

## *The definitive analysis of the world cigarette pandemic*



**“STIMULATING,  
AUTHORITATIVE,  
and timely review for every  
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student.”**

JESSE L. STEINFELD, M.D.  
Surgeon General, U.S.  
Public Health Service  
1969-1973

**“ENOUGH STORY IDEAS HERE TO CHOKE  
A CAMEL** and maybe the entire tobacco industry as well . . . Fifty-odd articles, by experts from the U.S. and abroad, examine the tobacco problem in the most concrete of clinical, political, economic, legal, and ethical terms, while dozens of samples drawn from five decades of cigarette advertising trace the marketing history of the weed from early claims of medical endorsement to current pitches to women, children, and the third world.”

*COLUMBIA JOURNALISM REVIEW*

An extra press run has enabled the NEW YORK STATE JOURNAL OF MEDICINE to offer single or bulk copies of its recent issue on the world cigarette pandemic. As the official publication of the Medical Society of the State of New York since 1900, the *Journal* is one of the foremost independent peer-reviewed general medical journals in the country. Providing timely and stimulating

commentary, challenging research papers, analysis of clinical trends, debate on topical issues, and in-depth coverage of medical news, the *Journal* makes important reading—and a welcome gift—to physicians and students in the United States or abroad. A free copy of the December issue will be included with each subscription.

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# The Boston Globe

August 12, 1985

## Tobacco promotion dwarfs opposition efforts — study

By Paul Raeburn  
Associated Press

NEW YORK — An enormous effort by cigarette companies to create a favorable public image by sponsoring sporting events, art exhibitions and medical research is dwarfing attempts to combat smoking, says the editor of an exhaustive look at the tobacco issue.

The 200-page report, filling the entire July issue of the New York State Journal of Medicine, "looks at what hasn't been looked at before" — the ethical, social, political and economic aspects of the smoking problem, said the journal's editor, Dr. Alan Blum.

It does not contain a significant amount of new scientific research but it does bring together a large amount of information on the nonmedical aspects of smoking, Blum said.

Among the findings:

- Smoking-related illnesses cost the nation \$39 billion to \$55 billion each year.

- Medical textbooks and medical schools devote little or no attention to smoking, unlike drug and alcohol abuse.

- The nation's largest tobacco companies still reap their largest profits from cigarettes, even though they have purchased companies in other industries.

- Since 1950, the lung cancer rate has grown three times faster

in black men than in white men and is now 40 percent higher in black men.

- Low-tar cigarettes may be no less hazardous than other cigarettes.

In an editorial entitled "If smoking killed baby seals," Blum suggested that smoking might be opposed more vigorously if it harmed animals rather than people.

"In spite of the belief that there is a powerful 'anti-smoking' effort, the fact remains that cigarette manufacturers control virtually all of the contemporary imagery and terminology of smoking and continue to be successful in staving off major legislative measures that will adversely affect profits," Blum wrote.

"Perhaps the entire anti-smoking campaign should be turned over to Greenpeace," he wrote, referring to the environmental organization that, among other things, has opposed the hunting of seals in eastern Canada.

Alan Byrn, assistant to the president of the Tobacco Institute, which represents the cigarette manufacturers, said the companies limit themselves to advertising aimed at people who already smoke.

"Certainly the sponsorship of sporting events and cultural exchanges is part of that," Byrn said

yesterday. "I enjoy attending the Kool Jazz Festival or seeing the Vatican exhibition, and it has nothing to do with smoking a cigarette." The jazz festival was sponsored by Kool cigarettes, and a 1983 Vatican art exhibition was sponsored by Philip Morris.

The antismoking report, entitled "The World Cigarette Pandemic, Part II," and including contributions from 75 authors, is a sequel to an antismoking issue published by the journal in December 1983. The earlier report also was edited by Blum, a long-time tobacco industry critic.

"Cigarette smoking remains, whether we want to admit it or not, the most serious health problem in the United States," Blum said.

But Byrn said, "The tobacco industry and cigarette smokers in general have been paying for hundreds of years in this country, in terms of the taxes that are paid."

The journal includes reports showing that the industry is attracting women smokers by such tactics as advertising heavily in women's magazines and sponsoring women's professional tennis tournaments at which cigarette samples are distributed.

Black smokers have been enticed in part by the creation of certain brands of cigarettes intended to be promoted to blacks, the journal says.

# BRIEFINGS

by GLORIA COOPER

## Burning issue

**The World Cigarette Pandemic**, edited by Alan Blum, M.D. *New York State Journal of Medicine*, December 1983

There are enough story ideas here to choke a camel — and maybe the entire tobacco industry as well. Underlying all of them, and a story in itself, are questions involving the coverage of smoking and health by the mainstream press, and the degree to which the \$1.5 billion spent annually on cigarette advertising is blowing smoke in the media's greedy eyes. If the subject seems stale, think again: it is reignited in the pages of this medical journal with a fresh urgency that is not easily waved away.

In assembling his 157-page package, physician-editor Alan Blum has left no leaf unturned. Fifty-odd articles, by experts from the U.S. and abroad, examine the tobacco problem in the most concrete of clinical, political, economic, legal, and ethical terms, while dozens of samples drawn from five decades of cigarette advertising trace the marketing history of the weed from early claims of medical endorsement to current pitches to women, children, and the third world.

The media-tobacco syndrome is far from simple. Contrast, for example, the field reports on the status of clean-indoor-air legislation in such states as Minnesota, where, according to a public-opinion survey by the *Minneapolis Tribune*, the act in force there since 1975 retains its political popularity, with the experience in Florida, where a Dade County referendum calling for such legislation was narrowly defeated in 1979, thanks to a \$1 million advertising campaign by the tobacco industry and ridicule from *The Miami Herald* and *The Miami News*. Compare, if you will, the policies of seven other countries around the world, ranging from Norway, where all cigarette advertising and promotion of tobacco products has been banned since 1973, with appreciable positive results (and where, contrary to the predictions of the tobacco lobby, the newspapers did not fold), to the situation in Malaysia, where cigarettes can be advertised in over fifty papers in eight different languages, where consumption is rising — and where the annual Malaysian press awards are spon-

sored by the Malaysian Tobacco Company. Consider, too, the fascinating exchange of letters between a New York vascular surgeon and *The New York Times*, in which the doctor's repeated challenges to the paper's policy of accepting cigarette advertising, and his pleas that it open its pages to a discussion of the issue, finds him on an epistolary treadmill to silence and stone walls. The replies — and the non-replies — of the paper's manager of advertising acceptability, vice president, publisher, editorial page editors, and manager of advertising acceptability (again) have an eloquence all their own.

