

prophylactic drugs and don individual protective equipment when intelligence suggests the likelihood of battlefield deployment of unconventional weapons. In conventional peacetime, such provisions for civilians are impracticable. Current security arrangements at airports, which are now taken for granted, were only imposed by authorities *after* several hijackings and related fatalities had occurred. We have the technology to monitor the air in subterranean systems and potential terrorist targets where large numbers of people concentrate in confined areas. Surely it is now prudent to consider how rapidly such systems could be installed and to assess the reserve capability and security of existing ventilation systems *before* local intelligence suggests that an airborne atrocity might be attempted.

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1 van Biema D. The prophet of poison. *Time* 1995; 145: 21-27.

AMA rewrites tobacco history

At this year's American Medical Association annual meeting, during a debate on smoking and health, one delegate declared "The AMA has been fighting it [tobacco] for 30 years, ever since the first Surgeon General's report". Weeks later, the AMA rededicated itself to a holy war on tobacco. AMA leaders announced at a July 13 press conference that the organisation was making public an analysis of a cache of purloined and other documents showing that, in the 1970s, the tobacco company Brown and Williamson (the US tobacco arm of the conglomerate BAT Industries) conducted research on the addictive powers of nicotine. The findings are hardly new: most were reported in the national media a year ago.

The AMA has latched on to these old documents (the July 19 issue of *JAMA* is almost completely given over to the "Brown and Williamson documents"), as part of what its new president, Dr Lonnie Bristow, declared to be an all-out war against tobacco.

As part of this campaign, the AMA calls on researchers and universities to break their addiction to funding from the tobacco industry. The AMA warns that acceptance of such funds provides undeserved credibility to front organisations for the industry—eg, the Council for Tobacco Research.

These are approaches that AMA leaders should know about. They danced to the tune of the tobacco industry in those crucial years after the Surgeon General's 1964 report that should have ended all doubt about smoking's causal role in lung cancer and a host of other diseases. But the AMA's revisionists do not remember that far back. Institutions prefer to blot out such lapses of judgment.

During the time that Brown and Williamson was doing its research, the AMA was in bed with the tobacco industry, providing just the sort of cover it warns today's researchers against while failing to acknowledge its own complicity. Within days of the 1964 report, the AMA began accepting money from six tobacco companies, including Brown and Williamson, to conduct research on the effects of

nicotine and other aspects of smoking,¹ the target being a safer cigarette. The AMA collected \$18 million in tobacco industry money between 1964 and 1978.² Why? The AMA wanted to stay on the good side of powerful legislators from tobacco country. These lawmakers did their best to stop Medicare, the programme that the AMA wanted to prevent at all costs. The AMA's tactic of citing old documents to expose tobacco industry machinations can just as easily reveal a smoking gun, pointed at the AMA. For instance, a 1971 memo (discovered in a lawsuit) revealed that although the AMA was finding its relations with the industry "a great liability" and wanted out of the deal, it was "most anxious to avoid any incident which will create displeasure with the AMA among tobacco area Congressmen".

In 1978, the AMA published a summary of its tobacco-industry funded research that essentially upheld all of the Surgeon General's conclusions. In ensuing years, pressured by a handful of its members, the AMA gradually passed several resolutions calling upon the US Congress to act against tobacco—for example, by banning advertising and raising excise taxes. There were stumbles along the way. In 1981 its House of Delegates rejected a call by its young doctors' section to divest its \$1.4 million in tobacco stocks for its members' retirement plan; that decision was reversed soon afterwards. In 1982 a *JAMA* memo instructed staff that tobacco issues, along with nuclear war and abortion, were too hot to handle. In 1985 it was revealed that the AMA's president and a board member owned a farm on which tobacco was grown. Until recently, the AMA collaborated with tobacco companies on various public education campaigns designed to promote the use of products manufactured by their food subsidiaries. Even today the AMA remains a top contributor to the most ardent defenders of the tobacco industry in Congress.

Although the AMA issues press releases and holds news conferences to publicise its anti-smoking fervour, most pro-health activists, even those without long memories, have misgivings about the AMA's commitment. Indeed, its own delegates so distrusted AMA lobbyists that they insisted in June that the organisation go on record as opposing tort reform that would also benefit the tobacco industry. In the past, AMA leaders have been all too willing to sell out on tobacco to get laws passed to give doctors malpractice relief, even if it helped protect tobacco interests.

Today's AMA should be commended for attempting to tackle the tobacco pandemic. But it should be remembered that this organisation is a latecomer to the war. In the era when the exposed Brown and Williamson papers were written the AMA was engaged in an unholy alliance with the tobacco barons.

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- 1 Wolinsky H, Brune T. The serpent on the staff: the unhealthy politics of the American Medical Association. New York: Tarcher/Putman, 1995: 144
- 2 Rosenberg J. The AMA tackles smoking. In: Blum A, ed. The cigarette underworld. Secaucus, NJ: Lyle Stuart, 1985: 123.