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# CONSUMER REPORTS

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The Truth About True's  
Article on Smoking



# The truth about... True's Article on Smoking

*The motive for publishing it and the nature of its promotion blur  
the line between honest, if erroneous, journalism and propaganda*

**M**ore than four million copies of an article that attempts to debunk the dangers of smoking and attacks the findings of the 1964 Surgeon General's Advisory Committee Report on smoking have been circulated in recent months. The article was first printed in more than two million copies of the January 1968 issue of *True* ("the man's magazine") under the title, "To smoke or not to smoke—that is still the question." It was written by a man named Stanley Frank.

In February, CU readers began sending us copies of a reprint of the *True* article. Attached to each was the following blurb: "As a leader in your profession and community, you will be interested in reading this story from the January issue of TRUE Magazine about one of today's most controversial issues.—THE EDITORS."

A biology professor wrote us: "The fallacies, innuendoes, misstatements and pseudoscience in the enclosed article are cloaked enough by truth to be very convincing to much of the public." From another reader: "What is of concern to me is the backing [of] the distribution of this article. . . . Is the tobacco industry involved?"

It certainly is. As has been widely reported in the press, the Tobacco Institute, an industry trade organization, retains two public relations agencies. One of them, Tiderock Corp., ordered some 600,000 reprints of the article from *True* and mailed them first class (\$72,000 worth of postage alone, if all were sent) to doctors, teachers, lawyers and other professional people. The reprint nowhere suggested that anyone but *True* was responsible for the mailing. The signature "THE EDITORS" indeed suggested that *True* had sent it out.

As *Advertising Age* put it in an editorial: ". . . there is a vast difference between views that are clearly labeled, so that anyone reading them can ascertain for himself if the party or parties expressing them represent one faction or another, and views that are passed along as unbiased editorial comment 'signed' by the editors of a magazine."

*True*, it turns out, had been willing to let the reprint go out under its editors' names, with the magazine's blessing—*True* printed up not only the reprints but the blurb signed "THE EDITORS." Charles N. Barnard, *True's* executive editor, told CU that *True* staffers assumed, "a bit naively, as it turned out," that the envelopes Tiderock used in the mailing would identify the sender. The envelopes did not. On them was the Chicago post-office-box number of the mailing house that actually did the mailing, with no other identification of the sender.

Five cigarette manufacturers individually also bought and mailed reprints of the *True* article—some 450,000 of them. It turned out, too, that a series of newspaper advertisements promoting the article—\$60,000 worth, according to *Advertising Age*—had largely been paid for by individual companies that are members of the Tobacco Institute, using Tiderock as intermediary. The ads purported to be for *True* and its smoking article; they made no mention of any connection with the tobacco industry.

Then, early in March, an article appeared in the *National Enquirer*, a weekly tabloid with a circulation of close to a million, entitled "Cigarette Cancer Link Is Bunk." The *Enquirer* article carried the byline of "Charles Golden." But Stanley Frank, author of the *True* article, concedes that he wrote the *Enquirer* article, too.

## A free-lance turned PR man

Mr. Frank has been a prolific magazine writer—author of scores of articles, on a wide range of general subjects, in the *Saturday Evening Post* and *Good Housekeeping*, as well as *True*, and a frequent contributor to other national magazines. In October 1967, Mr. Frank went to work for Hill and Knowlton, the other public relations agency retained by the Tobacco Institute. Hill and Knowlton, *True* and Mr. Frank have all stated that Mr. Frank sold the story to *True* the previous April. However, when Mr. Frank rehashed his piece for the *National Enquirer*, he was an employe of Hill and Knowlton.

The *Wall Street Journal* also reported (and CU later confirmed) that "a tobacco industry representative" had approached a prominent Washington journalist in 1967 and had asked her to sign an already-written article attacking the 1964 Surgeon General's Committee report. The plan was to submit it to a national magazine to which she was a frequent contributor. She refused.