Symptoms of the media's weakness are not hard to spot. Here are the television networks, unstained by tobacco commercials since 1965 yet still lighting up the screen with priceless exposure of tobacco-sponsored sports events — events, incidentally, that also get plugged in newspaper ads for department stores like Gimbel's and Saks Fifth Avenue, which happen to be owned by BAT Industries, formerly British American Tobacco. (Financial details on the six major American tobacco companies and their interlocks with other sources of lucrative advertising, such as distillers, theaters, hotels, and pharmaceutical companies, make instructive reading.) Here is PBS's documentary *The Chemical People*, a much-touted look at adolescent drug abuse that contains not a single mention of smoking or of advertising for alcohol or cigarettes — despite a report from the National Institute on Drug Abuse indicting cigarette smoking as the nation's leading form of drug dependence. Here is *The New York Times*, dutifully reporting in a wire story on page D18 the surgeon general's statement that 170,000 Americans

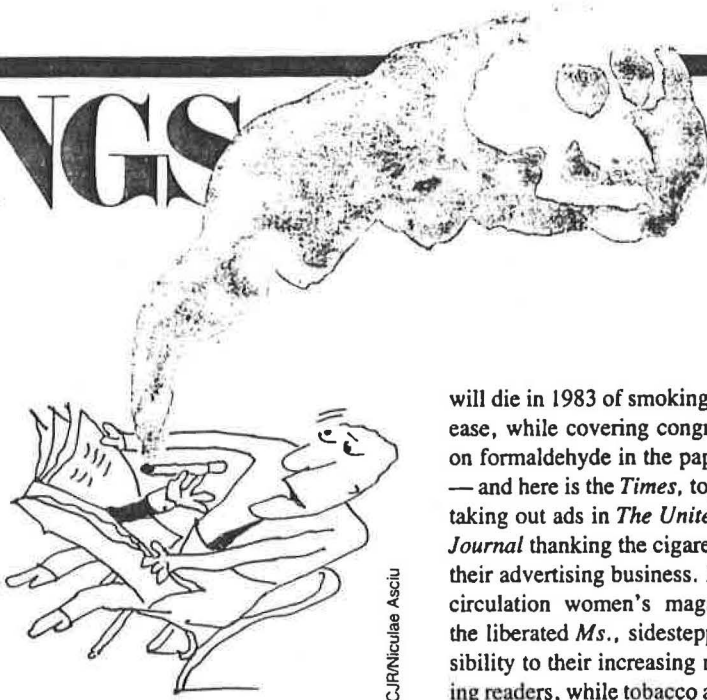
will die in 1983 of smoking-related heart disease, while covering congressional hearings on formaldehyde in the paper's front section — and here is the *Times*, together with *Time*, taking out ads in *The United States Tobacco Journal* thanking the cigarette companies for their advertising business. Here are the mass circulation women's magazines, including the liberated *Ms.*, sidestepping their responsibility to their increasing numbers of smoking readers, while tobacco ads project images of women that are designed to get high ratings from feminists. (Media buyers may be especially interested in the article "A Positive Health Strategy for the Office Waiting Room" in which a Georgia physician urges his 400,000 American colleagues to cancel their subscriptions to magazines that carry tobacco advertising — or, at the very least, to follow the practice of those physicians who scrawl antismoking messages across the ads in their waiting-room magazines. A sidebar lists the growing number of magazines that refuse such ads.)

Plenty of other prescriptions are offered here — to the medical community, to consumer groups, to legislators, to the media — all of which seem to make uncommon good sense. As one British clinician puts it to his colleagues in research, "To be silent during a public health tragedy is not honest medicine." Readers of this stunning issue will know that it isn't honest journalism, either.

## Risky business

**Editors and Stress**, by Robert H. Giles, Associated Press Managing Editors Association, 50 Rockefeller Plaza, New York, N.Y. 10020, 1983.

These are the times that try editors' souls — and their bodies, it seems, as well. Circulation is down; blood pressure is up. Advertising pressure mounts; sex drive drops. The newshole diminishes; the chest pains do not. Still, they like the work — even boast of the toughness it demands. And somehow, in the high-powered, high-tension, high-anxiety jungle of the daily news, they manage to adapt and survive.



# Newsday

January 23, 1984



## *Fired up about smoking*

By B.D. Colen

You're probably already surmised from the headline that this is yet another column on the problem of cigarette smoking. You may even think it's a drag to repeatedly read about the medical and social consequences of smoking.

But before you pass over this Take Care and move on to Ann Landers, read the following:

"Every year cigarettes kill more Americans than were killed in World War I, the Korean War and Vietnam (through late 1967) combined; nearly as many as died in battle in World War II. Each year cigarettes kill five times more Americans than do traffic accidents. Lung cancer alone kills as many as die on the road. The cigarette industry is peddling a deadly weapon. It is dealing in people's lives for financial gain."

The late Robert F. Kennedy's words were upsetting enough when he uttered them 16 years ago at the First World Conference on Smoking and Health, held in New York City. But it is appalling that the statement is as accurate today as it was then, and yet there is no major public outcry about the situation.

It is, in fact, 20 years since the issuance of the first Surgeon General's Report on Smoking and Health, which warned the public of the incontrovertible evidence linking smoking and serious illness. As Dr. Luther L. Terry, the U.S. surgeon general who issued the first report, writes in the December issue of the New York State Journal of Medicine, "many Americans believe that the Surgeon General's Advisory Committee report, Smoking and Health, of 1964, was America's first recognition of the enormous toll taken by tobacco. But in fact, it was the culmination of

growing scientific concern over a period of more than 25 years . . ."

As Terry points out, as early as 1928 the New England Journal of Medicine carried an epidemiological study of cancer patients in which the authors reported that cigarette smoking was more common among the cancer patients than among the controls. And still you smoke.

The December issue of the New York State Journal of Medicine should be required reading for every smoker in America and, for that matter, for every elementary school student who can read well enough to understand the brilliant collection of essays which make up the issue entitled "The World Cigarette Pandemic." Copies can be ordered by sending \$5 to the Circulation Department, New York State Journal of Medicine, 420 Lakeville Rd., P.O. Box 5404, Lake Success, N.Y. There are cheaper rates for bulk orders.

In addition to Terry, four former surgeons general — Drs. L. E. Burney, William H. Stewart, Jesse L. Steinfeld, and Julius B. Richmond — contributed to the issue, as did Dr. C. Everett Koop, the current surgeon general. The issue also includes articles on the fiction of "less hazardous" cigarettes, the advertising and promotion tactics of the tobacco industry, the hazards of smoking during pregnancy, the economics of smoking, the part cigarettes play in fire deaths and various governmental attempts to regulate smoking.

The articles in the journal are well worth reading and are a far cry from the usual obscure offerings of state and national medical journals. No one can come away from a reading of even a small proportion of these offerings without realizing that something has to be done about this, the nation's No. 1 health problem. After all, something is very wrong indeed when the government spends less on educating the public to the dangers of cigarette smoking than the tobacco industry spends on pushing its addictive wares.

