SPECIAL REPORT

Smoking . . . The Masochistic Massacre*

Dwight Emery Harken, M.D., F.C.C.P.**

Dr. Mark would want this lecture to be timely, vigorous, responsible, related to chest disease and to the public's health; yet balanced with a little fun; much after the pattern of his own life.

As I look back over the multitude of memorial lectures that I've sat through in my lifetime, it is my impression that they all challenged me in some way to emulate something good in the life of the person after whom the lecture was named and urged me to do something about something that was wrong. Today I cannot for the life of me recall one single message so conveyed, not one single challenge issued; indeed, not one lesson learned in all those years of all those lectures. This gives me an immense sense of exhilarating irresponsibility! (Fig 1).

My thesis this afternoon is, stop smoking and curb cancer of the lung, emphysema and some heart disease.

Clearly, then, I come before you unabashedly in the tradition of eponymic memorial lectures to define a problem, search out its cause, issue a challenge and outline specific, hopefully acceptable, even exciting avenues of action, that you may enjoy meeting a challenge to service.

Estimation of the relative importance of epidemics is not meaningful, but the war in Vietnam, highway accidents, poverty, birthrates and smoking are prominent plagues of our time. Actually, we are losing more than twice as many men a year from cancer of the lung as in the war in Vietnam. They may not be the "flower of our youth" but they are responsible heads and breadwinners of families. There are about 55,000 a year lost in this country from cancer of the lung alone.

It is almost unbelievable how rapidly cancer of the lung has increased in recent years. Figure 2 shows the abrupt acceleration of this killer as contrasted with other common forms of cancer. Tragically this in no way takes into account bronchitis, emphysema and heart disease, even more prevalent (by a factor of 5) in smokers versus non-smokers. Yes, more debilitating and certainly causing more suffering earlier in life.

The conscience and reason of educated men must be violated by the prostituted pundits who still cry, "the case against smoking has not been proved!" Only vested interests and hired opinions can fly in the face of the facts. That is what I mean by prostituted pundits.

What makes one laugh about his own smoking? This is a guilt reflex, manifested as a form of the
Figure 2. Age-adjusted male cancer death rates per 100,000 population of selected sites of cancer. From the Statistical Research Section, Medical Affairs Department, American Cancer Society, July, 1964.

oriental emotion contre-coup or a defense mechanism (Fig 3).

Please, now, all smokers here be at ease: this Louis Mark Memorial Lecture is not to be a sermon to chastise or to correct you. It should do much more than that; namely, prevail on your conscience and enlist your aid in an effective campaign to help others, particularly the young and yet non-addicted, to avoid cigarettes.

The Advisory Committee to the Surgeon General of the Public Health Service leaves little room for equivocation: "Cigarette smoking is an health hazard of sufficient importance in the United States to warrant appropriate remedial action!"

The Committee went on to spell it out clearly:

The present state of knowledge of these health consequences can, in the judgment of the Public Health Service, be summarized as follows:

1. Cigarette smokers have substantially higher rates of death and disability than their nonsmoking counterparts in the population. This means that cigarette smokers tend to die at earlier ages and experience more days of disability than comparable nonsmokers.

2. A substantial portion of earlier deaths and excess disability would not have occurred if those affected had never smoked.

3. If it were not for smoking, practically none of the earlier deaths from lung cancer would have occurred; nor a substantial portion of the earlier deaths from chronic bronchopulmonary diseases (commonly diagnosed as chronic bronchitis or pulmonary emphysema or both); nor a portion of the earlier deaths of cardiovascular origin. Excess disability from chronic pulmonary and cardiovascular diseases would also be less.

4. Cessation or appreciable reduction of cigarette smoking could delay or avert a substantial portion of deaths which occur from lung cancer, a substantial portion of the earlier deaths and excess disability from chronic bronchopulmonary diseases, and a portion of the earlier deaths and excess disability of cardiovascular origin.

Surgeon General's Advisory Committee, Public Health Service, 1964

Again, in the recent followup 1967 supplemental report, the following excerpt is clear:

Lung Cancer

1. Additional epidemiological, pathological, and experimental data not only confirm the conclusions of the Surgeon General's 1964 Report regarding lung cancer in men but strengthen the causal relationship of smoking to lung cancer in women.

2. Cessation of cigarette smoking sharply reduces the risk of dying from lung cancer relative to the risk of those who continue.

3. Although additional experimental studies substantiate previous experimental data, additional research is needed to specify the tumor-initiating and tumor-promoting agents in tobacco smoke and to elucidate the basic mechanisms of the pathogenesis of lung cancer.


These exhaustive studies and conclusions of the Surgeon General's Advisory Committee were predicated on animal experiments, clinical and autopsy findings and population studies.

