

**SMOKE SCREEN:
TOBACCO
AND THE
PUBLIC WELFARE**

Maurine B. Neuberger

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*To the physicians and scientists whose labors
unmasked the role of smoking in disease,
this book is dedicated.*

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Smoke Screen: Tobacco and the Public Welfare
by Maurine B. Neuberger.

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Acknowledgments

Because I first became involved with the public health aspects of smoking as a legislator—not an author—my Senate office soon became a virtual clearinghouse for the comments, papers and arguments of literally hundreds of physicians, scientists and laymen concerned about smoking. A perceptive insight here, a novel suggestion there, a clipping, a complaint—each contributed in some indefinable measure to the background, views and comments now developed in this book. I do not know how to acknowledge these contributions individually, but I would be neglectful if I failed to mention them.

This book grew out of my personal involvement in the subject, but some very special acknowledgments are important:

My personal physician, Dr. Morton Goodman, who over the years never said, "Stop smoking," but carefully subjected me to the overwhelming evidence that there was a very real cause-and-effect relationship between cigarette smoking and health.

My husband, Dick, who never smoked himself, never nagged at me, but who was so proud and pleased when I finally quit.

Special mention goes to Alexander R. Beard, a devoted cor-

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Stanley Cohen, Washington editor of *Advertising Age*, whose understanding of the special world of cigarette advertising is widely recognized, has been a consultant on advertising fact and folklore.

Members of my own staff have contributed by research, weekend and late-night typing, even foregoing vacation time. The mainstay of this group was my Legislative Assistant, Mike Pertschuk.

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Introduction

Shortly after I had taken the floor of the Senate to plead for the enactment of rational public health measures to curb what a leading scientist had called the "cigarette epidemic," I found that a curious change took place in my life. For weeks after I had spoken, friends, colleagues, and even near-strangers whom I met would spontaneously launch into grim accounts of their own combat with the smoking habit. I became, quite against my will, confidante, counselor, and confessor to many in the smoking populace of the nation's capital. I began to suspect that I would end my days in Washington a social pariah, especially when the wife of a Cabinet member confided to me that my presence at a party was good for her husband—he always smoked considerably less when I was around!

For every tale of triumph over tobacco, I have heard twenty of the "I know I should quit, but . . ." variety. But nothing so disarmed me as the wry note I received from a dear friend and Senate colleague, the day after I had cornered him and de-

tailed the indictment against smoking in as terrifying terms as I could muster:

As I told you riding over to the Capitol yesterday, it was my firm intention to make this a denunciatory letter following receipt of your invitation to join you in sponsoring your resolution to create a Commission on Tobacco and Health. Between coughs, I now announce that although I cannot go so far as to join with you in sponsorship (yet, at any rate), I have been thinking during the hours since we talked almost constantly of your having told me of having seen in a color film the lungs of the heavy smoker. Indeed, the whole episode made me so nervous that I have been smoking like fury ever since.

He had in good humor laid bare one of the disturbing paradoxes that continues to characterize the smoking problem in this country. Though there remain many smokers—and children eager to become smokers—who are still misled or lulled by the distortions and semantic quibbles of tobacco industry spokesmen, vast numbers of others are neither confused nor misled but perversely continue “smoking like fury.”

Shortly after the publication in the spring of 1962 of the Royal College of Physicians' exhaustive documentation of the case against smoking, a journalist writing in the noted British medical journal, *The Lancet*, had this to say:

Future historians will have views on 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 ways of life.

Yet, *which* segments of our society and *which* institutions will these “future historians” indict? The tobacco industry, for its callous and myopic pursuit of its own self-interest? The

government, for its timidity and inertia in failing to formulate a positive program of prophylaxis? The medical profession, for abdicating its role of leader in this crucial area of public health? Or is the individual—smoker and nonsmoker alike—incriminated by his failure to accept responsibility for his own and his society's well-being? I am convinced that no indictment would be sufficient if it failed to name each of these parties jointly responsible for the “cigarette epidemic.”

I have undertaken to write this book because I believe that the moral and intellectual poverty that has characterized our approach to the smoking problem must no longer be shrouded by the press-agentry of the tobacco industry, nor the fancy bureaucratic footwork of government agencies charged with responsibility for guarding the nation's health.

Yet, polemics alone cannot retard the incidence of death and debilitation from smoking. As I have learned more of the hazards of smoking, so I have become sensitive to the complex barriers—social and psychological, political and economic—which frustrate easy solutions to the smoking problem. And as Rachel Carson has shown us in *Silent Spring*, the stronger the vested interest threatened, the more imposing the barriers.

There is no simple remedy. Prohibition is neither feasible nor compatible with our traditional freedom of choice. We have amply demonstrated that we are not a nation of prohibitionists. Nevertheless, there are practical and judicious measures which can effectively be employed to brake the rising toll of smokers. It is my purpose and hope in this book to enlist the support of my readers in the task of implementing such measures.

Finally, although I cannot pretend to be an expert in the sciences of chemistry, pharmacology, epidemiology (the study of the factors which determine the frequency and distribution of a disease or a condition in a population), and so forth, no book on smoking would be complete without at least a

rudimentary tour through the vast storehouse of medical evidence incriminating smoking as a major cause of disease. Nor should any book on smoking avoid exposing the claims of the tobacco apologists. I have therefore attempted at least to touch upon the high spots in the quest for knowledge of the effects of smoking, as well as the low spots in the tobacco industry's pseudoscientific guerrilla warfare.

"They're So Mild!"

Mice are unenthusiastic smokers. For one thing, a mouse has to inhale through his nose since, unlike a human, he cannot breathe through his mouth. If he does succeed in sniffing in quantities of smoke in the same concentrations as inhaled by human smokers, he is likely to go into convulsions and expire on the spot. But let us assume that we are able over a period of several years to breed a generation of mice foolhardy enough to smoke regularly, and hardy enough to survive. Then assume that we spent the next several years comparing their subsequent health histories with those of a control group of abstinent mice; if we found that our smoking mice alone succumbed to lung cancer and premature heart failure, the tobacco industry presumably would hail our experiment as proof positive of the hazards of smoking. Meanwhile, of course, hundreds of thousands of Americans would have become lung-cancer victims and millions would have suffered premature heart fatalities that otherwise might have been prevented. We might have satisfied at last, however, the tobacco industry's hunger for "pure clinical" evidence of the hazards of smoking.

Or would we? We could say with absolute certainty *only* that the mice we had trained to smoke ought to give up the habit. After all, the perfect laboratory animal for proving effects upon man is not the mouse but man. In order to construct the most nearly ideal experiment for gauging the effects of smoking upon human health, the investigator should select a random group of human beings, teach them to smoke, and record their subsequent deterioration, meanwhile comparing their health histories with those of a comparably selected group of nonsmokers.

This is precisely the experiment performed through the 1950's by Drs. E. Cuyler Hammond and Daniel Horn of the American Cancer Society, except that fortunately for both their consciences and convenience there already existed at large in our population 70,000,000 people who voluntarily and regularly smoked. With the help of 22,000 trained American Cancer Society volunteers, Hammond and Horn enrolled 187,783 men between the ages of 50 and 69 in a massive study of the relationship between smoking and health. The smoking or nonsmoking habits of each man were precisely noted. Then Hammond and Horn sat back and waited.

On October 31, 1953, they took a preliminary look at the comparative death rates of smokers and nonsmokers. That look was so startling that Dr. Horn, previously a moderately heavy smoker, never smoked cigarettes again.

By October 31, 1955, the evidence had become overwhelming. Of 11,870 men in the study group who had died, 7,316 were smokers. If the death rate of the smokers had been comparable to the death rate of the nonsmokers, only 4,651 would have died. The doctors therefore concluded that the deaths of 2,265 smokers had to be considered as "excess deaths" and related to smoking. Coronary artery disease claimed more than half these excess deaths. Lung cancer took 14 per cent, as much as all other cancers. Also prominent among the causes of "excess deaths" were cancer of the larynx

and the esophagus, gastric ulcers, pneumonia, and influenza.

The death rate of regular cigarette smokers generally was 68 per cent higher than that of nonsmokers; that of smokers of two or more packs a day was 123 per cent higher. Cigar smokers had only a 22 per cent higher death rate, while the pipe smokers escaped relatively unscathed with a death rate only 12 per cent in excess of nonsmokers.

A very important finding was that ex-smokers had significantly lower death rates than those who continued to smoke regularly. The longer the ex-smoker had abstained, the more his death rate resembled that of the nonsmoker.

Though in absolute numbers heart disease claimed the most victims among the smokers, the ratio of smoker lung-cancer fatalities to nonsmoker fatalities was the most startling statistic of all. Lung-cancer fatalities were ten times as frequent in smokers as in nonsmokers. Even more startling, the chances of the heavy smoker dying of lung cancer was found to be *64 times that of the nonsmoker*.

Of the total of 127 deaths from cancer of the mouth, tongue, lip, larynx, pharynx, and esophagus, only four occurred in men who never smoked. Incidentally, it was here that the pipe and cigar smokers came into their own statistically, for their death rates from these diseases were far higher than those of the nonsmokers.

(Most cigarette smokers, of course, inhale. As one of the less ingenuous Lucky Strike ads put it: "Seven out of ten inhale knowingly—the other three do so unknowingly!" The great initial success of the milder Virginia tobaccos in cigarettes can be traced, in large part, to the reduced alkalinity of smoke from Virginia leaf—a quality which enabled the smoker to inhale freely without coughing. Pipe and cigar smoke, on the other hand, is far more alkaline, and, as many men partial to those devices will tell you, it takes a rare and hardy creature to inhale either cigar or pipe smoke. Though pipe and cigar tobaccos generally produce more tar and nico-

tine, these are not destined to be sucked into the linings of the lung.)

The Hammond and Horn study was certainly a landmark in the history of knowledge about smoking. But their findings have been repeated and corroborated many times over. The Royal College of Physicians reviewed 23 retrospective studies in nine countries and four follow-up studies in three countries. Among the latter were the Doll-Hill study of more than 40,000 British physicians over the age of 35 and the Dorn study of 249,000 United States veterans. In each case the Hammond and Horn findings were substantially duplicated.

Today Dr. Hammond is engaged in a mammoth study of 1,079,000 men and women over the age of 30. He has attempted to obtain as exhaustive and probing information about his subjects as possible. To date, returns from this study in no way contradict the earlier findings. Moreover, the new study apparently provides evidence, previously lacking, of the importance of inhaling. Upon the basis of preliminary data, Dr. Hammond reported that "the degree of inhalation is as important, and perhaps more important, than the amount of smoking." Dr. Hammond has also alluded to evidence that among subjects who had begun smoking during their teen-age years the death rate by ages 30-35 is many times that of their nonsmoking classmates.

As each successive population study appears to reinforce the link between smoking and disease on a scale more grand, more precise, and more exhaustive than the last, the tobacco industry spokesmen rise like persistent spectres to be counted with the "know-nothings." "Not proven," states the Tobacco Institute (the industry's public relations organ). "Not proven," states Dr. Clarence Cook Little, Chairman of the Scientific Advisory Board of the Tobacco Industry Research Committee. "Not proven," states the American Tobacco Company, Reynolds, Philip Morris, *et al.* And once again the claim, "merely statistical," is launched around the conti-

nent to make certain that no American makes the tragic error of believing the evidence and, God forbid, giving up smoking.

To the appalling discovery that women who had taken thalidomide during pregnancy were giving birth to deformed babies, the response of American Public Health officials was swift and sure. Thalidomide was swept off the market, and its use, even on an experimental basis, was totally proscribed. The evidence that thalidomide caused these birth defects was "merely statistical"; that is, the use of thalidomide and the birth of deformed babies tended to coincide. Yet we heard no anguished appeals from the manufacturer of thalidomide that the Government postpone action until laboratory scientists were able to prove that thalidomide administered to pregnant mice produced deformed baby mice. Nevertheless, the tobacco industry insists that statistical evidence is inherently defective. Dr. David Rutstein, head of the Department of Preventive Medicine at Harvard Medical School, took the measure of this contention in a telling open letter to Dr. Little published in the *Atlantic Monthly*:

Do not statistical principles come into play whenever anything is counted in any scientific study, whether performed in the laboratory or in the field? Statistics are, after all, the rules by which things are counted, and it is impossible to do any experiment without counting up the results.

. . . When you question the eighteen studies [note: now 23] which show a relationship between cigarette smoking and lung cancer as being only "statistical," I think what you really mean is that these studies are not as well controlled as laboratory experiments. If we think about it, we realize that even in laboratory experiments, no matter how performed, the results are really nothing more than a statistical association between two events. The laboratory result becomes more valid if one can perform a series of experiments

in sequence because one can frequently rule out factors which may interfere with its interpretation.

