LETTERS TO THE EDITOR

RE: “TOBACCO AS A CAUSE OF LUNG CANCER: SOME REFLECTIONS”

We read with great interest and pleasure Dr. Ernst Wynder’s reflections on tobacco (1), especially with reference to the attitudes of health professionals in the United States over a period of half a century.

Italy is a country of great contrasts. We discovered a booklet, The Damages of Tobacco, that was published in 1645 by G. G. Cuffari, a physician from Palermo, Sicily (2). Dr. Cuffari’s conclusions were (literal translation): “Anybody should be warned that tobacco use is harmful and deadly and—albeit it may not manifest any harm at the beginning—in due course, it will cause several damages. I wish everybody stopped such a habit.” He mentioned tobacco-related cerebral damage, including sudden death and stroke, left-side heart disease, and a “black thing near the diaphragm,” possibly lung cancer, as well as “primary nose cancer.” He also remarked that women who did not smoke did not experience sudden death or other tobacco-related diseases (2).

Much later, in 1906, a paper by D. Mocchi (3) drew attention to the harmful effect of tobacco exposure during pregnancy. It showed an increased risk of spontaneous abortions and stillbirths among women who were employed in cigar manufacturing.

In spite of these cases of remarkable foresight, smoking among physicians and, consequently, in the general population in Italy started declining about two decades later than in the United States and Britain. In a 1985 survey of 709 physicians (nearly 90 percent of local physicians) from Pordenone Province, northeastern Italy, the percentage of “current cigarette smokers” (31 percent) was only marginally lower than that found in a random population sample from the same province (4). As Wynder suspected (1), a physician’s smoking status was shown to affect perceptions of smoking-related risk and counseling practices (4).

A striking example, perhaps, of the persisting disregard of the threat posed by tobacco on the part of some members of the Italian scientific community comes from the Philip Morris Company’s promotional campaign of December 31, 1992. “New Year’s greetings” from Philip Morris, specifically addressed to the younger generation, occupied the entire last page of the two most widespread newspapers in Italy (Il Corriere della Sera and La Repubblica). The advertisements included a message signed by Nobel Prize winner for Medicine Rita Levi Montalcini under the heading “The Culture of Modern Times.” Only a physician of Italian origin who was working abroad publicly complained (5).

REFERENCES

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THE AUTHOR REPLIES

I thank Drs. La Vecchia and Franceschi (1) for their additions to my observations (2). Their comments are very much on target and remind us that early on there were, in many countries at various times, one or more individuals who recognized the injurious effects of tobacco use. Soemmering in 1795 (3), Goethe’s physician Hufeland in 1798 (4), a group of British physicians in 1878 (5), and Abbe in 1915 (6) were among those in the medical professions who expressed great concerns about the use of tobacco in their time.

Additionally, in place of public health authorities, various rulers and leaders have at times regulated or banned tobacco use; among these was King James VI of Scotland, who, through his Counterblaste to Tobacco (7), was already warning in 1604 of the adverse consequences of smoking and who raised tobacco taxes in attempts to curb or diminish the import of tobacco to England. Russian Czar Michael Fedorovich (1613–1645) prohibited the sale of tobacco under penalty of physical punishment or death; similarly, Sultan Murad IV of Turkey made tobacco use punishable by death, as he believed that the habit caused infertility and reduced the fighting capability of his soldiers. Among the religious leaders and groups banning tobacco use were several Popes, John Wesley (the founder of Methodism), the Mormons, and the Seventh-day Adventists, as well as the Parsees and Sikhs of India, Buddhist monks, various Chinese sects, and Ethiopian Christians (8).

The question is, Why has it taken so long to get appropriate public health action in our time, when it is clearly tobacco use as such that sentences people to illness and premature death? Was it because individuals who smoke are more concerned about momentary enjoyment than about long term health consequences? Was it because of a lack of forcefulness on the part of our public health officials and political leaders? Or was it because of the strength of commercial interests, including media interests, that were in the way of such action? Most likely, all of these factors came together.

Yet, even now, with the first steps toward public health action being taken and provisions being made for regulatory mechanisms, we need to continue to be pragmatic and to