

June 1962

Reader's Digest

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About Cigarette Advertising*

The Publishers of The Reader's Digest can find little room for further doubt that cigarettes are harmful to the health of smokers. The following article constitutes an important addition to the body of evidence leading to that conclusion. It is to be expected that other articles, keeping our readers informed of facts and developments in this important area, will appear in the Digest from time to time.

In these circumstances, and as long as these circumstances exist, the Publishers feel that they should not continue to accept advertising which has as its purpose the encouragement of cigarette smoking. We are accordingly advising our advertisers of this policy decision, which will take effect after the fulfilment of existing contracts.

SMOKING AND HEALTH:*The Doctors' Report*

BY LOIS MATTOX MILLER

SEVERAL diseases, in particular lung cancer, affect smokers more often than non-smokers . . ." This chill blast sobered smokers and jolted the tobacco industry on both sides of the Atlantic last March. The venerable 444-year-old Royal College of Physicians,

which never deals with trivia or sensationalism, had completed an exhaustive study and published a fact-filled report, *Smoking and Health*, "intended to give to doctors and others, evidence on the hazards of smoking so that they may decide what should be done."

The Royal College of Physicians' report states unequivocally:

- "Cigarette smoking is a cause of lung cancer and bronchitis, and probably contributes to the development of coronary heart disease and various less common diseases."

- "Cigarette smokers have the greatest risk of dying from these diseases, and the risk is greater for the heavier smokers."

- "The many deaths from these diseases present a challenge to medicine; in so far as they are due to smoking they should be preventable."

- "The harmful effects of cigarette smoking might be reduced by efficient filters, by leaving longer cigarette stubs, or by changing from cigarette to pipe or cigar smoking."

The report had immediate repercussions in Parliament. Spokesmen for the tobacco industry issued the standard rejoinder that the evidence was merely "old data without any new research findings", but the statement sounded weaker and more pathetic than ever.

Sir Robert Platt, then President of the Royal College of Physicians, said: "Naturally every possible opposition has been raised to the idea that these diseases are due to cigarette smoking. But not one of the opposing theories will hold water, whereas everything confirms the evidence against cigarettes."

Smoker's Lungs. "During the past 45 years," the report explained, "lung cancer has changed from an infrequent disease to a major cause

of death in many countries. To account for this increase, it is necessary to postulate some causative agent to which human lungs have been newly and increasingly exposed during the present century. Cigarette smoke is such an agent and there is now a great deal of evidence that it is an important cause of this disease."

Since 1953 at least 23 investigations in nine different countries (including Britain and the United States) have reported on the relationship between lung cancer and smoking. "All these studies," the report states, "have shown that death rates from lung cancer increase steeply with increasing consumption of cigarettes. Heavy cigarette smokers may have 30 times the death rate of non-smokers. They have also shown that cigarette smokers are much more affected than pipe or cigar smokers [who do not inhale] and that those who had given up smoking at the start of the surveys had lower death rates than those who had continued to smoke."

This strong statistical association between cigarette smoking and lung cancer "is supported by compatible, though not conclusive, laboratory and pathological evidence." Some 16 substances capable of initiating cancer in animals have been identified in tobacco smoke. Also, the smoke contains irritants which cause "pre-cancerous" changes. These have been noted in the lungs and bronchial tissues of smokers who have died of causes other than lung cancer.

Addressed to Doubters. The Royal College of Physicians' report devotes a full section to the theories advanced by those who doubt the cause-and-effect relationship. "None of these explanations fits all the facts as well as the obvious one that smoking is a cause of lung cancer."

How about air pollution on to which the tobacco spokesmen try to shift the blame? In *Smoking and Health*, the investigators point to the difference in lung-cancer death rates in smokers and non-smokers who live in urban or rural areas or even in countries with little air pollution.

Finland, for example, which has the second highest lung-cancer death rate in Europe, is essentially a rural country which has little air pollution but a population of heavy smokers. "This suggests that smoking is more important than air pollution," the report concludes. Moreover, "it is clear that at all levels of air pollution cigarette smokers suffer a risk of lung cancer which increases with the number of cigarettes smoked, and even in the most rural areas of this country heavy cigarette smokers develop

lung cancer 15 to 20 times as frequently as non-smokers."

"*Smoker's Cough.*" Chronic bronchitis is a frequent cause of death, particularly among middle-aged and elderly men, as well as a common disabling disease. The disease usually starts with persistent coughing

The risk of getting lung cancer is multiplied as the consumption of cigarettes increases.

