

# THE JOURNAL

OF THE AMERICAN MEDICAL ASSOCIATION

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## CIGARETTE HUCKSTERISM AND THE A. M. A.

The unauthorized and medically unethical use of the prestige and reputation of the American Medical Association and THE JOURNAL in Kent cigarette advertisements currently appearing in the American press and other channels of mass communication constitutes an outrageous example of commercial exploitation of the American medical profession. The implication in these advertisements that the American Medical Association authorizes, supports, or approves any particular brand of cigarettes or combination of claims made in their behalf—whether pygmy-sized or king-sized, with or without filters, nicotinized or denicotinized—provides a most reprehensible instance of hucksterism. The manner in which the P. Lorillard Company has extolled its particular brand of cigarettes by reference in its advertisements to the American Medical Association and THE JOURNAL is to be strongly condemned.

On the basis of only one factor isolated from many, the P. Lorillard Company blatantly implies that the efficiency of their brand of filter tip solves the health problems associated with cigarette smoking. This approach to a vital problem is ill-conceived and lacks factual medical support. The inference that any type of filter has the approval of the American Medical Association is equally without foundation. Until the clinical relationship between the amount of nicotine and tars and their effect on the individual smoker is conclusively established, no filter can offer a panacea except one that possesses 100% efficiency. The hard facts of the matter are that a completely efficient filter would permit the smoker to inhale nothing but hot air!

Certainly there is no adequate evidence to prove conclusively that the reduction of nicotine and tars by means of a filter that is 60% inefficient has any physiological significance. The amount of nicotine and tars that reach the smoker's oral cavity is the one factor of fundamental importance. This cannot be determined merely by establishing the efficiency of a filter. The presentation of one fact and the exclusion of all other pertinent facts can

result in a serious misrepresentation of the true status of health in relation to the smoking problem. Smokers who are misled are likely to obtain a false sense of security without real protection.

## RELATION OF ABSENCE OF TONSILS TO BULBAR POLIOMYELITIS

Data have been provided over a period of years to suggest that mere absence of tonsils and adenoids, regardless of the time of their removal, leads to increased susceptibility to bulbar poliomyelitis. In a study of 432 patients with acute anterior poliomyelitis, Lucchesi and LaBocchetta<sup>1</sup> found that in 61% of patients whose tonsils were absent at the time the infection occurred the bulbospinal form of the disease developed while in 76% the bulbar type developed. A much higher incidence of bulbar involvement took place in these persons than in patients who still had tonsils and adenoids, the difference being apparent in all age groups. Seventy-eight per cent of the patients who died of poliomyelitis had neither tonsils nor adenoids when they became ill.

In 1952, Top<sup>2</sup> investigated 1,947 patients who had been admitted to the Herman Kiefer Hospital in Detroit over a 10 year period because of poliomyelitis. In this group, 51.9% of the patients had neither tonsils nor adenoids at the time the disease was contracted; 85.1% of the patients afflicted by bulbar poliomyelitis had previously been subjected to the tonsillectomy procedure, while 68.7% of the patients attacked by bulbospinal poliomyelitis had previously undergone tonsillectomy. Of the patients with nonparalytic forms 45.6%, and of the patients with spinal paralytic forms 43.1% had neither tonsils nor adenoids. Of the patients afflicted by bulbar poliomyelitis who had previously been subjected to tonsillectomy 93.5% died, as compared to 56.9% of patients with bulbospinal poliomyelitis who died.

Weinstein, Vogel, and Weinstein<sup>3</sup> recently repeated the investigations of Lucchesi, LaBocchetta, and Top to determine whether the relation of absence of tonsils and adenoids to increased susceptibility to bulbar poliomyelitis applied to their own patients. Records at Haynes Memorial Hospital, Boston, of 800 patients with poliomyelitis, 500 of whom had been subjected to tonsillectomy and adenoidectomy at some time and 300 of whom had not been operated on, were studied. All patients had a clinical history pointing to poliomyelitis; physical findings to indicate infection of the central nervous system; and sterile spinal fluid that contained more than 10 white blood cells per cubic millimeter, an increased quantity of protein, and a normal sugar content.

Analysis of the data suggested that the absence of tonsils and adenoids, regardless of the time of their removal in relation to the onset of poliomyelitis, increased the risk that the bulbar form of the disease would develop. Of 85 patients in whom bulbar poliomyelitis developed, 85.9% had previously been subjected to tonsillectomy; of those in whom tonsils were still present, bulbar poliomyelitis developed in only 14.1%. A similar relationship was observed in the case of patients attacked by bulbospinal poliomyelitis, the disease occurring about five times more frequently in patients subjected to ton-

1. Lucchesi, P. F., and LaBocchetta, A. C.: Relationship of Tonsils and Adenoids to the Type of Poliomyelitis, *Am. J. Dis. Child.* 68:1 (July) 1944.

