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micrographs, which are both informative and technically superb. The result is a book that covers a familiar and central topic in human biology but which also offers an effective blend of quantitative anatomy and physiology.

This book is ideal as a textbook for graduate students in the medical sciences or for medical students; it grew out of a course given at Harvard in 1979. It will be valuable to all physicians and scientists interested in understanding how the body is designed to ensure optimal oxygen delivery.

The text is literate and the presentation visually pleasing; the index is carefully constructed and easy to use. Each chapter concludes with a lucid summary as well as a list of supporting references and suggested further readings. The book is reasonably priced and should be useful for many years to come.

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NOTICES

Notices submitted for publication should contain a mailing address and phone number of a contact person or department. We regret we are unable to publish all Notices received.

COMMON CLINICAL PROBLEMS

A course entitled "New Strategies for Common Clinical Problems" will be held at the Granlibakken Ski and Raquet Resort in Tahoe City, Calif., March 10-13.

Contact Extended Programs in Medical Education, School of Medicine, Rm. 569-U, University of California, San Francisco, CA 94143; or call (415) 666-4251.

INFECTION

The University of North Carolina School of Medicine at Chapel Hill will offer two programs in the coming months: "Surveillance of Nosocomial Infections" (March 18-22); and "The Infection Control Practitioner as an Environmentalist" (April 22-26).

Contact Loraine E. Price, Division of Infectious Diseases, UNC School of Medicine, 547 Clinical Sciences Bldg. 229H, Chapel Hill, NC 27514; or call (919) 966-2536.

MIDWEST CENTER FOR OCCUPATIONAL HEALTH AND SAFETY

The Center will offer the following courses in the coming months: "Comprehensive Industrial Hygiene Review Course" (March 18-22); "Current Concepts in Cardiopulmonary and Occupational Medicine" (March 28-30); "Workers' Compensation: A Management Approach to Working within the System" (April 23); "Training Workshop in Pulmonary Function Testing" (May 1-3); and "Recognition and Control of Accident Potential in the Workplace Due to Human, Psychological and Ergonomic Factors" (May 8 and 9).

Contact Ruth McIntyre, Continuing Education, Midwest Ctr. for Occupational Health and Safety, St. Paul-Ramsey Medical Ctr., 640 Jackson St., St. Paul, MN 55101; or call (612) 221-3980.

PLASTIC SURGERY EDUCATIONAL FOUNDATION

The Foundation will offer the 1985 In-Service/Self Assessment Examination in Chicago on March 20. The deadline for registration is March 1 and the fee is \$100.

Contact the Foundation, c/o Michigan Avenue National Bank, Lock Box #94452, Chicago, IL 60690.

AMERICAN MEDICAL SYSTEMS SEMINARS

The 1985 seminar series will feature two courses in urology: "Seminars for the Implanting and Non-implanting Urologist: The Prosthetic Treatment of Impotence and Incontinence" will be offered in various locations throughout the United States beginning March 22; and "Advanced Seminar for the Implanting Urologist — Impotence and Incontinence Treatment Alternatives" will be held at the Mayflower Hotel in Washington, D.C., September 20 and 21.

Contact David Lopnow, American Medical Systems, 11001 Bren Rd. E., Minnetonka, MN 55343; or call (612) 933-4666.

CALIFORNIA THORACIC SOCIETY

The Society will sponsor a postgraduate course entitled "Advances and Controversies in Bronchial Asthma" at the Marriott Santa Barbara Biltmore Hotel, Santa Barbara, Calif., March 20-22. The fee is \$325.

Contact Colleen H. McComas, California Thoracic Soc., 424 Pendleton Way, Oakland, CA 94621; or call (415) 638-5864.

ORTHOPEDICS

A course entitled "Current Trends in Orthopedics — 1985" will be held at Clearwater Beach, Fla., March 20-22.

