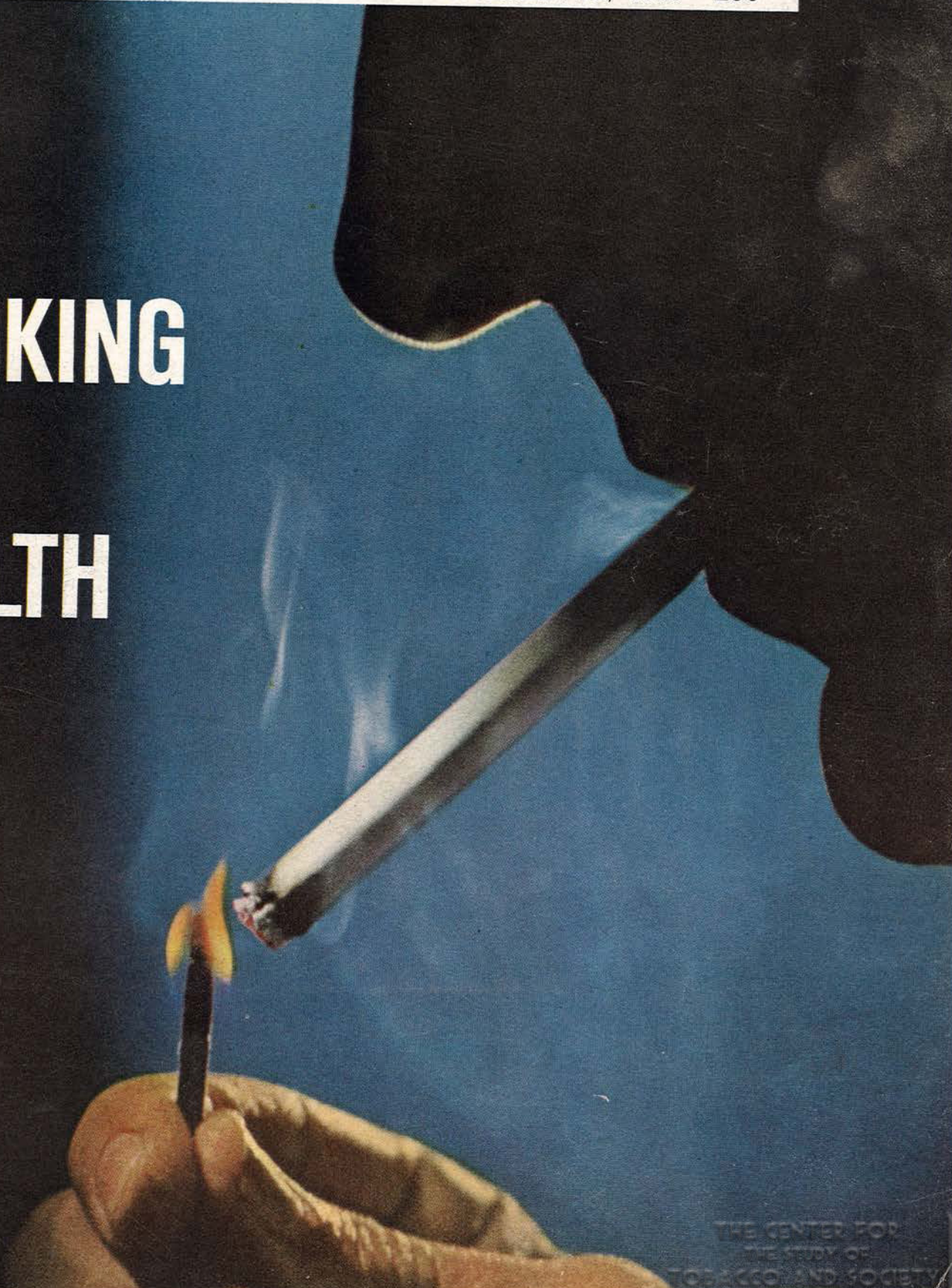


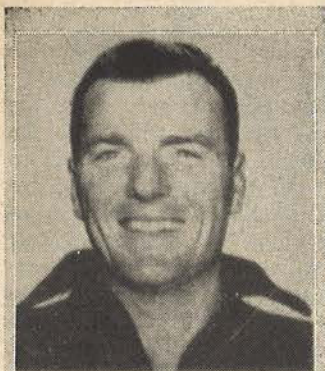
# Newsweek

NOVEMBER 18, 1963 25c

## SMOKING AND HEALTH



THE CENTER FOR  
THE STUDY OF  
TOBACCO AND SOCIETY



Twice Olympic Decathlon Champion

**DON'T  
SMOKE**

When a man's in competition, he only wants fresh air in his lungs. Smoking cuts down on wind. And an athlete needs wind as much as he needs his legs.

Athletes in top condition don't smoke—they can't afford to. **Bob Mathias**

AMERICAN CANCER SOCIETY



Some anti-smoking posters around the world: In the United States, Olympic champion Bob Mathias is part of the low-key campaign, in contrast to stern warnings from the Soviet Union ("How Health Is Burnt Away"), from Denmark ("No Thanks"), and from the Ministry of Health in Great Britain.



