



Letters are welcomed and will be published, if found suitable, as space permits. The editors reserve the right to edit and abridge letters, to publish replies, and to solicit responses from authors and others.

Letters should be submitted in duplicate, double-spaced (including references), and generally should not exceed 400 words.

## On the Hazards of Smoking: Statement from 1836

The ill effects of smoking are widely acknowledged. There are over 30,000 articles in the world literature regarding the relationship between health and tobacco use.<sup>1</sup> The recent updated Report of the U.S. Surgeon General on Smoking and Health strengthens earlier impressions from the 1964 report concerning the relationship of smoking to various cancers, and illustrates the reduced life expectancy of smokers as well as their greater prevalence of acute and chronic illnesses with attendant excess morbidity, hospitalization, and lost work time.<sup>1</sup> Difficulty in eliminating this serious health problem persists, however. Evidence obtained by the National Clearinghouse for Smoking and Health, Center for Disease Control, in cooperation with the National Cancer Institute indicates that the battle is far from won.

For adults over age 20, cigarette smoking has decreased over the decade 1965-75, from 49.7 to 46.9 million adult smokers, a decrease from 42 per cent to 34 per cent. This decrease is apparent among both sexes, with 39 per cent men and 29 per cent women reportedly smoking cigarettes in 1975.<sup>2</sup> Teenagers from age 13 to 19 years, however, show an increase in cigarette smoking in the same time period, from a total of 3.5 to 6.0 million—an increase from 14 per cent to 20 per cent of teenagers smoking.<sup>3</sup>

Health professionals smoke less than the adult population at large, with physicians, dentists, and pharmacists showing less cigarette smoking, and nurses showing slightly more. Percentage changes include: physicians 30 per cent to 21 per cent (1967-75), dentists 34 per cent to 23 per cent (1967-75), pharmacists 35 per cent to 28 per cent (1968-75), and nurses 37 per cent to 39 per cent (1969-75).<sup>4</sup>

Most health professionals believe they have an obligation to inform the public of the hazards of smoking, feel they should set an example by not smoking, and are optimistic concerning their ability to effect changes in the smoking behavior of others.<sup>3</sup> Although there have been some encouraging results in the campaign to reduce smoking, the habit is still with us. Young people especially seem to require warning against this self-destructive activity.

Despite the passage of 142 years, the opinion of Samuel Green in the *New England Almanack and Farmers' Friend*, 1836, on the hazards of smoking differs little from present day thinking on these matters.

"Smoking—That tobacco may kill insects on shrubs and that one stench may overpower another, is possible enough; but that thousands and tens of thousands die of diseases of the lungs generally brought on by tobacco smoking, is a fact as well known in the whole history of disease. How is it possible to be otherwise? Tobacco is a poison. A man will die of an infusion of tobacco as of a shot through the head. Can inhaling this powerful narcotic be good for man? Its operation is to produce a sensation of giddiness and drowsiness—is it good to be within the next step to perpetual drunkenness? It inflames the mouth and requires a perpetual flow of saliva, a fluid known to be among the most important to the

whole economy of digestion; it irritates the eyes, corrupts the breath and causes thirst. No doubt the human frame may become so far accustomed to this drain, that the smoker may go on from year to year making himself a nuisance to society, yet there can be no doubt whatever, that the custom is as deleterious in general as it is filthy."<sup>5</sup>

One wonders why any intelligent person continues to ignore these admonitions.

James S. Powers, MD  
Martha Wetteman, MPA  
3558 Strathavon Road  
Cleveland, OH 44120

## REFERENCES

1. Center for Disease Control, Highlights of the Surgeon General's Report on Smoking and Health. *MMWR* 28:1, 1979.
2. Center for Disease Control, Cigarette Smoking in the United States. *MMWR* 25:237, 1976.
3. Center for Disease Control, Adult and Teenage Smoking Patterns—United States. *MMWR* 26:160, 1977.
4. Center for Disease Control, Smoking Behavior and Attitudes of Physicians, Dentists, Nurses, and Pharmacists, 1975. *MMWR* 26:185, 1977.
5. Green S: Smoking. *New England Almanack and Farmers' Friend*, 1836, New London, CT, pp. 25-26.

## Detection of Enteric Viruses in Solid Waste Landfill Leachates

The article entitled "Field Survey of Enteric Viruses in Solid Waste Landfill Leachates" by Sobsey<sup>1</sup> brings up several interesting questions. First, according to the results in Table 4, less than three coliforms per 100 ml were found in the leachate samples in which the enteric viruses were isolated. This indicates that fecal contamination was unlikely, so what was the source of the