On the other hand, in the study of epidemics of disease as they occur in a population, one can only observe what actually happens. This is as true for epidemics of influenza as it is for the present epidemic of lung cancer. This limitation does not deny the validity of the epidemiologic observation; it merely demands more care in interpretation. It requires analysis of the plan and results of each study and a comparison of the data of many studies planned along different lines. In the case of cigarette smoking and lung cancer, one may get some reassurance from the unanimity of results from the many different approaches that were used in the eighteen studies. It is unlikely that all would have been affected in exactly the same way by extraneous factors.

The tobacco industry's contempt for statistical evidence is not shared, incidentally, by the insurance industry (hardly noted for reckless risk-taking). Several insurance firms are now offering a substantial discount on life insurance to applicants who have not smoked for 24 months prior to their application and who are willing to forswear smoking for the foreseeable future.

Actually, even the tobacco industry succumbs on occasion to the lure of a relevant statistic. As Lord Cohen drily observed in the British House of Lords debate on smoking:

. . . I have little doubt that the noble Lord's Tobacco Manufacturing Standing Committee and other bodies have not increased the expenditure in the last five years on tobacco advertisements by nearly four times without having had some statistical evidence to support the expenditure of that sum of money.

Tobacco apologists, though continuing to frown at the mention of statistical evidence, have by and large abandoned the pretense of earlier years that smokers are as equally hearty and healthy a lot as nonsmokers. Even they now gen-

erally concede that smokers fill the ranks of those most often felled by lung disease, coronaries, and so on.

But, says a physician in a paper often quoted by the Tobacco Institute: ". . . are we mistaking a concomitant for a cause? I am positive we are. . . ." This is to argue that certain unfortunate members of society are fated by heredity (1) to smoke and (2) to succumb prematurely to heart failure, lung cancer, and so forth, and that even if you could inhibit their genetic predisposition to smoke you would not reduce their risk of premature death. Plainly, since their fate is conveniently predetermined, it would be fruitless for them to give up smoking.

There are fatal flaws in any theory which attempts to explain the smokers' morbidity and mortality rate purely in terms of hereditary or genetic factors. To be consistent, for example, the Institute would have to add that those whose heredity doomed them to smoke and to an early eclipse must also be, by heredity, predisposed against membership in the Seventh Day Adventist Church, since a survey of Seventh Day Adventists, militant nonsmokers, disclosed a virtual absence of lung cancer. Indeed, in a group of Seventh Day Adventist patients in a Los Angeles hospital only two were found to have succumbed to lung cancer—two converts, who previously had smoked from childhood to near middle age.

Moreover, to account for smokers who have in fact proved themselves capable of giving up smoking and whose death rate has subsequently dropped sharply, it must follow that he who inherits the ability to give up smoking does not inherit the predisposition to premature death.

Next, our hereditary smoker-lung cancer victim-non-Seventh Day Adventist must also inherit ignorance, since various studies have shown that those who are aware of the dangers of smoking are less likely to smoke (and therefore to succumb to smoking-connected ailments) than their uninformed brethren.

And since the population studies demonstrated that the heavier the smoking habit, the greater the risk of disease, the heredity theory must also be expanded to postulate that those who inherit the urge to smoke a half-pack a day, inherit a correspondingly lower predisposition to disease than those who inherit the urge to smoke more than two packs a day.

It is of course possible that genetic factors do play a role in determining which smokers will succumb to lung cancer or heart disease (though it is unlikely that genetic good fortune can shield any smoker from chronic lung disease). It is equally clear that such genetic factors, whatever they may be, are inoperative among nonsmokers.

The frantic scramble to discredit population studies and unearth some fanciful cause, other than the inhalation of cigarette smoke, for the relationship between smoking and disease might be justified if we had no clinical or laboratory evidence that cigarette smoke is a hazardous substance. But do not suppose that the laboratory scientists were idle while others were out in the world counting heads and bodies. For more than a half-century we have been compiling dramatic clinical evidence of the disastrous effects of cigarette smoke upon human tissues and systems.

Smoke, the by-product of combustion, has long fascinated the medical researcher. Chemists early discovered that any organic matter subjected to extreme heat (and a hearty drag on a cigarette can produce temperatures in excess of 700 degrees Centigrade—though the smoke cools to room temperature before entering the mouth) produces a fascinating assortment of complex gases and chemical compounds. The cancer-causing (carcinogenic) properties of smoke had first been suspected by Sir Percival Pott, in 1775, who speculated that the tragic frequency of cancer of the scrotum among chimney sweeps appeared to be caused by their excessive contact with soot.

In 1925 the British chemist Sir Ernest L. Kennaway put match to virtually every organic substance he could lay his hands on—petroleum, coal, skin, hair, yeast, cholesterol—and in each case was able to produce cancerous tumors on the skins of laboratory animals by painting the condensed smoke "tar" upon their skins.

Tar may be a simple-sounding word, but the term "tobacco tar" is the chemists' shorthand for the composite of approximately 2,000 distinct chemical compounds isolated or remaining to be isolated from condensed tobacco smoke. And at least sixteen of these compounds, with such strange and exotic-sounding names as diketene and vinylcyclohexene hydroperoxide, have been found to be carcinogenic when administered to laboratory animals.

Ironically, one of the most significant of these carcinogens, 3,4-benzpyrene, was isolated in tobacco smoke by Dr. Samuel Z. Cardon while he was engaged in research financed in part by a tobacco company. (Shortly after his discovery tobacco company funds abruptly ran dry.)

Perhaps as significant as the carcinogens in the tobacco smoke are the cocarcinogens, which cannot produce cancer alone but, in conjunction with carcinogens, appear to stimulate greatly the growth of cancerous tumors. Two groups of chemical compounds present in tobacco smoke—phenols and fatty acids—have exhibited significant cocarcinogenic effects upon laboratory animals.

At this moment, the member of the panel representing the tobacco industry viewpoint jumps up, pounds the podium, and exclaims that cancer in mice is not cancer in human beings. "All this proves is that mice shouldn't go around painting their skins with tobacco tars. It certainly doesn't prove that smoke has any carcinogenic effect upon human tissue."

Yet the type of cancer (epidermoid carcinoma) produced on the skin of laboratory animals by the application of tobacco tars is identical to that cancer found on the lips,

tongues, and mucous membranes of the mouth linings of smokers only. These, of course, are the tissues which, like the skin of the laboratory animals, come into direct contact with tobacco smoke as it is inhaled in quantities comparable to those applied to the laboratory animals.

Moreover, recent laboratory studies by Dr. Hammond and his associates have provided new and compelling insights into the mechanism by which cigarette smoke causes both lung cancer and premature heart disease.

Earlier studies had shown that inhaled cigarette smoke paralyzes the short, hairlike cilia whose constant whiplike motion propelling a layer of mucus as if it were on a conveyor belt, prevents irritants from settling in the bronchial tubes. Researchers had speculated that, unprotected by the action of the cilia, the bronchial tube linings would be subjected to a rain of carcinogens, cocarcinogens, and other irritants in the tobacco smoke.

Dr. Hammond, with Drs. Oscar Auerbach, Purdy Stout and others performed microscopic examinations of lung tissues taken from more than 1,000 patients who had died from a great variety of causes. They were able to compare the cancerous lung tissue of lung-cancer victims with the non-cancerous lung tissue of both smokers and nonsmokers. In all of the smokers—and in none of the nonsmokers—they found the cilia destroyed. And where the cilia had been destroyed, they found cancer cells. These cancer cells, found rarely in the tissues of nonsmokers, occurred with great frequency in regular smokers: In heavy smokers the cancer cells were found in profusion, frequently combined to form pre-cancerous lesions.

In studying the smokers' lung tissues, Auerbach and the others also discovered changes which shed light upon the smokers' susceptibility to heart disease. They found widespread destruction of the tiny air sacs, called alveoli, of the lung, as well as a narrowing of the small arterial blood vessels

in the lungs. Since the heart must pump blood to the lungs to obtain oxygen from the alveoli, the destruction of alveoli and the narrowing of the blood vessels combine not only to force the heart to exert greater pressure, but also (simultaneously) to diminish the heart muscle's vital oxygen supply. Moreover, the remaining alveoli may hold, instead of oxygen, carbon monoxide inhaled with the cigarette smoke, thus further depleting the heart's oxygen supply.

Nor is the dismal picture complete without that traditional villain, nicotine. If you don't believe tobacco is truly lethal, ask a tobacco farmer. He uses nicotine (distilled from tobacco) in the pesticides he employs to protect his tobacco crop. And nicotine is the very model of an effective pesticide, penetrating the vital organs of the insect's body and producing, in the words of a pesticide manual, "stupefaction," "paralysis of the hind legs," "staggering gait," and "violent convulsions."

It was early discovered that nicotine, absorbed into the body in cigarette smoke, causes a narrowing or constriction of the peripheral arteries, adding to the load on an already strained and overburdened heart.

Arteriosclerosis, the building up of fatty deposits in the arteries with a consequent narrowing of the arterial passages, is known to be present in varying degree in the great majority of adult American males. Where the involuntary condition of arteriosclerosis coincides with the voluntary condition of smoking, it is no great surprise that heart failure is the frequent result.

"All right, then," says the tobacco man, "what about air pollution? What makes you think that it's cigarette smoke that scourges our lungs rather than the dust and fumes of our roads and cities?" There is, of course, excellent evidence that air pollution from the burning of such organic fuels as coal and oil is a contributing cause of the diseases associated with smoking. Why shouldn't it be? As we have seen, the combus-

tion of almost any organic matter produces carcinogenic agents. As a polluter, the smoker is a blood brother of the fall leaf-burner. Dr. Michael B. Shimkin, Associate Director for Field Studies of the National Cancer Institute and a leading authority on smoking and disease, views the cigarette smoker drolly as a "do-it-yourselfer" who insists upon manufacturing his own personal smog cloud.

As to the relative importance of smoking and air pollution, the Hammond-Horn study revealed that both city and country smokers far outdistance their nonsmoking neighbors in deaths from lung cancer. The investigators did discover that smokers in large cities, the centers of air pollution, have a significantly greater incidence of lung cancer than their country cousins. Yet, the city nonsmoker does not run a significantly greater risk of lung cancer than the country nonsmoker.

Earlier, a joint American and Italian study of lung-cancer rates in Venice, Italy, and Reykjavik, Iceland, cities selected for their virtual freedom from motor vehicle and industrial air pollution, demonstrated that lung cancer thrives along with tobacco consumption in the absence of air pollution. In Venice, where apparently more tobacco is smoked than in any other city in Italy, the investigators reported that lung cancer was the leading cancer-killer.

Thus, air pollution, while apparently adding to the already great risks of the urban smoker, is clearly insufficient by itself to account for even a fraction of lung-cancer fatalities.

When I was teaching physical education to Portland, Oregon, high school classes, I was obliged by state law to alert my pupils not only the evils of "demon rum," but also to the dangers of "tobacco heart." The instruction manual contained no clinical details or statistics—just a hideous illustration of an enlarged, misshapen heart. I rather doubted at the time the clinical verities of "tobacco heart." I now find, much to my surprise, that "tobacco heart" (in more sedate medical

terms, "tobacco angina" or "nicotine angina pectoris") is a well-recognized, if minor, medical syndrome characterized by cardiac pain brought on by smoking which disappears when smoking ceases.

But even if "tobacco heart" had been merely the incarnation of a prohibitionist's nightmare, it was no more gruesome than even a restrained clinical portrait of the diseases to which the smoker is demonstrably heir.

Public health authorities naturally stress both lung cancer, because of its epidemic rise and the statistical perfection of its relationship to smoking, and coronary heart disease, which claims by far the greatest number of smoking-connected deaths. But the smoker's lungs and "accessory organs" keep many more physicians, besides cancer and coronary specialists, gainfully employed. Take emphysema, a disease which has only lately achieved just notoriety. Dr. Edward Ernest Rockey, a noted New York chest surgeon, has unceremoniously labeled emphysema a "greatercrippler and killer than lung cancer." Dr. Rockey adds, moreover, that 80 per cent of the emphysema cases in this country can be traced directly to lung irritation from cigarette smoke. Emphysema is characterized by the blockage of the air passages leading out of the lungs and the consequent destruction and ballooning of the tissues at the end of the air passages.

