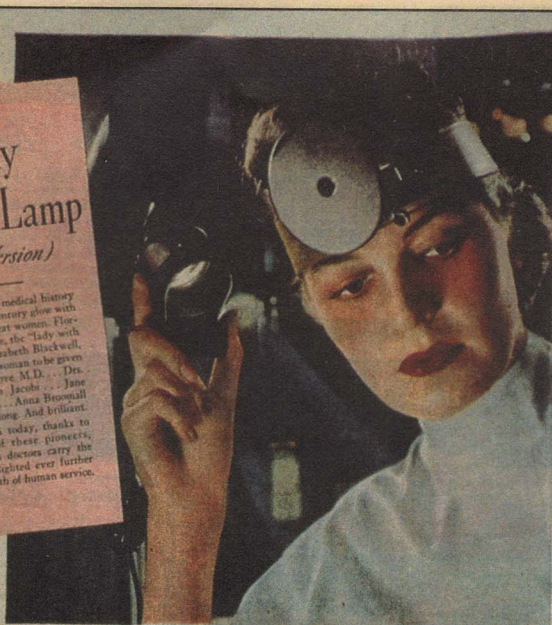


## Lady with a Lamp (1946 Version)

• The pages of medical history during the last century glow with the names of great women. Florence Nightingale, the "lady with the lamp" . . . Elizabeth Blackwell, first American woman to be given the proud degree M.D. . . . Dr. Mary Putnam Jacobi . . . Jane Mary Brown . . . Anna Brownell Vail . . . the list is long. And brilliant. In America today, thanks to the spirit of these pioneers, 7230 women doctors carry the lamp they lighted ever further along the path of human service.



According to a recent Nationwide survey: **MORE DOCTORS SMOKE CAMELS THAN ANY OTHER CIGARETTE**

• Men and women in every branch of medicine - 111,597 in all - were queried in this nationwide study of cigarette preference. Three leading research organizations made the survey. The gist of the query was: What cigarette do you smoke, Doctor?

The brand named most was Camel! The rich, full flavor and cool mildness of Camel's superb blend of costlier tobaccos seem to have won the same favor in medical circles as with millions of smokers the world around. Try Camels now.



TRY CAMELS ON YOUR "T-ZONE"



That's T for Taste and T for Throat, the most critical "laboratory" for any cigarette. See how your taste responds to the rich, full flavor of Camel's costlier tobaccos. See how your throat reacts to Camel's cool mildness. On the basis of the experience of many millions of smokers, we believe Camels will suit your "T-zone" to a "T."

**CAMELS** Costlier Tobaccos

## THE SHOCK OF FACING what your figure may become

"COMING EVENTS CAST THEIR SHADOWS BEFORE"  
— Thomas Campbell, 1791

**AVOID THAT FUTURE SHADOW**

by refraining from over-indulgence, if you would maintain the modern figure of fashion

We do not represent that smoking **Lucky Strike** Cigarettes will bring modern figures or cause the reduction of flesh. We do declare that when tempted to do yourself too well, if you will "Reach for a Lucky," instead, you will thus avoid over-indulgence in things that cause excess weight and, by avoiding over-indulgence, maintain a modern, graceful figure.

When Tempted  
**Reach for a LUCKY**  
instead

"It's toasted"

Your Throat Protection—against irritation—against cough.



PHOTOS: COURTESY OF ALAN BLUM, MD

From the archives of **Doctors Ought to Care**

Cigarette advertisements in the 1930s and 1940s often carried wide-ranging medical claims. In addition to targeting consumers, tobacco industry ads appeared in medical journals.

# 'When more doctors smoked Camels'

By Steve Carrell  
AMA CORRESPONDENT

The amusing face of evil. Hard evidence of ignorance. A call to activism for physicians. Alan Blum, MD, sees all these in his exhibit, "When More Doctors Smoked Camels."