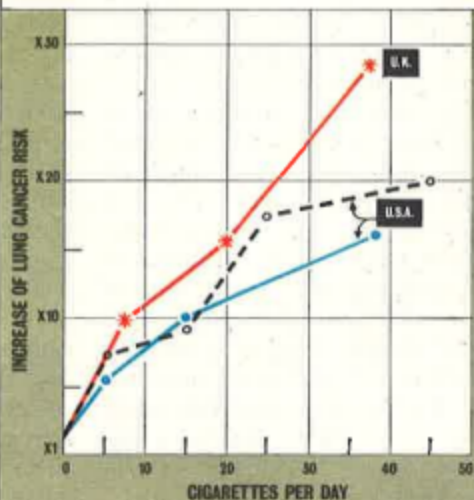
This RCP graph is based on three studies:

Doll and Hill's study of British doctors aged 35 and over: —*—

Hammond and Horn's study of American men aged 50-69: —○—

Dorn's study of American ex-servicemen aged 30 and over: —●—

The first horizontal line ($\times 10$) indicates ten times the lung-cancer risk of non-smokers, and successive horizontal lines ($\times 20$, $\times 30$) indicate multiples of ten. The RCP report suggests that the higher British rates may be due to our habit of smoking cigarettes to a shorter stub length than do the Americans, and to the greater exposure of British men to air polluted by domestic and industrial smoke.



and the production of phlegm (productive cough.) Then the bronchial tubes become infected and eventually persistent breathlessness may develop, in many cases bringing on heart failure and death.

"Smoking causes cough and expectoration," the report states. "Most people with smoker's cough lose this symptom when they stop smoking. Many studies have shown that the lungs of smokers are, on the average, impaired compared to non-smokers, particularly with respect to bronchial air-flow. Among British doctors, Doll and Hill found a steady increase of bronchitis deaths with increasingly heavy smoking. Those who smoked more than 25 cigarettes a day had a death rate from bronchitis six times greater than that of non-smokers. In the U.S.A., Dr. Harold Dorn found that death from bronchitis and emphysema was three times as frequent in regular cigarette smokers as in non-smokers."

Cigarettes may not be the sole or chief cause of bronchitis, the report emphasizes; other factors, chiefly air pollution, probably play a part. But "cigarette smoking often causes productive cough which predisposes to the disabling and fatal forms of bronchitis under the influence of other factors. Cigarette smoking should be regarded as an important contributing factor rendering many men and women liable to a disabling disease which they might have escaped had they not smoked."

Smoker's Heart. Coronary heart disease is a more frequent cause of death among cigarette smokers than among non-smokers. But the RCP report does not find evidence that cigarette smoking is a cause of coronary heart disease. Non-smokers too commonly have coronaries although "those who give up smoking have a reduced death rate."

"The association with smoking," the Royal College of Physicians finds, "is only clear in middle age, and various other factors such as mental strain, sedentary occupation and indulgence in fatty foods, which are thought to increase liability to coronary thrombosis, are also commonly associated with heavy smoking. It seems reasonable at present to agree with the recent statement of the committee on smoking and cardiovascular disease of the American Heart Association that present evidence 'strongly suggests that heavy cigarette smoking may contribute to or accelerate the development of coronary disease or its complications, at least in men under the age of 55.'"

Smoker's Ulcer. Tobacco smoke has demonstrable reactions in the stomach and intestines. Gastric hunger contractions, for example, cease after a few puffs on a cigarette. Non-smokers seem to have better appetites than smokers; and ex-smokers commonly put on weight as soon as they give up the habit. While there is no evidence that smoking causes gastric or duodenal ulcers, "most

physicians have seen an adverse effect of heavy smoking" on patients who already have stomach ulcers.

The RCP report states that the "effect of smoking on the healing of gastric ulcers has been carefully recorded in a controlled study in Britain." Hospital patients with gastric ulcers (all smokers) were divided into two groups. Group A was told to stop smoking. Group B was not; otherwise both received the same medical treatment. "It was noticeable that in patients who continued to smoke, the ulcer actually increased in size while this deterioration was not observed in any of those who gave up smoking." Conclusion:

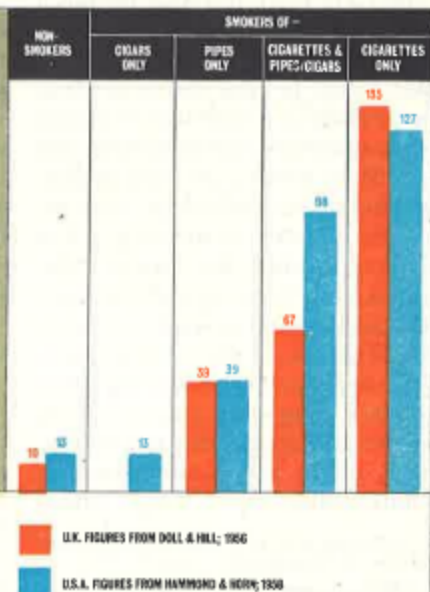
"Smoking does not appear to be a cause of ulcers in the stomach and duodenum, but probably exacerbates and perpetuates them."

