VAN DIE REDAKSIE : EDITORIAL

DIE INVLOED VAN ROOK OP GESONDHEID

Die Royal College of Physicians het onlangs 'n verslag[1] onder hierdie opskrif gepubliseer waarin die feit aanvaar word dat rook gevare inhou, en waarin dié gevare duidelik geanaliseer en uiteengesit word. Die enigste voordele van rook is sielkundig of sosiaal van aard. Die aanbieding van sigarette of 'n tabaksak word beskou as 'n vriendskapsgebaar tussen vreemdes, tussen onderhandelaars, en tussen aanbieders van en aansoekers om betrekkings.

Tussen die twee wêreldoorloë was daar 'n groot toename in die verbruik van tabak, vermoedelik omrede van die spanning en verveling van die tyd. Daar word vertel dat generaal Pershing die volgende telegram aan sy regering gestuur het: ‚Tabak is so onmisbaar soos die daaglikse rantsoen; ons het duisende tonne dadelik nodig'.

In een opmeting het die helfte van diegene wat opgehou het om te rook gesê dat hulle gesondheid verbeter het. Omtrent een derde het gesê dat hulle gewig toegeneem het, of dat hulle kon opmerk dat hulle prikkelbaar of verveeld gevoel het, of nie in staat was om te ontspan nie. Sulke simptome is net van verbygaande aard.

In die verslag word dit gestel dat die rook van sigarette die waarskynlikste oorsaak is van die onlangse algemene verhoging van die voorkoms van brongiale karsinoom, dat dit 'n belangrike aanleidende oorsaak is van die ontwikkeling van chroniese brongitis, dat dit deels verantwoordelik is vir die voortduur van longtuberkulose by ouerige mans, dat dit waarskynlik aanleiding gee tot kroonslagaarsiekte — veral wat betref die meer ernstige gevolge van dié siekte, en dat dit sonder twyfel nadelig is vir mense wat simptome het wat veroorsaak word deur arteriosklerotiese siekte van die hart en die ledemate. Alhoewel dit skynbaar geen opsienbare rol speel by die veroorsaking van peptiese ulkusse nie, het dit nogtans 'n nadelige uitwerking op hul genesing.

Die skatting van die risiko's waaraan rokers en nierokers onderhewig is, is interessant en gebaseer op die oorsigtelike studie van Doll en Hill[2] wat 25,000 dokters oor 'n periode van 8 jaar waargeneem het. Die resultate kan moontlik 'n onderskatting van die risiko verteenwoordig, aangesien die kanse veel geringer is vir dokters om aan brongitis te sterf as wat dit die geval is met die res van die bevolking van Engeland en Wallis. Daar word bereken dat rokers tussen die ouderdomme van 35 en 45 jaar meer as 4 keer die sterftesyfer het as nie-rokers; die verskil word met die ouderdom kleiner, maar bly tog aansienlik by alle ouderdomme.

Tussen die ouderdomme van 35 en 45 is 'n man se berekende kanse om te sterf 1 in 23 as hy 'n swaar roker is, en 1 in 90 as hy nie rook nie. Die rapport toon aan dat die vernaamste besware teen dié skattings dit is dat die verhoogde sterfte by rokers nie noodwendig net deur rook veroorsaak word nie. Daar kan ook ander nadelige faktore aanwesig wees by rokers wat onafhanklik staan van die rookgewoonte as sodanig. Dat hierdie faktore maar net 'n deel van die prentjie vorm, word aangedui deur die bevinding dat die risiko's van iemand wat 10 jaar gelede al opgehou het om te rook aansienlik minder is as die van iemand wat aangehou het om te rook.

Met verwysing na moontlike voorkomende maatreëls word daarop gewys dat dit onmoontlik is om vooraf te sê watter rokers ongunstige gevolge sal ervaar, behalwe miskien diegene wat 'n ‚rokershoesie' het — wat moontlik 'n voorloper van ernstige longsiekte kan wees. Alle betroubare voorkomende maatreëls moet dus algemene toepassing kan vind. Dit sou byvoorbeeld moontlik wees om meer doeltreffende filtermondstukke vir sigarette te maak, maar dit beteken 'n groter weerstand teen die vloei van die lug — iets wat die publiek nie maklik sal aanvaar nie.

Verandering van die tabak self is nie bevredigend nie. Sommige soorte tabak bevat baie minder nikotien as ander soorte, maar die rol wat nikotien speel by siekte wat deur sigarette veroorsaak word, is twyfelagtig. Die hoeveelheid teer van die sigaret en sy karsinogene inhoud kan deur spesiale metodes van behandeling verminder word, maar hierdie moontlikheid is nog nie volledig deur vervaardigers ondersoek nie.

