



Every cup's
a fresh cup!

One satisfying sip and you'll discover that Nescafé® knows the way to bring you *all* the flavor and "lift" of pure, freshly roasted, freshly brewed coffee—without the fuss and muss of brewing. Remember, too—Nescafé costs less per cup than ordinary coffee—and there's no waste. Serve Nescafé every day—and save!

NO POT!
NO GROUNDS!
IT'S INSTANT!

That's why more people drink

Nescafé for pure coffee enjoyment
than all other instant coffees!

*Nescafé (pronounced NES-CAFAY) is the exclusive registered trade-mark of The Nestlé Company, Inc. to designate its soluble coffee product which is composed of equal parts of pure soluble coffee and added pure carbohydrates (dextrins, maltose and dextrose) added solely to protect the flavor.

MAY 25c



THIS PRINTING: OVER 2,500,000 COPIES

Coronet



SEX ON THE CAMPUS?
THE FACTS ABOUT
CIGARETTES
AND YOUR HEALTH

Flavor-Bright! For pure delight, serve...

**ANN
PAGE**
Sparkle
GELATIN DESSERTS



**NEW PACKAGE...
NEW IMPROVED FLAVORS!
...
6 TEMPTING FLAVORS**

Enjoy the rich, full flavors of Ann Page Sparkle Gelatin Desserts. So refreshing . . . so very inexpensive . . . so easy to fix! Serve them plain or in dozens of delightful variations. Quality desserts at a saving! All Ann Page Foods are pleasing

to palate and purse alike. They're made in A&P's own modern Ann Page food kitchens and sold to you in A&P stores. Thus unnecessary in-between expenses are eliminated . . . the savings made in this way are shared with you!



ANN PAGE FOODS

ONE OF *A&P's Finest* BRANDS

Fine Foods Needn't be Expensive!

THE FACTS ABOUT CIGARETTES AND YOUR HEALTH

by HENRY W. MATTISON &
JOHN SCHNEIDER

WHETHER WE LIKE to admit it or not, we Americans fall too easily for startling rumors and alarms. On a national scale, we succumb to such scares as Orson Welles' famed broadcast of an Invasion from Mars, or we listen pop-eyed to reports of "flying saucers" and other sinister shapes in the heavens. There is, however, a simple explanation for all this.

Our newspapers, magazines, radio, and other means of communication spread information farther and faster than anywhere else on earth. That is why alarmists, seeking to promote their own or special interests, find it easy to thrive on sensation. Because of our sensitivity to the new and the startling, they can often cast a spell of fear across the country before sober facts catch up and repair the damage.

Currently we are being scared again—this time, about cigarette smoking. From all sides we hear

warnings of the grim fate awaiting smokers. Fifty million Americans who enjoy cigarettes — half the adults in the country—are told that smoking will lead them to an early grave, induce ulcers and high blood pressure, bring on assorted heart ailments, and even encourage the incidence of that gravest of all diseases, cancer. Never before, in fact, have the prophets of doom so diligently exposed the alleged evil effects of tobacco.

Now what are the facts about cigarette smoking? What are the sources of the current crop of scare rumors? What do medical men and laboratory experts say about our national custom which is responsible for the consumption of 350 billion cigarettes a year?

To answer these questions, CORONET researchers examined some 50 pounds of medical books and journals, pored over reports of hundreds of experiments and studies. In this

great mass of literature, one very significant fact stands out: no one can say, with the absolute accuracy demanded by scientific standards, whether cigarette smoking is bad for us, good for us, or whether it has any effect upon us at all!

What is the chief weakness in the alarmist case presented by the antismokers? It is simply this: that their findings are based on a type of research which is neither convincing nor conclusive. It is the kind of research which begins: "Dr. A. examined 100 smokers and 100 nonsmokers, and found that . . ."

Right there is a good place to halt and take account of facts. In the field of research, says Stuart Chase, author, economist, and an authority on survey methods, "the vital question always is: does the sample correctly represent the total?" Thus, in "Dr. A's" test, is a sample of only 200 people big enough to mean anything—even assuming that the 200 were scientifically selected? And who were these 200 guinea pigs?

Did they duplicate, on a miniature scale, the characteristics of the American population as a whole? Were they divided into the proper proportions as to age, sex, income, and occupation? By city, town, village, and farm? And most important, did the two groups—the smokers and nonsmokers—have similar habits aside from the use of tobacco?

