The Truth About Smoking and Cancer
“Winston Tastes Good! Like a Cigarette Should!”


This extraordinary 14-page article includes an in-depth, 10-page interview with Dr. John Heller [1905-1989]*, director of the National Cancer Institute [from 1948 to 1960], who responds both cautiously and candidly to questions about the rise in lung cancer, the mounting evidence of cigarette smoking as a cause of lung cancer, and the government’s responsibility in educating the public about cigarettes, as these excerpts show.

Q Is the proportion of deaths caused by all types of cancer increasing and the proportion of deaths caused by lung cancer increasing?

A Yes. In other words, as we are surviving typhoid and gastroenteritis, malaria and so forth, we’re living longer. We must die of something. We’re most likely to die of heart disease—cardiovascular disease. But if we don’t die of that, the next chance is cancer....

Q Why do you put your finger right on smoking as the cause of lung cancer?

A I wouldn’t say we put our finger "right on smoking." We simply say the signs are pointing increasingly to smoking as one of the factors involved in lung cancer. It's one of the common denominators we find around the world. It's been the British experience, Scandinavian experience, Austrian experience—the experience of anybody, I think, whose evidence we can rely upon. On the other hand, we know that heavy cigarette smoking certainly is not the only factor in lung cancer. Nonsmokers get lung cancer, too.

Q Doctor, in this relationship between cigarettes and lung cancer, is there any difference between filter cigarettes and nonfilter cigarettes?

A I don’t know whether you have kept up with the current discussion concerning the contents of the several kinds of cigarettes-king size and regular size, tar content and nicotine content, etc. It seems to be factually correct that the presence of filters cuts down only slightly the amount of tars in cigarettes. Originally, as I understand it, the filter really filtered out a lot of the tars, but it filtered out the taste of the cigarette as well. Then the manufacturers, attempting to market their product, very understandably wanted to retain the best features of their filter, I suppose, and at the same time allow taste, too, and presumably loosened the cellulose acetate of which the filter is composed, or otherwise made it less effective. Or maybe they have changed the type of tobacco they use so that more taste comes through. Anything that will cut down the amount of smoke that comes in will automatically cut down the amount of tar. Filters help to some extent, but not nearly as much as some people might think....
Q Prevention calls for what?

A Prevention calls for staying away from those things that we have reason to believe are cancer-causing or tied up with the things that cause cancer. For example, we could help protect people in the chromate industry by keeping them away from the chromium material or by having them wear masks. People who are out in the sun a great deal—and therefore much more likely to get skin cancer—should cover their heads, bodies; or if it's arsenic with which they come in contact, we should protect them by suitable clothing or keep arsenic out of the industrial process—or whatever that may be. Those are preventive measures.

In this instance there seems to be reason to believe that cigarette smoking is increasingly important in the scheme of things. Then to prevent lung cancer, you simply say "O.K., let's tell the people what we know or believe so they can stop smoking excessively if they want to in the light of the facts." Or you can take out the thing in the cigarette that's causing it, or whatever preventive measures might be appropriate.

Q They have no idea yet just what they could take out, what the real cause is, have they?

A Some investigators believe it's the tars in the smoke. We refer to "tars" simply as the inconclusive term for all the "gunk" that's in cigarette smoke. They may be polycyclic hydrocarbons, chemically a host of different chemicals....

*As a specialist in venereal disease, Heller assisted Dr. Raymond Vonderlehr, an originator of the Tuskegee syphilis study, and succeeded him as head of the study. Heller also became the chief of the Venereal Disease Section of the Public Health Service and Assistant Surgeon General. He served as president of the American Venereal Disease Association in 1948–1949.