Die verslag gee aan die hand dat net die helfte van die sigaret gerook moet word — maar dit laat die finansiële implikasies van so 'n aanbeveling buite rekening. Rokers kan ook aangemoedig word om pyp en sigare te rook in plaas van sigarette. Om enige propaganda in hierdie rigting te laat slaag, sal die regering egter 'n verhoging van belasting op sigarette en 'n verlaging op sigare en pyptabak moet oorweeg. Eintlik moet rook in die algemeen ontmoedig word. Ten spyte van pogings in hierdie verband het die verbruik van sigarette in Brittanje egter nog maar steeds gestyg.

Daar is geen rede om aan te neem dat die bevindings van dié verslag nie ook op hierdie land van toepassing is nie.

1. Roy. Coll. Phys., Lond. (1961): *Smoking and Health*. Londen: Pitman en Kie.
2. Doll, W. R. en Hill, A. B. (1956): Brit. Med. J., **2**, 1071.

SMOKING AND HEALTH

The Royal College of Physicians has recently published a report[1] under the above title in which the dangers of cigarette smoking are fully accepted and clearly analysed and set forth. Any benefits which may accrue from the habit are considered to be psychological and social. 'The proffering of a cigarette or tobacco pouch constitutes a gesture of friendship between strangers, between negotiators, or between assessors and applicants for jobs.'

During the two world wars there was a great increase in consumption of tobacco, presumably related to the stress and boredom of the times. General Pershing is said to have cabled his government: 'Tobacco is as indispensable as the daily ration; we must have thousands of tons without delay.'

In one survey about half those who had stopped smoking considered that their health was better. About a third admitted to gaining weight, or a feeling of irritation, boredom, or inability to relax. Such symptoms are only transitory.

The report considers that cigarette smoking is the most likely cause of the recent widespread increase in the incidence of bronchial carcinoma, that it is an important predisposing factor in the development of chronic bronchitis, that it may be partly responsible for the continuing morbidity from pulmonary tuberculosis in elderly men, that it probably predisposes to coronary artery disease — especially to its more serious effects, and that it is certainly harmful to people with symptoms caused by arteriosclerotic disease in the heart or extremities. While not believed to play a significant part in causing peptic ulcers, it clearly had an adverse effect on their healing. Further damage from smoking may be its contribution to the causation of cancer of the mouth, pharynx, oesophagus, and bladder.

The estimates of relative risks by smokers and non-smokers are interesting, and based largely on the prospective study of Doll and Hill,[2] who observed 25,000 doctors over a period of 8 years. The results may actually be an underestimation of the risk applicable to the general population, since doctors are far less likely to die from bronchitis than are other males in the population of England and Wales. It is calculated that between the ages of 35 and 45, heavy cigarette smokers have more than four times the death rate of non-smokers; the difference lessens with age, but remains considerable at all ages. Secondly, a man's fractional risk of dying during the ten-year period between the age of 35 and 45 is 1 in 23 for a heavy smoker, but only 1 in 90 for a non-smoker. The report points out that the main objection to these assessments is that the excess deaths in smokers is not necessarily entirely caused by the smoking. In other words, there may be other deleterious factors in the case of smokers which would not be affected whether the habit was continued or not. That these factors cannot be more than part of the story is indicated by the finding that the risks of an ex-smoker, who has discontinued the habit for 10 years, are considerably less than those of a continuing smoker.

In a consideration of possible preventive measures it is noted that it is impossible to distinguish those smokers most liable to suffer ill-effects, except possibly that a 'smoker's cough' may presage more severe lung disease. Consequently, any valid preventive measure must be generally applicable. It is possible for more effective filtration of smoke to be produced by more effective filter-tips to cigarettes; the difficulty here is however that a better filter implies also a greater resistance to air-flow and less easy acceptance by the public.

Modifications of tobacco are at present largely unsatisfactory. Some strains of tobacco contain far less nicotine than others, but the part played by nicotine in cigarette morbidity is doubtful. The tar of the cigarette and, presumably, its carcinogenic content can be reduced by special treatments, but this possibility has not yet been properly exploited by the manufacturers.

The report suggests that only one half of a cigarette should be smoked — but it does not comment on the financial implications of this practice. Smokers might also be encouraged to revert from cigarettes to pipes or cigars, and to help any such propaganda to be successful the government might consider a differential increase in taxation on cigarettes together with its reduction on cigars and pipe tobacco. General discouragement from smoking is plainly important, but despite certain attempts in this direction the consumption of cigarettes has continued to rise markedly in Britain in recent years.

There is no reason to believe that the findings of this report do not apply to this country.

1. Roy. Coll. Phys., Lond. (1961): *Smoking and Health*. London: Pitman & Co.
2. Doll, W. R. and Hill, A. B. (1956): Brit. Med. J., **2**, 1071.