Its effects upon the lives of its victims were graphically catalogued for the public affairs committee by Jules Saltman:

. . . Whether he exercises or not, the victim pants for air, awake or sleeping, working or resting. He may cough continuously. His life becomes a moment-by-moment struggle to take in life-giving oxygen and expel carbon dioxide.

As he steadily loses headway in the fight, the individual may have to give up work completely. Then almost all activity may stop. Next, he will need medical help to breathe—lung-clearing drugs or oxygen for a few minutes at certain times every day; then perhaps more oxygen for longer periods.

In the end, the breath of life may fail altogether. This may happen of itself, but usually it will be in the course of an acute infection—bronchitis, pneumonia, or a severe cold. It may be brought on by such an external event as a heavy, pollution-laden fog. Such episodes of acute air pollution have in the past brought death to lung cripples in London, England, in Donora, Pennsylvania, and elsewhere.

Very often it is neither the lungs nor the laboring muscles of the chest and neck that weary of their hopeless task and give up. It is the heart. The human heart is a mighty pump, but there is a limit to the unrewarding toil it can do, especially when its own muscles, along with those of the rest of the body, are starved for oxygen.

Cancer of the bladder, gastric and duodenal ulcers, bronchitis, pneumonia, influenza, pulmonary tuberculosis, thrombo-angiitis-obliterans (a disease of the arteries in which the flow of blood is impaired), tobacco amblyopia (according to the Royal College, "a rare form of blindness affecting heavy smokers"), premature delivery of infants, impaired hearing, altered metabolism, premature aging of tissues, and even accident-proneness, all have been related, with varying degrees of certitude, to smoking as cause or aggravation.

And, what of the "total risk" of smoking? I have heard enough smokers taking refuge in the conviction that "after all, lung cancer doesn't really kill very many people, probably no more than 40,000 a year. That many people die from getting out of bed and slipping on a throw rug!" There is a great variety of ingenious methods of formulating statistics on smokers' risks: the odds of the two-pack-a-day smoker living to a certain age, the comparative death rates of smokers and of nonsmokers for any given disease, the numbers of children now in school who will die of lung cancer if present levels of smoking continue. I'm not certain, however, that I really appreciated the total impact of smoking-connected disease until I heard Dr. Horn's answer to the question posed at a

symposium of the Queensboro Tuberculosis and Health Association in New York: "How many Americans die annually and how many become disabled on account of their smoking habit?"

. . . What would be the situation if there were no smoking compared to what it is today? My best guess . . . is that as far as mortality is concerned *there would be somewhere in the neighborhood of 300,000 to 500,000 fewer deaths per year if it were not for smoking* . . . it represents about one sixth of the 1.8 million deaths which we have in this country. Not that these deaths would not occur . . . but they would occur later.

As far as the morbidity (incidence of illness) is concerned . . . we don't have relative figures on morbidity in general, particularly when talking about diseases like emphysema and chronic bronchitis where there is no formal reporting. But these are increasing and increasing rapidly and probably constitute at least 5 or 6 times as many people as are subject to mortality risk . . . *we probably have somewhere around a million to two million people in this country who are disabled to some degree by the effect of smoking of cigarettes.*

Tobacco— "Boon to Mankind, Bane to Zealots"

The Tobacco Institute

The tobacco industry reserved its own special reward for those scientists who had painstakingly revealed the relationship between smoking and disease. These dedicated men soon discovered what I, as a politician, had early learned: When you leave the academic cloisters and laboratories, it pays to take your brass knuckles along.

Ridicule and derision became deliberate defensive weapons in the hands of the tobacco industry public relations experts. The researchers who had discovered a close statistical relationship between smoking and disease were unceremoniously labeled "zealots," scorned as "warriors against pleasure" or "enemies of pleasure," and "peculiar." The identification of smoking as a "cancer cause" was subtly equated with past, notorious quack claims for new-found "cancer cures."

A similar fate befell the laymen, such as LeRoy Collins, the distinguished former Governor of Florida and president of the National Association of Broadcasters, who ventured to suggest that the evidence against smoking appeared conclusive. The Tobacco Institute went into an indignant funk at the effrontery of a *layman* daring to express a view on a

scientific matter. Such pious condemnation of Governor Collins contrasts rather dramatically with the inevitable quick-triggered press releases from Tobacco Institute *laymen* contesting the validity of each new scientific paper implicating cigarette smoke in disease.

The industry sought to identify the furor that resulted from the conclusions of the scientific community with the early superstitions and prejudices against tobacco. Thus, the Tobacco Institute recalled the past "defamation" of tobacco:

Over several centuries the growing numbers of consumers have had to face various forms of persecution and sometimes savage punishment. They have weathered the opposition of zealous reformers, some of them hostile to all pleasures, fear-arousing campaigns of confused health zealots, and the economic penalty of excessive taxation.

The critic of tobacco who was not himself a smoker or who had given up smoking was charged with displaying his moralistic bias. Dr. Horn's earlier mentioned decision never to smoke again (made after he reviewed results of investigations of the correlation between cigarette smoking habits and death) serves to refute such charges.

If ever there were a rational decision, this was it. To characterize Dr. Horn and his associates as "zealots" on the basis of such a decision is arrant nonsense. As the *Christian Science Monitor* drily observed, no one doubts J. Edgar Hoover's objectivity in condemning narcotics because J. Edgar Hoover is not an opium smoker.

Dr. Horn facetiously suggests that he has found an antidote to industry charges of bias. In the fall of 1962, as Dr. Horn tells it, he was presented with an opportunity to pacify the tobacco industry. He was then in the process of transferring his family from New Jersey to the Washington, D.C., area so that he could devote himself to the development of a broad program of cancer control for the Department of Health, Education and Welfare.

The Horn family is devoted to rural living and reconciled to long-distance commuting. Therefore on his arrival in Washington Dr. Horn began canvassing the Maryland and Virginia countrysides for a suitably rustic residence. One day, as he was surveying a rambling Maryland farm, the realtor, pressing to close the deal, announced with a flourish that the leasehold entailed an extra bonus: the tenant would acquire a prized 3-acre tobacco allotment. This generous offer bemused the good doctor, and he declined it reluctantly. But he enjoys speculating that the acquisition of a tobacco allotment—and therein a vested interest in the tobacco industry—might have served, in the minds of tobacco men, to cancel his alleged bias as an ex-smoker.

Though I ceased believing in witches and goblins and the like when I was a young girl in Tillamook, Oregon, I confess that my study of the tobacco problem has greatly shaken my disbelief. How is one to explain the extraordinary frequency with which some unidentified force has intervened to prevent the public from learning about the hazards of smoking, without concluding that the tobacco industry is protected by a benign fairy godfather?

Even for the faithful believer, the tobacco industry must seem as unlikely a recipient for the good offices of a good fairy as can be imagined. Yet, take the odd experience of a distinguished government scientist who was asked to join in a 1-hour filmed network television program on cancer. He chose to address himself to "the problem of smoking and cancer, whereupon he was allotted 2 minutes to speak. He decided to let a British poster depicting a smoldering cigarette whose twisting string of smoke spelled out, in ghostly white letters, "Cancer," deliver his message for him within this time limitation. The producers of the show were suitably apologetic when it appeared that his segment of the show—and only his segment—had been ruined in the developing.

On another occasion, the editor of a pharmaceutical magazine authored a ringing editorial condemning the role of tobacco in disease. Fearful that his editorial might be tampered with, he insisted upon seeing the galley proofs before the issue went to press. The proofs were satisfactory, but during the hours intervening before the magazine was printed, his editorial was garbled in such a way as to distort his message.

This fairy godfather's protective umbrella evidently extends even over Wall Street, for a similar incident occurred when the newsletter of a New York brokerage house blandly informed the investing public that the Public Health Service did not consider smoking injurious to health. When the error was brought to its attention, the horrified brokerage house declared that some unseen hand had disturbed the typographical process.

The fairy's deft touch could also be seen in the experience of the author of a tract that declared in manuscript that a certain class of smokers was three times as likely to succumb to lung cancer as the nonsmokers. No sooner had the presses dried than it was discovered that during printing the risk of the smoker had shrunk to only *twice* that of the nonsmoker.

Congressman Blatnik of Minnesota, depicting the excesses of cigarette advertising in an essay for *Harper's*, discovered that there is no Congressional immunity from the mischief of the sprite. One set of the galley proofs for his article disappeared, presumably destined to enlighten and forewarn some curious souls.

A few years ago, a newspaper report heralded the arrival of a newly perfected "tobaccoless" cigarette. To offset the unpleasant fact that his product was relatively tasteless, the developer of the tobaccoless cigarette attempted to promote it by the use of advertisements somberly portraying the hazards of tobacco cigarettes and suggesting that the tobaccoless cigarette, although a dubious treat, might obviate the necessity for future treatment. Unfortunately for his ill-fated ven-

ture, no prominent newspaper, magazine, or broadcaster could be induced to accept such advertising, and the tobaccoless cigarette joined the Edsel as an economic casualty of the 1950's. It was certainly great good fortune (or supernatural intervention) for the tobacco industry that these ads were uniformly rejected by the advertising media; their dreary message thus was effectively suppressed.

You may recall the earlier discussion of Dr. Cardon, whose research into the carcinogenic properties of cigarette tars was partially financed by tobacco company funds, and whose reward for discovering that notorious carcinogen, 3,4-benzopyrene in tobacco smoke was an abrupt halt to further funds from that source. Dr. Cardon's associate, James Rand, told a Congressional committee that they were forced to publish their findings in the *British Journal of Cancer* because they were unable to find an American publication "any place in this country" willing to publish their findings.

The godfather, a shrewd student of human nature, also delivered to the press an impressive object lesson in the hazards of publishing articles on the hazards of smoking. For 28 years the *Reader's Digest* was a faithful and uncomplaining client of a leading advertising agency, Batten, Barton, Durstine and Osborn. Also prominent in the BBD&O stable of clients was the American Tobacco Company, an even better (or at least bigger) client, whose estimated annual advertising expenditures of \$22 million dwarfed the *Reader's Digest's* paltry \$1.25 million.

The July 1957 *Reader's Digest* contained a frank and uncompromising article discussing the state of the medical evidence against smoking, with particular reference to the filter tip. On July 17, 1957 BBD&O decided that it no longer found *Reader's Digest* a suitable client. The 28-year marriage was thereupon unilaterally dissolved. At the time certain skeptical souls suggested that American Tobacco was motivated by the desire to punish *Reader's Digest* through its advertising agency

and to demonstrate the muscle of an \$8 billion industry scorned.

The years 1953 and 1954 were not happy ones for the tobacco industry, for people were coming to believe that smoking was harmful. Not even concentrated blinking was going to make the health spectre disappear. The upward curve of cigarette sales, which had remained impervious to war and depression, leveled off and even declined slightly. While the "Eisenhower boom" sent stock market prices spiraling to new highs, tobacco shares wavered at previous levels. And casting a long and gloomy shadow were the pending Hammond-Horn and Dorn population studies.

Yet cool heads among the public-relations wise labored and brought forth a counter-offensive weapon with which to slay the smoking and health dragon: the Tobacco Industry Research Committee.

The creation of the TIRC, the brainchild of the resourceful public-relations firm of Hill and Knowlton, was a stroke of ingenuity. By offering as bait millions of dollars of sorely needed research funds, the industry was able to attract scientists of unimpeachable integrity to serve on a nine-man Scientific Advisory Board. As responsible as these nine men were, they nevertheless served the industry's purpose of associating eminent scientists with the industry position that the relationship between smoking and disease had not yet been proved.

But that was not all. The industry gesture of sponsoring research on a grand scale was exploited as a token of the industry's true concern for the welfare of humanity—even cigarette-smoking humanity. Finally, the TIRC furnished a mechanism by which millions of dollars could be spread among research institutions to purchase (albeit subtly and indirectly) good will for the tobacco industry throughout the scientific community.

As of the present time, the TIRC has been dramatically successful in achieving all of these objectives. As for the original express purpose of the TIRC, the discovery of the relationship between smoking and health—well, in 1957 Dr. Ernest L. Wynder of the famed Sloan-Kettering Institute of Cancer Research had this to say about the results of TIRC-financed research:

I am all in favor of the tobacco industry supporting research in this country. If they spent \$2 million to further research in cancer or the tobacco-cancer problem, it is all so much the better.

But I was a little discouraged if [sic] after 2½ years Dr. Little publishes his first report, after spending perhaps \$2 million, and reported that they found very little.

I am sure that the director of my institute, after I had spent that much money on research and after 2½ years, and I had to report I found practically nothing, would be a little bit unhappy.