## Smoking and Health: The U.S. Decision

Outside, the wan autumn sun played on the glass roof of the new National Library of Medicine in suburban Washington. In a windowless office deep in the basement, ten men quietly struggled through a white mountain of paper—Xeroxed documents were piled on the table, cardboard-backed reports were heaped on the metal shelves lining the walls, and long scrolls full of figures snaked over the chairs. Paper coffee cups and ashtrays added to the clutter as the group, mostly M.D.'s or Ph.D.'s, went over their work paragraph by paragraph, line by line, and finally, word by word. Dr. Charles Le Maistre, medical director of Woodlawn Hospital in Dallas, puffed on a pipe; Dr. Louis F. Fieser, professor of organic chemistry at Harvard, lit a cigarette, and silver-haired Dr. J. Jacob Furth, the well-known pathologist, smoked a cigar.

Every word counted, and so perhaps did the choice of tobacco, for the ten men around the table were the U.S. Surgeon General's Advisory Committee on Smoking and Health and their final report, due by the year's end, was already being regarded last week with the hyper-jittery respect which usually surrounds a time bomb. Surgeon General Luther L. Terry, outwardly affable but his eyes on red alert, told an interviewer he wouldn't want to say anything that might "pre-judge my committee," not even to amplify his own recent switch from cigarettes to a pipe. Even so, he was more talkative than

his boss, Health, Education, and Welfare Secretary Anthony J. Celebrezze, a pack-a-day filter cigarette smoker, who wouldn't grant an interview.

And Madison Avenue, which over the last three decades has mobilized millions of words about smoking's benign effects ("Not a Cough in a Carload," "Gentle on the T-zone," "Filters Out Harsh Flavor"), suddenly has been struck dumb about the USPHS study. "We don't want to comment on the report, even to say 'no comment,'" one account executive told a reporter last week.

The nervous respect is understandable. The report is being put together from literally thousands of medical studies, tracked laboriously from footnote to footnote over the last twelve months—and when it is released next month with the authority of the United States Government behind it, few will be indifferent to its repercussions.

**Big Business:** If it contains a strong, unequivocal indictment of cigarette smoking as an important cause of lung cancer and other diseases, it could adversely affect not only an \$8 billion-a-year business and the nation's fifth largest cash crop, but also one of the most familiar and deeply ingrained national habits. This year, no fewer than 67 million adult Americans, about the same number that voted in the 1960 Presidential election, smoked cigarettes (cigars and pipe tobacco are considered far less involved in the lung and heart questions for the simple reason that

their smoke is ordinarily not inhaled).

But if the committee should conclude that it is unable to make a judgment one way or the other on the correlation between cigarettes and health, the indecisive report will force into question a decade of statistical and experimental evidence: the preponderant weight of medical judgment has been that cigarette smoking is a major causative factor in lung cancer and plays an important part in heart disease and other degenerative ailments. Both Dr. Leroy E. Burney, who was the Surgeon General under President Eisenhower and Dr. Terry, Mr. Kennedy's Surgeon General, have gone on record with statements indicting cigarette smoking. (In April 1962, the Surgeon General said, in part, that "the weight of scientific evidence . . . demonstrates that cigarette smoking is a major cause of the increase in cancer of the lung.")

Though the committee members hold their meetings in absolute secrecy, shun interviews, and generally conduct their business as if they were working on the Manhattan A-bomb project, the expectation is that the report will be a loud and clear indictment of smoking. Doctors and researchers close to the committee believe that any muffling, if it occurs at all, will be done far from the committee room. Perhaps the muffling will come in the timing and circumstances of the report's release—in the rush of the Christmas holiday season, for example. Perhaps it will come

## MEDICINE

in Phase II, when the Public Health Service and other government agencies consider specific steps to implement the verdict; or perhaps in the ultimate refusal of the public to heed whatever warnings are issued. "The truth is," said cancer researcher Ernest L. Wynder of the Sloan-Kettering Institute for Cancer Research in New York, last week, "the cigarette smoker, like most people, suffers from illusions of immortality."

**World Action:** If the U.S. Government should act against smoking, it will join a growing list of governments which have already done so. In Denmark, six years of poster-and-pamphlet campaigns against smoking aimed at youths has cut young people's consumption by 10 per cent and the Ministry of the Interior a year ago persuaded the tobacco industry to stop advertising in magazines and movie houses (but not in newspapers).

don't smoke" campaign. Olympic champion Bob Mathias and Green Bay Packer quarterback Bart Starr will appear in magazine ads and radio spots; so will New York Yankee pitcher Whitey Ford who endorsed Camels in 1960. Now Ford is making the pitch: "Think it over, is smoking worth it?" The 35-year-old pitcher declared last week that he "was feeling a lot better" since he decided after the 1962 season to give up smoking.

