

## **“Smoke Gets in Your Lives”**

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***“In the regional Emphysema Clinic we see hundreds of patients each year who are referred for diagnostic studies or therapeutic guidance because of chronic pulmonary disease. Thirty years ago such a clinic would have been unnecessary. Furthermore, the Georgia Regional Medical Program has asked us to aid other health facilities in providing similar services. Why?”***

***“In each of the last two decades, there has been a doubling of mortality from “chronic obstructive bronchopulmonary diseases” (COBPD), primarily emphysema and chronic bronchitis. Why?”***

***“Although initially this rise was a problem affecting men, recently this same rise has begun among women. Why?”***

***“Chronic obstructive bronchopulmonary disease is now the second most common reason for Social Security Disability payments in the United States (Cardiovascular diseases being first). Why?”***

***“Everyone who sees patients with chronic obstructive bronchopulmonary disease is struck by the fact that almost all (close to 98%) are or were heavy smokers. It is interesting to correlate the rise in cigarette smoking with that of COBPD. Begun on a small scale in the the early early 1900's, smoking became a common practice and a status symbol of adulthood and sophistication among men in World War I. Among women, smoking was rare until World War II. The rise in COBPD thus follows that of cigarette smoking with a thirty year lag (‘You’ve come a long way, baby,’ say the folks at Virginia Slims).***

***“Voluminous medical literature summarized in the Surgeon General's report, ‘Smoking and Health,’ clearly links cigarette smoking and chronic obstructive lung disease, as well as lung cancer and several other health problems. Yet we are still surrounded by advertising which claims ‘Never a rough puff’ (Kool advertisement showing a sail boat on a clear blue sea), or ‘Spend a milder moment with Raleigh’ showing an outdoor-type young man building a log cabin in the woods. This same strong male outdoor type will show up thirty years later as a pulmonary cripple.***

***“...Compared with the leadership exerted by the medical profession in fighting such health problems as polio, measles and rubella, the efforts exerted to control the much larger health problems produced by such factors as automobile accidents, alcoholism, conosm, and cigarette smoking seem very feeble. As physicians we must strive, both on a personal and an organized level, to control genetic factors, air pollution and most of all, the strong personal air pollution secondary to cigarette smoking. In particular we must counteract the all-pervasive advertising which tries to correlate cigarette smoking with youth, pleasure, naturalness, the good life, and fresh air. We are so surrounded by cocoons spun by advertising's silver lies that we do not even notice any longer the utter preposterousness of their claims.***

***“In the Emphysema Clinic we will continue to serve those patients already affected by respiratory problems, but the future in conquering these disorders lies in prevention; and the most obvious factor in this regard is cessation of cigarette smoking as common practice.”***