At last count the TIRC had spent \$5.65 million of research funds without producing any significant accretion to our knowledge of the relationship of smoking to health. TIRC's annual research funds, incidentally, represent less than 1 per cent of the industry's \$170 million annual advertising outlay.

Tobacco men see themselves as a last outpost of rugged individualism and competitive ardor (except, of course, competition in price, which appears to be unfashionable). Adversity, however, can forge unity in the most disparate individuals. Thus, in 1958 the tobacco industry encased itself in a single suit of armor to do battle with the enemy, and the Tobacco Institute, of which I have made earlier mention, was born.

The Institute represents companies manufacturing 99 per cent of the cigarettes, chewing tobacco, and snuff (yes, snuff) produced in the United States today. It draws its sustenance

from the companies in relation to the relative share of the market which each occupies, so that the two large giants of the industry, American and Reynolds, dominate.

Public relations is the Institute's chief function, as it provides a united industry voice in dampening public criticism of smoking.

This is not to say that there has not been diversity in the response of tobacco men to the evidence against smoking. Several of the companies, in particular P. Lorillard, though loath to admit publicly a relationship between smoking and health, have devoted considerable effort toward the development of effective filters or "safer" tobaccos. American and Reynolds, however, have steadfastly maintained that the development of filters itself stands as an implied admission that raw smoke is harmful. Out of fear that disunity in the industry might result in the collapse of tobacco's house altogether, American and Reynolds, through the Institute, have demanded public fealty to the industry line: "There is no proof of any hazard in smoking and, therefore, no need for 'safer' cigarettes." The Institute has thus served to nip in the bud any such insubordination as the 1958 full-page ad taken in a Canadian newspaper by Rothman's of Pall Mall (producers of a Canadian cigarette), acknowledging the conclusiveness of the evidence against smoking, while touting their own filter-tip brand as prophylactic.

Among the more imaginative schemes of the Tobacco Institute has been the current campaign to glorify tobacco's role in American history and to suggest by inference that an antitobacco stand is un-American. Thus, the Institute proudly recounts George Washington's plea: "If you can't send money, send tobacco," as well as General Pershing's answer to the question, "You ask me what we need to win this war and I answer, tobacco as much as bullets." If anything, these two grudging tributes to tobacco are tributes only to its addictive qualities.

Besides freely distributing copies of a magnificently illustrated historical treatise entitled, *Tobacco and Americans*, the Tobacco Institute last year promoted a glamorous celebration of tobacco's "350th year," with a festival at Jamestown commemorating the shipment of the first tobacco crop from the Jamestown Colony to England. The festival, replete with an alluring Pocahontas and cigar-smoking John Rolfe, was a smashing success and very well publicized. What red-blooded American could thenceforth dare to slander this most American of businesses?

There is, of course, no denying tobacco's romantic origins. They are, nevertheless, irrelevant in the dialogue concerning the present health implications of the smoking habit. After all, the village blacksmith represented the historical American ideal of the honest, independent craftsman, yet his romantic image failed to delay his departure from the American scene.

Another device to insinuate acceptance of tobacco as a homey, friendly product is the free distribution by the Institute of little kits to enable the young science fan to grow his own (nonsmokable) tobacco varieties from seed. There is, of course, little harm in a science lesson on the cultivation of tobacco seeds. Still, I wonder if the Institute was motivated in this venture solely by a selfless interest in the advancement of science.

The Institute has proved itself a veritable Pollyanna in finding vindication for tobacco where the less acutely attuned might not have found vindication at all. This predilection was wryly noted by *Commonweal*:

When Pope Pius XII recently suggested to the Jesuits that they give up smoking, it never occurred to us that the tobacco industry would care much one way or the other. There are, after all, only about thirty-three thousand Jesuits in the world, and the effect of total abstinence from tobacco by all members of the Society of Jesus would hardly be very substantial. But with all the talk about lung cancer these days,

the industry is apparently very public-relations conscious, and the Pope's remarks did not go unnoticed.

Writing in *United States Tobacco Journal* (founded, incidentally, in 1874 by Oscar Hammerstein I), editor William G. Reddan is reassuring. There are and have always been, he notes, people who violently oppose the use of tobacco on moral grounds—"fanatics," according to *Tobacco Journal*—but the Pope is not one of them. Quite the contrary, in fact. The Jesuits have a way of life that "is traditionally stricter than other segments of the clergy or the laity in general," the editorial said. "Actually the papal comments are in effect an endorsement of smoking as a source of pleasure for those not dedicated to a life of complete mortification or penance or sacrifice. That means, in other words, that smoking—insofar as the Pope is concerned—is a legitimate and wholesome means of human gratification, the voluntary avoidance of which makes life a little harder physically." The Pope's remarks therefore did not constitute an attack on the use of tobacco on moral grounds; instead, "the papal advice was rendered merely as a form of counsel or guidance to the members of clerical orders seeking to achieve a more rigorous spiritual life."

Got that straight, you non-Jesuits?

Somewhere in this great country there undoubtedly exists a group of people who firmly believe that the sun and all the planets revolve dutifully about the earth. The group may even have a publicity officer who prepares press releases condemning modern science for promulgating the heresy that the earth revolves around the sun. Of course, the likelihood that any of these press releases, no matter how eloquent, would find their way into print in any of the nation's newspapers or magazines, is undeniably dim.

Yet the spokesmen for the tobacco industry, promoting a point of view which in the minds of most medical and scientific authorities is as unsubstantiated as the earth-centered theory of the universe, find their way into print with remark-

able regularity. Like the tail of a kite, no story about the risk of smoking goes anywhere without a tobacco industry rebuttal trailing along behind. This practice was the subject of a magnificently indignant letter to *The New York Times* by John Kenneth Galbraith, then Professor at Harvard University and recently Ambassador to India, following the publication in the *Times* of an article which coupled news of a new scientific paper concerning the harmful effects of smoking with the most recent version of the Tobacco Institute's disclaimer:

On August 7 you published a report on the findings of Dr. Harold F. Dom, a Government research scientist, on the relation of smoking to the death rate. The study, according to your account, covered nearly 200,000 veterans whose smoking habits had been ascertained before their death. It found that the death rate for heavy cigarette smokers was about twice that for nonsmokers. The incidence of lung cancer, an important and usually mortal affliction, was sixteen times as great for heavy smokers as for nonsmokers.

The auspices under which the study was conducted, the United States Government, commands respect. The sample of 200,000 men suggests the formidable scale of the enterprise. Few would wish to challenge the bearing of the conclusions on an important problem of the public health. If from some wholly improbable sampling bias the figure for lung cancer were twice too high, an incidence eight times as great for heavy smokers would be impressive.

Your news story, nonetheless, carried several paragraphs of a statement by Timothy V. Hartnett, the head of something called the Tobacco Industry Research Committee which said it wasn't so. . . .

. . . In the news story, while you give considerably more space to Dr. Dom than to Mr. Hartnett, you treat the statements of both with equal respect. Does not this seeming impartiality mean, in fact, that you are allowing Mr. Hartnett to use you for his own purposes in a rather outrageous way? For years now the tobacco industry has been capping careful

research reports with these unsupported denials. I certainly wouldn't suggest that you suppress Mr. Hartnett, but shouldn't you remind your readers of these past denials and the predictable character of this one? Indeed, shouldn't you make it wholly clear that you are not equating the work of a careful researcher extending over years with the press releases of an industry spokesman?

It is bad enough when, as here, a story is distorted. Even more reprehensible are the occasions upon which a publisher considering distortion insufficient sacrifice to propitiate his advertiser, actually engages in affirmative misrepresentation. Walter Goodman, in the June 1960 *Redbook*, described the distasteful circumstances of one such incident.

Some years ago, for example, *Cosmopolitan* assigned a team of reputable writers to do an article on environmental causes of cancer. After receiving the manuscript, the magazine's editors asked the writers to add a statement to the effect that the cigarette-lung cancer link was discredited. The writers refused, and insisted that their names be taken off the story. Two paragraphs written by someone else were inserted, stating in effect that "the cigarette seems to be all but exonerated" as a cause of lung cancer, and the article was printed in May 1956, with a fictitious byline.

More sinister than the practice of striking a false balance (and more difficult to prove) is the practice of killing, or at least maiming, stories which might cause offense to cigarette advertisers. At least one such incident of recent vintage can be fully documented, however.

During the summer of 1962, a Washington correspondent for a New York newspaper predicted in a signed article that President Kennedy would shortly endorse the statement of Surgeon General Burney that smoking was a causal factor in lung cancer. It was a reasonable guess at the time. I, myself, had earlier bravely forecast on the floor of the Senate that President Kennedy would be forced to take that position. As

it turned out, of course, we were both wrong. Nevertheless, the prediction was in the realm of a responsible educated guess.

The first edition of his paper carrying this story had no sooner appeared on the newsstands than the reporter received an apoplectic long-distance call from his editor, who, in turn, had been visited in wrath by the publisher (who, presumably, in turn had been visited by an advertiser or agency). The editor demanded to know the source for the prediction. The reporter refused to disclose his source, answering only that he had consulted several persons in the Administration who might be expected to have some insight into the President's thinking. The article was unceremoniously yanked from subsequent editions of the paper.

The hapless reporter had not heard the last of it. For the next several weeks, he was harassed by one phone call after another from New York and was finally forced to prepare a memorandum baring his breast in justification of his story. It was, he related, a degrading experience. But more than that: *It was the first and only time in the many years during which he had been a Washington correspondent that he had ever been questioned on the source of a story.*

Advertising and Promotion

George Washington Hill was the patriarch of modern "hard sell" cigarette advertising. His was the flamboyance and marketing genius that catapulted Lucky Strike to the first position among modern cigarettes. So complete was his identification with his product that tobacco plants flourished in the garden of his home, and radios in every room bathed him in the sound of his own cigarette commercials. When asked to assess the impact of advertising upon the growth of cigarette consumption, Hill answered: "The impetus of those great advertising campaigns . . . *built* the cigarette business. . . ." (Italics are mine.)

Other early cigarette industry leaders were equally generous in crediting advertising with profound influence upon the over-all consumption of cigarettes. S. Clay Williams maintained, ". . . if we were to discontinue advertising of our brands . . . you would find a sloughing off of the volume of consumption of tobacco products in that form. . . ."

Printer's Ink, a magazine of the advertising industry, several years ago nominated advertising as "the one feature

which has contributed more than any other single factor to the enormous growth of the cigarette industry."

But today's cigarette or ad agency executive is uncharacteristically modest about advertising's role. He insists that his advertising's only function is to induce the confirmed smoker to abandon his present brand for the advertiser's own. "Isn't it true," you ask the cigarette man, "that you are now employing a potent arsenal of motivational and psychological weapons to recruit new smokers and stiffen the backbones of confirmed but skittish smokers?" "Not so," he replies, "our ads are just about flavor and taste." And if you dare to suggest that his ads are calculated to convince the adolescent non-smoker that smoking is a badge of maturity, socially desirable, and an essential concomitant of the good life, you provoke only anguished disclaimers.

I suggest that no one who takes a searching look at the history of cigarette advertising, or even a random sampling of the latest round of cigarette ads and commercials, can accept at face value the industry's protestations. I suspect that G. W. Hill and his contemporaries were being more candid with us when they described the cigarette industry as a house that advertising built, and that advertising is, indeed, a key to the continued maintenance of that house in good repair, despite the blizzard of medical evidence incriminating smoking. Moreover, there is every evidence that we have witnessed a deliberate industry effort to employ the most modern techniques of advertising to construct a teen-age wing to its house.

The American smoker during the '30's and '40's could have been forgiven for confusing his favorite brand of cigarettes with the latest wonder drug. The industry's response to early intimations of the potential harm in smoking was thenceforth, in the words of *Business Week*, to "sell health." Thus, in the early '30's cigarette ads blossomed forth with a new medicinal flavor. Remember such mottos as: "Not a cough in

a carload" (Old Gold), "Not one single case of throat irritation due to smoking Camels," "The throat-tested cigarette" (Philip Morris), "Nature in the raw is seldom mild," "It's toasted" (Luckies), and "Nose, throat, and accessory organs not adversely affected by smoking Chesterfields."

Not content simply to negate the hazards of smoking the sponsor's brand, the ads virtually prescribed cigarettes as a tonic for all the ills of modern Americans. For nervousness: "Are you a key juggler? Watch out for jangled nerves." For the stomach: "For digestion's sake, smoke Camels . . . stimulates the flow of digestive fluids . . . increases alkalinity." In the words of Dr. Michael Shimkin, cancer specialist and jaundiced connoisseur of cigarette advertising, ". . . the medicinal era of cigarettes culminated with the 1936 identification of smoking with doctors." And on every panel and channel, the soothing presence of the white-frosted man of medicine confided that "More doctors smoke Camels than any other cigarette."