Such moves are evidence that for many people, the case against smoking is already sufficient to warrant action. "I know of very few public-health issues that have been studied so thoroughly, and with such consistent results," says Dr. Michael Shimkin of Temple University School of Medicine (who gave up cigarettes five years ago). In fact, some cancer men have expressed annoyance that the Surgeon General should

Dr. Eugene H. Guthrie, a grim-faced Public Health Service career officer who serves as the committee's staff director, will write the report summary. From the committee the summary will go to the Surgeon General for review, then to the office of HEW Secretary Celebrezze—and in all likelihood to the desk of cigar-smoker John F. Kennedy. Most cancer researchers feel that the government is right to be exhaustive in its investigation. But some want action against smoking now. They say that Americans are currently gripped by lung-cancer and heart-disease "epidemics."

**Death Toll:** Lung cancer was one of the rare diseases at the turn of the century; as cigarette smoking increased, so did lung-cancer death rates. It now claims an estimated 41,000 persons a year, about equal to the toll from auto accidents. In the pioneering study made in 1950, the late Dr. Everts A. Graham of St. Louis's Washington University School of Medicine and Wynder found that of 605 men with lung cancer, 588 proved to be heavy cigarette smokers.

The Wynder-Graham study was retrospective—lung-cancer cases were uncovered and linked through hindsight to previous smoking habits. "Probac" critics say such surveys don't explain away the possibility that "constitutional," that is, some physical factor, causes lung cancer and, coincidentally, promotes the tendency to smoke. But Wynder and Dr. Frank R. Lemon of California's Loma Linda University School of Medicine recently countered the constitutional theory by studying lung-cancer deaths among some 1,715 Seventh-day Adventists, whose religion discourages smoking. They found only two cases, both involving converts who once smoked. "The 'constitutional' factor must not only make a person smoke and cause lung cancer," observes Wynder wryly, "but also seems to keep him from joining the Seventh-day Adventists."

**Health Scare:** The lung-cancer-cigarette relationship has also been affirmed in several prospective studies, in which presumably healthy smokers and non-smokers were observed over a period of years to see how many died of lung cancer. The major one, which started what the cigarette industry refers to as the "health scare," was conducted by Drs. E. Cuyler Hammond and Daniel Horn of the American Cancer Society. Some 187,783 healthy men in the age groups where lung cancer commonly occurs, 50 to 69, were followed for nearly four years. The risk of dying of lung cancer, the two scientists found, was ten times higher among cigarette smokers than it was for those who had never smoked—and it increased with the number of cigarettes smoked. In autopsy-proved cases among men smoking less than half a pack per day,



Surgeon General's committee at work: Where there's smoke . . .

In Great Britain, the 1962 report of the Royal College of Physicians—which held that if cigarette smoking ceased, the death rate from lung cancer could drop by as much as 90 per cent—gave impetus to a government campaign that placed 1 million posters throughout Britain. Experimental "smoke-breaking" clinics were started, TV cigarette commercials were banned during the children's normal viewing hours.

In the U.S., private groups have moved faster than the government. More than twenty medical and voluntary societies (including the American College of Chest Physicians and the American Public Health Association) have condemned smoking; so have the state medical societies of California, Maine, and nine other states. And recently the American Cancer Society, with the help of an ad agency—Hockaday Associates, Inc., of Madison Avenue—began an "I

need another look at the evidence. One university researcher calls the group\* "The Flat Earth Committee." As he explains it: "They examine all the evidence that the world is round, that is, it causes cancer, and all the evidence that the earth is flat—and then finally conclude that it's round after all."

In pursuit of data, the committee has studied some 7,100 research reports, and its subcommittees have conducted interviews throughout the country. At the eighth full committee meeting, which spanned two weekend days, the ten members reviewed subcommittee reports and organized their conclusions.

\*In addition to Le Maistre, Fieser, and Furth, they are: Dr. Emanuel Farber, University of Pittsburgh; Dr. Maurice H. Seevers, University of Michigan; Dr. Leonard M. Schuman, University of Minnesota School of Public Health; Dr. Walter J. Burdette, University of Utah School of Medicine; Dr. John B. Hickman, University of Indiana; William G. Cochran, Harvard; Dr. Stanhope Bayne-Jones, New York Hospital Medical Center.

the rate was fifteen times that of non-smokers. For two-pack-a-day smokers it was 64 times greater.

The only comforting news to smokers was that men and women who stopped smoking cut their lung-cancer risk; smokers of a pack or more, who gave up the habit at least ten years before the survey, had reduced their lung-cancer mortality by more than half. Three years before the last IBM cards had clicked through their computer, Hammond, a four-pack-a-day man, and Horn, a one-pack-a-day smoker, had switched to pipes.

As chief of the ACS Statistical Research Section, Hammond is currently directing the largest prospective study in public-health annals, covering more than a million American men and women over 30. He has already found that the amount of coughing, shortness of breath, and loss of appetite is directly related to how deeply the smokers inhale.

