66 Walden St. Camb.

Dear Sirs

I was very intreasted in the article in the Camb. Chronicle last week. consurning Smoking in Public Places. I Personaly have suffered from the fumes of smokers. Once I had to leave a Red cross instruction class because of smoke. Smokers have no respect for non Smokers to day. They just want to do their own thing.

I am enclosing a track sorry I havent any more on hand. I am always Putting them around. Thanks for your Help

Respectfully
Yours,
(Mrs) L. Braguell

pharynx, part of my esophagus and a few other random bits and pieces. I was now one of those "surgical freaks" whose appearance had so shocked me some months before. From this time on, I would breathe through a hole at the base of my throat called a stoma.

Knowing how odd my open throat made me appear, I felt completely cut off from humanity—a mere biological specimen. It was a difficult and lonely period of adjustment. Eight subsequent operations were required to reconstruct the front of my neck. Television helped pass the time. All of us there in Seven-East were, I confess, morbidly fascinated by the cigarette commercials. After smoking approximately 19,000 packs of cigarettes, I —we all—had turned out a bit different from those handsome fellows and beautiful young women.

YOUNG PEOPLE today are great believers in realism. It might be interesting, therefore, if some advertising agency were to do a cigarette commercial featuring a patient who has lost his throat to cancer caused by smoking. They could choose a man growing one of those flesh pedicles. Or the camera might slowly pan around the room, showing all of us still faithfully smoking brand *X* or brand *Y* —those of us who still had a complete mouth to put a cigarette into. They might even show the one total addict I met who smoked by holding his cigarette to the hole that led into his windpipe, through which he breathed air into his lungs.

We don't ride horses or helicopters or sports cars in Seven-East. We ride wheeled tables to the operating room, and if we're lucky we ride them back. Seven-East is only a part of cancer country. They treat lungs on the third floor. I thank God that I have not yet had to visit there.

Dear Reader:

The Cancer Control Program of the U.S. Public Health Service urges you to read this article reprinted from Reader's Digest, and to heed its warning. It could save your life. Please pass it on to a friend.

William L. Ross, M.D.

William L. Ross, M.D.
Chief, Cancer Control Program, USPHS

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A Reader's Digest REPRINT

What the Cigarette Commercials Don't Show

Here's the reality of cancer country—pictured by one who has been there

Condensed from CHRISTIAN HERALD
HUGH J. MOONEY

IN CIGARETTE country, television commercials show two or three handsome, rugged cowboys on beautiful horses. Or there are sports cars, planes or scuba gear. The scene is always one of clean, windswept health. The people have a look of supreme confidence; the lovely girls all smile.

I know another country. It is a land from which few return. In this sad region there are no strong men, no smiling, pretty girls. Executives and store clerks there look very much alike, not only because they wear the same clothes, but because people living on the raw edge of a thin hope somehow get the same haunted expression on their faces.

I am referring to cancer country. I have been there.

I AM 44 years old, and have a wife and two small children. By 1963, I had a comfortable salary with an insurance firm, and the future seemed bright. In May of that year, I developed a slight difficulty in swallowing. Our family physician said that if it persisted for another week, he would arrange an appointment for me with a throat specialist. It did persist. The specialist diagnosed it simply as "a case of nerves"—a diagnosis that he was to reaffirm in October. Finally, in January 1964, convinced that it was more than a case of nerves, I entered a hos-

CHRISTIAN HERALD (OCTOBER '67), © 1967 BY CHRISTIAN HERALD ASSN., INC., 27 E. 39 ST., NEW YORK, N.Y. 10016

pital. And there the doctor told me, as gently as he could, that I had cancer of the throat.

The first thing that occurred to me was that I would die and Eileen, my wife, would have to give up the house. What a shame that my children would not be able to grow up in that house! We had bought it only two years before.

The doctor suggested that I enter a well-known Eastern hospital. Two days later, Eileen and I drove there. I was assigned to a four-bed room on the seventh floor of the east wing. This is known as Seven-East.