By the mid-1950's, however, cigarette advertising degenerated into a medical Olympics of competing tar and nicotine claims. Filters outbid each other in claiming the removal of whatever it was that was "allegedly" harmful in smoke.

What had once been faintly amusing to some of us, distasteful to others, took on a more sinister aspect in the light of the new evidence relating smoking to death. The Federal Trade Commission, which had sought unsuccessfully to limit the industry's medical posturing through Commission Advertising "guides," made menacing moves toward tighter policing of advertising (see Chapter 6). The American Medical Association, too, took belated notice of the cigarette industry's misappropriation of the medical profession, labeling cigarette ads "a cheap attempt to mislead" and banning cigarette advertisements in its own publications.

The cigarette industry was ripe either for an injection of sanity and morality in its advertising or for new ways to

Christmas
1926
 "PLAYER'S
 ALWAYS
 PLEASE"



A Gasket
 of happy
 Memories




This gasket contains
 100 plain and 50 cork tipped
PLAYERS Medium NAVY CUT CIGARETTES
 150 CIGARETTES FOR 7/6^d

CRAVEN
 "A"



Will not
 affect your
 throat

...sound
 as a bell"



More Doctors Smoke Camels
 than any other Cigarette



CAMELS *Camel's Choice*

Roll your own
 and save your Roll

NOW 5¢

Roll your own
"BULL DURHAM" TOBACCO

HER HERO



continue hawking its wares without falling prey to rigid regulation or outright censorship. Its choice was not long in coming.

The growing revulsion of the FTC, the AMA, and the public at the cigarette advertisers' excesses was shared by the new band of advertising experts: the practitioners of the science (or sport) of motivational research. They were offended, of course, not because cigarette advertising had become unconscionable but because they considered it ineffectual. The cigarette industry must remain eternally grateful to the *Chicago Tribune* for financing a revolutionary study by a Chicago consulting firm with the businesslike name of Social Research, Inc. In a report entitled "Cigarettes, Their Role and Function" its results were publicized.

The psychologists of Social Research tore away at the smoker's façade of rationality. They concluded that the industry's strident health claims intimidated the timid smoker while failing to appeal to his deep psychological motivations. These hidden motivations were pictured as varied and colorful, to say the least. For some, the psychologists insisted, cigarette smoking is a reward for hard or creative work, for real (or imagined) accomplishment. Others smoked to be sociable ("Cigarettes facilitate social interaction"). Still others, to conform. To many, smoking was a badge of poise and sophistication, of daring or liberation. But the report reached a conclusion that was a call to arms for even the least imaginative advertising man:

Americans smoke—and in increasing numbers—to prove that they are virile, to demonstrate their energy, vigor, and potency. This is a psychological satisfaction *sufficient to overcome health fears.* (My italics.)

He had obviously been wasting his talents attempting to fight the fire of health fears with the water of health claims.

The secret lay in distracting the smoker with a hotter fire, catering to his need to prove his virility.

No cigarette company grabbed this motivational bait with as much enthusiasm as the makers of Marlboro. Marlboro ("mild as May") had been a staid, feminine member of the Philip Morris menagerie. The makers of Marlboro paused just long enough to absorb Social Research, Inc.'s message of masculinity before they were off on the advertising campaign that Vance Packard called "a spectacular transvestitism." The Marlboro tattoo became synonymous with modern advertising's coming of age in a psychologically oriented world. Marlboro reaped bouquets from the motivational researchers. Packard quotes Pierre Martineau, Research Director of the *Chicago Tribune*, and a motivational research aficionado, as stating that the Marlboro tattoo struck "right in the heart of some core meanings of smoking: masculinity, adulthood, vigor, and potency."

To this day, cigarette ads and commercials tumble over each other, straining to identify cigarettes with each of the manly virtues. We continue to be subjected to a ceaseless display of smokers engaged in the most virile of occupations—shortly returned from conquering the icy North or outer space or the campus queen—while the copy crows "every inch a man's smoke." There is little subtlety in the appeal to masculinity of the rhetorical question, "Who put the men in menthol?" And what on earth does a cigarette taste like when it has "swagger"?

The industry turned from the wisdom of Social Research, Inc. to seek out the guidance of like-minded prophets. Chief among these is Dr. Ernest E. Dichter, hailed, variously, as "the high priest of hidden persuasion" and "Mr. Mass Motivations himself."

Brooding down upon the Hudson River from its perch atop Prickly Pear Hill in Croton-on-Hudson, New York, stands the 26-room fieldstone castle of Dr. Dichter's Institute

for Motivational Research. For \$500 a day Dr. Dichter will identify for you the "irrational, unconscious, unknown" motivations driving people to buy your product. He will, moreover, instruct you in the most efficient means of exploiting these motivations.

Cigarette manufacturers and their advertising agencies have not, to my knowledge, publicized the fact that they have sought Dr. Dichter's services in solving their marketing problems. Dr. Dichter, however, has not been equally bashful.

In a moment of candor, Dr. Dichter once revealed the character of the relationship between the cigarette advertiser and his motivational research consultant: "He [the advertiser] is not interested in knowing per se that cigarette smoking is an oral satisfaction. . . . What he needs to know is how to use such an appeal and how to talk about it in his merchandising approach and in his advertising." Dr. Dichter thinks it fortunate that psychologists are being called upon to perform such tasks. He considers assignments such as this a "unique opportunity" for the social scientists to function as "social engineers."

To his eager clients, Dr. Dichter served up a dubious porridge of Freudian psychiatry:

In cigarette ads . . . the combination of filter and pleasure appeals means an attempt to communicate with both the rational "ego," bent on preserving health, and with the "id," clamoring for all kinds of sensuous gratification. A third kind of appeal which currently stresses the sociability of smokers even appeals to "superego." Here, one emotion, "cigarettes is a vice," is combatted by another one: "cigarettes create a bond among people."

Here was the industry's salvation according to Dichter: Make health claims if you want, but be sure also to tug at the smoker's id and superego.

Once bitten by the Freudian bug, advertisers displayed lit-

tle restraint in pandering to the darker corners of the mind in the attempt to overpower the smoker's health fears. They exploited the "oral indulgence" function of smoking by picturing sensuous close-ups of lips and fingers fondling cigarettes.

And they discovered sex. Dr. Dichter himself described the slogan, "Don't filter your fun—like your pleasures big," the Chesterfield theme, as "Conscious attempts to send a latent sexual message enclosed in the language of manifest innocence."

The preoccupation of cigarette advertisers with Freudian symbolism was the object of a delightful cartoon in the *London Spectator* that appeared during the flurry of public reaction to the Royal College of Physicians report. Two troubled ad men are speaking. One, shrugging, says resignedly, "O.K., we'll drop the sex angle and play up the death wish."

Even if the psychological twists and manipulations of the motivational research enthusiast are ineffectual, as many respected psychologists believe, there remains at least one critical role which cigarette advertising continues to perform in aggravating the problem of the confirmed smoker: cigarette advertisements provide reassurance to the smoker, not because of what they say but simply because of their continued unrestricted publication.

Can you imagine the following sunny, four-color ad radiating from the pages of *Time* or *Life*? A handsome young couple is pictured standing on the front steps of the young lady's fashionable, Manhattan brownstone home. Before taking his leave, the young man is whispering into his beloved's ear the tender advice: "Take thalidomide for a sedative that gentles you to sleep for the longer length of the winter night."

Outrageous? Of course, yet the ad would be guilty of neither false claims nor misrepresentation. Thalidomide is truly a potent sleeping potion. It isn't habit-forming and has

no apparent harmful side effects—on the *user*. Indeed, in Germany, where it was first marketed, it proved so effective a sedative that it was fast becoming a best-selling pill when Germany harvested its first crop of thalidomide-deformed babies.

Why would we then be shocked at the publication of such an advertisement? Because we know that many people would respond by buying and using thalidomide, believing that if thalidomide were truly hazardous, agencies such as the Food and Drug Administration and the Federal Trade Commission would prohibit its advertisement and sale.

I can see little distinction between my hypothetical thalidomide advertisement and the present generation of cigarette advertisements. Even in the absence of overt health claims, the mere continuation of massive cigarette advertising campaigns acts as an implied assurance or warranty of the safety of cigarettes to a people who have learned to expect that what is advertised may not really be a bargain but will, at least, not kill you.

Cigarette advertising affords the cigarette smoker a convenient rationalization for his addiction, for he is able to say to himself, "If smoking were really dangerous, the government would surely put a halt to all that advertising." That smokers have, in fact, thus reacted is confirmed by Dr. Horn, whose interviews for the American Cancer Society have frequently revealed that smokers rely on the continued existence of cigarette advertisements as proof that "smoking could not be all that bad."

It is interesting to note, too, that the psychologists of Social Research, Inc., stressed the importance of advertising in allaying the smoker's fears. "Advertising makes cigarettes respectable, and is thus reassuring," they stated.

There are few people in public life for whom I harbor such unqualified admiration as LeRoy Collins, former Governor

of Florida, now chief executive and staunch conscience of the National Association of Broadcasters. He is, as commentator Edward P. Morgan perceptively characterized him, "bold, civilized, strong-minded."

On November 19, 1962 at Portland, Oregon, Governor Collins lashed out angrily at the curtain of silence with which the broadcasting industry had cloaked its role in propagating cigarette advertising. Governor Collins told his audience of broadcasters:

It is my personal view that our [radio and television] codes should be much more than sets of legalistic standards and delineations of good taste and estimated public tolerance. I think the codes should serve as a broadcast conscience as well. Under them and to them, the individual broadcaster and all related enterprises should be able to look for, and find, ethical and moral leadership.

For example, if we are honest with ourselves, we cannot ignore the mounting evidence that tobacco provides a serious hazard to health. Can we either in good conscience ignore the fact that progressively more and more of our high-school age (and lower) children are now becoming habitual cigarette smokers? The most recent statistics I have seen point out that 20 per cent of boys have started smoking in the ninth grade, and almost 30 per cent of all girls smoke before they are graduated from high school. We also know that this condition is being made continually worse under the promotional impact of advertising designed primarily to influence young people.

Certainly the moral responsibility rests first on the tobacco manufacturer. Certainly it also rests on the advertising agencies. Certainly it also rests on the outstanding sports figures who permit their hero status to be prostituted.

It is also true that broadcasting, and other advertising media, cannot be expected to sit in judgment and vouch for the propriety of all advertising presented to the public over their facilities.

But where others have persistently failed to subordinate their profit motives to the higher purpose of the general good health of our young people, then I think the broadcaster should make corrective moves on his own. This we could do under code amendments, and I feel we should proceed to do so, not because we are required to, but because a sense of moral responsibility demands it.

The reaction from the industry was immediate, anguished and depressing. *The New York Times* reported that the major networks and other broadcasters were tumbling head over heels in their scramble to disassociate themselves from the Governor's remarks. This unedifying spectacle distressed me so that I was moved to address the following letter to Robert Kintner, President of the National Broadcasting Company:

Few industries have had the good fortune to attract a leader with the foresight and courage of LeRoy Collins. But surely no industry has responded so lamely to such leadership as the broadcasting industry.

When Governor Collins recently pleaded for a self-imposed broadcasters' curb on the tasteless and immoral excesses of child-oriented tobacco advertising, NBC acted with remarkable agility to reject his proposal out of hand. Your company stated: "NBC does not share Governor Collins' views."

I am curious as to which of his views NBC disowns. Do you deny that the broadcaster may have the responsibility to subordinate profit to "the higher purpose of the general good health of our young people"? Such a denial would, no doubt, come as a distinct surprise to the FCC.

Or do you disagree that tobacco commercials are "designed primarily to influence young people"? Can there be any serious doubt that the thrust of today's cigarette commercials is to associate the successful transition from childhood to maturity, social bliss, athletic prowess, even "Americanism" with cigarette smoking?

Or do you not believe that there is "mounting evidence that cigarettes provide a serious hazard to health"? If you do not,

then you join the tobacco industry in an increasingly narrow circle of skeptics whose profits seem to serve as blinders to their judgment.

On October 26, 1961, after an exhaustive 2-year review of the scientific literature, the Royal College of Physicians reported unequivocally, "Cigarette smoking is a cause of lung cancer, and bronchitis, and probably contributes to the development of coronary heart disease and various other less-common diseases. It delays healing of gastric and duodenal ulcers."