Will it be necessary 20 years from now for a state medical society to devote an issue of its journal to the "World Smoking Pandemic"? Will there still be full-page advertisements for cigarettes in major national publications? And will we still be arguing about "smokers' rights" and "nonsmokers' rights"? ■



# Postgraduate Medicine

## THE EDITOR'S NOTEBOOK

Recommended reading: an important antismoking treatise

Every physician should read the December 1983 issue of the *New York State Journal of Medicine*, entitled "The world cigarette pandemic." The entire issue is devoted to an exploration of all aspects of what is called in one article "the largest single avoidable cause of ill health and premature death in the industrialized world today" ("Health versus greed," by George E. Godber, DM, page 1248).

This remarkable multiauthored monograph is not a tired reprise of the now well-known physiologic and pathologic consequences of smoking or of relevant morbidity and mortality statistics, although plenty of hard data of this type are

presented for the reader seeking them. Rather, the contents explore smoking and its disastrous consequences from many standpoints social, historic, economic, political, ethical, and legal, as well as medical. The roles of the tobacco industry, Madison Avenue, the media, the feminist movement, and government agencies at various levels throughout the world are examined in depth. That the stakes are high is made readily evident.

In spite of the "big business" of smoking, some progress has been made in the antismoking movement, with legislation in some areas now providing for relief for nonsmokers. Smokers have in many ways and

mostly to their chagrin been put on the defensive. Incidentally, the medical profession, for a welcome change, comes off pretty well in terms of the role that it has played in this worthy campaign.

The victories as well as defeats of the antismoking forces are well chronicled in this important document. Copies may be obtained for \$5 each from: Circulation Department, *New York State Journal of Medicine*, 420 Lakeville Rd, PO Box 5405, Lake Success, NY 11042.

Send for it. It is fascinating, if chilling, reading.

R.B.H.

all along? I don't know. I only know that after I was offered the job, no one ever asked to see the certificate that made it legal for me to teach those third graders. They just took my word for it.

Looking back, from the perspective of a year's leave of absence, I'm not bothered so much by the hundreds of dollars I had to spend on the reading courses, or the endless wasted hours I spent stalking my new certificate. What upsets me most is the knowledge that I was just one victim of a giant, little-acknowledged conspiracy against the good will and sanity of dedicated, committed teachers. I've talked to several colleagues who've left the profession for good, hounded into exasperation over certification rules. And I'm constantly hearing of new strategies education schools and state bureaucrats have devised to make certification rules more onerous and even less relevant to good teaching than they already are. For example, the state of New York no longer believes that a master's degree in reading is sufficient for children with "learning disabilities." Many who've been teaching these kids—whose major problem is not being able to read—must now take 36 new, improved units in order to keep teaching. Nationally, many well-meaning reformers are offering similar prescriptions. John Goodlad, a noted professor of education and author of numerous tomes that are required reading for education majors, recently urged the creation of a new position called "head teacher." To qualify for this position one can't be just an excellent teacher; one must also have a Ph.D. in—you guessed it—education. Goodlad assures us that the means already exist "for providing a continuing supply" of such persons, and I don't doubt it. Nor do I doubt that the High Priests will rise to the challenge of figuring out how to certify them. Meanwhile, the additional requirements will, I suspect, be one more reason that potentially good teachers steer clear of the profession altogether.

There's one final irony. For all the hassle I've been through, and for all the certification requirements, none of the administrators, union officials, or state examiners that I've mentioned has ever seen me teach. For all they know, I could be the best teacher in New York state—or the worst. If we're truly concerned about improving the profession, then evaluating teachers according to meaningful standards—Do they know their subject? Can they teach it?—is perhaps the most important reform we can make. Unfortunately, that's the last thing that the High Priests and their apologists seem interested in. ■

## THE WASHINGTON MONTHLY

### Journalism Award

for January, 1984 is presented to

**Alan Blum**

*New York State Journal of Medicine*

An exemplary display of both impassioned journalism and professional responsibility, the year-end issue takes on America's number one threat to public health—the tobacco industry. Over fifty entries, mostly by MDs, leave no stone unturned; from Third World tobacco promotions to publications like *Newsweek* and *T.V. Guide* that bewail health costs and hazards while running cigarette ads. Also see our story on page 14.

**Virginia D. Sederis**

*The New Jersey Reporter*

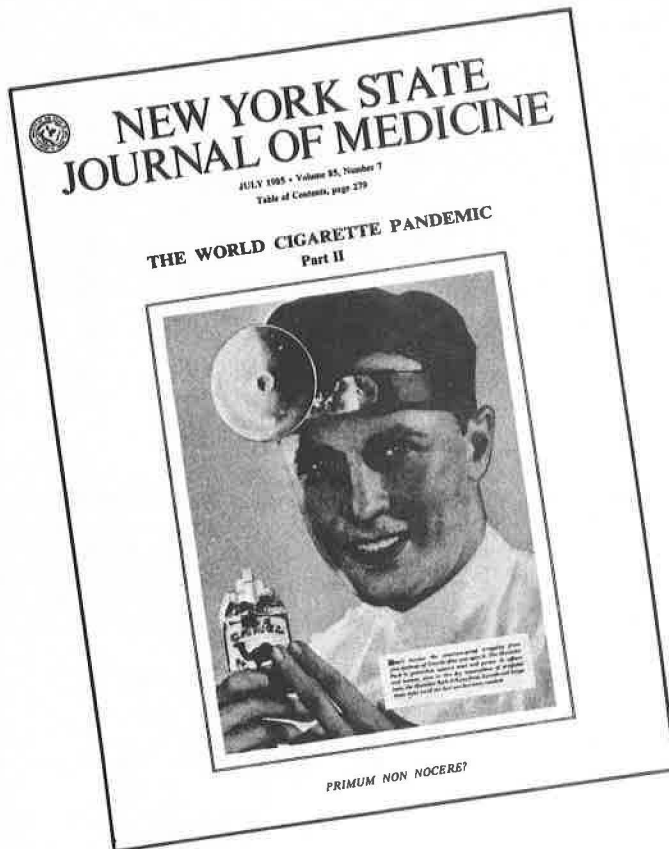
In 1970, New Jersey's board of Public Utilities was given the job of cleaning up the state's corrupt garbage-collection industry. It has succeeded only in forcing many smaller trash-hauling firms out of business. Sederis shows how lack of enforcement, and the BPU's policy of regulating mob-like entrepreneurs as if they were just another public utility, has meant, an even trashier trash industry.

**The Monthly Journalism Award** is presented each month to the best newspaper or magazine article (or series of articles) on our political system. Nominations from any newspaper or magazine in the country are welcome. The subject can be government in its federal, state, or municipal manifestation.

The award for articles published in March will be announced in the June issue. Nominations will close April 15. Nominations should be accompanied by two copies of the article or articles.



## Essential reading for every physician



The July issue of the **New York State Journal of Medicine** is the most comprehensive and disturbing ever published by a medical journal on the subject of smoking.

**SEND A COPY TO COLLEAGUES AND MEDICAL STUDENTS** in the US and abroad who might not normally receive the Journal. Or order an extra copy for your patients or yourself.