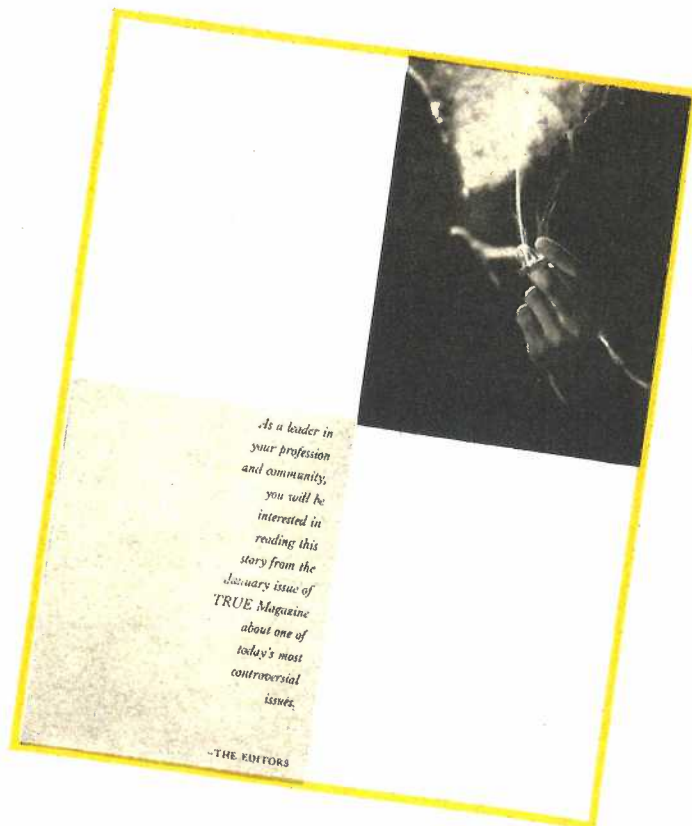
In sum, then, it would appear from the reports cited that the tobacco industry's representatives tried to plant a pro-smoking article in a national publication. Two pro-smoking articles have in fact appeared. Their author is currently employed by one of the public relations firms retained by the tobacco industry. He wrote the second of the articles while employed by the industry's publicists. The industry directly financed extensive promotion of the first article and put into circulation more than a million reprints of it. Some 600,000 of the reprints were sent out to professional people in the name of the editors of a presumably unbiased and unfettered national magazine.

The tobacco industry's connection with the articles and the reprint has been widely noted. In mid-March, John F. Banzhaf III filed complaints with the Federal Trade Commission, the U.S. Post Office Department and the New York State Attorney General. Mr. Banzhaf is executive director of Action on Smoking and Health—"the legal action arm of the anti-smoking community," as it calls itself. He is the New York attorney whose complaint led to the Federal Communications Commission's 1967 "fairness" ruling, which requires that broadcasters who air cigarette commercials give "substantial" time to anticigarette announcements.

Among other allegations, Mr. Banzhaf charged in the complaint that "it was an unfair and deceptive trade practice to advertise and distribute such . . . articles with no indication of their sponsorship and the circumstances of their authorship . . . the use of the U.S. mails to accomplish this purpose may also constitute postal fraud particularly because the identity of the mailer was not represented."

At about the same time, Senator Warren Magnuson (D., Wash.) wrote to the Surgeon General, Dr. William H. Stewart, asking him to review the *True* article. In announcing to the Senate late in March that the review had been made, Senator Magnuson said: "It brings into the most serious question the article's accuracy, impartiality and integrity. . . . These articles . . . are not what they seem to be. And I agree with Dr. Stewart that this questionable exercise in high-powered public relations may, if it achieves its apparent objectives, add to the disease and death in our population caused by smoking."

The Surgeon General's factual rebuttal of the *True* article, and a rebuttal by the American Cancer Society that covers much of the same ground, put Mr. Frank's



The reprint looked as if *True* had sent it on its own; in fact, it was sent by a public-relations firm retained by the Tobacco Institute. The return address was a PO box for the mailing house that actually made the mailing

**To smoke or not to smoke—that is still the question**

BY ANTHONY LEVIN

*THE REPRINT*

As a leader in your profession and community, you will be interested in reading this story from the January issue of *TRUE Magazine* about one of today's most controversial issues.

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## TRUE'S SMOKING ARTICLE continued

compendium of errors, omissions and distortions in its proper light. CU discusses some of the claims made in both the *True* and the *National Enquirer* articles in the box below.

Why did the Tobacco Institute endorse this "questionable exercise in high-powered public relations"? A few background facts suggest the answer.

In the fall of 1967 the tobacco companies faced the apparent prospect of excellent economic health. A substantial rise in sales had been predicted for 1967 (2 per cent over 1966, a record year), and per-capita consumption was expected to rise again. Still, all was not roses. The FCC had recently handed down the "fairness" ruling that had been sparked by Mr. Banzhaf's efforts. Tobacco farmers were complaining that they had large quantities of high-nicotine tobacco on their hands; demand for that type of tobacco was almost nonexistent in this country

and abroad, and Federal price supports for it had been set much lower than for tobacco of lower nicotine content. The efficiency of the new Strickman filter, widely publicized as a major step in controlling the nicotine-and-tar content of cigarette smoke, was being questioned, though Columbia University had not yet dissociated itself from the filter and its inventor. The U.S. Public Health Service had mounted a campaign to dissuade the million teen-agers who begin to smoke each year from starting up. The Surgeon General had submitted to Congress a 200-page follow-up to the 1964 smoking report; it underlined the 1964 findings and presented strong additional evidence of the link between cigarette smoking and many kinds of disease. The Federal Trade Commission had recently stated its position: Health warnings should be required in all cigarette advertising. The American Cancer Society's membership had just voted a recommendation that *all* cigarette ads be banned, a step also recommended by 62 per cent of some 2500 physicians polled by the California Medical Association.