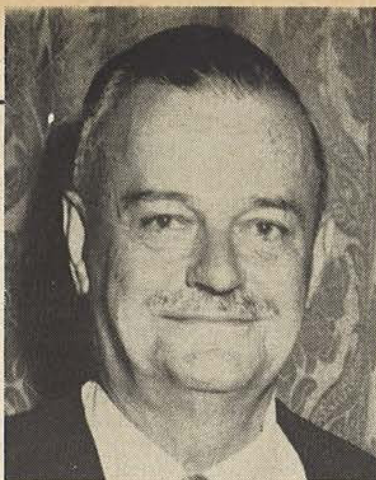
**'Do You Smoke?'** Wynder is also gathering information on the smoking habits of lung-cancer patients. In the white-walled wards at Sloan-Kettering's Memorial Hospital last week, he sat by the bed of a 65-year-old patient who is dying of the disease. Did you ever work around industrial fumes or coal dust, Wynder asked gently. "No," was the hoarse reply. Then: "Do you smoke, and how much?" The answer: "Two and a half packs a day for 30 years."

From such interviews, Wynder has detected an increase in lung cancer among men in their 40s, which he attributes to the relatively heavy smoking habits acquired by many men during the last war. Moreover, the number of older women patients is growing; he believes this increase reflects the fact that smoking among U.S. women didn't become truly widespread until the 1940s.

Statistical reviews don't prove cause and effect. The Surgeon General's Committee, however, has before it some good experimental evidence. Of the 200 or more chemicals in cigarette smoke, at least a dozen, such as 3,4 benzpyrene, are known carcinogens, that is, capable of causing cancer. Smoke also contains a number of co-carcinogens (such as phenol derivatives) which enhance the cancer-producing ability of carcinogens.

Beginning a decade ago, with the work of Wynder and Graham, many researchers have produced both benign and malignant tumors on the skins of laboratory mice by painting them with concentrated tobacco tars. Mice also have been forced to inhale smoke long enough to develop pre-cancerous changes in the cells lining the bronchial tubes—where lung cancer arises.

But mice are not men, a point often raised by the probacs. S. Hammond, statistician Lawrence Garfinkle, and pathologists Dr. Oscar Auerbach of the East



## TIRC Speaks

The Tobacco Industry Research Committee is continuing and extending its support of research into some of the many clinical and experimental factors that still need to be investigated in the origin of lung cancer, cardiovascular diseases, and other complex constitutional ailments. While these research studies have increased our factual knowledge, they have at the same time continued to make clear and to emphasize the great and critical gaps in that knowledge. They have confirmed the soundness of the TIRC position: that there does not exist the essential clinical knowledge with which science can even define or identify the multiple factors or influences that may contribute to the origin and progress of these diseases.

This statement holds good as a generalization. It also applies with even greater significance to judgments concerning the causes of these diseases in any individual human being. There have been and will continue to be speculations and opinions on the causes, but it is a matter of scientific fact that, in our present state of knowledge, no one knows the answers. Scientific work continues to support the view that the quest for a single, simple "magic bullet" to explain the causes or provide the cure for cancer and of heart diseases is unrealistic and probably futile. The interaction of constitutional and environmental factors, some of which still may be undetected, is becoming increasingly evident.

The smoking of tobacco continues to be one of the subjects requiring study in the lung-cancer problem, as do many other agents in living. Science does not yet know enough about any suspected factors to judge whether they may operate alone, whether they may operate in conjunction with others, or whether they may affect or be affected by factors of whose existence science is not yet aware. Indeed, it is not known whether these factors actually are "causative" in any real sense.

*A statement by Clarence Cook Little,  
Scientific Director  
Tobacco Industry Research Committee*

Orange, N.J., Veterans Administration Hospital and Dr. A. Purdy Stout of Columbia studied the smoking habits and lung tissue of 399 persons who died of causes other than lung cancer. They found cell changes up to and including early cancer in the bronchial tubes of 98 per cent of the smokers, but in only 17 per cent of the non-smokers.

Critics of such "antibac" studies argue that they overlook other factors which have appeared since 1900, such as air pollution. In a recent survey of 3,000 lung-cancer deaths, Dr. William Haenszel of the National Cancer Institute found that lung-cancer deaths are about three times higher among lifelong city dwellers than among the non-metropolitan population. But the largest number of deaths by far, Haenszel found, occurred among smokers in both groups.

**Heart's Load:** What about the possible role that smoking plays in coronary heart disease (1962 toll: 385,000 Americans)? The antibac evidence is less strong than in lung cancer, since diet, obesity, high blood pressure, and heredity are also strongly related to heart-attack risk. But Auerbach and Hammond, in another pathological study of tissues removed from 1,346 patients at autopsy, found a marked thickening of the small arteries and destruction of the air sacs in the lungs of heavy smokers, defects that could increase the heart's load. "In a man who already has atherosclerosis," Hammond notes, "this process could provoke the heart attack."

A prospective study of more than 4,000 men in Framingham, Mass., and Albany, N.Y., still going on, indicates a clear relationship between smoking habits and heart attacks. Conducted by the U.S. Public Health Service and Albany Medical College, it showed that heart attacks among smokers were three times more frequent than among non-smokers, even when high blood pressure, obesity, and elevated cholesterol levels were taken into account.