Contact Ms. Dee Dee Albertson, USF Department of Orthopedic Surgery, 12901 N. 30th St., Box 36, Tampa, FL 33612; or call (813) 974-3322.

PULMONARY MEDICINE

The Reider Laser Symposium in Pulmonary Medicine will be held at the Memorial Medical Center in Long Beach, Calif., on March 23. The fee is \$350.

Contact Marguerite Trevor, Memorial Medical Center of Long Beach-University of California, Irvine, Ctr. for Health Education, 2801 Atlantic Ave., Long Beach, CA 90801; or call (213) 595-3811.

HAND SURGERY

A course entitled "Complicated Problems in Hand Surgery" will be held at Hotel Wildwood in Snowmass, Colo., March 25-29. The fee is \$500.

Contact the Society, 3025 S. Parker Rd., Suite 65, Aurora, CO 80011, (303) 755-4588.

LABORATORY STANDARDS

The annual meeting of the National Committee for Clinical Laboratory Standards will be held at the Franklin Plaza Hotel in Philadelphia, March 28 and 29.

Contact the Committee, 771 E. Lancaster Ave., Villanova, PA 19085, (215) 525-2435.

FUNGI

A program entitled "Symposium on Invasive Fungal Disease" will be held at the Maimonides Medical Center in Brooklyn on March 24. The fee is \$100.

Contact Dr. Gilbert J. Wise, The Maimonides Medical Ctr., 4802 Tenth Ave., Brooklyn, NY 11219; or call (718) 438-3475.

SPECIAL REPORT

CIGARETTE ADVERTISING AND MEDIA COVERAGE OF SMOKING AND HEALTH

On November 7, 1983, *Newsweek* published a supplement on "Personal Health Care" prepared by the American Medical Association (AMA) with financial support from the magazine. "This special supplement," the text stated, "offers easily understandable information on good health from the most knowledgeable and dependable source available: the medical profession itself." The supplement promised to discuss "the most important things" related to health and devoted full pages among its 16 pages of text to detailed advice on diet, exercise, weight control, and stress. Although the Surgeon General of the United States has labeled cigarette smoking "the chief, single, avoidable cause of death in our society and the most important public health issue of our time,"¹ the AMA-*Newsweek* supplement mentioned cigarettes in only four sentences, none of which explicitly identified smoking.

s a health hazard. The same issue of *Newsweek* contained 12 pages of cigarette advertisements, worth ~~lose~~ to \$1 million in revenues.

In response to an inquiry, a spokesperson for *Newsweek* said, "we naturally share concerns regarding smoking . . . but hope that you understand that there is just not enough space sometimes to do justice to all the subjects involved" (personal communication, Nov. 17, 1983). According to the science news editor of the AMA, "[The AMA's] intention, expressed and argued, was to have a much stronger statement . . . [about] smoking. *Newsweek* resisted any mention of cigarettes . . ." (letter from James Stacey to Dr. George Weis, Dec. 7, 1983).

On October 8, 1984, *Time* published a similar special health supplement, produced in cooperation with the American Academy of Family Physicians. The text contained no references to cigarette smoking. The Academy claims that *Time* removed discussion of the health hazards of smoking without the knowledge of the Academy (letter from Dr. Robert McGinnis to the editor of *Time*, Oct. 17, 1984). The October 8 issue of *Time* contained eight pages of cigarette advertisements.

Both supplements have raised questions about the magazines' editorial integrity and the roles of the medical associations. Representatives of the medical and public health professions expressed their dismay that these two medical societies had ignored the leading cause of preventable mortality. Substantial professional criticism of the AMA² may have contributed to its decision to include a brief but strong statement on the hazards of smoking in a second supplement on "Personal Health Care," published in *Newsweek* on October 29, 1984. That issue of the magazine contained only four pages of cigarette advertisements, producing hundreds of thousands of dollars less revenue than does the typical weekly complement.