The exhibit's title comes from a consumer-oriented ad in 1946: "24 hours a day your doctor is 'on duty.' . . . A few winks of sleep . . . a few puffs of a cigarette . . . and he's back at that job again. . . . More doctors smoke Camels than any other cigarette." About 20 years earlier, Lucky Strike had run a similar campaign, claiming thousands of phy-

## Anti-smoking group looks at early cigaret ads

sicians thought Luckies were "less irritating to sensitive or tender throats."

The exhibit is skimmed from more than 250 file boxes in the archives of Doctors Ought to Care (DOC), an anti-smoking group founded 12 years ago by Dr. Blum, who is an assistant professor of family medicine at Baylor College of Medicine, Houston.

According to Dr. Blum, consumer-oriented ads from the 1930s and 1940s often carried wide-ranging medical claims that placed cigaret-touting physicians in the company of endorsers

such as Santa Claus ("Luckies are easy on my throat"), movie stars, sports heroes, and steady-nerved circus stars. Similar ads appeared in medical journals, where other ads were directed solely at physicians. One, for example, touted the Camel cigarettes booth at the AMA's 1942 Annual Meeting.

In the *New York State Journal of Medicine*, Chesterfield ads began running in 1933. They often carried claims such as, "Just as pure as the water you drink . . . and practically untouched by human hands."

The *New England Journal of Medicine*, *Journal of the American Medical Association*, and *The Lancet* published cigaret ads from the 1930s through the 1950s. In some other medical journals, the ads endured even longer. *MD* magazine carried cigaret advertising in the early 1960s, and, in 1978, *Medical Dimensions* ran an ad for Vantage cigarettes, headlined: "Why I Choose to Smoke." As late as 1983, the Boston-based *Physician East* published an ad for Carlton, Dr. Blum said.

For 15 years, Philip Morris used various claims, including this one from *JAMA* in 1949: "Why many leading nose and throat specialists suggest, 'Change to Philip Morris' . . ." In 1935, the *New York State Medical Journal* ran an ad touting scientific studies that showed Philip Morris cigarettes were less irritating. An ad by the company in a 1943 issue of the *National Medical Journal* read: "'Don't smoke' is advice hard for patients to swallow. May we

suggest instead, 'Smoke Philip Morris?'" Tests showed three out of every four cases of smokers' cough cleared on changing to Philip Morris. Why not observe the results for yourself?"

Other companies added different angles for physicians, said Dr. Blum. Camel cigarettes paid tribute to medical pioneers and concluded: "Experience is the best teacher . . . experience is the best teacher in cigarettes, too." Old Gold reacted to early negative medical studies with the slogan: "If pleasure's your aim, not medical claims. . . ." Some companies hired attractive women to deliver cigaret samples to physicians and the patients in their waiting rooms.

Medical journals did carry anti-smoking information during this era of free-wheeling advertising, but the editorials and studies were far fewer than the cigaret ads, Dr. Blum said.

Cigaret advertising in medical publications slackened when tobacco companies shifted their advertising budgets to television, and eventually scientific studies compelled journals to drop the ads, Dr. Blum said. In the early 1950s, 67% of physicians smoked, he said, but as the scientific research mounted, physicians were among the first to quit.

The first issue of *JAMA* in 1883 contained an article on the hazards of smoking for children, but the scientific research remained scattered until the appearance of landmark studies such as the 1952 *JAMA* article on smoking and bronchial carcinoma, by Alton Oschner, MD, and others. *JAMA's* decision to ban cigaret ads came in reac-

See **CIGARET ADS**, next page



T-1 out of every 3

**Kent**—the one  
show you proof of greater

cigarette smokers:

cigarette that can  
health protection



**Kent**  
with exclusive  
MICRONITE Filter





**20,679\* Physicians**  
say **"LUCKIES** are  
*less irritating*"

**"It's toasted"**  
Your Throat Protection  
against irritation against cough

The figures quoted have been checked and certified to by LYBRAND, ROSS BROS. AND MONTGOMERY, Accountants

PHOTOS COURTESY OF ALAN BLUM, MD

**Extinguishing smoking**  
Cigaret ad included one for Camel's booth at the 1942 AMA Annual Meeting. Some journals ran cigaret ads from the '30s through '50s, but ads endured longer elsewhere.