Not all heart investigators are so certain. Dr. Henry Russek of Staten Island believes that smoking is just a reflection of high-pressure living—an effect rather than a causal agent. He went to Wall Street and compared heart-attack rates among 1,000 securities traders ("They're on the telephone all the time," he explains, "always on edge"), with the rates of 1,000 less harried securities analysts. The traders smoked the most, and had two to three times the number of heart attacks, but Russek insists that the stress rather than the smoking was the key factor.

**'Poor Science':** Russek is one of some 141 researchers whose work has been aided by grants from the Tobacco Industry Research Committee, set up in 1954 largely as a result of the first Hammond-Horn report. The TIRC's

grants, totaling \$6,250,000, have paid for a broad range of projects, including some of the early studies on carcinogens in tobacco tars, the effects of nicotine on the heart—and on problems having nothing to do with smoking. With regard to the smoking-health link, Dr. Clarence Cook Little, 75, the pipe-smoking biologist who is the TIRC scientific director, has always maintained that the smoking issue has been oversimplified. "It's poor science to pull out any one factor, whether it's tobacco, or animal fats, or exercise," Little said last week during an interview in the TIRC's Midtown Manhattan office (three floors above is the firm of Hill and Knowlton, public-relations counsel for the TIRC and the

Tobacco Institute). "Cancer and heart disease are terribly complicated."

A former president of the universities of Maine and Michigan, and former director of the Roscoe B. Jackson Memorial Laboratory in Bar Harbor, Maine, Little makes it clear that his scientific field at present "is genetics, not smoking." In Bar Harbor, in a laboratory converted from an undertaking parlor, he and an associate are currently studying a virus that causes breast cancer in mice. "We've been scrupulously careful not to say anything which the Surgeon General's committee might consider an attempt to influence its decision," Little noted. But Dr. Robert C. Hockett, a former Massachusetts Institute of Technol-

ogy chemist, who is associate scientific director of the TIRC, said it would be "foolish to think that the report will exonerate smoking."

The antibacs believe that Little and the TIRC obscure the meaning of the evidence against smoking by quibbling over "cause" (page 63). "In biology," Temple cancer researcher Shimkin says, "most causes are just well-defined relationships. A bacillus 'causes' tuberculosis, but we don't know all the biochemical links between infection and disease."

"If tobacco were spinach," says Shimkin, "it would have been wiped off the market years ago."

But tobacco is an economic giant, supporting some 750,000 U.S. farm fam-

## How to Stop Smoking: 'Guerrilla Gambit' or 'Cruise Cure'?

He wakes up and the first deep, fog-cutting inhalation helps him out of bed. At breakfast, there's a moment of sweet pleasure before the day gets rolling. At the office, it is as automatic as reaching for the telephone.

All day long the smoker puffs away, and though psychiatrists say his smoking is a "retreat to infant orality" and physicians inform him that he is a "nicotine addict," he can't, so help him, give it up. What should he do?

There are as many schemes to help smokers quit as there are smokers who have tried to quit. But the abstemiologists (students of smoke-breaking techniques) distinguish two approaches: the Tricks and the Treatments. The young woman at a cocktail party who carries a wooden stick painted to look like a cigarette is a devotee of the former. So is the big corporation executive who rubs an unlit cigarette near his mouth during board meetings.

**Candy's Dandy:** The most popular treatment technique is the Guerrilla Gambit in which the smoker creeps on his problem by gradually cutting down on the number of cigarettes smoked each day. Mrs. Kent D. Pursel, wife of an Alameda County supervisor in Berkeley, Calif., had smoked two packs a day for nearly 30 years when she decided to try the Gambit. "After going all afternoon without a smoke," she says, "I'd spend all evening catching up to where I would have been anyway."

Cold Turkey—giving up cigarettes completely—is the toughest treatment. "That first day was hell, I thought it would never end," says a New York career girl. "I decided right then that I'd never smoke again—I couldn't go through the torture of giving up smoking again." Others have tried the Cruise Cure—they quit when they're far from the worries of job, home, or family. Or they may try the Candy Bit, the idea



'Oh, all right then! Make it six cigarettes a day!'

being that cough lozenges or chewing gum relieves the smoke-hungry palate.

The newest form of treatment is group therapy. In five-day clinics, the Seventh-day Adventists advocate fighting the urge to smoke with hot showers, brisk walks, sit-ups and push-ups, or a cold washcloth on the face. For really weak-willed smokers, they have a "buddy" system ("I know it's after midnight but I nearly lit a cigarette so I have to talk to you"). And in Allentown, Pa., a surgeon named David S. Bachman has come right out and named his group Cigarettes Anonymous.