2. Top, F. H.: Occurrence of Poliomyelitis in Relation to Tonsillectomies at Various Intervals, *J. A. M. A.* 150:534 (Oct. 11) 1952.

3. Weinstein, L.; Vogel, M. L., and Weinstein, N.: A Study of the Relationship of the Absence of Tonsils to the Incidence of Bulbar Poliomyelitis, *J. Pediat.* 44:14 (Jan.) 1954.

# When "More doctors smoked Camels": Cigarette advertising in the *Journal*

Even well into the twentieth century, cigarette smoking hadn't caught on among most men—and definitely not among women. But through mass media advertising and overseas tobacco funds for the boys at war, cigarettes became firmly entrenched by the 1920s. The tobacco companies were the first to offer women equal rights, of a sort, with slogans such as "I'm a Lucky girl," "Blow some my way," and "Do you inhale? Everybody's doing it!" Readers of the Sunday funnies were told by ball-players like Lou Gherig and Joe DiMaggio, "They don't get your wind . . . So mild, athletes smoke as many as they please!" To respond to those nagging, fuddy-duddy health doubters, various salutary claims and endorsements by doctors of certain brands began to appear. By the 1930s cigarette advertisements had made their way into medical journals, including the *New York State Journal of Medicine*. The following article was written by Alan Blum, MD, Editor, with extensive research assistance by Jessica Rosenberg, a medical student at New York University.

In 1927 the American Tobacco Company began a new advertising campaign for the nation's leading cigarette brand, Lucky Strike, by claiming that 11,105 physicians endorsed Luckies as "less irritating to sensitive or tender throats than any other cigarettes." The reaction in the *New York State Journal of Medicine* was a swift denunciation from both a moral and a scientific standpoint by the Society's legal counsel, Lloyd Paul Stryker:

In this present era of advertising and publicity . . . we are accustomed to see portrayals of dramatic critics, actors, and others smoking some particular brand of cigarette and certifying that there is nothing like it. The endorsers, we understand, are not infrequently remunerated.

The propriety of this course on the part of those who furnish their endorsements, where such endorsers are members of the laity, is a matter falling within their liberty of choice, and is properly governed by their own sense of fitness of things. When, however, non-therapeutic agents such as cigarettes are advertised as having the recommendation of the medical profession, the public is thereby led to believe that some real scientific inquiry has been instituted, and that the endorsement is the result of painstaking and accurate inquiry as to the merits of the product.

Despite the frequent attacks upon the medical profession, we believe that the people of this country, take them as a whole, have a regard and wholesome faith in their physicians. All that tends to the building up and strengthening of this faith redounds to the benefit of the medical profession and of its individual members, and that which in any wise tends to shake this faith and confidence works a detriment not only to the profession as a whole but to each individual practitioner. All that tends to strengthen the faith of the people in the belief that medical opinions are founded upon a sound scientific basis, should be fostered by the profession.<sup>1</sup>

Although Stryker could find no canon of the principles of professional conduct of MSSNY that such endorsements definitely violated, he questioned whether or not such involvement by physicians, albeit in this instance most likely unintentional, tends "to advance the science and honor of medicine and to guard and uphold its high standard of honor."

A few months later the *Journal* noted the praise by

*California and Western Medicine* (among other journals) for Stryker's commentary:

It is regrettable that any physicians should have thoughtlessly lent their support to this advertising scheme. The profession that has studiously worked to protect the people from fraudulent claims of drug advertisers should be more alert and discerning.<sup>2</sup>

In the same issue, the *Journal* published new Advertising Standards that declared, "The *Journal* will continue to select, to require proof, to reflect. And its advertising columns will prove increasingly valuable to the readers as a guide to reliability of firm and product." A subsequent editorial announced that advertisements would be edited as if they were scientific articles or news items, to "guard against extravagant statements."<sup>3</sup>

In spite of these assurances, and in the absence of an announcement of a modification of these standards, the *Journal* published its first cigarette advertisement in 1933. For more than 20 years it was to accept more than 600 pages of cigarette advertisements from the six major tobacco companies. Although it is difficult to understand how the *Journal* permitted cigarette advertising, there is no mystery whatsoever as to why tobacco companies sought out medical journals: in the words of an Irish proverb, "Truth may be good, but juxtaposition is better." The tobacco companies were buying complacency.

## FULL-BODIED

The first tobacco company to purchase advertising space in the *Journal* was Liggett & Myers. From October 1, 1933, to July 1, 1938, an advertisement for Chesterfield cigarettes appeared in alternating issues, usually on the premium-space back cover. Although some advertisements suggested Chesterfields were healthful ("Just as pure as the water you drink . . . and practically untouched by human hands"—Dec 1, 1933), most were composed of a romantic young couple, a double-entendre catchphrase ("They satisfy!"), and the distinctive Chesterfield logo. The following dialogue was printed below a scene of two lovers snuggled in a one-horse sleigh (Aug 1, 1934):

Woman: "I thank you—I thank you ever so much—but I couldn't even think about smoking a cigarette."