In this country, the Public Health Service recently reiterated its conclusion "that the weight of evidence at present shows that smoking—particularly cigarette smoking—is a principal reason for the rising death rate from lung cancer in the past 30 years."

In England, both the tobacco industry and broadcasting industry responded vigorously to this indictment. The tobacco companies voluntarily eliminated cigarette commercials before 9 P.M. (In this country nearly 60 per cent of the cigarette commercials appear before 9 P.M.), and the independent television authority moved to prohibit all advertisements "which could reasonably be taken to make a special appeal to young people."

Governor Collins has challenged you to react in the best traditions of industrial self-regulation. He has given you the opportunity to convince a disturbed and skeptical public of your good faith and responsibility. He did not, after all, recommend the total abolition of cigarette advertising, but asked only that you eliminate the calculated seduction of children to the smoking habit. Should you fail to act, it is inevitable that the need for regulation will eventually find its expression in a Congressional mandate.

Mr. Kintner, the President of NBC, was gracious enough to reply to my letter and to attempt to answer my criticisms and those of Collins'. Unfortunately, I found his answers, par-

ticularly with respect to the charge that cigarette commercials were essentially child-directed, unsatisfactory. He wrote:

So far as the commercials themselves are concerned, they neither appear in programs designed specifically for children, nor in our judgment do they make special appeals to children. On the contrary, the typical approach of these commercials, we believe, is general in theme and competitive in direction, depicting the pleasure of smoking and emphasizing the particular virtues of the advertised brand. We do not regard the appearance of sports figures in cigarette commercials—the only specific Governor Collins mentioned—as representing a special appeal to children, any more than their appearance in commercials for various other products, such as hair lotion; these personalities are universally popular figures throughout the population, particularly with men, and it seems to us that their use in commercials is normal and proper. We would ourselves reject tobacco commercials that we felt were designed to appeal directly and specifically to children, but there has been no need to do so, since no such commercials have been proposed to us, nor do we think they are likely to be.

The suggestion, which did not originate with Mr. Kintner, that the cigarette industry was interested only in appealing to the confirmed smoker and not in exploiting new and untapped markets for cigarettes, is unconvincing. If any proof of the industry's appetite for new sources of revenue is necessary, the historic campaign to woo women to smoking serves as an illuminating illustration.

P. Lorillard first dared to bait the female with its famous 1919 advertisement for Helmar cigarettes which displayed a sweet young thing in outlandish costume set in some native New Yorker's image of an oriental backdrop, looking, as an unkind critic at the time noted, as if she had "never been East of Brooklyn Borough Hall."

This feeble effort was followed by Chesterfield's emanci-

pated vamp begging, "Blow some my way!" But the pursuit of the female smoker really commenced in earnest with the 1927 Marlboro ad which dared to suggest, "Women when they smoke at all, quickly develop discriminating taste," and there, for all the world to behold, was a Marlboro lady—on the threshold of succumbing to the cigarette "mild as May."

This historic ad provoked the following admiring comment from the trade journal "*Advertising and Selling*":

In its new progressive consciousness America of today has little use for outworn prejudices, and these are being shelved automatically in the triumphant march of progress. . . . It requires little imagination to conceive of the potential market lying in this direction only waiting for the intensive cultivation of the advertiser.

It was shortly thereafter that George Washington Hill conceived his great contribution to the literature of female-directed advertising, "Reach for a Lucky instead of a sweet."

Mr. Kintner, however, is aware of no evidence that cigarette commercials are today "designed to appeal directly and specifically to children." Perhaps there is some other explanation for the frantic emphasis on youth in cigarette commercials. *Monocle* magazine, in a delightful parody on cigarette advertising, quotes a despairing account executive for the "Turkish-American Tobacco Company":

"We only show the handsomest, young college football tackles kissing beauty queens," the account executive said. "That doesn't help our health image. Subconsciously people are asking: Why are there only young folks in the commercials? Could it be that nobody who smokes our brand lives long enough to appear in our commercials."

And it is quite true that the industry has not yet adopted the forthright appeal to children which *Monocle* suggests will become the New Frontier of cigarette advertising. Such as:

The way to enjoy smoke, Every inch a boy's smoke.

or

The best taste you ever did smoke, Every inch a kid's smoke.

or even

The best tasting mild smoke, Every inch a child's smoke,
Every inch a child's cigarette.

Yet it is, I should think, an undisputed fact that the psychological needs boldly exploited by current cigarette advertising are precisely the needs that are felt most strongly, albeit not solely, by adolescents.

The Social Research Study makes no bones about it.

Very prominent is the idea of maturity. Practically everyone recognizes that one has to be "old enough to smoke"—that teen-agers want to smoke to be grown-up.

Smoking cigarettes expresses more than just the idea of maturity—it *actually refers to virile maturity.* . . .

Young people who smoke are trying to be older. . . . Smoking cigarettes is a symbol that testifies to productive maturity (whether actually the case or not).

Social Research also identified the adolescent's need to conform as a "recurrent and basic . . . social meaning of smoking cigarettes."

The more people there are who smoke, the stronger is the pressure for others to submit to this custom. And to refuse implies some kind of aloofness. The pressure of conformity is especially strong for adolescents.

One need hardly be an expert in motivational research to discover that the glorification of a game of tennis—followed by a smoke, or of a brisk swim—followed by a smoke, or of a romantic encounter—followed by a smoke, has a "special appeal to young people." As Dr. Shimkin has said, "Cigarette advertising equates smoking cigarettes with bravery, sexual

virility and social status, and in view of this campaign it is little wonder that so many youngsters smoke."

Nor is there any question that athletes are idolized and romanticized by adolescents and that these emotions are exploited by the use of the star athlete testimonial—a technique that *Changing Times*, in a provocative review of cigarette advertising, labeled "Casey at the ash tray."

I received a particularly poignant letter from a gentleman in McClure, Virginia, bemoaning the effect upon his grandson of just such testimonials: "I have heard them say after watching one of these programs that they would smoke Camels because Camels' smokers make great heroes. I have heard them say, 'Now just look at Roger Maris, Mickey Mantle, Whitey Ford or what have you. He smokes Camels and you see what it has made him.'"

I am a little past the point of baseball hero-worship, but I thought fleetingly of the honored plea: "Say it ain't so—Roger, Mickey and Whitey!" More from curiosity than sorrow, I consulted the William Esty advertising agency, promoter of Camels, to see if Maris, Mantle and Ford really did puff Camels for pay. The truth is both interesting and revealing.

Roger Maris had smoked Camels contentedly both in the advertisements and off for the previous year, but had, just a month before, stopped smoking altogether. Mickey Mantle, a Camels standard bearer from 1951 to 1955, then switched to Viceroy and finally took a further step: He is now featured in the advertisements for Bantron, an anti-smoking pill.

The agency had no current intelligence on Whitey Ford's smoking habits, though the pitcher had been featured in Camels' advertising from 1953 to 1962. But in an article in the *New York World-Telegram and Sun* of May 3, 1963, celebrating his first shutout victory of the season, Ford had a warming explanation for his performance:

"This was the best I've felt for nine innings since the first game of the World Series against Cincinnati," Ford said. That's the World Series of 1961, in case you get your series opponent confused.

That means Whitey worked the entire 1962 season, not feeling just right. He figures he's got the solution for his improvement, though. "I quit smoking," he announced, no small accomplishment for a former two-pack-a-day man.

Now, there's a testimonial!

Among New York State's many colleges and universities, Cortland State Teachers College is distinguished for its production of fine physical education teachers. A distinction of somewhat less magnitude, however, was the 1961 first-place victory of the Cortland Alpha Delta Delta sorority in a contest sponsored by Philip Morris, Inc. For engineering the consumption of 1,520,000 cigarettes produced by Philip Morris and redeeming the empty packages, the girls of Alpha Delta Delta were awarded a magnificent high-fidelity phonograph.

By coincidence a young lady on my office staff was privy to the trials of one Alpha Delta, who lamented that, as the deadline for collecting packages approached, the sorority house was suffused with a crisis psychology. The continued smoking of Philip Morris brands at a breathless pace became a badge of loyalty. One girl was compelled to abandon her relatively mild filtered cigarette for the nonfiltered Philip Morris—a change which turned her a shade of near green. The sorority house was strewn with lipstick-smearing butts and massive piles of empty packages. The reluctant sister who dared to venture into the open without a cigarette dangling from her lips risked displeasure and even ostracism.

But the girls won their new hi-fi set. And Philip Morris presumably won the gratitude, if not the customer loyalty, of future physical education teachers whose enthusiasm for teaching the health hazards of smoking might be appreciably diminished.

Meanwhile, in New York City a Columbia University student was consuming a substantial segment of his bright college years by constructing a replica of the United Nations headquarters from six thousand Marlboro and Parliament boxes. To the poets among the college scholars, Liggett and Myers held out the lure of eight British Sprite sports cars to be awarded for the creative completion of a limerick, plus an offering of the bottom panels from five Chesterfield, L & M, or Oasis packages. And to sports-minded campus clairvoyants who successfully predicted the outcome of selected football games, Brown and Williamson (Viceroy, Kool, Raleigh) presented cash prizes of ten to one hundred dollars.

Buried in a *New York Times* article on the activities of the cigarette campus pitchmen was this tantalizing intelligence, "Once in California, a fire engine was awarded as a prize." I regret that the *Times*, which rarely fails us, succeeded only in whetting, not quenching, my curiosity. What college student or group could possibly have any use or desire for a fire engine (especially with Sprite sports cars on the loose)? And what pile of packages had to be amassed as its price?

The contests are only symptomatic of the umbrella spread by the cigarette companies over every conceivable form of campus activity. College newspapers once abounded in breezy cigarette ads, tailored to their very special audience. (Tobacco companies contributed a staggering 40 per cent of all national advertising placed in college newspapers.) The undergraduate who developed an understandable taste for the irreverent humor of Max Shulman could find him gaily touting Marlboros in nearly every college publication, while American Tobacco's copywriters assured the collegian that the "Important things in college life stay the same. Parties. Girls. Luckies." And, lest the point be missed, other ads discarded subtlety entirely. Typical were "Luckies—the Cigarette to start with" and "More college students smoke Luckies—than any other regular cigarette."

The Brown and Williamson Company had at least seventeen salesmen engaging their energies as Viceroy, Kool, and Raleigh Santa Clauses to the colleges. And Philip Morris picked worthy students on 166 college campuses as "campus representatives," paying each \$50 a month to spread good cheer and complimentary Marlboros. No student political rally, no fraternity party, no tea for foreign students escaped the beneficence of Philip Morris.

Of course, it sometimes happens that when the contests are all won, the samples consumed, and the advertising messages burned across the consciousness of the nation's incubating youth, one or another uncooperative undergraduate still declines to smoke. But the imaginative R. J. Reynolds Tobacco Company established a program with the collegiate-sounding title of "The Line-Backer" system. Reynolds simply recruited college public information officials to insure that Camels and other company brands advertised in the college's football programs could be seen, admired, and purchased in every conceivable nook and cranny of the college. By hawking Camels from the college roof-tops, the public information officials earned the right to participate in a contest of their own with foreign cars as a reward for soliciting their students.*

* On June 20, 1963, the Tobacco Institute announced that most of the major cigarette manufacturers (apparently all but Philip Morris) had called a halt to campus advertising and promotions. And there, I hope, ends one of the sorriest episodes in American advertising history.

4

The Public Guardians

Would you consider tobacco a product with "the capacity to produce . . . illness to man . . . through inhalation"?

I certainly would. The Federal Food and Drug Administrator would not and, indeed, does not. And since this is a definition of a "hazardous substance" contained in the Federal Hazardous Substances Labeling Act of 1960, the Administrator's disagreement relieves him of the distasteful burden—and singular opportunity—of requiring every cigarette package sold to bear a label emblazoned with the word **WARNING** or **CAUTION** in capital letters, together with a suitable statement of the principal hazards of smoking.

You may wonder that the power to regulate tobacco was not encompassed by the Food and Drug Administration's original jurisdiction over consumables. Yet, true to the quaint folkways of Washington, it was decreed quite early that tobacco, being neither food nor drug, was safely beyond the reach of the Food and Drug Administration.

Neither the first Food and Drug Act in 1906 nor its modern dress version, the Food, Drug and Cosmetic Act of 1935, pays any particular attention to tobacco, although Congress

in 1935 demonstrated its concern for the health of the public by expressly placing chewing gum under the Commissioner's thumb. Besides chewing gum, the Commissioner's office can regulate the sale of any drug appearing in such official drug lists as the United States Pharmacopoeia. Tobacco doesn't grace the pages of the Pharmacopoeia and thus escapes the scrutiny of the one agency of government most equipped to oversee the sale and marketing of a product as potentially lethal as the cigarette.