**NOTE:** the extra press run of *The World Cigarette Pandemic Part 1* (December 1983 issue) sold out quickly. The issue has been updated and republished as *The Cigarette Underworld* (\$9.95 plus \$1.50 postage). Copies may be ordered from Lyle Stuart, Inc., 120 Enterprise Avenue, Secaucus, NJ 07094.

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# Journal devotes issue to anti-smoking material

The New York State Journal of Medicine — a leader among medical publications for its editorial stance against smoking — has published a 200-page report, filling the entire July issue of the journal, which among other findings, blasts medical schools and texts for devoting little or no attention to smoking.

The journal issue, which concentrates on the "ethical, social, political, and economic aspects of smoking," is a sequel to last year's award-winning issue, which pointed out the serious health hazards of

addiction in the world," Dr. Ginzel says. "The practice of treating drug addiction and alcoholism while condoning cigarette smoking as if it were unrelated to the underlying problem of poly-drug abuse typifies the prevailing unbalanced approach and may well be responsible for the high rate of recidivism following treatment."

In other articles, the "less hazardous" cigarette is castigated as a "deadly delusion." A series of studies in Denmark and England revealed "evidence that low tar-

measured is whether it is so dangerous that it creates a risk of harm to the user and the general public that outweighs its usefulness.

In applying this analysis, "it seems clear that...the suffering and death of 350,000 Americans per year as a result of cigarette smoking...outweigh any social utility claimed to accompany smoking," the attorneys argue. They cite other cases in which courts found that plaintiffs may defeat the defense argument that they assumed the risk of smoking themselves by showing that cigarette companies failed to give adequate warnings in regard to addiction and health hazards, and even neutralized existing warnings through aggressive, misleading advertising. The attorneys conclude: "The state of product liability law is more favorable to the potential plaintiff in a case involving cigarettes

than ever before."

In other findings, the journal reports: • Smoking-related illnesses cost the nation \$39 billion to \$55 billion each year.

• Media never reported what brand of cigarettes artificial heart recipient William Schroeder — a heavy smoker — used, although his calling for a Coors beer after his surgery was highly touted.

• The nation's tobacco companies still reap their largest profits from cigarettes, even though they have purchased subsidiaries in other industries.

• Since 1950, the lung cancer rate has grown three times faster in black men than in white men and is now 40% higher in black men.

For copies of the journal, contact the medical society at 420 Lakeville Rd., Lake Success, N.Y. 11042, or call (516) 488-6100.



## NEW YORK STATE JOURNAL OF MEDICINE

JULY 1985 • Volume 85, Number 7  
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### THE WORLD CIGARETTE PANDEMIC

Part II



PRIMUM NON NOCERE

The cover of the special issue features an old advertisement.

smoking and urged physicians to become anti-smoking advocates.

Among the numerous articles on the sociological issues of smoking is a report by K.H. Ginzel, MD, who notes "the general apathy of the medical and scientific professions toward tobacco-related issues" and criticizes the lack of emphasis, particularly on prevention of smoking, in both medical schools and texts.

"In medical school curricula, the present lack of attention to tobacco contrasts sharply with the recognition that 'when measured by morbidity and mortality, cigarette smoking is now the most serious, as well as the most widespread form of

low nicotine filter cigarettes produced increased levels of carbon monoxide, which can be more hazardous to the smoker's overall health," says G.H. Miller, PhD.

In examining the potential of product liability suits against cigarette manufacturers, two attorneys — Marc Edell and Stewart Gisser of Porzio, Bromberg & Newman of Morristown, N.J. — who have brought eight such lawsuits, cite the emergence of "risk-utility analysis," a new legal theory being tried in cigarette litigation. Under this theory of determining whether a particular product is defective, the standard by which the product is

## Tobacco company publishes magazine to show 'our point'

The Philip Morris Tobacco Co., one of the country's major cigarette makers, is publishing and distributing a new magazine free to at least 150,000 smokers nationwide.

The first quarterly issue, mailed in July, contained 32 pages of stories that defend smoking and relate to the company.

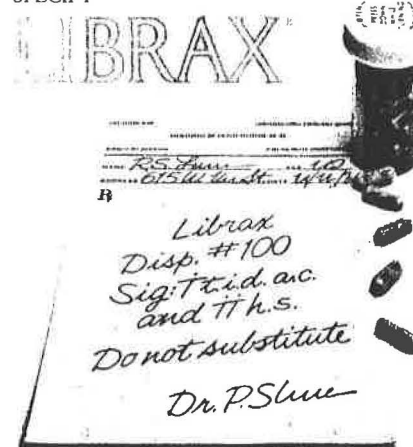
According to reports, tourist attractions in the "Marlboro Country" of Arizona and New Mexico were featured

along with articles on tobacco farming and Philip Morris-sponsored art and sport events. An article on a study showing that smokers are more productive employees than non-smokers also is featured in the first issue.

The mailing list was developed from people who have responded from the company's promotions.

"This magazine is one way we can get our point across," a company spokesman said.

SPECIFY



Each capsule contains 5 mg clordiazepoxide HCl and 2.5 mg cildinium bromide.

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**Contraindications:** Glaucoma; prostatic hypertrophy, benign bladder neck obstruction; hypersensitivity to clordiazepoxide HCl and/or cildinium Br.

**Warnings:** Caution patients about possible combined effects with alcohol and other CNS depressants, and against hazardous occupations requiring complete mental alertness (e.g., operating machinery, driving). Physical and psychological dependence rarely reported on recommended doses, but use caution in administering Librax® (clordiazepoxide HCl/Roche) to known addiction-prone individuals or those who might increase dosage; withdrawal symptoms (including convulsions) reported following discontinuation of the drug.

**Usage in Pregnancy:** Use of minor tranquilizers during first trimester should almost always be avoided because of increased risk of congenital malformations as suggested in several studies. Consider possibility of pregnancy when instituting therapy. Advise patients to discuss therapy if they intend to or do become pregnant.

**As with all anticholinergics, inhibition of lactation may occur.** **Precautions:** In elderly and debilitated, limit dosage to smallest effective amount to preclude ataxia, oversedation, confusion (no more than 2 capsules/day initially; increase gradually as needed and tolerated). Though generally not recommended, if combination therapy with other psychotropics seems indicated, carefully consider pharmacology of agents, particularly potentiating drugs such as MAO inhibitors, phenothiazines. Observe usual precautions in presence of impaired renal or hepatic function. Paradoxical reactions reported in psychiatric patients. Employ usual precautions in treating anxiety states with evidence of impending depression; suicidal tendencies may be present and protective measures necessary. Variable effects on blood coagulation reported very rarely in patients receiving the drug and oral anticoagulants; causal relationship not established.