The treatment of smoking in the health care supplements illustrates what appears to be a pervasive phenomenon. Studies dating back to the 1930s provide evidence that the media's dependence on revenue from cigarette advertising has repeatedly led to suppression of discussion of smoking and health matters.³⁻⁹ At its core this is potentially a very serious public health issue. Research indicates that publicity on the health effects of smoking has altered smoking habits¹⁰⁻¹⁴ and prevented premature deaths.¹⁵ The apparent failure of the media to cover issues related to smoking to the extent that their importance should warrant suggests that the public is less knowledgeable about smoking than it ought to be. As a consequence, it seems likely that there are more people who smoke today than there would be in an environment of responsible media coverage. The result is an avoidable excess burden of suffering and premature death.

PUBLIC KNOWLEDGE OF THE HEALTH EFFECTS OF SMOKING

Numerous surveys have found the vast majority of respondents agreeing that smoking is hazardous

to health. Studies that probe the depth of the public's understanding, however, suggest that it is remarkably superficial, as illustrated by surveys in which almost half the respondents did not know that smoking causes most cases of lung cancer and two thirds did not identify smoking as a cause of heart attacks.¹⁶

Recent information about the health effects of smoking is also unfamiliar to most of the public, including the facts that lung cancer is becoming the leading cause of death from cancer in women and that smoking-related cancers alone explain the recent increase in mortality from cancer in the United States.¹⁷ Furthermore, even the most interested and educated members of the public, including many health professionals, are unaware of recent developments in cigarette composition and smoking behavior that may have important implications for health. Two such developments are the inclusion of hundreds of additives, many of which are known or suspected carcinogens, in the new generation of cigarettes,¹⁸ and changes in the way smokers consume modern cigarettes.¹⁹ Research demonstrates, for example, that smokers compensate for the reduced nicotine yield in modern cigarettes through a variety of smoking methods that may negate the potential benefits of the lower-yield cigarettes.¹⁸⁻²⁰ The latter possibility is supported by recent research showing minimal variance in blood nicotine and thiocyanate levels as compared with the variance in rated cigarette yields.²¹⁻²³

THE INFLUENCE OF CIGARETTE ADVERTISING ON COVERAGE OF SMOKING AND HEALTH

Cigarettes are the most widely advertised consumer product in America, with \$1.5 billion devoted to their promotion in 1983. In a recent year, R.J. Reynolds Industries ranked as the nation's leading magazine advertiser, and two of the remaining five major U.S. tobacco companies ranked among the next four top advertisers.²⁴ The threat of losing essential advertising revenue, it has been argued, has encouraged editors and publishers to avoid coverage of smoking and health when possible and to "tone it down" when not. Distinguished journalists have identified the influence of revenue from tobacco advertisements as the "most shameful money-induced" censorship of the American news media.^{3,8}

In 1978, an article in the *Columbia Journalism Review*⁶ characterized "[t]he records of national magazines that accept cigarette advertising . . . [as] dismal." The article observed that *Newsweek* had failed to mention the central role of cigarette smoking in cancer in a 1976 cover story entitled "What Causes Cancer?", and it criticized *Time* for an attempt to discredit the growing protest against public smoking. With one exception, women's magazines were identified as providing virtually no coverage of smoking and health.

In a recent related study of 10 prominent women's magazines that carry cigarette advertisements, researchers found a total of eight feature articles from

1967 to 1979 that seriously discussed quitting or the dangers of smoking — less than one article per magazine for more than a decade. Four of the 10 magazines carried no antismoking articles in the entire 12-year period. By contrast, two magazines that do not accept cigarette advertising, *Good Housekeeping* and *Seventeen*, ran 11 and 5 such articles, respectively. On average, the magazines that accept cigarette advertisements published from 12 to 63 times as many articles on each of nutrition, contraception, stress, and mental health as they did on the antismoking theme. *Good Housekeeping* and *Seventeen* published three times as many articles on contraception as on smoking, two more articles on nutrition and fewer on stress or mental health than on smoking.⁷