And in Congress (described not long ago as the "best

### The facts still say that smoking does harm

The *True* and *National Enquirer* articles' main contention is that there's no reason for you to believe that smoking causes lung cancer and other diseases. The known facts do not support the evidence Mr. Frank adduces.

"The cause of cancer is unknown," Mr. Frank says. But there has been an enormous rise in deaths from lung cancer—from 2357 in 1930 to 45,838 in 1964. The evidence is overwhelming that the rise in cigarette consumption resulted in the rise in mortality rates from lung cancer. Compared with nonsmokers, the average male smoker runs about a 9- to 10-fold risk of developing lung cancer, and a heavy smoker at least a 20-fold risk.

"Ten per cent of all lung cancer victims have never smoked, proof that tobacco is not the sole cause of the disease," says Mr. Frank. The fast reader might thus infer that because cigarette smoking does not cause 100 per cent of the cases, it cannot cause any. Mr. Frank does not mention that cigarette smokers nearly always develop a different form of lung cancer from nonsmokers—squamous-cell carcinoma, rare in those who have never smoked—indicating that there is an agent in cigarette smoke capable of producing those carcinomas.

"Long exposure to concentrated cigarette smoke has never produced lung cancer in an experimental animal," Mr. Frank writes. False. The American Cancer Society suggested that Mr. Frank had been "trapped by the march of research" when it reported that cigarette smoke has indeed produced lung cancer in a strain of mice and that preliminary reports of the findings appeared in London in mid-1967.

"Statistics alone link cigarettes with lung cancer, a correlation that is not accepted as scientific proof of cause and effect," says Mr. Frank. First, "Assuming that the evidence were only statistical . . . the case against cigarettes would still be strong enough to act on," Surgeon General Stewart told Congress in March. And the Ameri-

can Cancer Society pointed out that it is through statistics that we know vaccinations prevent polio, smallpox, tetanus and diphtheria, that antibiotics cure many bacterial infections; that Thalidomide caused babies to be born deformed; and that Type III oral polio vaccine has reduced one's chances of contracting paralytic poliomyelitis to a million to one.

Other kinds of evidence are available: animal experiments and clinical and autopsy studies, as well as the population studies from which most of the statistical conclusions were drawn; ". . . all three lines of evidence are essential," the Surgeon General's committee stated in 1964. Dr. Stewart told Congress in March that "microscopic examination of lung tissue of cigarette smokers has shown that the degree of lung damage and precancerous cellular changes increase greatly with the number of cigarettes smoked."

"Lung cancer is rare in women," Mr. Frank says. The mortality rate for lung cancer in women has risen 400 per cent since 1930. More men get lung cancer than women, true. But more men smoke than women.

"[It] is difficult to understand Doctor Terry's abrupt dismissal of other possible causes of lung cancer," Mr. Frank writes. First, Dr. Terry (Dr. Luther L. Terry, Surgeon General in 1964) did not write "Smoking and Health," the 1964 report. It was the work of a committee of prominent scientists and no more Dr. Terry's work than the recent report of the Presidential Commission on Civil Disorders was the work of President Johnson. Second, the committee *did* discuss at length other possible causes of lung cancer, in two different sections of the report, and concluded: ". . . the importance of cigarette smoking [in chronic diseases of the lung] is much greater than that of industrial pollution or occupational exposures."

Mr. Frank suggests that air pollution in industrial centers may be a cause of lung cancer; he cites the

protective filter ever devised by the tobacco industry"), several senators had introduced bills to curb radio and television advertising of cigarettes, to strengthen label warnings and extend them to include all advertisements, and to set up a sliding scale of excise taxes under which cigarettes producing high-tar-and-nicotine smoke would be taxed more than cigarettes with low-tar-and-nicotine smoke.