**Adverse Reactions:** No side effects or manifestations not seen with either compound alone reported with Librax. When clordiazepoxide HCl is used alone, drowsiness, ataxia, confusion may occur, especially in elderly and debilitated; avoidable in most cases by proper dosage adjustment, but also occasionally observed at lower dosage ranges. Syncope reported in a few instances. Also encountered: isolated instances of skin eruptions, edema, minor menstrual irregularities, nausea and constipation, extrapyramidal symptoms, increased and decreased libido—all infrequent, generally controlled with dosage reduction; changes in EEG; patterns may appear during and after treatment; blood dyscrasias (including agranulocytosis), jaundice, hepatic dysfunction reported occasionally with clordiazepoxide HCl, making periodic blood counts and liver function tests advisable during protracted therapy. Adverse effects reported with Librax typical of anticholinergic agents, i.e., dryness of mouth, blurring of vision, urinary hesitancy, constipation. Constipation has occurred most often when Librax therapy is combined with other spasmolytics and/or low residue diets.



Roche Products Inc.  
Manati, Puerto Rico 00701



wish not to seek re-election or when a strong feeling is detectable that a change would be beneficial.

It has not been unknown for this ancient electoral device, first applied at the College in 1861 as a sequel to the Medical Act of 1858, to be called in question as elitist and undemocratic. After a recurrence of these complaints and protracted deliberations within the College's internal consultative bodies, all fellows, far and wide, are now invited to express an opinion—by postal referendum. By Nov 30 they must return to the College a questionnaire sent to them at the end of September, accompanied by a working party's report setting out the advantages and disadvantages of electoral reform. The questionnaire, simplified from an earlier construction of perplexing intricacy, offers three choices: no change; the addition of a nomination procedure to the present system; or a postal ballot, including the nomination process.

The report of the working party points approvingly to a certain flexibility in the existing arrangements; and it pictures the assembly of fellows who take pains to ensure their presence on the day as a well-informed electorate. "They understand and appreciate what qualities are required of a President of the College and subsequently elect someone whom they feel possesses these qualities, whatever other distinctions he or she may have achieved." Advocates of reform lay greater weight on the first disadvantage enumerated by the working party: none other than the reality that it is easier for those fellows living near the College to attend. It seems that an Act of Parliament might be needed to introduce any method of election which did not require the presence of voters at a meeting. Still, if the College decides on a postal ballot and such a Bill has to be introduced, it is hardly likely to keep Parliament sitting late into the night.

An outsider, coming fresh to the debate, might find much persuasion in the arguments in favour of a postal ballot. Three are stated by the working party: fellows in the UK and overseas would all be able to vote without presenting themselves at the College; fellows would save time and money; and all fellows would share in this important activity. Our bystander might be less impressed by the view that when many fellows remote from Regent's Park come to mark their voting papers in a postal ballot they would be influenced more by the recognition of a renowned name and less by the impact of potential Presidential qualities, recognisable, it seems, only by an inner circle. However that may be, now that the College has at last decided to hazard all and put it to the test, let the electorate vote in large numbers by Nov 30. After all the preliminaries, the worst possible outcome would be a disappointingly small response in the referendum.

#### WORLD CIGARETTE PANDEMIC

"If preventable, why not prevented?" was the celebrated query of King Edward VII concerning tuberculosis. He was not aware that his own chronic chest disease which was to shorten his life was due to smoking. But today he could not have failed to know since cigarette smoking causes far more deaths than ever tuberculosis did. Health for All by the Year 2000 has a hollow ring when we look at some of today's practices, and none more so than society's failure to control tobacco smoking. The seeds of cigarette-induced death and disablement have already been sown in so many people that in the United Kingdom the present death toll of 100 000 a year is likely to be maintained by the end of the century unless much stronger measures are rapidly taken. Yet the medical evidence against tobacco has long been cast-iron.

The world cigarette pandemic has been brilliantly exposed in the July issue of the *New York State Journal of Medicine*, written by over 70 experts from many countries. As its editor Dr Alun Blum states, "the objective has been to move beyond a discussion of the well-known medical consequences of smoking to a consideration of ethical, social, political, economic, agricultural, religious, and legal aspects of this growing world problem". This number, like an earlier one, is an excellent source of information for all those who wish to study the matter in depth.

In the UK, the Department of Health accepts that cigarettes kill around 100 000 men and women each year, yet the tobacco industry's response is "We are not competent to make medical judgements, but we are aware that there is considerable disagreement in the medical profession itself concerning the smoking and health issue". Why is a powerful industry allowed so wilfully to propagate such a falsehood and avoid its responsibility for so many deaths? The manufacturers claim that they advertise only to increase the number of cigarette smokers using their brands, which means in effect that they do so to increase their share of the deaths. Although the popularity of different brands has varied over the years, on the basis of the published market share Imperial Tobacco in 1983 could be held responsible for the deaths of about 45 000 people a year with their main brands John Player Special, Regal, and Embassy. Similarly Gallaher may have caused 30 000 deaths (main brands Benson & Hedges and Silk Cut); Rothmans, 15 000 deaths (main brands Piccadilly and Dunhill); and British American Tobacco, most of whose lethal activities are perpetrated outside the UK, 6000 deaths (main brands Ardath and State Express).

The tobacco lobby remains immensely powerful in its ability to influence government decisions. The paid parliamentary consultants to the industry include the Rt Hon Roy Mason, Labour MP for Barnsley Central (Imperial Tobacco), Sir Anthony Kershaw, Conservative MP for Stroud (BAT), and the Rt Hon Sir Humphrey Atkins, Tory MP for Spelthorne (Imperial Tobacco). In the last parliament at least 30 MPs had links with advertising and public relations companies who had or wished to obtain tobacco accounts. Some 60 MPs were found to have a constituency interest in tobacco. Some of these MPs have in the past used every possible means including the filibuster to prevent their fellow members from voting on tobacco controlling legislation. They also used their influence to have a Health Minister removed who threatened to abolish cigarette advertising.

Smoking has ceased to be a health controversy and is now primarily a political issue that must be tackled by political means. Although the UK has the highest world death rates for lung cancer and coronary disease, it lags far behind others in controlling legislation. We can have little faith in a government that continually disregards the combined recommendations of the medical Royal Colleges, the British Medical Association, and the World Health Organisation to abolish cigarette advertising, and prefers to give tacit support to the tobacco companies. Now is the time for the medical profession to press each political party to state its policy concerning the control of cigarette smoking. We could well note the example of Sudan, whose doctors were successful in pressing for legislation to abolish cigarette advertising, and incidentally were in the forefront of the movement to effect recent major political change. A profession united on this issue could do much to ensure that the next British Government would enact legislation that would lead to fewer unnecessary deaths in the next generation.

## Report Says Smoking Causes Heavy Health Damage in Black People

By ERIK ECKHOLM

Cigarette smoking inflicts disproportionately high health damages on black Americans, according to a new study, whose authors assert that research on the effects of smoking on blacks' health is inadequate and call for an increase in antismoking programs directed toward blacks.

Black people now have the highest rates of coronary heart disease and lung cancer, the main smoking-related diseases, of any population group in the country, according to the report, which appears today in a special issue on smoking of The New York State Journal of Medicine. The authors are Richard Cooper and Brian E. Simmons, cardiologists at the Cook County Hospital in Chicago.