The animal studies are very convincing. An example is Dr. Ernest Rockey's classic studies in which cancer of the lung was produced by painting tar from cigarette smoke on the bronchi of dogs. Obviously, it had to be painted on because no dumb animal will inhale!

Clinical and autopsy studies have been numerous and clearly correlate lung pathology with timing and amount of smoking.

The retrospective population studies are of course impressive but even more compelling are the prospective studies.

The combination of seven prospective studies reveals that the mortality rates of cigarette smokers over non-smokers for all causes of death was 70 per cent higher in smokers.

Figure 3. Gaffer Goodman, from "English Dance of Death," by Rowlandson and Combe, 1815-1816, Vol. 1 and 2 (submitted through the courtesy of Crawford Adams, M.D., Nashville).
Let us look at some cold facts on mortality in a combination of seven prospective mortality records of smokers versus non-smokers:

<table>
<thead>
<tr>
<th>Cancer of the lung (10.8)</th>
<th>1000 per cent (leading cancer in men)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bronchitis and emphysema (6.1)</td>
<td>600 per cent (and leading cause of disability)</td>
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<tr>
<td>Cancer of the larynx (5.4)</td>
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<tr>
<td>Oral cancer (4.1)</td>
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<tr>
<td>Cancer of the esophagus (3.4)</td>
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<tr>
<td>Peptic ulcer (2.7)</td>
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<tr>
<td>Atherosclerotic disease (2.6)</td>
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<tr>
<td>Coronary artery disease (1.7)</td>
<td>70 per cent</td>
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</tbody>
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In this devastating problem of lung cancer, how good is our diagnosis and treatment? Our diagnostic techniques, i.e., history, physical examination, x-ray, bronchoscopy, biopsy and cytology, pursued to their limits, currently and for the foreseeable future, combined with our currently available treatment embracing resection, radiation and chemotherapy, can salvage only about one in every 20 of our patients. About 5 per cent of those patients presenting with bronchogenic carcinoma will survive five years (Fig 4 and 5).

More vigorous pursuit of current techniques of diagnosis and treatment will probably not significantly alter the morbidity and mortality of this epidemic. A 5 per cent/five year salvage underscores this tragic situation. In short, the problem would remain, even should social conscience find unlikely haven and the cigarette producers organize an hypothetical Benevolent Order of Cigarette Producers with the improbable public purpose of setting up free diagnostic centers in every county and free lung resection centers in every state. To use cigarette profits to support such a "philanthropic effort" is no more absurd conceptually than associating femininity, virility, fun and frolic with smoking as it is in television and radio commercials.

This less than serious "Benevolent Order" hypothesis may be unfair in relating the tobacco industry with the tobacco farmer (or grower). However, it does bring to mind the paradox of subsidizing the tobacco farmer while warning the public against his product.

However, we must not deviate from our stream of thought. The central theme here is that we have a serious problem. At least in the case of cancer of the lung, it constitutes an epidemic that is not responding to available diagnostic and therapeutic defenses. The cigarette smoking epidemic must be treated as a problem in preventative medicine. This epidemic of diseases caused by smoking could be curbed if people did not start: epidemic control by epidemiologic methods, i.e., prevention.

Cigarette smoking must become socially unacceptable. The young would not start if they found smoking socially unacceptable. Many would not become addicted if an attractive image (indeed, false picture) were not pressed upon them. The social image of cigarette smoking must be changed.

Potentially effective weapons are being fashioned by a newly formed foundation known as "Action on Smoking and Health" (A.S.H.). ASH is a legal arm inaugurating great problems itself, but ASH is also implementing the efforts of the American Cancer Society, the National Tuberculosis Society, the American Heart Association and the U.S. Public Health Service.

Here is how ASH (Action on Smoking and Health) came into being through the efforts of John F. Banzhaf, III, a young New York lawyer. He reasoned that if smoking is a hazard to health, such as to warrant warnings on cigarette packages, it follows that impressions widely conveyed by television and radio cigarette commercials should—in the public interest—be answered.

Almost alone he took the matter before the Federal Communications Commission. On June 2, 1967 the FCC ruled that television and radio stations carrying cigarette commercials must make a significant amount of time available for messages about the health hazard of smoking.

At the present volume of cigarette commercials on the air, this application of the fairness doctrine obligates the broadcasting industry to provide, free if necessary, over 50 million dollars worth of time a year for anti-smoking messages. Fifty million dollars a year probably represents over 1,000 spot commercials every week.

Here is a unique opportunity to correct the educational imbalance suffered so long on TV and radio. It is an opportunity to present facts as dramatically and as effectively as the cigarette companies have presented fiction.