## Cigaret ads

Continued from preceding page  
tion to such studies, in accordance with the AMA's general approach of formulating policy based on scientific evidence, said the journal's editor, George Lundberg, MD.

The tobacco industry has developed sophisticated campaigns in response to the preponderance of evidence linking smoking with cancer and lung disease, Dr. Blum said. The key to an effective

counter-response, he said, is to study and understand the industry's marketing strategies. "The solution to the tobacco problem is not scientific research," he said. "It's market and advertising research."

He urged all physicians to become anti-smoking activists. "An individual physician may feel good telling a 20-year-old to stop smoking," he said, "but that good deed does not compare with the effect a physician can have by impacting an entire community."

He suggested other avenues

for activism: boycotting products made by tobacco company conglomerates, canceling subscriptions to magazines that carry cigaret ads, and working to ban cigaret billboards. DOC distributes stickers, to be placed on magazine covers, that read: "Many of the ads in this magazine are misleading, deceptive, and/or a rip-off. For example, smoking does not make one glamorous, macho, successful, or athletic. It does make one sick, poor, and dead. We care about you and your health. Love,

*Camel invites you*  
TO ENJOY THE INTERESTING FEATURES  
OF THE CAMEL CIGARETTE EXHIBIT AT THE  
**A. M. A. CONVENTION — JUNE 8 TO 12**

**Camel**  
THE CIGARETTE OF COSTLIER TOBACCOS

DOC." The stickers cost 10 cents each and are available from DOC, 1423 Harper St., Augusta, Ga. 30912.

Medical and health groups also have materials available. A Massachusetts Medical Soci-

ety kit includes more mildly worded stickers and an office sign saying the MD boycotts magazines with cigaret ads. The free kit is available from the society at 1440 Main St., Waltham, Mass. 02154.

**PHYSICIAN FAST**  
JOURNAL OF PHYSICIANS IN CHESTNUT ST. PHILADELPHIA  
AUGUST-SEPTEMBER 1933

A B C D E

9.5-  
6.4-

Lower Than Carlton.

Carlton 100's

of all brands—less than 0.01 mg. tar, 0.002 mg. nic.

**Carlton is lowest.**

Box: Less than 0.5 mg. "tar", 0.05 mg. nicotine; Menthol: Less than 0.5 mg. "tar", 0.1 mg. nicotine; Soft Pack and 100's Box: 1 mg. "tar", 0.1 mg. nicotine; 100's Soft Pack and 100's Menthol: 4 mg. "tar", 0.4 mg. nicotine; 120's 6 mg. "tar", 0.6 mg. nicotine av. per cigarette, FTC Report Mar. '83.

**Big Game Hunters**  
He hunts the "big game" of all... the microscopic and mysterious enemies of mankind.  
He hunts not with a rifle, but with a microscope.  
He is the doctor out to effect a cure by finding the cause—and combating it.  
No place in the world, no even the remotest jungle, is too far, too dangerous, or too difficult for him to penetrate when the needs of medical science say, "This must be done."

According to a recent Nationwide survey:  
**DOCTORS SMOKE CAMEL**  
**THAN ANY OTHER CIGARETTE**

YOUR "T-ZONE" WILL TELL YOU...  
T for Taste...  
T for Throat...  
that's your proving ground for any cigarette. See if Camels don't suit your "T-Zone" to a "T."

**CAMELS**

R. J. REYNOLDS TOBACCO COMPANY, WINTHROP, NORTH CAROLINA



## NEWS

American Medical Association

JUNE 23/30, 1989

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## The business of going solo

Despite medical school debt and the high costs of opening an office, young physicians like Timothy D. Heitman, MD, are discovering they still can launch a solo practice.



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## Targets for rationing?