**Purple Prop:** At the Roswell Park Memorial Institute for Cancer Research in Buffalo, N.Y., a total approach is used which combines drugs, candy, and group sessions. Last week a new group of 60 volunteers from western New York and Canada went to the institute in downtown Buffalo for a pep talk outlining the dangers of smoking and the withdrawal symptoms they might expect—irritability, inability to concentrate on anything

but smoking, an overwhelming urge to talk about smoking even with strangers. Then they were given a two-week supply of appetite depressants, candy-like lozenges to be sucked whenever they felt like smoking, and purple pills containing a hefty dose of lobeline (5 mg, compared with .5 mg in Bantron and Nikoban sold in drugstores). Lobeline is a natural chemical cousin of nicotine and some researchers believe it may reduce withdrawal symptoms.

Roswell Park started its first clinic only two months ago, so solid results aren't available. But Dr. Charles A. Ross, chief of thoracic surgery, believes 50 per cent of the volunteers will quit smoking permanently. This is not overwhelmingly successful, and last week some of the students starting in the course already suspected they'd be among the failures. "I used to stay up nights to get that extra cigarette," said Robert Smith, a bank auditor. "I'm admitting it, I've got a monkey on my back and I need help to get him off. I'm hopeful, but that's all."

ilies and 3 million workers engaged in the manufacture and distribution of tobacco products. The senators and representatives from the six tobacco states—Virginia, North and South Carolina, Kentucky, Tennessee, and Georgia—represent an influential voting bloc. No one believes that outright prohibition of smoking is possible, or even desirable. But many agree that some kind of government action will be taken if the Surgeon General's panel declares smoking injurious to health.

The leading Congressional antibac is Sen. Maurine Neuberger, whose book, "Smoke Screen," a summary of the evidence against smoking and a caustic examination of the tobacco industry, was published last week (151 pages. Prentice-Hall. \$3.95). Senator Neuberger, who gave up smoking after an illness six years ago, maintains that the U.S. Food and Drug Administration has the power to place cigarettes under the provisions of the Hazardous Substances Labeling Act. But she is ready to file legislation the day the Surgeon General's report is made public. Her measure would require a warning label on cigarette packages, regulate the tar and nicotine content of cigarettes, and set advertising standards.

**Tobacco Politics:** Congress, however, seems no more inclined to act on this proposal than it did when a similar Neuberger bill was filed—and buried—last year. "Think of all the people you would put out of work if you prohibited tobacco," said 73-year-old Sen. Allen J. Ellender of Louisiana, chairman of the Senate Agriculture Committee. Sen. Paul Douglas of Illinois, a former chain smoker who quit several years ago, and favors Congressional action, thinks the "tobacco men are much too strong." But a tobacco-state congressman privately declared: "If smoking is a clear cause of cancer—and this looks like the case—we're just going to have to face up to the problem."

The Tobacco Institute, headquartered with an eleven-man staff in a gleaming marble office in northwest Washington, presumably will exert the pressure if anti-smoking legislation seems likely.

The institute is directed by George V. Allen, the career diplomat and former USIA director. Leaning back in his tobacco-brown office, the flag of an ambassador behind him, the handsome, silver-haired Allen lit up a filter-tip (he smokes a pack and a half a day) and gave a calm appraisal of the smoking-health furor. "The tobacco industry has no objections to proper scientific research," Allen said, "but the scientific world must avoid getting a fixation on smoking as a source of lung cancer." Allen was reluctant to comment on what the industry would do in the event of an unfavorable smoking report: "It



Newsweek—Al Giese

Message for New Jersey teen-agers: 'It is your decision'

would obviously be improper for me to speculate on a report I haven't seen."

But it was clear from talks with staff members that the institute was tooling up for trouble. "Figure it out for yourself," said one person close to the operation. "The industry can tell science to drop dead, or it can abandon ship, or it can challenge the report and weaken its impact—guess which one is logical." Accordingly, the institute last week was mining every U.S. Public Health Service source for advance leaks about the report, and amassing its own data to counter an unfavorable report.

How much a blockbuster report would immediately affect the industry is difficult to predict. British public reaction to the 1962 report by the Royal College of Physicians may provide a clue. Shortly after its release, British cigarette consumption dipped about 12 per cent. But despite the Ministry of Health posters, cigarette sales are now back to normal. Still, there was a decided shift to filters. "Frankly," said a spokesman for Carreras, Ltd., one of Britain's largest cigarette firms, "we're feeling pretty buoyant." The Ministry of Health claims that in-

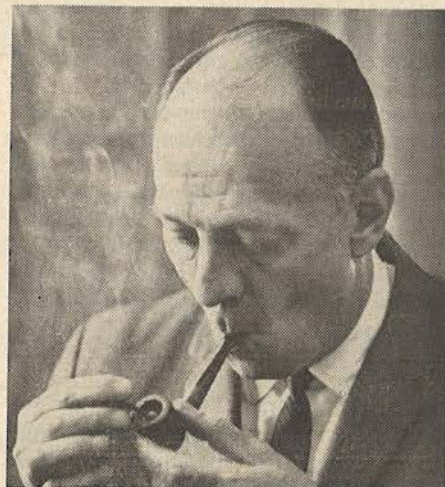
sufficient time has elapsed since the Royal College's report to evaluate its anti-smoking campaign. A ministry official said: "We don't yet know what are the best techniques for getting our message across."

