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THE MEDICAL JOURNAL OF AUSTRALIA

STAYSKAL

" YOU CAN TRY TO KEEP KIDS FROM SMOKING BUT I GUESS PEER PRESSURE IS JUST TOO GREAT! "

Looking back . . . 1915

The Journal's position on smoking has changed over the years from one of open encouragement to firm disapproval as these "Looking backs . . ." show.

June 12, 1915

Over-Seas Club Tobacco Fund

Do you smoke?

If you do, there will be no need to plead the cause of our soldiers and sailors fighting at the front.

Non-smokers, too, will scarcely need telling what comfort lies buried in a pipe. Read any account of the day's doings at a military hospital, either with the clearing line, or at the base. The doctors and nurses know how grateful their patients are for a cigarette or a pipe of "'baccy.'" We have been asked to open our columns for a Tobacco Fund, in affiliation with the Over-Seas Club Fund, and accede to this request most readily, because we are assured that the members of the Australian Branches of the British Medical Association will be glad of an opportunity of contributing to the happiness of the brave men serving with the colours.

The Club has arranged with a London firm to supply for 1s. a parcel containing 50 cigarettes, ¼ lb. of smoking mixture, and a few matches, valued, under ordinary conditions, at 4s. The authorities have undertaken to pass



tobacco duty free to the men in the fighting line, and the Club does the rest.

Send one or several shillings to "The Editor, *The Medical Journal of Australia*, B.M.A. Building, 30-34 Elizabeth Street, Sydney," and mark the envelope, "Tobacco Fund," and write your name and address as legibly as you can on a slip of paper. The names of the contributors will be published each week in these columns, as the only acknowledgement, until the soldier who receives the packet sends you a post-card of thanks. Your shilling packets will go to men in Australian regiments.

We hope that the response to this appeal will be spontaneous, prompt and free. If every member in the Commonwealth would send one shilling, the soldiers would receive 2,000 packets. Some may neglect to do this—we hope not—but to cover this contingency, others will send several shillings. Do not render it necessary for us to appeal again for "smokes" for our "Australian boys."

Looking back ... 1918

July 6, 1918

CIGARETTE SMOKING.

It has been said that tobacco vapour is a poison, but that it usually takes from eighty to a hundred years to kill a man. That it may exercise a baneful influence on the digestive function may or may not be true; that it produces in certain individuals an alteration in the functions of the nervous system, ultimately leading to vascular disturbances, is usually held to be undoubted. How and why it produces these effects no one has yet been able to say. It is commonly taught that tobacco smoking, and especially the inhalation of cigarette smoke, by irritating the bronchi and pulmonary alveoli, renders the individual more prone than usual to infections, including tuberculosis. Gerald B. Webb informed the members of the Laennec Society in February of this year that, while the air passages of only 27% of non-smokers reveal signs of irritation, as evidenced by rhonchi, 83% of cigarette smoke inhalers bear this mark of chronic bronchial irritation. Despite this fact, he found that the frequency of discharge from the army on account of active tuberculosis was not greater among smokers with rhonchi than among non-smokers without this physical sign. Allan K. Krause¹ argues with apparent justification that the views concerning the relation between movement or rest, inflammation and infection usually held do not withstand critical examination. He points out that clinical and pathological data indicate that, while relative rest, such as is met in the apices of the lungs, favours the implantation of tubercle bacilli, extensive movement favours the spread of an established lesion. The bacilli meet with difficulty in gaining an entrance and producing a focal lesion in those portions of the lung that are subject to wide movements. On the other hand, when a focus of disease is established at the apex, it

¹ *John Hopkins Hospital Bulletin*, May, 1918.

tends to remain localized and by a process of encapsulation to undergo spontaneous cure. He shows also that sterile inflammatory lesions are rarely the seat of primary infection. Pawlowski, Issayeff and many other pathologists have proved experimentally that artificial infection of a joint, or of the peritoneal cavity, can be prevented by the previous production of a sterile inflammation. There is, however, reason to assume that the inflammatory process may be too violent, and then fails in its rôle of increasing the resistance of the tissues. On the other hand, the superimposition of an inflammation on an existing infection at times leads to the spread of the latter. He deduces from these facts that the inhalation of cigarette smoke, by giving rise to an irritated condition of the bronchial passages, that is, a very mild inflammation, will have the effect of raising the resistance toward infection with tubercle bacilli. Since this irritation is a very mild one, its effect on an already established tubercular focus should be to increase the defence mechanism of the body and to favour the process of encapsulation and spontaneous cure of the localized lesion. Focal reactions of this kind have been studied in tuberculosis, and particularly after the injection of tuberculin. The danger is present only when this reaction is too violent. He thus explains in a most plausible manner why active tuberculosis of the lungs is not met with more frequently among cigarette smokers than among non-smokers. He even suggests that the cigarette smoke inhaler may have the advantage over his more abstemious colleague as regards resistance. But before it would be justified to recommend cigarette smoking for this purpose, further information concerning the effect of tobacco vapour on the digestive and nervous systems is required.

and ... 1962

being greater for heavier smokers. The many deaths caused by these diseases are described as presenting a challenge to medicine, in so far as being due to smoking they should be preventable. The report is intended to give doctors and others evidence on the hazards of smoking so that they may decide what should be done. We are informed that cigarettes have largely replaced other forms of smoking in the past 70 years, during which time tobacco consumption has steadily increased. Women hardly ever smoked before 1920, but now they are smoking cigarettes in steadily increasing numbers. In Britain three-quarters of the men and half of the women smoke, and smoking is now widespread among school children. Many doctors, on the other hand, have

March 31, 1962

SMOKING AND HEALTH

THE Royal College of Physicians report "Smoking and Health" has attracted the attention of the Press, both medical and non-medical, and may even hope to make an impression where it is most needed—that is, on the general public and on governments. The full report is not yet available to us, but the official summary which has been published¹ is very clear and to the point. It starts relatively cautiously by stating that several serious diseases, in particular lung cancer, affect smokers more often than non-smokers, and that cigarette smokers have the greatest risk of dying from these diseases, the risk