The answer to all these questions is the same: a sharp "No!" Although medical studies and experiments may differ greatly on the effects of smoking, too many of them have a singular defect in common: they fail to meet the basic

requirements of unbiased, scientific research.

With this grave shortcoming in mind, let us examine what has recently been reported about the use of tobacco. The first big question is: do cigarettes shorten life?

In 1938, Dr. Raymond Pearl of Johns Hopkins announced a study of 6,813 white men, divided almost equally between nonsmokers, moderate smokers and heavy smokers. His conclusions: between the ages of 30 and 50, almost twice as many smokers died as did nonsmokers; after the age of 70, heavy smokers lived as long as did abstainers from tobacco.

"Here is proof!" shouted the enemies of smoking when these findings were published. And they have been quoting it ever since as the basis of much of their argument against cigarettes.

Ironically, Dr. Pearl died without revealing important facts about the way he reached his conclusions. Research men found significant flaws in his research, and many scientists remain skeptical.

"It is a known fact," they say, "that persons who work at hazardous or high-pressure jobs tend to smoke to excess. Heavy drinkers often smoke heavily. Persons addicted to worry or other emotional stresses are likely to be chain smokers. Many of those who use tobacco excessively die at early ages from other conditions.

"Without knowing exactly the types of persons Dr. Pearl studied, we cannot ascertain whether they died from smoking, or perhaps from the causes that led them to smoke excessively."

In this connection, consider the

following case. New York publishing circles were shocked recently by the sudden death of a dynamic, 43-year-old executive. A seemingly tireless worker, he appeared to thrive on high-pressure problems. He ate ravenously, smoked three packages of cigarettes and drank as many as six cocktails daily. On rare days away from his office, he furiously rode horseback around his country acres.

One morning, at his desk, he complained of a blinding headache. In a few minutes he was dead.

What was the cause? A medical researcher seeking to prove a point might accuse cigarette smoking. Others might blame lack of rest, excess of food, drink or exercise, or even unknown factors of heredity. Actually, no one can decide with certainty. In the same way, the deaths of smokers reported by Dr. Pearl may have resulted from many other factors.

PERHAPS LEAST IMPRESSED by Pearl's study were the men to whom his findings should have been most meaningful—the men who decide what rates various types of persons must pay for life insurance. Insurance companies often refuse policies to alcoholics and drug addicts but, as a general rule, they do not even ask about the applicant's smoking habits!

Writing about the Pearl survey in the insurance publication, *The Spectator*, Walter G. Bowerman, a fellow of the American Institute of Actuaries and an Associate Fellow of the New York Academy of Medicine, says: "The results of Dr. Pearl's findings are so widely at variance with the judgments of

common sense and the carefully developed practices of life-insurance companies in their selection of risks as to suggest that some serious error must have been made."

Since 1900, cigarette smoking has increased 50,000-fold in the U. S. "If Dr. Pearl's figures are to be believed," says Bowerman, "one would expect the general mortality to increase, especially so at ages 30 to 50."

What has happened? Instead of an increase in deaths, there has been a sensational drop! In 1940, only one-third as many 30-year-old men—mostly smokers—died as in 1900, when most were nonsmokers. In 1900, ten of every 1,000 men died at 40; in 1940, that number was halved.

The *Journal* of the American Medical Association, perhaps the country's most highly regarded medical publication, concludes: "Extensive scientific studies have proved that smoking in moderation by those for whom tobacco is not specifically contraindicated does not appreciably shorten life."

Does smoking injure the heart or intensify heart disease? Three workers at the Mayo Clinic took 1,000 records of men smokers, 40 or older. Then they compared 1,000 records of nonsmokers, to find the number of persons suffering from coronary disease in each group. The difference, they reported, was "barely significant statistically."

Now consider the findings of four doctors from Columbia University's College of Physicians and Surgeons, and from the medical service of the Presbyterian Hospital. They gave 104 smoking tests to 48 subjects, ranging in age from 16 to 70. In

their report to the A.M.A. *Journal* they said: "Most patients with a cardiac disorder, including those with disease of the coronary arteries, can smoke moderately without apparent harm. In fact, for many, smoking not only affords pleasure but aids in promoting emotional stability."

OPPONENTS OF CIGARETTES charge that smoking may cause ulcers. True or false? Again available research provides no *clear-cut* answer. One team of experimenters says smoking stimulates gastric secretion and acidity in the alimentary tract, setting up conditions under which ulcers thrive.

But *Gastroenterology* magazine reports that another set of researchers studying the effects of smoking "found no significant change in gastric acidity or secretion after cigarette smoking in 60 subjects, including a group of ulcer patients."