Ironically, the Royal College report seemingly had the most impact on U.S. smoking habits since the Hammond and Horn report. Although annual cigarette consumption (3,958 per capita) remained high in 1962, it failed to keep pace with the annual 1 to 2 per cent rise in the U.S. population.

**Who's Worried?** Despite the British experience, American industry spokesmen are not looking forward to next month. "Why are you doing a story now?" one reporter was asked. "Are you trying to influence the committee?" On the surface, at least, the tobacco workers are not worried. "The industry is making all the money—let them fight the battle," said Robert J. Petree, secretary-treasurer of the 35,000-member Tobacco Workers International Union, in Washington last week. Hand cigarette rolling is a vanishing job anyway, Petree noted. And a veteran plant worker in Durham, N.C., saw no reason—beyond automation—to worry: "They can outlaw cigarettes, label 'em poison, raise the tax, jail everyone that smokes and hang everyone that raises tobacco; but people are gonna smoke."

Although they are careful not to hint at hazards in cigarette smoking, most companies appear to be relying on their ability to devise filters which will reduce the over-all content of tars and nicotine, and perhaps even selectively remove carcinogens. "If it should ever be shown that one or more elements in tobacco are responsible for cancer—which we don't now believe—our scientists would be able to eliminate that element," an R.J. Reynolds Tobacco Co. spokesman said. Precisely what industry researchers are doing is a tight secret.

Although filter tips now account for



Associated Press

Terry: Why the pipe?

55 per cent of American cigarette sales, there is no sure proof that smoking them will reduce lung-cancer or heart-disease risks. But filters seem a rational approach. As Hammond found in his study of illness and death among 1 million Americans, the filter smokers cough less.

**'Tar Derby':** Under Federal Trade Commission regulations, cigarette makers can't take promotional advantage of the health implications of filters. But one irony of the smoking-health issue is that tar and nicotine labeling laws might start a government-sanctioned "tar derby"—with accelerated advertising possibilities.

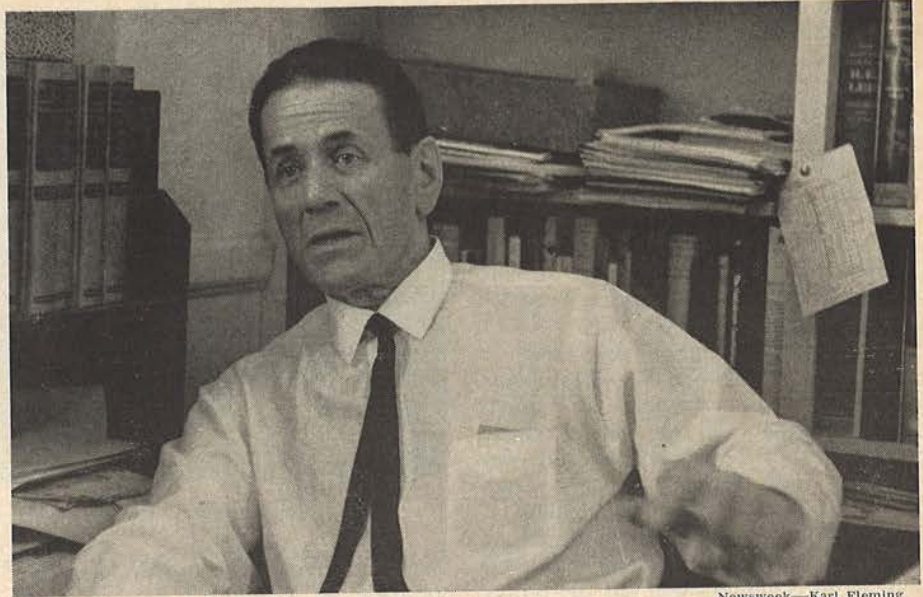
Until a "safe" cigarette is available, the antibacs argue, giving up cigarettes is the best way to face the health question. Not surprisingly, doctors in both England and the U.S. have been giving up smoking during the last decade far faster than the general public. "When I started going to medical meetings, the smoke was so thick you couldn't see the slides the speaker was showing," says Dr. Hurley Motley of the University of Southern California Medical School. "Now, you can only see a few threads of smoke."

However, physicians are not unanimous in their attitudes toward smoking. Dr. Ian G. Macdonald, a Los Angeles surgeon who smokes (but doesn't inhale), contends that "for the majority of people, the use of tobacco has a beneficial effect, far better for you than taking tranquilizers." Dr. Irvine Page, noted heart specialist at the Cleveland Clinic, urges moderation. "Medicine," he says, "should not be a proscribing science." For himself, Page employs what he calls the "belt and suspender" safeguard—a filter cigarette in a filter holder. But a growing number of physicians think the health risks are too big a price to pay for the satisfaction of smoking.

**Teen-Age Smoking:** Since there is evidence that smokers who begin earliest in life smoke the most as adults, antibacs believe that smoking-and-health campaigning should be directed at youngsters. One recent study on teenage cigarette consumption found that 29 per cent of youngsters between 13 and 18 smoke, and nearly two-thirds have their parents' permission.