When I saw the three other patients in my room, I didn't want to believe my eyes. It was suppertime, and the patients were eating. It wasn't much like the television campfire scene. These men stood by their beds and carefully poured a thin pink liquid into small glass tubes. Then they held the tubes high over their heads. The fluid drained down out of the tubes through a thin, clear plastic hose which disappeared into one nostril.

They had to eat this way because throat, mouth, tongue and esophagus had been cut away in surgery. I could actually see the back wall of their gullets—the entire front of the throat was laid open from just below the jaw down almost to the breastbone. Each of them had a large wad of absorbent bandage under his chin to catch the constant flow of saliva pouring out of his throat.

The sight of these "tube feeders" shocked and depressed me more than anything since the day I learned I had cancer. As soon as I had changed into pajamas and robe, I rushed back to the solarium where Eileen was waiting. Shaking, I lit a cigarette and stared about me at all the other patients, some of whom would be dead in a week or so.

The doctor assigned to my case found us there in the solarium. I made it clear to him that I never wanted to become like those other patients. I said that I would rather die than be cut up that way. He told me not to think about it, that perhaps such drastic surgery would not be necessary in my case.

A heavy snow was falling outside. Eileen had to leave to drive the 60 miles home. I walked with her to the elevator, pretending a lot more optimism than I felt. "Drive carefully," I said, and kissed her good-by. The first few hours after the elevator doors closed behind her were probably the worst of my life.

I fled to the solarium, unwilling to face the surgical horrors in my room. Yet everywhere I looked there were patients whose tongues, pharynxes, jaws, throats, chins or noses had been removed. Many of them were waiting for plastic surgery to reconstruct their faces and necks.

For this, it is necessary to grow extra pieces of flesh. Through some sort of surgical miracle these pieces of flesh—called pedicles—can be made to grow anywhere on the patient that the surgeon decides is best. One patient had flesh growing out of the side of his neck in a tubular

U, like the handle on a suitcase. Another man had one growing from between his shoulder blades over his right shoulder to a spot in his throat just below the chin. It must have been 18 inches long.

I was torn between horror and pity. What might I look like soon? I reminded myself that surgery might not be necessary, and kept my eyes on the walls, the floor—anywhere but on the other patients.

The television set was on, and the cigarette commercials droned along, extolling the wonderful taste of the product. But these people who had smoked all their lives could no longer taste cigarettes—or anything else. Their food was poured through plastic tubing. There are no taste buds in plastic tubing.

All the people in the commercials had wonderfully appealing voices, young and vibrant. But the patients around me in the solarium did not have very nice voices. In fact, many had no voice at all; their vocal cords had been cut away.

These voiceless wraiths carried pad and pencil to communicate. Others, whose throat openings had been closed, were able to use an electronic device that looked something like a flashlight. You hold it against your throat, and it picks up vibrations from the section where your vocal cords used to be. It produces a tinny, electronic voice—faint, but understandable.

Next morning, I was taken to the operating room for a bronchoscopic examination. This is very much like sword-swallowing. You tilt your head back as far as you can, and doctors slide a metal tube through your mouth and all the way down into your trachea. Your gag reflexes go crazy trying to eject this tube, and you find that it is completely cutting off your supply of air. All this time two or three doctors are taking turns looking down the pipe.

Occasionally they take a sample for a biopsy—lowering something down the tube that snips off a specimen of flesh here and there. I passed out from lack of air during the examination, and came to back on my bed. I was told not to eat or drink anything and to remain in bed for at least two hours.

In an effort to save my voice, so important in insurance work, it was agreed that radiation treatments would be tried. The treatments were not effective, and in August 1964 the doctors told me I would have to undergo surgery.

The night before the operation, knowing that I would never speak again, I tried to tell Eileen how much I loved her and the children. She was very brave. The next morning, on my way to the operating room, I remember praying and repeating the name "Jesus" over and over. It seemed somehow right that this should be my last spoken word.