The two physicians said the rising in-

cidence of smoking-related illness among blacks "has been obscured by the tendency in medicine to focus attention on 'typical' black diseases" such as sickle-cell disease and hypertension.

The death rate from lung cancer for black men is 40 percent above that for white men, according to the report. The authors said smoking cannot fully account for this. They say exposures to occupational hazards and various consequences of poverty may also contribute.

Blacks began smoking in great numbers 10 to 20 years later than whites, "in large part as a consequence of the mass migration from the rural South to the urban North," according to the researchers. The incidence of smoking among blacks caught up with that of whites by the 1960's and, paralleling the

pattern among whites, has declined somewhat over the last two decades.

In 1980 about 45 percent of black men smoked as against 37 percent of white men, while the smoking rates of black and white women were nearly identical at about 30 percent, according to the report. Numerous studies have found, however, that blacks tend to smoke fewer cigarettes per day than whites do.

"Despite the popular misconception" that blacks are relatively immune to coronary heart disease, this often deadly ailment "appears more frequently among blacks than whites," Dr. Cooper and Doctor Simmons wrote. Rates of coronary heart disease were lower in blacks than in whites in the decade after World War II, but by 1978 the rates were about the same for white

and black men and 36 percent higher among black women than among white women.

Other studies have suggested that smoking is responsible for about one-third of American deaths from coronary heart disease, and that smoking doubles the risk of coronary disease in individuals with hypertension, which is especially prevalent among blacks.

### Increasing Lung Cancer

In the 1930's blacks were only half as likely as whites to die of lung cancer. But since 1950 the rate of lung cancer deaths among black men has risen three times faster than that for white men, and "age-adjusted rates for men are now almost 40 percent higher among blacks," according to the report. Lung cancer deaths are equally prevalent in black and white women.

The rate of increase in lung cancer has slowed for white men, but "the exponential increase continues among blacks, and the peak cannot be predicted," the authors said, noting that the continuing rise was partly due to the fact that blacks took up cigarette smoking later than whites.

Efforts to calculate the precise burden of illness that smoking imposes on blacks are hampered by inadequate data, the physicians said. Major research projects correlating living habits with heart disease or cancer trends have failed to include representative samples of blacks in their study populations, the researchers said.

They said cigarette companies had been promoting certain brands among blacks with special intensity, using advertisements in the black-owned press and well-publicized donations of funds to black civic organizations. In contrast, they said, few campaigns against smoking have been targeted toward blacks, and few black leaders and institutions have spoken out against this health hazard.

## Books

### Cigarettes

*The Cigarette Underworld*, edited by Alan Blum, 128 pp, with illus, \$9.95, Secaucus, NJ, Lylo Stuart Inc, 1985.

*The Cigarette Underworld* is a republished book version of the December 1983 issue of the *New York State Journal of Medicine*. This is one of at least six issues of nonspecialty medical journals [as well as this issue of *THE JOURNAL*] that have focused on the problem of cigarette smoking. (The other five are *Med J Aust*, March 5, 1983; *JAMA*, Nov 23/30, 1984; *JAMA*, May 24/31, 1985; *NY State J Med*, July 1985; and *Del Med J*, July 1985.)

Individually and collectively, these issues represent a major contribution to the tobacco literature. They symbolize and reflect the enormous impact that cigarettes have on the public health. They also perform the unique service of reaching the general physician population with important information related to smoking. Alan Blum, MD, former editor of both the *Medical Journal of Australia* and of the *New York State Journal of Medicine*, has edited three of these issues. Dr Blum has shown how effective medical journals can be in disseminating valuable material on this topic.

"eliminating the world cigarette pandemic"

*The Cigarette Underworld* contains 53 separate contributions on smoking, including articles, editorials, interviews, and letters to the editor. They cover virtually every major aspect of cigarette smoking: cigarette advertising, fires caused by cigarettes, clean-indoor-air legislation, smoking trends in developing countries, smoking cessation, the economics of smoking, and many others. Interspersed between articles throughout the book are photographs of cigarette ads that provide a fascinating look at the variety of techniques used to promote the consumption of tobacco.

One particularly noteworthy section of the book contains articles by five former US Surgeons General who have served since 1957, as well as an interview with the current Surgeon General, C. Everett Koop, MD. An-

edited by Harriet S. Meyer, MD, Contributing Editor; adviser for software, Robert Hogan, MD, San ego.

other notable contribution is a provocative exchange of correspondence over an eight-year period between George Gitlitz, MD, a New York vascular surgeon, and the *New York Times* concerning the newspaper's policy of accepting cigarette advertising.

In an editorial, Dr Blum states that the issue attempts to place the subject of cigarette smoking in a variety of contexts that most physicians may not have considered in depth. *The Cigarette Underworld* meets that objective. It ignores the pathology of lung cancer, the interpretation of pulmonary function tests, and the treatment of Buerger's disease. Instead, it explores the social, economic, and political aspects of the problem and outlines the appropriate role of the medical profession in eliminating the world cigarette pandemic.

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### Pathology

*Tumors of the Esophagus and Stomach*, by Si-Chun Ming (*Atlas of Tumor Pathology*, second series, fascicle 7, supplement), 62 pp, with illus, \$4.75, Washington, DC, Armed Forces Institute of Pathology, 1985.

It is over ten years since *Tumors of the Esophagus and Stomach* (fascicle 7, second series, of the *Atlas of Tumor Pathology*) was published by the Armed Forces Institute of Pathology. There have been a number of advances in the pathology of the esophagus and stomach since that time and, as the third series will only be available in the future, a supplement with an update of recent advances in this area is timely.

The author, Si-Chun Ming, who penned the second series fascicle, has once again given of his vast experience in the field. A third of the 62 pages are devoted to the esophagus, and the remaining pages to the stomach. Precancerous lesions of the esophagus are discussed with knowledge gained from high-risk regions in north China and Iran. Esophagitis is common in these areas (80% of the local populace); however, it is also common in the United States, a low-risk area for esophageal carcinoma. Accompanying dysplasia is more important as a precancerous lesion (7.6% in Iran, 8% in China, and 0.2% in the United States) than esophagitis. Recognition of the significance of dysplasia has led to early surgical resection with a 90.3% survival rate. Dysplasias are described in detail and are well illustrated.

A detailed description of Barrett's esophagus—including a classification into three major types, ie, those with gastric fundal mucosa or cardiac mucosa and a specialized type having a metaplastic intestinal appearance—is excellently illustrated, and the concept of dysplasia is discussed with attention focused on development of adenoma and carcinoma. Oat cell carcinoma, a new entity, and carcinosarcoma or pseudosarcoma are both mentioned. The section on the stomach includes a description of polyps. This rather confusing subject is simplified and classified with the use of an excellent text, good line drawings of histogenesis, and a practical and useful new histological classification. Polyps are divided into neoplastic polyps (adenomas) and nonneoplastic polyps. The former are more likely to undergo malignant transformation. Diffuse polyposis is also classified, with information on the nature and type of the gastric polyp present. The importance of a biopsy in conjunction with clinical manifestations in making a correct diagnosis is emphasized.