Examples of individual censorship of stories are plentiful. A science writer has reported preparing an article entitled "Protect Your Man from Cancer" for *Harper's Bazaar* that was never published because, according to the editor, "it focused too much on tobacco," and "the magazine is running three full-page, color ads [for tobacco] this month."²⁵ Similarly, an investigative reporter for television, John Stossel, has stated, "The publisher [of *Family Circle*] denies that cigarette articles are censored, yet a few years ago, the magazine asked me to write an article and said, 'Don't write about cigarettes. It might offend advertisers.'"²⁶

Studies of the broadcast media's programming have found little coverage of smoking and health particularly in the years preceding the 1971 ban on cigarette advertising in broadcasting. One study of television coverage did not find a single documentary on smoking from 1938 through 1955, the era in which the first solid scientific research was being published and discussed in the scientific community. The study also showed that television stations completely ignored three major smoking-and-health news events in 1960.⁵ On a public television panel, Howard K. Smith bemoaned the fact that a 1965 CBS documentary on smoking and health had created the impression of balance between the opinions of medical professionals, "who had every reason to be objective," and representatives of the tobacco industry, "who have no reason to be objective." "The public was left with a blurred impression that the truth [about the role of smoking in cancer] lay between [the two sides] whereas . . . we have everything but a signed confession from a cigarette that smoking has a causal relation to cancer."⁸

Almost all the purported influence of cigarette advertising appears to take the form of media self-censorship, reflecting publishers' perceptions that substantial revenues will be lost if a publication openly addresses the issue of smoking and health. Illustrative of the fear some publishers feel is the example of a reporter who was fired in 1982 after writing a preview of the Kool Jazz Festival in which he labeled a disease caused by smoking as "un-Kool" and noted that Duke Ellington had died from lung cancer. According to the reporter, "The publisher . . . called me in to his of-

fice [the next day] and he said, 'If we have to fly to Louisville, Kentucky, and crawl on our bended knees and beg the cigarette company not to take their ads out of our newspaper, we'll do that.' And then he told me, 'You're fired.'" When questioned about this characterization of the situation, the publisher simply said, "True."²⁶

It has been suggested that it is standard practice for major advertisers to be alerted in advance about stories that could be detrimental to their business; until the early 1980s, R.J. Reynolds reportedly requested such notification routinely.²⁷ Illustrative of the potential consequence of this policy is the June 6, 1983, issue of *Newsweek*, which included a 4½-page article on the nonsmokers' rights movement. That issue carried advertisements for cigarettes. With these advertisements bringing in up to \$1 million per issue in *Newsweek*, the decision to publish the article appears to have been an expensive one. (*Newsweek* claims that its tobacco advertisers learned of the intended article as a result of calls for information from reporters and editors and requested that their advertisements be moved to later issues [personal communication, Nov. 30, 1984].)

Another example of the relation between coverage of smoking and health and cigarette advertising is the 1978 and 1979 cancellation by three tobacco companies of all their cigarette advertisements in *Mother Jones*, after publication of two articles on smoking. An editor of *Mother Jones* said that the companies "made it clear that *Mother Jones* would never get cigarette advertising again." Loss of these advertisements caused the magazine "severe problems from the considerable loss of revenue."⁷

The experiences of *Newsweek* and *Mother Jones* illustrate that although no publication is exempt from the editorial pressure associated with cigarette advertising, smaller publications may be particularly vulnerable. A major national publication may have enough market power to afford an occasional article or commentary on the hazards of smoking. The publication's profits may permit the one-time loss of revenue, and the size of its readership makes the cancellation of cigarette advertisements an unlikely punishment. For the smaller publications, however, economic viability is typically marginal, adding importance to all advertising revenue, and circulation is insufficient to ensure the cigarette companies' allegiance.