There is a political legend that tobacco was banished from the pages of the Pharmacopoeia in exchange for the votes of tobacco state Congressmen for the original Food and Drug Act. It is a matter of record that tobacco is listed as a drug in the 1890 edition of the Pharmacopoeia (the edition that was current as late as 1905) and never again. That curious fact alone lends some color of truth to this story of turn-of-the-century legislative legerdemain.

Thus, it was not until passage of the Federal Hazardous Substances Labeling Act in 1960 that the Food and Drug Commissioner was offered an opportunity to attack the cigarette problem. It is an opportunity that he has thus far avoided facing.

I am not suggesting that the Commissioner arbitrarily ducks his responsibility by refusing to treat the cigarette as a hazardous substance. There is, after all, scant evidence that the sponsors of the Hazardous Substances Labeling Act ever dreamed it might be used to regulate cigarette sales. One can well imagine the howls of anguish from the tobacco state Congressmen which would accompany any move by the Commissioner to place his protective umbrella over cigarette sales.

The Food and Drug Administration is by no means the sole, or even the chief villain of the smoking story. Yet, the action—or inaction—of the Food and Drug Administration provides a fair sample of the overriding timidity and inertia

that have plagued nearly every governmental response to the smoking problem. The Public Health Service, the Federal Trade Commission, the Department of Agriculture, Congress, and, for the most part, the individual states and local governments have had a shared opportunity and obligation to aid in a constructive solution of the smoking problem. And each, to a greater or lesser degree, has rather dismally failed.

At the very bottom of the list, if one chooses to rank government agencies in the order in which they have displayed some measure of responsibility in treating the smoking problem, sits the Tobacco Division of the Department of Agriculture.

If the Food and Drug Administration has been lethargic in its response to the smoking problem, the posture of the Tobacco Division of the Department of Agriculture has been delinquent. The delicate sense of public responsibility displayed by officials of the Tobacco Division was sharply etched in the following newspaper article thoughtfully inserted by Congressman Abbutt of Virginia in the *Congressional Record* several years ago:

United States Aide Fights Cigarette Scare *

By Don Oberdorfer

WASHINGTON, JULY 8. While the Surgeon General was announcing a Government campaign against heavy smoking yesterday, another Government official was urging citizens to "sit back, relax, and smoke a cigarette."

He is Joe R. Williams, Chief of the Tobacco Division of the Agriculture Department's marketing services. He helps tobacco farmers sell their leaf.

Williams said a study of 300 years of antismoking crusades shows the attacks on tobacco usually end up by stimulating consumption.

The current antismoking campaign, touched off by a new

* *The New York Journal-American*, July 8, 1958

Government medical report on high death rates among heavy smokers, will add another few pounds to tobacco consumption, Williams predicted.

"My wife is so disturbed over the current health scare that she is now smoking twice as many cigarettes as she did a year ago," Williams said.

He traced the first attacks on tobacco to King James I of England, who wrote a book titled *A Counter Blaste to Tobacco* after the weed was popularized by Sir Walter Raleigh in 1604.

The King wrote that since Indians used tobacco smoke to cure venereal disease, no English gentleman would risk the implication by indulging in the same remedy.

In 1830, Williams recalls, educators, physicians, clergymen—and P. T. Barnum—launched a campaign on tobacco which lasted 30 years.

Horace Mann, Henry Ward Beecher, and Horace Greeley crusaded against smoking.

Tobacco was held responsible for many diseases—including cancer and insanity.

The advent of the cigarette in the 1890's brought a new antismoking crusade. Between 1895 and 1921 a total of 14 States banned the sale of cigarettes. By 1927 all of these laws were repealed.

The Agriculture Department official calls the tobacco health crusade a big smokescreen.

The Tobacco Division's substantial research facilities and budget are placed generously at the disposal of the industry. Research projects are uniformly molded to the development of only those types of tobaccos that the industry asks for, with barely a nod to the intriguing possibilities of selective cultivation of tobaccos to develop low-tar and low-nicotine varieties.

Even if we concede that the primary purpose of the Tobacco Division is to accommodate the tobacco industry, I can't believe that the interests of that industry would not be

well served by the development of tobaccos that would help to remove the medical cloud from tobacco smoke. But it is apparent that neither responsibility nor leadership in this area is forthcoming from the Department of Agriculture.

I cannot take leave of the Tobacco Division without noting an appalling illustration of the Division's ability to accommodate to the interests of the industry. By 1955, manufacturers who had turned to the use of filters found that they needed heavier and darker varieties of tobacco to strengthen the flavor that could be strained through the filter. The tobacco farmers, however, had been concentrating upon the perfection of the milder-flavored tobaccos, previously prized by the industry. To furnish the manufacturers with a greater proportion of stronger-flavored tobaccos—with correspondingly higher quantities of tars and nicotine—the Department cut the price supports on several varieties of mild, bright leaf Virginia tobaccos to fifty per cent of their former levels, thereby forcing the farmer to switch to the cultivation of stronger varieties. The Division took this action heedless of the fact that the use of stronger tobaccos in filter cigarettes could serve only to render illusory the purported protection of the filter.

Many good citizens, with perhaps more sentiment than wit, have looked to Congress for leadership in developing solutions to the smoking problem. Their expectations have not been richly rewarded, even though Congress has had adequate opportunity to consider the subject of tobacco and health. The Library of Congress succeeded in unearthing for me some thirty legislative proposals designed to treat various aspects of the smoking problem which have been, at one time or another, laid before Congress.

Of course a large number of these bills bore a pure Prohibitionist stamp. Equally as many, however, were moderate, rational measures provoked solely by the medical evidence

against smoking. Several bills would have provided funds for smoking education. Others would have required appropriate labeling of cigarette packages with warning signs or prominently displayed statements of tar and nicotine content.

My husband, the late Senator Richard Neuberger, was the author of two of these bills. Dick considered it a scandalous anomaly that tobacco was supported as one of America's "six basic crops," at the very time that the public health arm of the Federal Government was bearing witness to its harm. Introducing a bill to remove tobacco from the list of basic crops, he observed that many agricultural commodities that contributed not only to the nation's economy but also to its nutrition (as tobacco does not) were denied the select "basic" status. Dick also introduced a bill to provide generous grants-in-aid to support state educational programs on the hazards of smoking.

No bill relating to the smoking problem has ever been accorded even a perfunctory hearing. Each was permanently and unceremoniously interred in committee.

The chronicle of antismoking legislation's progress (or rather lack of progress) in Congress was brightened briefly by Congressman John Blatnik's Government Operations Subcommittee's 1957 investigation of false and misleading filter-tip advertising.

The Blatnik hearings remain to this day a model of legislative statesmanship. The subcommittee enlisted the testimony of many of the very scientists who had uncovered the link between smoking and disease and provided for them a forum for a forthright presentation of the medical evidence against smoking. The tactics of industry and the indifference of government were equally well illuminated. And the Committee report that followed the hearings was concise, informative, and devastating in its indictment of both industry and government.

Yet even John Blatnik's heroic efforts failed to awake Con-

gress. The Blatnik subcommittee was abruptly dissolved by order of the Committee Chairman, Congressman William Dawson, though further hearings had already been planned and even scheduled. Moreover, the excellent Blatnik bill on cigarette advertising—the careful product of the subcommittee's hearings and deliberations—was destined for no more auspicious fate. The Blatnik bill, incidentally, included the novel and provocative suggestion that Congress set acceptable tar and nicotine levels for filter-tip cigarettes, a suggestion which certainly merited less cavalier treatment.

Yet these efforts were not wasted. The Blatnik hearings, the various bills and attendant speeches, all served to publicize the evidence against smoking. Moreover, public endorsement by legislators served to demonstrate to the public the strength and authority of that evidence.

The floor of the Senate also furnished one of the few uninhibited forums for informing the Americans of the extent to which the tobacco industry was committed to suppressing authoritative information about smoking and health. I remember that Dick unearthed a particularly odious column in an issue of the magazine *Tobacco, The International Weekly Of Industry And Science*:

Here's something new the cigarette industry must face: New York City's Bureau of Public Health Education has completed a program to deter schoolchildren and teen-agers from smoking. Dr. Morey R. Fields, director of the bureau, says the drive will also include education on the harmful effects of narcotics and alcohol. Miss Mary Fitzgerald, associate director of health education of the board of education, said the program would seek to chiefly impress boys and girls between 11 and 13 years of age. Support will be had from the parent and teacher associations, youth organizations, city agencies with youth programs, and the tobacco industry. The topics of talks to the children, said Dr. Fields, will be informative "of the relationship between smoking and lung

cancer and cardiac involvement" and how smoking is linked to such illnesses as Buerger's disease and gangrene.

The disturbing factor about the New York City school antismoking educational drive is that other cities might follow. It might deter all children from ever becoming smokers. However, for some 300 years antitobacco crusaders have loudly predicted dire consequences for tobacco users. Yet, despite these warnings per capita consumption has steadily increased. The industry is currently doing its largest sales volume in history and undoubtedly enjoying its most profitable period.

Dick took accurate aim at this witless display of cynicism:

"Today's adolescents are tomorrow's addicts," is the theme which threads through all cigarette advertising. Yet despite its cynical manipulation of symbols in an effort to boost sales figures, some tobacco interests have the temerity to criticize efforts to present another view of cigarette smoking.

One can almost picture the counterpart of these tobacco spokesmen at the time of Pasteur's discovery of the relationship between fermentation in liquids and the growth of bacteria, a discovery which resulted in the development of pasteurization of milk and is today regarded as a giant forward step in the battle to better protect human health.

"The disturbing factor about Dr. Pasteur's finding is that other people may find out," this advertising ancestor would say, "it might deter all people from drinking raw milk."

Yet, if the pages of the *Congressional Record* did serve to educate an appreciable segment of the public to the dangers of smoking and the irresponsibility of the industry, they were utilized with equal freedom for tobacco industry propaganda. With unnerving regularity, tobacco states congressmen would rise, seriatim, to denounce as subversive even the mildest suggestion that tobacco was anything but balm to body and soul.

More often than not, the industry was permitted to speak

for itself as a North Carolina or Virginia congressman would enshrine in the *Record* a speech by the president of a tobacco company, the current head of the Tobacco Institute, or by one of the handful of scientists friendly to the tobacco industry.

The House of Representatives, in particular, rang with ridicule of the "antitobacco fanatics" and with patriotic hymns to the economic importance of tobacco—Lord help those who failed to appreciate the social value of cigarette taxes!

I know of one tobacco state congressman who has decreed prohibition against smoking in all of his offices. I understand that he even required his staff to read and initial an essay which I circulated detailing the medical case against smoking. His position on this matter has not been widely advertised. The positions of his Congressional colleagues, however, have.

Despite the Federal Trade Commission's devotion to squeezing health claims, both overt and implied, out of cigarette ads (see Chapters 3 and 4), the Commission's reluctance to utilize its full authority to police cigarette advertising has been less than exemplary.

Writing to Chairman Paul Rand Dixon in April 1962, I expressed my conviction that any cigarette commercial or advertisement which failed to contain an adequate warning of the hazards of smoking was inherently deceptive, and I asked him if the Commission was not presently empowered to cure such deception.

The reply (after three apparently agonizing months) was mildly encouraging. The Commission acknowledged, in principle at least, its authority to require affirmative warnings to avoid deception.

If the Commission is able to secure competent probative scientific evidence including that furnished by the Public

Health Service, that a causal relationship exists between cigarette smoking and lung cancer, heart ailments, etc., it is likely that an order of the Commission, based on such evidence, which required an affirmative disclosure of the possible hazards to health from smoking cigarettes, would be upheld in the appellate courts.

So far, so good.

"But," continued the Commission, deftly juggling the oranges so that I might not notice the elephant walking by, "we have been informed by the Public Health Service that the scientific evidence now accumulated is such as to remove almost the last doubt that there are any health effects associated with smoking." And, since the *last doubt* had not been removed, the Commission feared that any such order would throw it into the courts for a "long, involved, and protracted trial." The letter concluded, ". . . we do not believe it would be advisable for the Commission to institute a case which has as its objective the type of order you suggest, unless and until there is available the required evidence."

What required evidence? Evidence which would remove the "last doubt"? That seemed like an awfully heavy burden for a government agency to bear in order to sustain an administrative finding, so I consulted several government attorneys familiar with the wilderness of administrative law.