Eleven hours later, I was brought back to my room. Except for an hour in the recovery room, I had spent all that time on the operating table. Next day, I learned that the surgeons had removed my larynx, my

Cigars Can Be a Hazard, Too!

In Chattanooga, Tennessee, a driver was going along Ninth Street, puffing "a big, fat, green cigar," as the police officer describing the case said.

Suddenly the cigar slipped from the driver's mouth, dropping down into his shirt. He quickly opened the car door and leaned out in an effort to dislodge the cigar. Just as quickly he tumbled from the car, which continued along the street about one block before coming to a stop.

If the whole story could be known, probably more accidents than expected are caused by drivers whose attention is momentarily diverted from the road while they strive to light their cigarettes or cigars, dispose of the ashes, or try to prevent trouble when the ashes drop on themselves or the car seat.

Such diverted attention is frequently sufficient to cause the car to swerve off the road or into another car, or to overturn. This could well be the chief cause back of many single-car accidents.

In fast traffic these days, in multilane driving, in heavy traffic, every driver must have constant attention focused on what he is doing. Smoking, in causing diversions, constitutes a traffic hazard.

Cigarette smoke residue on the inside of the window glass draws moisture out of the air and condenses it on the windows.

"I have seen this occur in taxicabs and buses as well as in private cars," says Dr. Allen. "The drivers smoke all day long. I have ridden in cabs where the windows were steamed up solid. The car obviously was in good operating condition, the defrosters and heater were going, but you'd have to keep wiping the windows.

"The average smoker doesn't realize that he has to keep his windshield clean on the inside," observes Dr. Allen. "Looking through a windshield affected by cigarette smoke and grime is like adding thirty to forty years to his eyes. He'll be seeing as if he were seventy to eighty years old."

The effects of smoking are heightened at twilight, adding to the natural visual hurdles.

At twilight, Dr. Allen points out, the sky remains light, thus preventing the eyes from adapting to the darker conditions at road level. This factor, plus the fact that oncoming traffic is not well lighted on the side toward you, makes sunset driving very dangerous.

Trying to better the situation with sunglasses and tinted windshields only worsens it. They give you a false sense of security, Dr. Allen points out, because they really are reducing the total brightness and thereby reducing vision performance. Tinted windshields, Dr. Allen objects, reduce general illumination by as much as 30 percent, and red signals by 60 percent.

You feel safer driving away from the setting sun, but Dr. Allen says you may be increasing the hazards for others. You are apt to assume that traffic driving toward you can see as well as you can, and therefore you may drive carelessly. To improve safety, you should turn on your car lights, Dr. Allen recommends.

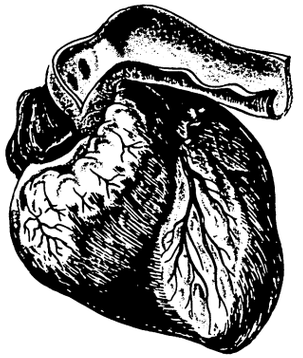
Dr. Allen has conducted research on auto lighting. He joined Dr. John D. Crosley, also at Indiana University, in a recent study which showed that roof-high, rear stoplights, actuated by releasing a vehicle's accelerator, could sharply reduce rear-end traffic accidents. They found the high lights to be more readily visible. With the light coming on when the driver's foot left the accelerator, cars behind gained vital seconds of reaction time, enabling them to stop quicker.

"We have enough problems with drivers on the highways without adding to the danger due to preventable factors," says Dr. Allen.

Lung Cancer Not Limited to Inhalers

After studying 200 lung cancer victims, Dr. David M. Kissen of the University of Glasgow, Scotland, has concluded that cigarette smokers who don't inhale get lung cancer, too, but for a different reason.

Noninhalers, he says, tend to have a poorer outlet for emotional discharge than inhalers, so are psychologically more susceptible to the disease than heavy smokers.



Sensible Heart Care

Most people are careful about the risks they take, deliberately avoiding what they know to involve danger.

If they know a hurricane is approaching, they take every precaution to protect themselves and their homes.