There have been a number of advances in the understanding of gastric cancer stemming from observations in Japan, a country with a high incidence of that condition. Early gastric cancer—not frequently seen in this country—is classified. Gastric adenocarcinomas may be grossly classified either histologically or by behavior pattern. A recent newer classification includes a diffuse infiltrative type and an intestinal expanding type with differing behavior and prognosis. The intestinal type, which is decreasing in incidence, is found in high-risk regions and has a better prognosis. Knowledge of precursor lesions of gastric carcinoma has accumulated through the use of endoscopic biopsies. Chronic atrophic gastritis is the most important precursor of gastric carcinoma, with 80% of tumors arising in such mucosa. However, development of carcinoma is dependent on the presence of dysplasia. Intestinal metaplasia is an associated lesion and has been divided into complete and incomplete types based on type of mucin and presence of Paneth's cells. Metaplasia and dysplasia are seen in intestinal expanding carcinomas in surrounding noninvolved mucosa. In diffuse infiltrative tumors, globoid dysplasia with involvement of foveolar cells is implicated.

This is an informative supplement to the second series, an excellent



# Books

## The Cigarette Underworld

A Front Line Report On The War Against Your Lungs

Edited by Alan Blum, M.D.

Lyle Stuart

128 pp., \$9.95

by Jonathan Z. Larsen

Imagine a blank page, with a cigarette drawn in the center. Any cigarette will do. Then imagine several lines radiating out from the cigarette to a circle of boxes, each of which would encapsulate one of the major effects of smoking. The first box would be labeled Heart/Lung Diseases. Inside the box, perhaps on an artist's tombstone, would be written "350,000 U.S. annual deaths." A second line would connect to a box labeled Smoking-Related Fires. Within would be the following statistics, perhaps overlaying a smoldering mattress: 2,300 deaths, 5,000 burn victims, leading cause of fire fatalities. A third line might connect to a box labeled Deforestation, and surprinted with a faint image of tree stumps. Because the world's tobacco crop is most often flue-cured, a staggering number of trees are cut down every year in the 100 nations that grow tobacco. A conservative estimate is that 6 million acres of trees are sacrificed each year for this purpose. According to the "Global 2000 Report," which labels deforestation the most serious environmental problem facing the third world, the true figure might be closer to 48 million acres.

Finally, imagine two more boxes containing large question marks. One, labeled Related Health Problems, would represent the still largely unknown effects on the general populace of "passive" side-stream smoke and poor indoor air

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# The Cigarette Underworld

A Front Line Report on the War Against Your Lungs



Lyle Stuart

Edited by Alan Blum, M.D.

quality. The other, which might be called Prenatal Disorders, would represent all the deleterious, but still largely unquantified effects of smoking on child birth: spontaneous abortions, stillbirths, low birth weights.

This grim picture of death and destruction is drawn in a newly released book called *The Cigarette Underworld*. A large format paperback that pulls together a series of speeches and papers by qualified medical practitioners, *The Cigarette Underworld* is as strong an indictment of the tobacco industry as has ever been published. Although much of the information within it will come as no surprise to anyone

who has been following the medical reports, the candor of the authors' language still comes as something of a shock. The following sentence, written by George E. Godber, the former chief medical officer of England, is typical of the book's frontal attack. "Smoking," writes Godber, "is the largest single avoidable threat to health in the industrialized world today, and the cigarette the most lethal instrument devised by man for peacetime use."

Yet, except for the occasional review in publications that accept no advertising, such as the magazine you are holding, books like *The Cigarette Underworld* get very lit-



tle attention. The reason, of course, is that there is something at work on behalf of the tobacco industry that resembles the omerta, or oath of silence, sworn to by Mafiosi. Silence in this case, of course, is not the correct word. Periodicals do report medical studies; Congress did mandate warning labels; tobacco companies themselves openly talk about the relative merits or demerits of this much tar versus that much tar. The conspiracy here is one of underplaying the true nature of the problem. It is not that the bad news goes unreported, but that it is so far outweighed by the promotional efforts of the tobacco industry itself. The same magazine that carries a column article on a new study linking cigarette smoking to lung cancer, for instance, will in the same issue publish several full page advertisements for various brands of cigarettes.

The real value of *The Cigarette Underworld* is that it goes far beyond the harm caused by smoking to plumb the geopolitical reasons why both the habit and the tobacco industry remain so entrenched more than twenty years after the first warning issued by the surgeon general of the United States. The book covers the globe to examine the efforts in India to educate the public on the dangers of smoking, the economics of tobacco growing and cigarette manufacturing in Malaysia, the attempt of a community in Finland to cut down on smoking. Throughout, the various authors attempt to address two central questions: 1) why so little headway has been made against smoking to date, and 2) what can be done in the future to improve on this sorry record. To understand the first question, one might draw a second chart, an overlay, if you will, to the chart posited above.

Once again, one starts with a cigarette, and a series of lines radiating to various headings. The first might be called Gross Profits. In the United States, cigarettes account for \$25 billion in sales all by themselves. When indirect expenditures are added in, the number grows to \$60 billion, or 2.5 percent of the annual

gross national product. To turn the matter around for a moment and consider what would happen if the cigarette industry were seriously threatened, consider this single fact: If each American were to smoke one cigarette less each day, the loss to the tobacco industry would be \$500 million a year.

This sort of economic leverage is repeated around the globe. In Brazil, for instance, the cigarette industry is the most important taxpayer, contributing as much as 40 percent of the revenue collected by the Industrialized Products Taxation, ahead of automobiles and alcohol.

The next box could be labeled

## "GREEN LIGHT FOR THE MX MISSILE"

*San Francisco Chronicle*

*by Charles Atkinson*

I've seen owls here—Great Horned;  
no owls today. Seen coyotes foraging;  
no coyotes either. And small coast deer;  
no deer. Just redwoods' dark verticals  
staking the field's edge, a seawind  
and a slight-green bush shivering knee-high,  
sailing a spiderweb with no owner.  
Somewhere, something burning.

The usual web: concentric prisms, thinner  
radii, almost invisible—all puffed out  
in the wind. Purple-gold runs out a strand.  
Irregularities mar the web, and tears.  
An Irishwoman studied their tensile strength  
for five years and learned the guy-strands  
are seven times as strong as the web.  
Knowledge is power—or about to be.

The sun's crept its path across my hands  
and they're cool again—first right, then left.  
I'm sorry I haven't learned more birdcalls.  
I could start again closer to earth,  
where a ground squirrel severed a plantain stem,  
took the seedhead in its forepaws  
and gnawed it down to crumbs. When I stood up  
it spun and disappeared, swishing the weeds.