Recently, Dr. Garnett Cheney of Stanford University Medical School tried an unusual approach in treating ulcer patients. He took 13 men and women with long histories of ulcers and barred ice cream, nuts, and raw fruits from their diets. But then he fed them raw cabbage juice. Under standard treatment, ulcers require an average of 40 days to heal. In 11 cases treated by Dr. Cheney, ulcers disappeared in six to nine days, and the longest healing period was only 23 days.

What was particularly unusual about this promising new treatment? In every case, patients were permitted to smoke as they pleased!

The chief scare recently thrust upon cigarette smokers is fear of cancer. Dr. Evarts Graham of Washington University, St. Louis,

examined 400 patients suffering from lung cancer. In a report, he termed it "very rare" to encounter a patient who had not smoked more than a pack of cigarettes a day for years. Was the cancer due to excessive smoking, or to other factors—like soot being breathed by residents of modern cities?

The American Cancer Society has carefully avoided an indictment of smoking, while research experts assert that a survey of 400 persons who are not representative of the population as a whole proves little or nothing.

Cancer experts of the U. S. Public Health Service decided recently to test tobacco's effects under ideal "control" conditions. They separated mice into two groups and treated them identically, with this exception: one group was exposed to tobacco, the other was not.

The government scientists set up an automatic smoking machine which smoked cigarettes in the way humans do. Then they took one group of mice of the strain most susceptible to lung cancer and exposed them to smoking for half their normal lives. They placed another chosen group in a smoke-free chamber.

For ten months the study continued. Then the mice were examined for effects. Dr. W. C. Hueper, chief of the National Cancer Institute's cancer-studies section, reported flatly that no lung tumors among the mice were induced by smoking, although other chemical agents induced lung tumors in this strain of mice within a few months. The conclusion—under conditions simulating human smoking habits as closely as possible,

tobacco smoke is not a cancer-causing agent.

According to some scare stories, tobacco tars which enter the system through smoking may cause cancer. The Public Health scientists tried injecting tars into the cancer-susceptible mice. They painted some of the animals with tar, put it under the skin of others, dissolved it in the drinking water of others, injected it into the blood stream of still others. The result in all of the experiments: no cancer.

Says Dr. Hueper: "There is insufficient evidence to support the claim that the recent spectacular rise in the incidence of lung cancer is due to an increase in the smoking habit."

What does smoking do to your blood vessels? Some researchers say it raises the blood pressure and causes a drop in circulation in the toes. Other researchers report the same response from deep breathing. Still others find lower blood pressure in heavy smokers.

Says the A.M.A. *Journal*: "Persistent effects of tobacco on the blood vessels have been repeatedly reported, but these claims have been vigorously controverted."

The reactions of laboratory rats to heavy cigarette smoke were examined under conditions similar to the U. S. Public Health tests. When subjected to nicotine, the rats' blood pressure rose. But the condition was temporary: after smoking, pressure returned to normal, without harmful aftereffects.

Objectors to smoking make much of the fact that tobacco contains nicotine. A terrifying picture has been painted of the drug's potentially lethal effects. Place a small

drop of nicotine on a cat's tongue, and the cat dies almost instantly. Take the nicotine in the cigarettes smoked in the U.S. in eight hours, and you have enough poison to kill every man, woman and child in the country!

Why, then, haven't all smokers perished? Simply because they never absorb nicotine in any such amounts. Of the nicotine in a cigarette, half does not get into the smoke. Of the remaining nicotine, one-quarter does not get into the body. And average smokers eliminate this amount one-fourth as quickly as they absorb it.

THE CURRENT SCARE OVER smoking is not a new phenomenon. Ever since tobacco's introduction into Europe in the 16th century, alarmists have cried out against it vociferously. Early writers thundered that it caused insanity and venereal diseases.

In 1637, a Dr. Venner published a *Briefe and Accurate Treatise of Tobacco*. Use of what some connoisseurs called "the divine herb," he said, "drieth the braine, dimmeth the sight, vitiateth the smell, hurteth the stomack, disturbeth the humors and spirits, induceth a trembling of the limbs, scorseth the heart, and causeth the blood to be adjusted."

Fortunately, these dire charges failed to materialize.

Fears spread in more recent times have likewise been refuted. In 1900, when tuberculosis was the "Great White Plague" and a leading cause of death in America, many persons called cigarettes "coffin nails" that led to tuberculosis. Modern medicine largely discounts that theory;

despite the present widespread use of cigarettes, the death rate from tuberculosis has hit such a low point that many doctors no longer consider it a major menace.