Yet the ACS campaign to persuade the young continues. In Bloomfield, N.J., last week, 35 eighth graders intently watched an ACS film strip. A drawing showed damaged cells and the voice said: "Once chemicals from cigarettes have succeeded in damaging the cells, cancer may begin . . . to smoke or not to smoke . . . it is *your* decision . . . what *you* decide may determine *your* future!"

Next month, the Surgeon General's committee will render its decision. Then each smoker will have to make up his own mind—to smoke or not to smoke.



Newsweek—Karl Fleming

Silver of Ole Miss: 'I've been getting ready for this for twenty years'

### 'Closed Society'

One infuriated parent called him "a lousy skunk unfit to teach our Negroes, to say nothing of our white boys and girls." A right-wing campus publication refers to him as "that pink prof of history who enjoys sipping tea with cannibals." The white Citizens Council has labeled him "Public Enemy No. 1."

If an election were held tomorrow, Prof. James Wesley Silver, 56-year-old historian, author, Fulbright scholar, and sometime varsity tennis coach, would no doubt be chosen the man most likely to get fired at the University of Mississippi. For most of his 27 years in Oxford, Jim Silver has been a popular—if controversial—professor and a speaker in great demand around the state. But then Silver committed what to the antebellum minds at Ole Miss was the unpardonable sin: he befriended James Meredith—ate with him on campus, golfed with him, and invited him home.

Since then, Silver has been denounced, threatened, and ostracized by students and colleagues. When Silver became the first Mississippian to be elected president of the Southern Historical Association last year, the university publicity department ignored the news. Last winter rumors spread around Oxford that the white Citizens Council was sending agents to "get" Silver. The professor moved his 13-year-old daughter from an exposed bedroom of their home, stationed himself at a strategic window, and sat up all one night with a shotgun poised between his knees. Silver never had to use the gun, but last week in a speech before the Southern Historical Association in Asheville, N.C., he took dead aim on "Mississippi: The Closed Society."

"Today," Silver told 900 fellow his-

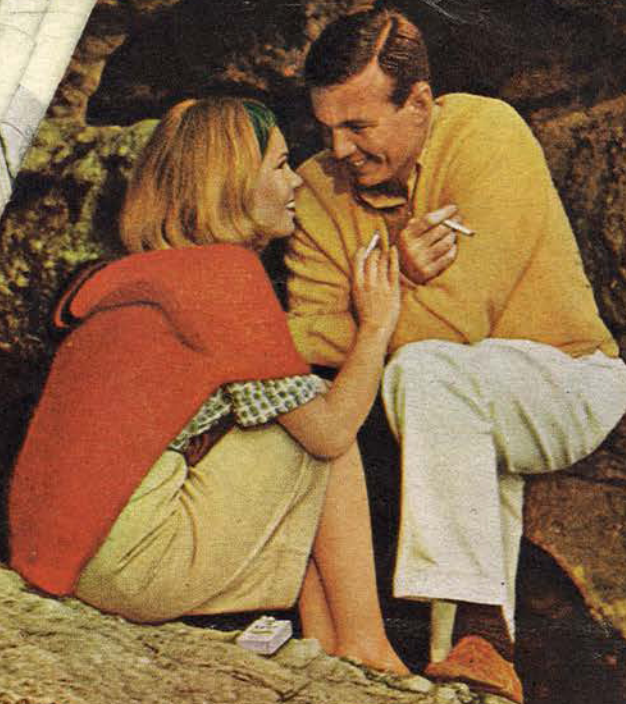
torians, "the totalitarian society of Mississippi imposes on all its people acceptance of an obedience to an official orthodoxy almost identical with the proslavery philosophy . . . Mississippi is the way it is not because of its views on the Negro—here it is simply the South exaggerated—but because of its closed society, its refusal to allow freedom of inquiry or to tolerate 'error of opinion'."

Why does open-minded Jim Silver remain in the closed society of Ole Miss, which has lost more than 50 other professors and almost 9 per cent of its enrollment since the Meredith riots? Obviously, Silver, who was born in the North but educated in the South, likes to scrap with the segregationists, but there are deeper reasons why he stays in Oxford. Sitting in his cluttered office in the university's graduate building last week, the casually dressed professor leaned back beneath an autographed picture of his close friend William Faulkner and explained:

"There are moments of bleak despair when you wonder what the hell you are doing in this jungle. But generally I like it here. Why should I be run out of my home? I've contributed as much to this state as [Gov.] Ross Barnett."

**Dual Citizenship:** In the long run, Silver may contribute more. Considered an outstanding teacher, he tries to irritate and goad his students into thinking for themselves. Meeting his course in constitutional history last week, Silver held his dark-rimmed glasses in his hand and sped through a 57-minute lecture, never glancing at a note or textbook. After tracing the historical development of the concept of dual citizenship (simultaneously being a citizen of the U.S. and of one of the states), Silver said emphatically, "There is no question as to where your superior allegiance lies. The

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