If they know the neighbors' children have measles, they don't go visit them with their own uninitiated children.

If they know a section of the city is infested with criminals, they go as far around that area as possible.

Yet many of these same persons seem willing to assume risks which at times are as dangerous, the only difference being that they may be spread over a longer time.

The United States has the highest death rate in the world from heart and blood vessel diseases. Such diseases are the leading cause of death in this country, taking more than a million lives a year.

Most of these deaths could be avoided if only the victims were as careful with the risk factor as they are in other everyday affairs of life.

For example, probably one third of deaths from heart disease comes about either directly or indirectly as a result of smoking. Most heart specialists recognize this habit as increasing the risk of heart attack. One of these specialists, Dr. Albert B. Sabin of South Orange, New Jersey, emphasizes that smoking "is injurious to blood vessels and the circulation through the coronary arteries which supply the heart muscle with nutrition."

The risk smoking poses for the heart has been proved as a fact by the research carried on by Dr. Oscar Auerbach, Veterans Administration specialist, and Dr. E. Cuyler Hammond, chief statistician for the American Cancer Society.

They checked the amount of fatty scale in the arteries of 1,372 men who died in veterans' hospitals and then sent interviewers to question families of the deceased to learn how much they smoked.

Results show that the more cigarettes smoked the thicker the fatty lining inside the arteries. This lining is a most important cause of heart attacks.

Among men aged forty-five to fifty-nine, the report indicated, narrowing of the arteries occurred in only 7.1 percent of those who never smoked regularly.

However, it occurred in 19.4 percent of those who smoked less than a pack a day, in 24.6 percent of persons who smoked from one to two packs a day, and in 28.3 percent of smokers using more than two packs a day.

Obviously, anyone who smokes runs a risk of heart trouble, the more smoked the greater the risk. It would seem that in these days of tension, rush, and pressure, there would be risk enough for the heart without adding another, altogether unnecessary, risk such as smoking.

Diet is also important in heart care, since

"Son, I'll give you a hundred dollars on your twenty-first birthday if you don't start smoking. That's the only time in your life you will ever make money by doing nothing."

"It's Old-Fashioned"

One of the most famed of women physicians today is Dr. Helen B. Taussig, of Johns Hopkins University. Codeveloper of the "blue-baby" operation for congenital heart defects, she is currently president of the American Heart Association, the first woman so to serve.

In addressing a medical meeting in Washington, D.C., she declared that doctors are convinced that smoking contributes to heart attacks.

"Encourage your children to show they are better than you are by not smoking," she advised parents who find it difficult to set a good example.

"Tell them it's old-fashioned to smoke."

foods high in saturated fat and cholesterol add to the risk of heart attack. Emphasis in diet should be placed on fruits, vegetables, and lean meats if meat is eaten at all, rather than on sweets and desserts, such as pies, cakes, and cookies, and dairy products like ice cream and milk shakes.

Being overweight increases the risk of high blood pressure, which in turn invites cardiovascular disease. Thus it is essential to restrict calories. Carrying around extra weight only makes more work for the heart. And this is unnecessary work.

Exercise is vital for a good, healthy heart. Its value lies in regularity. Anyone who works inside constantly should get more exercise than turning knobs on a TV set. One ideal method is walking, starting by taking short walks, perhaps for five or ten minutes, gradually increasing to thirty minutes or more a day. This will help to get muscles into good tone so that every physical effort can be done more easily and with less stress on the heart.

A suggested program, then, to reduce heart risk can be summed up under the six following points:

1. Avoid smoking.
2. Carefully control the diet.
3. Keep weight normal.
4. Control high blood pressure.
5. Keep physically fit.
6. For medical problems, obtain medical help.

Tobacco Topics

★ One out of five fires in the United States is caused by matches and smoking, says the Insurance Information Institute.

★ Most reports indicate increases in the consumption of cigarettes in spite of health warnings, mainly because more youth are beginning the habit.

Facts show, however, that 30 billion fewer cigarettes were sold during 1965 than might have been expected had there been no report from the Surgeon General.