Man: "Well, I understand, but they are so mild and taste so good that I thought you might not mind trying one while we are riding along out there."

Perhaps because Lucky Strikes were America's top-selling and most widely advertised brand by the 1930s, the American Tobacco Company may not have wanted to court additional undue medical skepticism concerning its various health-oriented slogans, including, "No throat irritation. No cough." Only one advertisement for Lucky Strike appears to have been published in the *Journal*. Headlined, "A Quarter Century of Research Relating to a Light Smoke," the advertisement discussed American's long-standing ef-

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## PLEASE ASK US . . . . .

YOU MAY have questions . . . on the physiological effects of smoking . . . which we can answer. Please feel free to ask us.

Our research files contain exhaustive data from authoritative sources -- from which we will be glad to quote whatever may bear upon your question.

If you have not already read the studies on the relative effects of cigarette smoke, may we suggest that you use the request blank below? And also that you try Philip Morris Cigarettes yourself.

IF YOU WOULD LIKE COPIES of reprints listed below, check those you wish, tear off this part of the page, and mail to PHILIP MORRIS & CO., LTD., INC., 119 Fifth Avenue, New York... Proc. Soc. Exp. Biol. and Med., 1934, 32, 241-245 ☐ N. Y. State Jour. Med., 1935, 35-No. 11, 599 ☐ Laryngoscope, 1935, XLV, 149-154 ☐ Laryngoscope 1937, XLVII, 58-60 ☐

NAME \_\_\_\_\_ M. D.  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_  
YGR

Buy this ad in the "N. Y. Jour. of Med." of November 15, 1935

1938

fort to solve "an extraordinarily complex problem":

The objective may be stated as: *the perfection of a cigarette with a minimum of respiratory and systemic irritants, and with a fully preserved character, i.e., a perfected acid-alkaline balance—a cigarette in which rich, full-bodied tobaccos have been successfully utilized to produce "A Light Smoke."*

By means of a graph purportedly illustrating the ratio of total volatile acids to total volatile bases, the company claimed that, unlike Brands B, C, and D, Lucky Strike had struck the proper balance between "acidity and basicity." Why the advertising for this brand was discontinued is unclear, for there is no published correspondence or editorial content discussing the advertisement.

### CLINICAL PROOF

Philip Morris English Blend cigarettes made their *Journal* debut in 1935, in single-column advertisements drawn to resemble a cigarette. Citing studies published in medical journals, these advertisements were the first to aim squarely at physicians. The basic claim was that Philip Morris, made with the hygroscopic (moistening) agent diethylene glycol, were less irritating than cigarettes made with glycerine or with no such chemical additive. The Philip Morris claim was largely based on an article published in the *New York State Journal of Medicine*.<sup>4</sup>

In the advertisements, reprints of this study and others in *The Laryngoscope* were offered, along with two free

## INTERESTED IN CIGARETTE ADVERTISING?

Words, claims, clever advertising do sell plenty of products. But obviously they do not change the product itself.

That PHILIP MORRIS are less irritating to the nose and throat is not a claim. It is the result of a difference in manufacture, *proved\** advantageous over and over again.

But why not make your own tests? Why not try PHILIP MORRIS on your patients who smoke, and confirm the effects for yourself.

## PHILIP MORRIS

PHILIP MORRIS & CO., LTD., INC.  
119 FIFTH AVENUE, N. Y.

\* *Laryngoscope*, Feb. 1935, Vol. XLV, No. 2, 149-154  
*Laryngoscope*, Jan. 1937, Vol. XLVII, No. 1, 58-60

TO PHYSICIANS WHO SMOKE A PIPE: We suggest an unusually fine new blend—COUNTRY DOCTOR PIPE MIXTURE. Made by the same process as used in the manufacture of Philip Morris Cigarettes.

Buy this ad in the NEW YORK STATE JOURNAL OF MEDICINE

1942

packs of Philip Morris. The study reported a variation of an objective technique for the measurement of irritation—the production of edema in the conjunctival sac of rabbits' eyes. In the authors' experiment, edema produced by the instillation of a smoke solution from Philip Morris cigarettes lasted an average of 8 minutes, while the smoke solution from "cigarettes made by the Ordinary Method" caused edema for an average duration of 45 minutes. The advertisements would note that an article in *Laryngoscope* (1935; XLV, No. 2, 149-154) reported "clinical confirmation. When smokers changed to Philip Morris, every case of irritation of the nose and throat due to smoking cleared completely or definitely improved" (eg, Dec 1, 1940).