"Tobacco will stunt your growth!" was another turn-of-the-century cry. Despite it, smoking became more and more common. Belying the old-time belief, young people today are considerably taller than those of 50 years ago.

When women began to smoke cigarettes, many persons feared the effects on pregnancies. Today, obstetricians and pediatricians agree: "Moderate smoking harms neither the mother nor the baby. Nursing mothers may be permitted to smoke, because the amount of nicotine in their milk is so small that it is almost impossible to measure."

Refuted on that count, foes of tobacco looked at the low birth rates of the '30s and the spectacular increase in the number of women smokers. They put the two statistics together and reached the terrifying conclusion that smoking causes sterility. However, more women than ever promptly took up smoking. What happened? The record-breaking boom in babies through the '40s!

All this is not to defend tobacco against justifiable criticism, or to suggest that cigarettes perform a curative action for certain human ills. In some cases, doctors advise patients not to smoke at all. Some people are allergic to tobacco, as others are to fruits and berries. Even the odor of smoke makes them violently ill.

While it has not been proved conclusively that smoking causes Buerger's Disease, a rare ailment affect-

ing blood vessels in the feet and hands, Dr. Samuel Silbert of New York reported unvarying success in arresting the disease when his patients stopped smoking. In cases of respiratory infection, throat irritation, and under some other circumstances, many physicians also suggest that patients cut down or eliminate smoking, temporarily or permanently.

Also, doctors generally frown on "excessive smoking," which usually means more than a pack of cigarettes a day. Their reasoning is simple: human beings thrive on moderation, while excesses of any kind are usually harmful.

For example, consider exercise. We need moderate activity in order to keep functioning at top form. But a metropolitan newspaper selected at random reported these week-end casualties from overexercise: death from overexertion in gardening, two collapses on the golf course, a fatal heart attack while playing tennis.

To live, we must eat. But overeating causes overweight, and excess weight is often blamed for a host of degenerative diseases. Vitamins are necessary for healthy growth. But children overfed with certain vitamin concentrates have been poisoned and crippled.

Even the sun's rays—source of all our food and energy—are not immune to this rule of moderation. Too much exposure to them can produce agonizing, even fatal, sunburn. Thus, even the vital needs of life may harm us if taken to excess.

From the facts presented in this article, what may a reasonable person conclude about cigarette smoking? One thing is certain:

while propagandists seeking to present a one-sided case may use one set of experiments to paint a horrifying picture of tobacco's evil effects, research on an equal but opposite level refutes them. Since adequate scientific findings are lacking, no one can answer the alarmists with finality. But the unprecedented gains in the life span of the average American—paralleling our widespread adoption of cigarettes—clearly argue that moderate smoking is not harmful.

In any case of doubt, the authority as to whether you should or should not smoke is your own doctor. Because he knows your background, physical capabilities and limitations, he is in the best possible position to advise you. In all cases, his advice should be taken without question.

Perhaps the best statement of the average doctor's position on the subject of smoking was summed up in an editorial in the *AMA Journal*, which said:

"Actual surveys indicate that the majority of physicians themselves smoke cigarettes. From a psycho-

logic point of view, in all probability more can be said in behalf of smoking as a form of escape from tension than against it. Several scientific works have been published that have assembled the evidence for and against smoking, and there does not seem to be any preponderance of evidence that would indicate the abolition of the use of tobacco as a substance contrary to the public health."

A researcher at the University of Cincinnati found that Americans smoke primarily for sociability, fragrance, relaxation, stimulation, and to steady their nerves. Since the claims of the scaremongers are without scientific support, there is no reason for normal and healthy persons to deny themselves such pleasures in moderation. Nor is there scientific reason for nonsmokers to adopt this custom if they fail to find it pleasurable.

In summary, the question of whether to smoke or not to smoke is a matter of free choice for the individual American. Scare-bearing zealots and alarmists to the contrary, it should be kept that way.



Invalid Invitations

The invitation to an annual barn dance in Iowa read: "Informal, except shoes are required."

—*Tales of Hoffman*

In its opening announcement, a tavern in Westchester County, New York, promised prospective patrons: "Venetian blonds in every window."

—PAUL FILLARD

Invitation mailed to bald men by a Broadway wig shop: "For that Collegiate Look—Try on Our New Crew-Cut Toupee!"—HY GARDNER