It was in this atmosphere that the Tobacco Institute secured the services of Rosser Reeves—one of advertising's all-time giants, former head of Ted Bates and Co., an acknowledged master of the hard sell—and his newly formed public relations agency, Tiderock Corp. Tiderock proceeded to do what public relations people are paid to do: It seized upon the *True* article, promoted it to the hilt, gave it maximum distribution and, to add credibility, neglected to reveal the tobacco industry's role in promoting the article and distributing the reprints.

The editors of *True*, too, were doing what they're paid to do—print stories that would arouse the interest of their

readers. "Circulation is made from outrageous things sometimes," *True's* executive editor told CU, adding that the article would have strong appeal to people "looking for any excuse not to stop smoking."

The article, he said, was checked for accuracy by a researcher working with the editor of *True* (that editor, by the way, is reported to be no longer connected with the magazine). Mr. Barnard concedes that the story as printed, despite the re-researching, contained many errors, distortions and omissions. Nevertheless, he claims that *True* and its editors, some of whom recommended that the article not be printed, didn't act irresponsibly.

CU finds it hard to agree. How many men who read Stanley Frank's piece of journalism were pack-a-day smokers trying hard to stop? How many, as a direct result of reading the article, decided to continue? Judging by the mortality statistics in the Surgeon General's latest report, if the article persuaded only 8000 such smokers among the millions it reached to keep it up, 10 of them will die of lung cancer as a direct result of having been persuaded.

findings of Percivall Pott (Percival Potts, Mr. Frank calls him) as evidence. In 1775, Dr. Pott did indeed find a high incidence of cancer among London chimney sweeps, but it was cancer of the scrotum, not of the lung. (The *National Enquirer* article identifies the kind of cancer Dr. Pott discussed, but still cites his findings as evidence of air-pollution's role in producing lung cancer.

"Inhaling should induce lung cancer if cigarettes are hazardous," Mr. Frank maintains, adding: "Not a scrap of evidence has been found to corroborate the theory. . . . Further, there is no proof that the chances of getting cancer are reduced by giving up smoking." False on both counts, the American Cancer Society replies. The Society refers to E.C. Hammond's 1966 study, "Smoking in relation to the death rate of one million men and women" (National Cancer Institute monograph No. 19), which shows significantly higher death rates from lung cancer for smokers who inhale and significantly lower death rates for ex-smokers.

Mr. Frank also saws away diligently at the known link between cigarette smoking and coronary artery disease, the largest single cause of death in this country. He quotes at length two respected investigators, Dr. Henry Russek and Prof. Carl Seltzer, who question the *causative* role of cigarette smoking in coronary disease. "Such opinions have been published regularly in medical literature during the last decade," Mr. Frank says. "Again the [Surgeon General's] report overrode the experts."

As it happens, Dr. Russek did not make his statement until 1965; Prof. Seltzer didn't make his until 1968. But anachronisms aside, Mr. Frank quotes only those investigators' strongest words of dissent, not their full views on the matter. Dr. Russek's 1965 study of stress, tobacco and coronary disease found that twice as many men who smoked cigarettes suffered from coronary disease as men who did not. And Prof. Seltzer concluded his analysis of recent statistics in that area by stating: "The present

state of our knowledge still suggests (as the Surgeon General's Advisory Committee Report . . . stated in 1964) that 'male cigarette smokers have a higher death rate from coronary artery disease than non-smoking males, but it is not clear that the association has causal significance.'"

Some current figures on this association, taken from the Public Health Service's 1967 review, "The Health Consequences of Smoking": If the mortality rate from coronary disease of nonsmoking men, 45 to 54 years of age, is expressed as 1.0, the mortality rate of 45-to-54-year-old smokers of less than 10 cigarettes a day may be expressed as 2.4 and the mortality rate of 45-to-54-year-old smokers of more than two packs a day as 3.4. The 1967 report sheds new light, too, on the specific mechanisms by which cigarette smoking can cause cardiovascular disease. CU discussed some of them in its recent article on cigarette controls ("A Sick Joke So Far," CONSUMER REPORTS, February 1968).

CU does not anticipate that researchers will ever try to induce coronary disease in human beings. Therefore, it seems unlikely that a causative relationship between cigarette smoking and coronary disease can ever be established according to the very strictest tenets of the scientific laboratory. But the absence of such proof does not nullify the statistical *association* between cigarette smoking and coronary disease. The 1964 Report reasons thus: "Other factors such as high blood pressure, high serum cholesterol, and excessive obesity are also known to be associated with an unusually high death rate from coronary disease. The causative role of these other factors in coronary disease, though not proven, is suspected strongly enough to be a major reason for taking countermeasures against them. It is also more prudent to assume that the established connection between cigarette smoking and coronary disease has causative meaning than to suspend judgment until no uncertainty remains."