A Word to Doctors. "Patients with bronchitis, peptic ulcer and arterial disease should be advised to stop smoking," the Royal College of Physicians advises doctors. "Even a smoker's cough may be an indication that the habit should be given up." The report says that the number of non-smoking British doctors has doubled in recent years from 24 per cent in 1951 to 50 per cent in 1961. "The doctor who smokes cigarettes must, like any other individual, balance these risks against

Death rates from lung cancer in men according to the type of tobacco smoked.

The British figures in this RCP diagram are based on Doll and Hill's study of British doctors aged 35 and over; the U.S. figures relate to Hammond and Horn's study of American men aged between 50 and 69. Only in the United States were there enough pure cigar smokers to estimate their death rate—which was the same as for non-smokers. Pipe smokers had three times the mortality of non-smokers, smokers of cigarettes plus pipes or cigars five to eight times, and pure cigarette smokers about ten times. The differences between cigarette smokers and other tobacco smokers may be due to the greater tendency of cigarette smokers to inhale the smoke.

STANDARDISED DEATH RATES FROM LUNG CANCER PER 100,000 MEN PER YEAR



the pleasures he derives from smoking and make his choice. But the doctor who smokes will inevitably lessen the effect of public education concerning the consequences of the habit and will find it harder to help his patients who need to stop smoking."

Preventive Measures. The RCP report is not the first comprehensive study to be made of the smoking-health problem. But it is probably the best factual statement, buttressed by over 200 citations of scientific sources, to be written in the plain English which the average layman as well as the doctor can understand. (The first 15,000 copies of *Smoking and Health* were sold out on publication day and it has since become a paper-back best-seller.*)

Smoking and Health is also the first report to spell out a practical programme of preventive measures. Some specific recommendations are:

- More public education, and especially of schoolchildren, concerning the hazards of smoking. "The Central Council for Health Education and local authorities spent less than £5,000 in 1956-60, while the Tobacco Manufacturers spent £38 million on advertising their goods during this period." Such public education, the report suggests, might advise safer smoking habits (filter tips, longer stubs,

preference for pipes or cigars) for those whose addiction is too strong to be broken.

- More effective restrictions on the sale of tobacco to children ("cigarettes are freely available in slot machines").† Wider restrictions on smoking in public places.

- Raise the tax on cigarettes, and perhaps lower taxes on pipe tobacco and cigars. "Pipe smokers," says the report, "incur a considerably smaller risk than cigarette smokers . . . The risk in those who smoke only cigars is even smaller and may be no greater than that for non-smokers."

["The difficulty," said the Chancellor of the Exchequer in his April Budget, "is that any differential tax could be easily avoided by people making their own cigarettes from tobacco . . . If I were to make a further, penal, increase in the general rate of duty, smoking, even in moderation, would be taken quite out of reach of many people of limited means. I am not prepared to do this."]

- Since filters vary in efficiency, it would be desirable to have them tested by some official agency and have the results indicated on the packet.

The RCP report was immediately subjected to full parliamentary discussion, and Mr. Enoch Powell, the Minister of Health, informed the House of Commons: "The Government certainly does accept that this demonstrates authoritatively and unquestionably the

* Published at 5s. by Pitman Medical Publishing Co., 46 Charlotte Street, London W.1.

† Within a month of the report, one leading tobacco group announced the withdrawal of its 6,000 slot machines from public places.

causal connexion between smoking and lung cancer and the more general hazards to health of smoking." The report's recommendations, he said, "are under consideration by the Government."

This forthright British approach was in sharp contrast to the timidity with which American officialdom has shied away from the clearly defined issue of smoking and health. In 1959 the Surgeon General of the U.S. Public Health Service published in the *Journal of the American Medical Association* a lengthy report which covered much the same ground as the current Royal College of Physicians' report, and accepted the causative role of cigarettes in lung cancer. But, unfortunately, some of the Surgeon General's colleagues had written into the report a brief paragraph which downgraded and dismissed filter-tips even as partial health protection, and the U.S. Federal Trade Commission seized upon this convenient excuse to sweep under the carpet the whole issue of the tar and nicotine content of American cigarettes.

There have been, however, a few faint but encouraging signs of a change of heart. Dr. Michael Shimkin of the U.S. National Cancer Institute, who had a hand in writing the Surgeon General's report, has

come out publicly in support of the American Cancer Society's proposal for a government regulation requiring that all packets be clearly labelled with the tar and nicotine content of the cigarettes.

Following the publication of the RCP report (but only then), it was disclosed that a House of Representatives Appropriations subcommittee had heard the testimony, in closed sessions a month earlier, of physicians from the U.S. National Institutes of Health. They stressed the overwhelming evidence linking cigarette smoking with lung cancer and other diseases, and strongly urged an educational campaign on the hazards of smoking.