You all have inspirations from time to time about effective jingles, humorous catch phrases, cartoons or other bits of whimsy (Fig 5). Phrases that are simple, pointed, pungent, crisp, perhaps no longer

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**Action on Smoking and Health** (ASH) is located at Room 7A, 777 United Nations Plaza, New York, New York.

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**SMOKING, THE MASOCHISTIC MASSACRE**

**DIS. CHEST, VOL. 54, NO. 5, NOVEMBER 1968**

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than 20 seconds can be very effective. For example: "Speaking of cigarettes—the best tip is: Don't start! This message is from your American Cancer Society." "Speaking of cigarettes—what can that first cigarette in the morning lead to? Ask your American Cancer Society." "Speaking of cigarettes—are you dying for one right now? This thoughtful question comes to you from your American Cancer Society." "Speaking of cigarettes—any cigarette is safe until you light it!! "Speaking of cigarettes—you’ve got a great life before you. Why send it up in smoke." "Speaking of cigarettes—did you know that if you’re a heavy smoker—on the average each cigarette cuts your life short just about the time it takes to smoke it—well, it does!" These messages from your American Cancer Society.

You can do as well and when you do, send them and a contribution to your American Cancer Society or to Action on Smoking and Health (or simply ASH.)

ASH would urge you to do more: monitor your radio and television stations and if they carry cigarette commercials and no anti-smoking messages, report it to ASH, Room 7A, 777 United Nations Plaza, New York City. ASH can offer American Cancer Society, American Heart Association, Public Health Service or other anti-smoking materials. If the station refuses to use them, ASH can sue them. This will bring the message. This brings other messages without litigation.

Here is a new angle: when health damages from smoking are incurred, don’t stand by like the 30 spectators to Kitty Genovese’s murder—they didn’t call the police. They didn’t want to be involved; murder in Queens and Americans unwilling to take a position! Let that little girl’s murder be atoned. Report your friend’s, neighbor’s, your own cancer of the lung, emphysema or other damage. Be a responsible citizen. ASH can help your lawyer. ASH encourages litigation against tobacco companies for damage to health. Favorable verdicts are being returned.

If only 1 per cent of the possible 200,000 potential suits were brought each year it might mean 2,000 legal actions; that could cause almost as much harassment to the cigarette producers as they have propagated against your children and you.

ASH will hopefully be able through the Lawyers Center for Electronic Research to make available necessary smoking hazard date to individual lawyers for an estimated $200.00.

Figure 5. Survival curves, 1945–1965, after resection for bronchogenic carcinoma, shown by location. (California Tumor Registry)

Figure 4. Relative male and female survival rates from cancer of the lung. (The California Tumor Registry)
ASH may be able to stop smoking on common carriers as a public nuisance.

Incidentally, when did you first notice that you were not given cigarettes on your plane? How long before that do you suppose it was that they were last offered to you?—ASH is watching!

Your suggestions, your catch phrases, your contributions can reduce the 4,000 new teenage smokers a week.

Perhaps these phrases should offer an alternative to this death attempt such as “Read the book on 27 other ways to commit suicide,” “Ask for a 1A draft card,” “Become a college president,” or “Fifty-five thousand people stopped smoking last year—permanently!”

You can make suggestions, you can contribute, you can help change the image on stage, screen, home, school and hospital. Don’t have vending machines in your schools or hospitals; don’t let patients smoke for three weeks before elective surgery.

ASH is already attaining some self-regulation in the broadcasting industry. You have heard some of the anti-smoking messages, you may well have seen some of the anti-smoking skits, e.g., children imitating their parents, warning signs of many sorts including a cough, burlesques of the smoker who doesn’t stop smoking because he could do that any time., etc. These efforts of The American Cancer Society, American Heart Association, National Tuberculosis Association and the U.S. Public Health Service are being given more exposure, thanks to ASH. This might do for cigarettes what it has done for other prohibited subjects.

How many indignities must you suffer before you become indignant? No, let us not confuse legitimate damage awards with fraudulent malpractice or compensation claims. You have a duty to help your brother’s widow and children realize legal, legitimate damages. Must you be a pall bearer before you rebel? Let us not look on irresponsibly while Kitty Genovese is murdered.

It is too little to vote “yea” when action to censor cigarette smoking is taken by a large medical society, such as the American College of Chest Physicians. That is right, but our duty is for far more aggressive action. Action on Smoking and Health, the American Cancer Society, the National Tuberculosis Association, the American Heart Association, the U.S. Public Health Service may help us help others and help us meet our professional and personal obligations to combat one of the gravest of modern plagues.

Louis Mark would want us to move.

*At this point, Doctor Harken showed a series of American Cancer Society short anti-smoking film strips as examples of material available for T.V. stations.

Reprint requests: Dr. Harken, 67 Bay State Road, Boston 02115