Critics of the media's coverage of smoking and health emphasize the exemplary coverage of a few publications that do not accept cigarette advertising. Preeminent among these is *Reader's Digest*. Even the *Digest*, however, has experienced the monetary influence of the tobacco industry. Because of the magazine's vigorous coverage of smoking and health, it has been reported, the American Tobacco Company asked the *Digest's* advertising agency to drop its account with the magazine. The account was worth \$1 million, but the American Tobacco Company's account with the same agency was worth \$22 million. The wishes of the tobacco company were respected.

Finally, the influence of cigarette advertising extends not only to editorial policy but also to advertising policy. Some publishers have reportedly rejected advertising solely because it had an antismoking message. Recently, for example, Grace Reinbold, President of World Wide Media, reported difficulties in placing advertisements for anti-smoking clinics. Of 36 national magazines contacted by Reinbold, "22 . . . responded with an absolute 'no' to anti-tobacco advertising but would not state an explicit reason." *Psychology Today* would not accept any advertising with an anti-smoking theme, telling Reinbold, "we have a lot of money that comes in from tobacco companies, and frankly, we don't want to offend our tobacco advertisers." *Cosmopolitan* also refused to accept the advertisements, noting that "we get 200 pages of cigarette advertising . . . [A]m I going to jeopardize \$5 or \$10 million worth of business?" Three magazines were willing to accept Reinbold's advertisements²⁶ (and personal communication, March 2, 1984).

Evidence such as this strongly suggests that the public is fed a media diet deficient in news, comment, and commercial promotion relating to the adverse consequences of smoking. Bagdikian has observed that "[M]edical evidence on tobacco and disease has been treated differently from any other information on carriers of disease that do not advertise." In support of this contention, he noted that "In 1980 . . . there were still more stories in the daily press about the cause of influenza, polio, and tuberculosis than about the cause of one of every seven deaths in the United States."²⁷ This purported imbalance may help to explain why, in a recent poll on health and safety priorities, Americans ranked not smoking 10th, behind such priorities as having smoke detectors in the home (Pearson C; unpublished).

THE BEHAVIORAL AND HEALTH IMPLICATIONS OF SELF-CENSORSHIP ON SMOKING AND HEALTH

The potential impact of media coverage of smoking and health is seen in a comparison of the time trends of major media antismoking "events" and adult per capita cigarette consumption. Figure 1 shows that per capita consumption rose throughout the 20th century through 1963, with only a few exceptions, and annually from 1973 through 1983. The decreases before World War II were associated with the economic traumas of the era. The drop in 1946 and 1947 followed the end of World War II and resumption of the sale of cigarettes at retail prices. (During the war, soldiers received free cigarettes and purchases were heavily subsidized.)

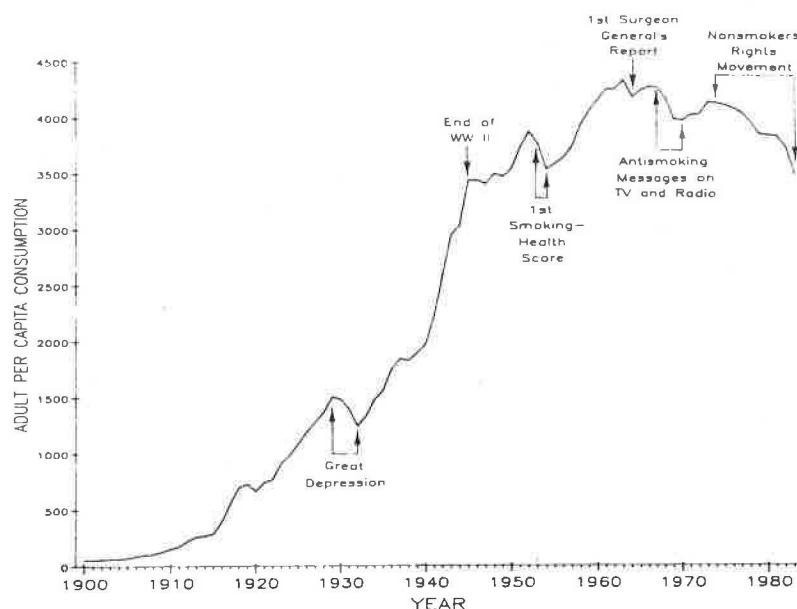


Figure 1. Adult per Capita Cigarette Consumption and Major Antismoking Events.