Americans are now asking who will take the initiative? To many people in the United States it looks as if they will have to wait until Britain sets the precedent and shames America into following suit.

Meanwhile, this observation appeared in *The Lancet*: "Future historians will view our failure to find even a partial solution to the problem of smoking during the first ten years after its dangers were revealed. The enormous and increasing number of deaths from smoker's cancer may go down in history as a strong indictment of our political and economic way of life."

The Rising Toll

IN 1961, nearly 23,000 people died from lung cancer in Britain. The death rates for men rose from the 1960 figure of 856 per million population to 871; for women, from 132 to 141.

—General Register Office provisional figures



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at once to see you with a view to trying to find a peaceful solution. I propose to come across by air and am ready to start tomorrow."

The surrender that was to culminate in Munich had begun.

Hitler Pulls Back From the Brink

"Good heavens!" (*"Ich bin vom Himmel gefallen!"*) Hitler exclaimed when he read Chamberlain's message. He was astounded but highly pleased that the man who presided over the destinies of the mighty British Empire should come pleading to him, and flattered that Chamberlain—who was 69 years old and had never travelled in a plane before—should make the long seven-hour flight to Berchtesgaden at the farthest extremity of Germany. Hitler had not even the grace to suggest a meeting-place on the Rhine, which would have shortened the trip by half.

Hitler began his conversation with Chamberlain, as he did his speeches, with a long harangue about all that he had done for the German people, for peace and for an Anglo-German *rapprochement*. There was now one problem he was determined to solve. The three million Germans in Czechoslovakia must "return" to the Reich. Then he sprang his proposal. Would Britain agree to a secession of the Sudeten region to Germany or would she not?

Chamberlain expressed satisfaction that they "had now got down

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supplies of Swedish iron ore that persuaded Hitler to adopt the plan. On March 1 he issued the formal directive for Weser Exercise. Denmark had now definitely been added to the list of Hitler's victims; the air force had its eyes on bases there to be used against Britain.

Weseruebung was ordered to begin at 5.15 a.m. on April 9, 1940. At precisely an hour before dawn on that day, the German envoys in Copenhagen and Oslo presented to the Danish and Norwegian Governments a German ultimatum demanding that they accept on the instant, and without resistance, the "protection of the Reich". The ultimatum was perhaps the most brazen document yet composed by Hitler and Ribbentrop.

The Danes were in a hopeless position. Their pleasant, flat little country was incapable of defence against Hitler's panzers. The army fought a few skirmishes, but by the time the Danes had finished their hearty breakfasts it was all over. The King, on the advice of his government, capitulated and ordered resistance to cease.

But in Norway things were different. Although by noon on the first day of operations the five principal towns and ports and the one big airfield along the west and south coasts were in German hands, King Haakon refused to give up. Driven into exile from his capital, pressed to surrender and approve a government headed by the pro-Nazi

traitor Vidkun Quisling, Haakon assembled the members of the government and told them: "I cannot accept the German demands. If the government should decide to accept them, abdication will be the only course open to me."

The government, though there may have been some waverers, could not be less courageous than the king, and it quickly rallied behind him.

That evening from a feeble little rural radio station, the only means of communication with the outside world available, the Norwegian Government flung down the gauntlet to the mighty Third Reich and called upon the people to resist the invaders. There were only three million of them—but there was now hope that British troops might arrive to help them.

Britain had prepared a small expeditionary force for Norway, but was unaccountably slow in getting troops under way. By late April the southern half of Norway, comprising all the main towns, had been irretrievably lost. But northern Norway seemed secure. By May 28 an Allied force of 25,000 men had driven the Germans out of Narvik. There seemed no reason to doubt that Hitler would be deprived of both his iron ore and his objective of occupying all Norway.

But when the Wehrmacht struck with stunning force on the Western Front, every Allied soldier was needed to plug the gap. Narvik

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Something about a sailor

It was an unknown sailor who invented navy cuts. He laid a selection of tobacco leaves lengthwise, then squeezed them into a bar by binding a thin rope tightly round them. The pressure was so great that the flavours and aromas intermingled, and when cut in slices the result was something quite unlike all previous blends. It was John Player, a Nottingham tobacconist, who adapted the process to produce his famous Navy Cuts. And to this

day Navy Cut De Luxe is still pressed by hand in a coil of rope in the original naval way. There are four Navy Cuts to choose from—each a different blend, but each benefiting from the sailor's discovery. Medium is the most popular, and many experienced pipe-smokers will never smoke anything else. But Player's Gold Leaf, Tawny, and De Luxe all have much to recommend them; trying them all could be a very rewarding experiment.