There isn't a ghost of a suggestion in the Administrative Procedures Act, they informed me, that would require the Commission to prove beyond the "last doubt" that smoking was a health hazard. "All that the Commission is required to show is that its orders are based upon "substantial evidence." And "substantial evidence," they explained, is that evidence upon which a reasonable man could base a conclusion that cigarette smoking was dangerous. This is the very same burden of proof that cancer-ridden smokers suing tobacco companies are required to sustain if they are to have their cases submitted to the jury. And in both of the last two suits by

lung-cancer victims against tobacco companies, the courts have ruled that there was sufficient evidence that smoking caused lung cancer to permit the jury to decide if the complainant was entitled to damages.

I fear that the Commission has been unduly modest in assessing its ability to succeed in a court test. Of course, I'm assuming that the Commission is more concerned with fulfilling its obligation to the public than preserving its won and lost records in the courts.

To the considerable credit of the Public Health Service, it has shown less of a tendency to avoid the smoking controversy than have its brother agencies (with the possible exception of the Federal Trade Commission) and the Congress. Yet, to describe the Service's activity in the smoking controversy as less than bold would decidedly be an understatement.

While evidence incriminating smoking was current in scientific circles as early as 1950, the Public Health Service maintained an unbroken silence on smoking until 1959. After nine years of deliberation, the statement that at last appeared in the *Journal of the American Medical Association* for November, 1959, must have fallen upon the ears of the scientific community in the words of T. S. Eliot, "Not with a bang, but a whimper." Even then, it was apparently only through the persistence of Surgeon General Leroy F. Burney that the service was moved to speak at all.

The heart of the Public Health Service position was the conclusion that: "the weight of evidence at present implicates smoking as the principal etiological factor in the increased incidence of lung cancer." This statement came more than two years later and was appreciably less succinct than the American Cancer Society's official statement that it was "beyond reasonable doubt that cigarette smoking is the major cause of the unprecedented increase in lung cancer." Moreover, the Service's statement dealt solely with lung cancer,

though substantial evidence already existed of the tie between smoking and other diseases.

The appearance of the Public Health Service statement should have been the occasion for the launching of a powerful smoking education campaign, since the Public Health Service Act expressly requires the dissemination to the public of information vital to health. Instead, the Service was content primarily to furnish copies of its carefully measured prose to any interested parties. I wonder how many teenagers resisted the temptation to light up their first cigarette after reading the stirring pronouncement that smoking was *probably* the "principal etiological factor" in the increase of lung cancer.

While it is true, of course, that the Public Health Service has supported several significant research projects that have added measurably to our knowledge of the role of smoking in disease, there has been a noticeable lack of initiative and imagination in the conception of these projects. For example, the Service was content to dismiss all filters, high-filtration or low-filtration, with the terse observation that "no method of treating tobacco or filtering the smoke has been demonstrated to be effective in materially reducing or eliminating the hazard of lung cancer." Nor, for that matter, had all filters been demonstrated to be ineffective. Yet, to my knowledge, the Public Health Service has neither initiated nor supported research directed toward the development and testing of truly effective filters.

In March 1962, disheartened by the apparent lack of vigor with which the Public Health Service was fulfilling its role as guardian of the public health, I introduced in the Senate a joint resolution on tobacco and health (S. J. Res. 174). The resolution would have directed the President initially to mount a massive health-education program concerning the hazards of smoking. It also called for the formation of a Pres-

idential Commission on Tobacco and Health, charged with the task of formulating a coherent and comprehensive program to check smoking-caused disease and to soften, if possible, any attendant hardship upon the tobacco industry. The resolution attracted the sponsorship of six of my colleagues, and though its legislative prognosis was dim, succeeded in serving notice upon the Administration that at least a handful of Senators considered the government's previous efforts in this area wholly inadequate.

The introduction of the resolution paralleled renewed public interest and concern in this country over the smoking problem, stimulated, in large part, by the publication, both in England and here, of the brilliant Royal College of Physicians' Report. Even the press was shaken from its accustomed lethargy in treating the smoking problem. Few were the newspapers and national magazines with any claim to coverage of public affairs that failed to carry at least a précis of the Royal College's conclusions. For some reason Americans always seem willing to accord more respect to nonresident oracles than their own. So it was with the Report of the Royal College.

Even if the Surgeon General's 1959 statement had represented a fair, if conservative, account of the state of medical knowledge in 1959, the evidence against smoking continued to harden during the intervening years. Clinical as well as statistical studies now seemed to exclude the possibility of error. In that same spring of 1962, Dr. Shimkin of the Cancer Institute told a conference in Phoenix that the causal relationship between smoking and cancer was now "as clearly demonstrated as any biological association can be."

The time seemed ripe for the Administration and the Surgeon General to take a more active, less equivocal role in relation to smoking.

On May 18 I wrote to the new Surgeon General, Dr. Luther Terry, asking if Dr. Shimkin's position was not now

closer to a true evaluation of the evidence against smoking than the bland statement of his predecessor.

While I waited for an answer, the public clamor finally reached the White House. On May 23 at his press conference President Kennedy was asked:

Mr. President, there is another health problem that seems to be causing growing concern here and abroad and I think this is largely being provoked by a series of independent scientific investigations, which have concluded that cigarette smoking and certain types of cancer and heart disease have a causal connection.

I have two questions. Do you and your health advisors agree or disagree with these findings, and secondly, what if anything should or can the Federal Government do in the circumstances?

The President warily replied:

That matter is sensitive enough and the stock market is in sufficient difficulty without my giving you an answer which is not based on complete information, which I don't have and, therefore, perhaps I would be glad to respond to that question in more detail next week.

Five days later the *Wall Street Journal* was predicting that the Surgeon General would convene a panel of nongovernment scientists "to assess all the health hazards of smoking in light of the most recent evidence, and to recommend what steps, if any, the Government should take to combat them." The *Journal* sagely observed that the formation of such a panel would serve "the tactical purpose of gaining time for deliberate action and taking public pressure off Government officials."

Three days later on June 7 at 11 A.M., the Surgeon General released the following statement:

For a number of years the Public Health Service has supported research to determine whether smoking has any im-

pact on health. Considerable evidence has been accumulated on this subject for many years. It is timely to undertake a review of all available data. I have decided, therefore, to appoint a Committee of experts to study all evidence and make whatever recommendations are necessary. This Advisory Committee will be made up of experts from federal agencies of the government, nongovernment professional groups, health organizations and the tobacco industry. Membership will be announced when the panel is completed.

At 3:30 P.M. that same day, the President was asked:

Mr. President, can you comment on the Public Health Service announcement of a special panel of experts to study whether there is a link between cigarette smoking and certain killer diseases, and can you tell us whether the study will be a matter of months or years, or just what it is?

The President, fully armed, responded readily:

I think the statement that the Surgeon General issued this morning, I think, gives the position of the Surgeon General, which I have supported, and in response to the question which you asked two weeks ago.

Now the survey would take some months or go into 1963, but I think that the announcement is in response to your question. You have been answered.

This particular narrative ended the next day when I received a reply to my inquiry of the Surgeon General:

In reference to your letter of May 18, Dr. Burney's statement in the November 28, 1959, issue of the *Journal of the American Medical Association*, which you quote in part, is still the official position of the Public Health Service. You refer to Dr. Shimkin's statement that the causal relationship between smoking and cancer "is as clearly demonstrated as any biological association can be." To the extent that this statement is interpreted as being stronger than Dr. Burney's statement, then it is not consistent with the official PHS position.

On the other hand, we believe that the 1959 position needs to be re-examined. Sufficient new evidence seems to have accumulated to warrant this action. In addition, it should be noted that Dr. Burney's 1959 statement was concerned almost solely with smoking and lung cancer. There is also considerable evidence linking smoking with other adverse health effects. This evidence needs to be evaluated. Lastly, we feel that further study of available data is necessary to define more clearly the magnitude of any adverse health effects.

We intend to re-evaluate the points mentioned above systematically and thoroughly. We cannot predict with any certainty when the results will be available. In addition to our own staff efforts, we intend to seek the most competent and the most impartial advice and assistance that can be found. We feel this is imperative in view of the potential gravity of the problem and as a basis for any practical corrective actions which may be indicated. As you know, the Surgeon General announced on June 7 his decision to appoint an expert advisory committee to assist in these evaluations and to make whatever recommendations as may be appropriate.

We are very grateful for the constructive role you have played in these developments.

A quick-witted Government scientist promptly labeled the President's Committee the "flat earth committee." I had my own doubts. It was true that my resolution had sought the formation of a panel on smoking and health, but there were significant variations between what I had proposed and what the Surgeon General now contemplated.

One thing we did not need was one more review, from scratch, of all the previous papers and earlier reviews—as if no competent body had yet determined that cigarette smoking was a hazard. What *was* needed was a concentrated study to facilitate the translation of the medical evidence into a program of responsible action. The Surgeon General's panel

was, nevertheless, going to begin at the very beginning. This unhappy fact lent some credence to the skeptical, who interpreted the Surgeon General's decision as merely one more sign of the Administration's sensitivity to both the industry and the stock market.

The birth pangs of the Surgeon General's committee were less than reassuring. The Surgeon General's original statement had indicated that the tobacco industry would be directly represented on the advisory panel—a procedure roughly akin to packing a jury with members of the accused's family. Apparently the Surgeon General had second thoughts. The committee was to be composed, rather, of scientists who had taken no public stand on the smoking issue. The tobacco industry, through the ubiquitous Tobacco Institute, was afforded a right of veto over any member of the panel—a device not without its own potential abuses.

The first name associated with the Committee was that of Dr. Herman Kraybill, a distinguished scientist in the employ of the National Cancer Institute, who was named Executive Director of the Advisory Committee prior to the selection of the members of the Committee itself. It was an auspicious appointment. Dr. Kraybill's qualifications and disinterested integrity were unassailable.

Unhappily, Dr. Kraybill soon made the unpardonable sin of admitting to a reporter from his home-town newspaper that he believed the evidence "definitely suggests that tobacco is a health hazard." This indiscretion led swiftly to Dr. Kraybill's unceremonious bouncing from his newly acquired position and to the appointment of a more circumspect successor.

Despite this unhappy assortment of ill omens, the Committee can make a genuine contribution to a governmental solution of the smoking problem. Even with the industry's veto power, which was not to my knowledge liberally exercised, the final complexion of the Committee was to all

outward appearances characterized by both high qualifications and the absence of bias.

The Surgeon General, to his substantial credit, is apparently succeeding in isolating the Committee from the winds of political pressure—a task, incidentally, made immeasurably more difficult by his boss, Secretary of Health, Education and Welfare, Anthony Celebrezze, who punctuated the Committee's deliberations with the published comment that he did not consider it "the proper role of the Federal government to tell citizens to stop smoking." This curiously ambiguous statement could have meant simply that prohibition was not a solution to the smoking problem. It could equally have been interpreted as denying the government's responsibility even to educate its citizens to the dangers of smoking. The Secretary, apparently disinclined to await the outcome of the Committee's deliberations, also arbitrarily lumped smoking with "overeating, overdrinking, and other overindulgences," although the evidence, as we have seen, is that smoking is a hazard even when indulged in moderately. Whatever the Secretary's intentions, his remarks left an unfortunate mist over the Committee's deliberations and resulted, in the words of *The New York Times*, in placing "an influential official on record against strong action by the Government."

If I am less than optimistic about the deliberations of the Committee, it is because I am fearful that they may be afflicted with the same disease that struck Lincoln's generals; a disease which Lincoln himself diagnosed as "the slows." Yet I am hopeful too that the Committee's report, when finally delivered, will serve to remove the element of hedging that characterized Surgeon General Burney's 1959 statement. If it does this, it will remove the last remaining barrier to firm Administration action.

An Impregnable Citadel

Since I began my campaign against the "demon tobacco," I have received many kind and generous letters from equally troubled citizens commending my efforts and, not infrequently, my "courage." I am always grateful for these letters. Goodness knows, politicians are rarely enough accused of displaying courage. And yet, to be perfectly honest, it really doesn't require very much courage for me to oppose the cigarette industry. Perseverance? Oh my, yes. But courage? Not especially.

Of course, if thousands of acres of burley tobacco, instead of wheat, grew in Eastern Oregon, or if Portland and Salem were as economically in thrall to the manufacture of cigarettes as such North Carolina cities as Durham and Winston-Salem, I might not be diffident about accepting praise for my courage.

The fact is, of course, that Oregon grows no tobacco, manufactures no cigarettes. Oddly enough, Oregon is one of only three states in the Union without a cigarette tax (though I have long argued for one) so that even the State Treasury is not threatened by my activities. I don't fear the loss of cam-