

The chapter on Dr Price appears in the book because his memory loomed large in the Welsh valleys at the time, and Davies's mother and grandmother remembered him well. Most of Davies's information, however, seems to have come from a pamphlet first published in 1940 by Thomas Islwyn ap Nicholas, *A Welsh Heretic: Dr William Price, Llantrisant*. Islwyn ap Nicholas was an Aberystwyth dentist who wrote several pamphlets about Welsh radicals, but that is all I have been able to discover about him. Unlike doctors, dentists do not take easily to the pen; as to their political views I am ill informed, but I suspect that few of them are sympathetic to radicalism.

Dr Price of Llantrisant (where there is now a statue of him) fell foul of the law on several occasions. He supported a Chartist uprising and had to flee to France for a time. But in effect he was a born oppositionist.

From an early age he sunbathed naked on Welsh hillsides (when there was sun), which did not endear him to the preachers of the local chapels. He believed himself to be a druid, wrote in an archaic Welsh all his own, and wore red trousers, a green tunic, and a complete fox skin on his head. He grew a long white beard and refused to wear socks. He was a vegetarian, claiming that to eat the flesh of animals was to take on their characteristics (exactly what a vegetarian cousin of mine claimed a century later), and was an anti-vaccinationist. He was in favour of free love and fathered a child at the age of 87.

He was the father of British cremation, believing burial to be unhygienic and wasteful. In 1884 he tried to cremate his 5 month old son (called Jesus Christ Price) but was arrested in the attempt. A howling mob attacked his home for his blasphemy, but at his trial—Dr Price always defended himself—he was acquitted by the judge, James Fitzjames Stephen, author of the classic riposte to John Stuart Mill's *On Liberty* and uncle of Virginia Woolf. Henceforth cremation was permissible under UK law.

The howling mob changed its mind too. Around 20 000 people attended Dr Price's own cremation, nine years later.

Theodore Dalrymple is a writer and retired doctor

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ROUND TABLE

The Lucifer Effect: How Good People Turn Evil

By Philip Zimbardo **Published 2007**

The Lucifer Effect explores questions that society would rather not ask: "What makes previously moral individuals act immorally?" Or, in Philip Zimbardo's attention grabbing prose, "How can good people become evil?" This topic proves pertinent to medical practice in the wake of modern scandals from Rugby Union's "bloodgate" furore (*BMJ* 2009;339:b3873) to research falsification.

The first section of Zimbardo's book engages the reader with a synopsis of the Stanford prison experiment of 1971 from the first person perspective of its lead researcher, one Philip Zimbardo. Through his eyes we witness the development of a psychology research project that runs horribly awry. He describes how groups of volunteer students behaved when split into two randomised groups playing "guards" and "prisoners" in a simulated prison environment. The "prisoners" were initiated to their future role in a dramatic "capture" by local police, handcuffed, and dragged unexpectedly from their homes. I found myself distracted at this point by imagining the expressions of a modern research ethics committee scrutinising Zimbardo's proposal.

The story develops at pace, with punchy dialogue expressing the mutual antagonism of the prison environment and an increasingly extreme set of behaviours among guards and prisoners alike. Eventually we reach the shocking events of day six that mean the abandonment of the experiment, amid justifiable fears for the welfare of the participants.

This story alone would make an engaging read, but interestingly *The Lucifer Effect* then progresses to analyse the dangers of situational power and the vulnerability of an individual. Zimbardo provides insightful in-depth analysis of prison events along with fascinating experimental evidence for any individual's moral malleability. One such experiment shows theology students repeatedly ignoring a stranger in obvious distress while hurrying to give a presentation of "The Good Samaritan."

We are told that "good apples" may be soured by a "bad barrel" of situational forces. As such Zimbardo analyses abuses of prisoners at Abu Ghraib in Iraq, the photos of which shocked the world in 2004. In medicine we are increasingly aware of failed systems in explaining individual error. His application of similar principles to outline the external factors influencing behaviour at Abu Ghraib proves particularly convincing in the context of his preceding text.

This book allows us to acknowledge the contextual factors that could lead to immoral behaviour without relinquishing personal responsibility. It is important not to rest on the false laurels of believing that the two letter prefix of Dr signals moral as well as academic superiority.