Proposed Medicare expenditure targets would force MDs to make unconscionable decisions about withholding necessary services to some patients. Editorial.



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## Hereditary medicine?

Physicians tend to reappear in many families, including the Braslows, who boast 11 MDs in three generations. ADL takes another look at physician-a-plenty clans.

## House subcommittee endorses expenditure targets for MD pay

By Sharon McIlrath  
AMN STAFF

With a little help from his friends at the White House, California Democrat Fortney "Pete" Stark has won the House Ways and Means health subcommittee's endorsement of a controversial proposal to tie MDs' future Medicare fee updates to government-set spending targets.

Tied to a committee budget package that calls for about \$1 billion in MD spending curbs, the expenditure target would be set at somewhere between 10% and 12% for the year that begins Oct. 1, 1989. If the increase was greater or less than that, physicians' 1992 payment updates would be reduced or increased accordingly. But Congress

■ Targets mean rationing.  
Editorial, Page 25

would have the final say on the update and would not be bound by the target.

The targets are part of a three-pronged MD payment reform plan that also calls for a new Medicare fee schedule and limits on balance billing as of Oct. 1, 1991. As is now customary with congressional budget proceedings, the package was adopted in a closed-door debate outside the view and influence of the public and various interest groups.

Long favored by Stark, the expenditure target concept got the blessing of the Physician Payment Review Commission. See **TARGETS**, page 44



LOUISE NOAKES/FOR AMN

**Backing controversial proposal**  
Rep. Fortney 'Pete' Stark has long favored expenditure targets and has found support in the administration.

## Few advances offer immediate hope

## New HIV treatments look promising

By Sari Staver  
AMN CORRESPONDENT

Despite impressive research progress on prevention and treatment of HIV infections reported at the Fifth International Conference on AIDS, the findings are probably too late to help hundreds of thousands of HIV-positive Americans expected to develop AIDS during the next few years. In addition, there were few advances that would offer already symptomatic patients immediate hope.

The meeting in Montreal featured dozens of reports of new treatments offering those in the earlier stages of infection promise that their condition might become a chronic manageable illness.

AIDS activists, however, in sometimes disruptive demonstrations, reminded the



## COVERAGE

FIFTH INTERNATIONAL CONFERENCE ON AIDS

- Lax testing cited in underreporting of AIDS cases. Page 3
- New blood test said to allow better HIV monitoring. Page 12

researchers that without increased funding and improved access to care, the advances will come too late to help many of those already infected. The majority of the estimated 1 million to 1.5 million infected Americans are believed to have contracted HIV in the early 1980s, and many of those who are now asymptomatic are expected to develop AIDS or

AIDS-related complex (ARC) in the coming years, since the median incubation time from infection to AIDS is believed to be 9 to 10 years.

The federal government, which typically unveils a major initiative at these meetings, announced new recommendations urging physicians to begin prophylaxis. See **HIV TREATMENTS**, page 40

## Suit spotlights pay denials for new cancer therapies

By Harris Meyer  
AMN STAFF

In an unusual lawsuit addressing a growing problem, a New Jersey patient won a federal court order last month requiring his health insurers to pay for a new cancer treatment. However, during the delay caused by the payment denial, the man's condition deteriorated to the point where he no longer meets the medical criteria for the procedure.

Nicolae Dozsa, 55, who suffers from multiple myeloma, received approval for the novel treatment at Johns Hopkins Medical Institutions late last year. The treatment involves combining higher than usual doses of Cytosin, a chemotherapy drug, with radiation treatment and an autologous marrow transplant. The transplant makes possible more powerful drug dosages than patients oth-

■ Coverage policy must consider cost limits. Page 6

erwise could tolerate.

Hopkins and other providers of cancer treatment contend that health insurers

increasingly are denying payment for innovative therapies. Lee Mortenson, executive director of the Assn. of Community Cancer Centers, wrote in *The Wall Street Journal* last month that:

■ Virtually all insurers now classify

See **DENIALS**, page 10

## NEWS

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