From 1955 through 1963, sales were increasing at 3.5 percent per year. In 1964, sales not only failed to increase but dropped 2.5 percent—some 6 percent below what would be expected.

In 1965, sales went up 4 percent over the depressed sales of 1964, thus recapturing the loss of the year before and moving slightly ahead.

This means that the record 1965 sales of 515 billion cigarettes were 30 billion—or 1.5 billion packs—fewer than the projected sales of 545 billion on the basis of average increase in recent years.

Smoke Signals is published monthly to help interpret in a popularized way the extensive tobacco research of today and encourage healthful living in the light of current findings.

Editor: Francis A. Soper

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Smoke Signals

SMOKING and DRIVING

by Fred D. Cavinder

You've heard and read it often, after a traffic accident: "I didn't see him until it was too late."

An Indiana University expert on traffic seeability believes that sometimes such highway blind moments may be blamed partly on an unsuspected source—ordinary cigarette smoke.

Smoking while driving is a common practice, but it may be as hazardous as drinking at the wheel. Smoking in your car while waiting for your wife at the beauty parlor or at the supermarket is a seemingly harmless pastime as far as highway safety is concerned; yet it may help build up a body toxin and a window film that could prevent you from "seeing him until it's too late." Smoking in front of the TV all afternoon and then driving downtown to a movie is a frequent weekend activity, and yet it may be more dangerous to the driver than smoking prior to a flight is to a high-altitude aviator.

These are the observations of Dr. Merrill Allen, Indiana University professor of optometry, who has focused the science of the eyes onto highway hazards.

Smoking produces the little-known hazard of poisoning by the carbon monoxide it contains. Carbon monoxide, the same poisonous gas found in exhaust fumes, is taken into the bloodstream by smoking. It reduces the mechanism by which the eye adapts to the dark and hinders the eye's control of focus and a person's ability to keep the two eyes "fused" on a target. Carbon monoxide reduces a driver's alertness and increases his susceptibility to sleep. Smoking does this by reducing the oxygen in the bloodstream.

"Smoking is analogous to being on less oxygen, and control of the eyes is notably impaired on less oxygen," says Dr. Allen.

Dr. Allen, a nonsmoker himself, explains that carbon monoxide attaches itself to the hemoglobin in the blood. Hemoglobin carries vital oxygen throughout the body. But hemoglobin, "busy" with carbon monoxide, can't carry oxygen, so every puff you take on a cigarette reduces the amount of oxygen in the blood. This small amount of oxygen starvation can cause changes in visual patterns unrecognized by most of us.

To illustrate its effects on a major scale, Dr. Allen points to pilots. They must refrain from smoking or drinking before high-altitude flight. The reason, Dr. Allen says, is that the carbon monoxide poisoning caused by cigarettes is increased at higher altitudes. Therefore, a smoking pilot would tend to black out easier, greatly increasing the hazard of his flight.

Both alcohol and cigarette smoke have increased effects at higher altitudes," says Dr. Allen. "I have heard it said a single shot of whiskey in Denver is equivalent to a double shot in New Orleans, not because the bartenders are different, but because the altitude is."

Carbon monoxide, if not recognized as a peril in cigarette smoke, is nonetheless a prominent highway hazard from exhaust fumes. The Federal Government has recommended standards under which all new cars would be equipped with exhaust-control devices, starting with 1968 models, to reduce unburned fuel which contributes to smog. Several states already have set up such exhaust-control requirements.

And, if cigarette smoke were not a hazard inside the body, it still would be a problem outside the body because of its characteristic of drawing moisture from the air. It is this hygroscopic property that makes cigarette smoke dangerous inside a car in another way.

"Wisdom is knowing what to do; skill is knowing how to do it; and virtue is doing it."—Jordan.

City of Cambridge

Comm. from Mrs. L. Cragwell supporting the City Council's action re: smoking in public places.

S-230

In City Council,
June 16, 1975

6/16/75
Placed on File

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