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If you have you read *The Lucifer Effect* and wish to share your views, then visit our online doctors' community: www.doc2doc.bmj.com/bmj.com

Round Table is an occasional column focusing on a current book, film, or television programme that *BMJ* readers might wish to discuss in our online forum, doc2doc. To submit an idea email Rebecca Coombes (rcoombes@bmjgroup.com)

New kids on the blog

FROM THE FRONTLINE
Des Spence

In the past clinical entries were short and illegible, because doctors' handwriting is notoriously poor. This was explained by their being pressed for time, but for me it is because I could spell only the first three letters of most medical conditions so blurred the rest. Fountain pens were given as presents, adjustment made with whitening fluid, and final copies sent by post. But in the 1990s came word processors with spell-checkers, cut and paste, and infinite redrafting. This allowed me to start journalistic writing. And in 1995 I licked four envelopes to the leading magazines for general practitioners and posted my article idea—"Let me through"—of vaguely rude parodies of doctors. By return of post I received four rude but amusing rebuffs. But I kept on writing because writing is therapy, and with the advent of email I could send the same article to multiple publications for rejection.

But the media are changing. The internet has spawned blogs, microblogs, podcasts, and YouTube and social networking sites, and you can even simply establish your own website. This is both egalitarian and immediate: everyone is a potential journalist and publisher. Some of the result of the explosion in new media is great, but much is tedious, obsessive, phoney, irrelevant, ill considered, and insulating. Will it herald a new era of medical journalism and radicalism?

The internet has gone mainstream and is now viewed as an essential public utility. It is so important that legislation is afoot to control file sharing and protect copyright. Bloggers are under threat of libel, and their anonymity is challenged. Advertising money is shifting online, and money always dictates control. New electronic platforms that mimic traditional print formats, such as e-readers and Apple's iPad, will deliver online subscriptions to magazines and newsprint. With blogging, enthusiasm will stall, with authors bored of writing and readers boring of reading. Anyway, people gravitate to the familiar, most likely to the web pages of the old media: these traditional outlets are accountable for content and accuracy but also have a reputation to lose. New media may soon look a lot like an onscreen version of the old.

But I am just an overindulged old world hack on the wane. The new media are a good thing, because in the past history was written by the privileged few. The new media in all their guises are at least the diary of the people. They offer writing therapy to doctors and the opportunity to upload a different version of the official sanitised version of the NHS. And I hope that they will reveal some new hacks to the old media moguls, who will let them through.

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bmj.com Des Spence's first (unpublished) article is on bmj.com

Watch the wood

THE BIGGER PICTURE
Mary E Black

Four years ago I consulted briefly for the European Bank for Reconstruction and Development, twinning women led businesses with industry specialists from abroad. This brought me to a window factory in the middle of Serbia, working with Jukka, a world expert in windows. We surveyed the factory floor, a hive of activity, with diligent workers running around and machinery whining away. First aid kits were in place, and they even had clean curtains in the employee cafeteria.

"This is impressive!" I concluded.

"Yes, but look at the wood," replied my sanguine Finnish colleague. "Don't look at the workers, the machinery, the first aid boxes, or the curtains. The only productive work here is time spent transforming wood into windows."

I walked through the factory again, carefully watching the wood. I saw wood being painted by a team of three, of whom only one was actually painting. I saw wood being carried from one pile to another and then back again. I saw a lot of wood just sitting around untouched. When we calculated the unit cost per square metre of a window it was four times higher than in Finland. The factory owner was shocked—she had never calculated outputs in a standard, simplified way before. The resulting analysis of labour costs, automation, and the production line saved her factory.

Next time I went to a hospital in Serbia I looked with different eyes. Why is there such a discrepancy between some surgeons replacing many hips in a week and those replacing three in a month? Could it be explained by other activities, such as teaching? (Answer: no.) I am impressed that this clinic is so crowded and busy, but what is really happening for patients?

The NHS has had performance targets for years. In the United States payment is by procedure or "unit costed" to extremes. In Australia health service outputs are complex DRGs (diagnostic related groups). However, in much of the world productivity measures for health services are new. In Serbia payment to hospitals is still mostly based on staffing levels and occupied bed days, although that is beginning to change. I hope that we will adopt the most useful patient oriented output measures from the many global examples and avoid some of the excesses.

There is resistance to spending money on measuring outputs (yet more paperwork, funds diverted from services, and so on). Citing complexity, tradition, or superiority is in itself a smokescreen. No one would ever claim that patients are as simple as windows, but similarities exist. We can be easily distracted by the busy work, forgetting that the main mission of any health service is to produce results for patients. That hoary old management term KISS (keep it simple, stupid) mostly applies.

Watch the patients.

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