Each of the next three decreases in per capita consumption occurred in years of major antismoking "events." The consecutive decreases in 1953 and 1954 occurred during the first public smoking-and-health "scare," which largely resulted from the fact that *Reader's Digest* discussed the scientific findings on smoking and lung cancer.²⁸⁻³⁰ The next decrease in per capita consumption was in 1964, the year of the first Surgeon General's report on smoking and health³¹ and the widespread news coverage it engendered. The third decrease — the first four-year decrease in the century — ran from 1967 through 1970, the precise years of the Fairness Doctrine antismoking messages on television and radio.³² In each of these cases, the decrease in per capita consumption was followed by increases when the "event" ended.

Since smoking began to spread rapidly among women in the 1950s and 1960s, the prospect would have been for continued increases in adult per capita cigarette consumption throughout the 1970s and 1980s.¹³ It is for this reason that the annual decreases in per capita consumption every year since 1973 are so noteworthy. These decreases appear to reflect the conversion into sustained behavioral change of modifications in knowledge and attitudes about smoking fostered by two decades of publicity on smoking and health and the involvement of health educators and voluntary agencies. By 1978, it has been estimated, per capita consumption would have been 40 per cent higher than it was, had it not been for smokers' responses to antismoking information and publicity.¹²

The sensitivity of the public to the antismoking message in the past suggests that as a result of the media's failure to cover smoking and health more thoroughly, people are smoking today who would not have been. The failure of the media to tackle such issues as nico-

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tine regulation and the chemical composition of cigarettes implies that many health-conscious smokers, including potential quitters, are engaging in smoking behaviors that they erroneously believe to be "safe" or at least substantially less hazardous.¹⁶ Thus, the media's self-censorship on smoking and health may well be contributing to the occurrence of avoidable illnesses and premature deaths among tens of thousands of Americans.¹⁵

ADDRESSING ADVERTISING'S INFLUENCE ON SMOKING AND HEALTH

As long as cigarette advertising remains legal and widespread, its influence on editorial coverage of smoking and health is likely to persist. A ban on promotion of tobacco products holds appeal as a direct solution but would be confronted by substantial political opposition and would raise serious philosophical and legal issues.³³ An alternative is to require the provision to government and health organizations of compensatory space for antitobacco messages in the media that accept tobacco advertising. Voluntary approaches in industry could include the media's development and application of new codes of responsible advertising and news coverage. Initiatives by the lay public and health professionals could include boycotts of magazines that carry tobacco advertisements and letter-writing campaigns objecting to such advertisements; physicians could combine these approaches by canceling their subscriptions to publications containing tobacco advertisements and informing the publishers that they do not want the magazines in their waiting rooms. Legal or voluntary restrictions that would reduce the seductive imagery in the advertisements might lessen the tendency of youngsters to begin smoking and reduce the number of existing smokers, but would not necessarily diminish the editorial pressure on publishers. "Tombstone" advertising — limiting the advertisement to pictures of cigarette packs or to brand names — is an often-mentioned proposal of this type.¹⁶

The apparent incompatibility of massive cigarette advertising and true freedom of the press should be a preeminent concern in the profession of journalism. Given its importance to health, the issue should also be of concern to the public health and medical communities. The medical profession is uniquely well-situated to use its expertise and influence to address the social dimensions of this public health problem. The *Newsweek* and *Time* episodes, however, suggest that the profession has occasionally allowed itself to be part of the "conspiracy of silence" on smoking and health, influenced, albeit indirectly, by the power of the tobacco dollar. The time is ripe for the profession to reclaim its leadership role in combating smoking-related illness and death.

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