And a whole field of plantain—  
all the way to the crest, plantain bobbing!  
I never noticed that tenacious weed . . .  
O, it begins this way without fail,  
pure passion to know the thing itself—  
until the knowledge taken  
will turn on us at last, rain down  
passion at its purest—burning, burning.

Employment. In the United States alone, some 2 million citizens are employed in one manner or another in the cigarette industry. That amounts to 2.5 percent of the private-sector employment. Now imagine another box, entitled Political Influence. Within this rectangle one might list just two examples. 1) During the elections of 1981 and 1982, more than 200 members of Congress received money from tobacco industry PAC funds; subsidies passed by Congress in the form of government price supports have made tobacco one of the most lucrative crops one can plant. An acre of tobacco can yield \$4,000 gross income; an acre of corn, \$150. 2) To defeat a referendum in Florida's Dade County that limited the smoking of cigarettes in public places, the tobacco industry spent over \$1 million, and the proponents of the bill spent only \$5000. The referendum was defeated by 820 votes, the closest in the county's history.

If these imaginary charts, based on the information in the *The Cigarette Underworld*, do not explain how thoroughly entwined tobacco interests are with the national economy, the book itself is replete with its own illustrations, most of them drawn from periodicals, that make their own very telling points. There is, for instance, the cover of *The New York Times Sunday Magazine*, with coronary heart disease as its subject, displayed alongside the back cover, an advertisement for Marlboro cigarettes. Elsewhere, the magazine displays a cover of *Time*. The subject is medical costs. The visual image is a doctor with a face mask made out of a huge dollar bill. One back cover is an advertisement for Camels. Next to this splayed issue of *Time* is a letter from *Time* in the pages of *The United States Tobacco Journal*. The letter offers a "special word of thanks" to the tobacco industry for making *Time* #1 in tobacco advertising revenue.

These front and back covers perfectly illustrate the stand-off that now exists between the tobacco industry and those who want to wage a much more serious war against cigarette smoking. The only

way to break the stalemate, according to various World Health Organization task forces that have studied the problem, is to stop commercial promotion of tobacco products, to limit even more vigorously smoking in public places, to tax tobacco products even more heavily than they are now, and to improve educational efforts aimed at children. Surgeon General Everett Koop, in an interview with the editor of this book, suggested yet another idea, one which might finally bring the message home. Instead of writing on death certificates that someone died of "cancer of the lung," Koop suggests that both death certificates and newspaper obituaries should henceforth read, "died of smoking complicated by . . ." It would be a message that would be far more telling than the mandated warnings on cigarette packs, which only one in fifty smokers now even look at in their haste to light up. □

## Harold Ickes of the New Deal

by Graham White and John Maze  
Harvard University Press  
263 pp., \$20.00

by Jonathan Z. Larsen

Harold J. Ickes, who held the post of interior secretary longer than any other appointee (1933-1946), was not just one of the preeminent conservationists of his time, but one of the most colorful character actors ever to stride the Washington proscenium. He titled the memoir he wrote while still in office *Autobiography of a Curmudgeon*, and in this, as in most judgments, he was accurate.

Ickes loved to speak his mind, both in private and public, and his mind was full of provocative thoughts and equally provocative words with which to express them. He was the first prominent American to publicly challenge the isolationism of Charles Lindbergh, and one of the very first to denounce the appeasement of Hitler's Ger-

many. He gave FDR's State Department the frights by referring to the Fuehrer as "Esau, the Hairy Ape." And years before the nation finally gagged on Senator Joe McCarthy, Ickes, then retired to private life as a magazine columnist, wrote in the *New Republic* that McCarthy was a "putrescent and scabious object that is obnoxious to the senses of sight, smell, and hearing—a thing obscene and loathsome, and not to be touched, except with sterilized fire tongs." It was language like this that caused Ickes's friend, columnist Drew Pearson, to bestow upon the Chicago reformer his highest accolade: Ickes, Pearson declared, was a "rat killer."

Ickes's loyalties were every bit as strong as his animosities. A passionate civil libertarian his entire life, he was perhaps the best friend the American Indian and the American black had in FDR's administration. His concern for American Indians began long before he reached Washington, and was shared by his first wife, Anna, also a politician and writer, who in the early thirties wrote a book entitled *Mesa Land: The History and Romance of the American Southwest*. And his passion for racial equality informed his long tenure as a public official. One of his first acts at Interior was to ban discrimination in hiring. Two months into office, he drew a crowd of 75,000 to hear black singer Marian Anderson in front of the Lincoln Memorial. Anderson, who had been shunned by Washington society because of her color, would repay the compliment thirteen years later by singing at a memorial service for Ickes, also in front of the shrine of the Great Emancipator.

Ickes's compassion did not stop at the country's borders. It was his abhorrence of all oppression that put him at the forefront of the interventionists in FDR's cabinet. It was Ickes who cut off oil shipment to Japan, and it was Ickes who grounded the German zeppelin fleet by blocking the sale of helium. When the United States finally entered the war, Ickes argued, without success, that the Japanese-Americans who had been interred should be

# Book

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The Western Journal of Medicine      review

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**THE CIGARETTE UNDERWORLD**—Edited by Alan Blum, MD, Editor, *New York State Journal of Medicine*. Lyle-Stuart Inc, 120 Enterprise Avenue, Secaucus, NJ 07094, 1985. 128 pages, \$9.95. -

Cigarette smoking is generally acknowledged as the most important cause of preventable disease, disability and premature death in the industrialized world. The volume *The Cigarette Underworld* is an important source of information on this problem. It first appeared as a special issue (December 1983) of the *New York State Journal of Medicine*. Dr Alan Blum serves as the editor of the *NYSJM*.

Dr Blum assembled a group of contributors who discuss political, economic, legal, public policy and biomedical issues in an imaginative, hard-hitting fashion. The "business as usual" approach of the large, multinational tobacco companies is analyzed. In particular, the effect of tobacco company diversification and economic clout on media coverage is assessed, and one is left with the sad conclusion that the media's editorial independence has been compromised by these developments. Perhaps a more ominous threat to world health is the pernicious movement of the multinational companies into the relatively underdeveloped markets of the third world. The devastating consequences of increasing tobacco consumption in these areas are described.

This volume contains a wealth of practical information on such issues as physician involvement with smoking cessation and public advocacy programs. Those concerned with promoting clean air acts in local communities will read with interest about the experience in Minnesota, Florida and Illinois. Activities of medical associations and physician groups around the world are detailed as examples of how physicians can and should become involved in dealing with the tobacco problem. The efforts of DOC (Doctors Ought to Care) are cited as creative approaches to countering tobacco advertising campaigns. Dr Blum organized DOC while he was a resident in family practice at the University of Miami School of Medicine in the 1970s.

In summary, because of its unique perspective on the major public health problem of our time, this volume is highly recommended for both physicians and nonphysicians. Dr Blum has succeeded in conveying an air of urgency concerning this problem and has detailed how physicians and other interested parties can help combat the tobacco industry's greedy pursuit of profits.

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