For 15 years, Philip Morris continued to cite such "proof" for the health benefits of these cigarettes, notwithstanding the fact that the authors of the paper in the *Journal* had concluded that cigarette smoking, regardless of the brand, was the cause of irritation to begin with:

For any one patient we may assume that cigarette smoke may play some part in the pathology of the throat condition for which he has consulted his physician.

In addition, in a subsequent article in the *Journal* criticizing the rabbit eye test as a means of evaluating irritation, Sharlit<sup>5</sup> had written

. . . the olfactory nerve ends in the mucous membrane of the

**Not only . . .**

**LABORATORY TESTS . . .** which

- showed edema of the rabbit conjunctiva averaging 2.7 from the smoke of ordinary cigarettes . . . compared with 0.8 from Philip Morris Cigarettes.

**But also . . .**

**CLINICAL TESTS . . .** which

- showed that when smokers changed to Philip Morris, substantially every case of irritation of the nose or throat due to smoking cleared completely or definitely improved . . .

**... conclusively prove**

**PHILIP MORRIS CIGARETTES**

**to be definitely and measurably**

**LESS IRRITATING**

Philip Morris & Company, Ltd., Inc., 119 Fifth Avenue, New York

TO THE PHYSICIAN WHO SMOKES A PIPE: We suggest an unusually fine new blend—Country Doctor Pipe Mixture. Made by the same process as used in the manufacture of Philip Morris Cigarettes.

1945

nose are far more efficient than the eye for detecting irritating smoke. Indeed, that is precisely part of the job of these nerve ends. When cigarettes made with diethylene glycol (ie, Philip Morris) were so tested by the writer and several others (smoke quickly drawn up through the nose), they were found, unfortunately, to be quite as irritating as other cigarettes.

Doubtless as the result of this article, Philip Morris issued a retraction of sorts which was published in the issue of Jan 15, 1943:

#### A DISCLAIMER:

Philip Morris & Company do not claim that Philip Morris cigarettes cure irritation. But they do say that an ingredient—glycerine—a source of irritation in other cigarettes, is not used in the manufacture of Philip Morris.

This did not stop Philip Morris from developing advertising themes throughout the 1940s such as "Why many leading nose and throat specialists suggest . . . change to Philip Morris" (1948–1949) or from boasting about the integrity of its advertising:

#### INTERESTED IN CIGARETTE ADVERTISING?

Claims, words, clever advertising slogans do sell plenty of products. But obviously they do not change the product itself. That Philip Morris are less irritating to the nose and throat is not merely a claim. It is the result of a manufacturing difference, *proved* advantageous over and over again (Nov 1, 1945).

**Doctor,  
be your own  
judge...  
try this  
simple test**



**Take a PHILIP MORRIS and any other cigarette**

1. Light up either one first. Take a puff—get a good mouthful of smoke—and slowly let the smoke come *directly* through your nose.
2. Now, do exactly the same thing with the other cigarette.

Notice that PHILIP MORRIS is definitely less irritating, definitely milder.

**PHILIP MORRIS**

Philip Morris & Co., Ltd., Inc., 119 Park Avenue, New York 17, N. Y.

1952

Although little Johnny the bellhop appeared each evening on such popular radio programs as "The Edgar Bergen and Charlie McCarthy Show," his smiling face never appeared in the *Journal*. Nonetheless, Johnny was enlisted in printed advertisements in the mass media to promote the theme of Philip Morris' "definitely less irritating" properties. Among the slogans he was shown calling out were, "Don't let inhaling worry you (if you switch to Philip Morris)!" and "An ounce of prevention is worth a pound of cure." Philip Morris never explained why Johnny's growth was stunted.

#### SLOW BURN

R.J. Reynolds first advertised in the *Journal* in 1941. Advertisements for Camels appeared in every issue for the rest of the decade, and in every other issue from 1950 to 1953. The early advertisements claimed that Camels, "the slower burning cigarette," produced less nicotine in the smoke. Photographs of men in white laboratory coats peering into test tubes lent a scientific touch. Like Philip Morris, R.J. Reynolds suggested switching brands as the alternative to quitting smoking. Rather than emphasize the irritation issue, R.J. Reynolds chose to play on the use of cigarettes to relieve "the strain of current life," as illustrated in this advertisement from Nov 1, 1942:

In these unsettled times, individuals may tend to display baffling, sub-clinical symptoms. The relationship of these symptoms to smoking and nicotine absorption can be an interesting subject for exploration.

However, the success of the physician's program is dependent upon the patient's full cooperation.

Your recommendation of Camel cigarettes can be an aid in this direction. . . .

Given adequate support by patients, the physician may find case histories more reliable. In addition, the segregation of such data may facilitate valuable group analyses.

Although American Tobacco was first to exploit a patriotic wartime theme ("Lucky Strike Green has gone to war"), R.J. Reynolds quickly followed suit by portraying Camels "as the favorite of the armed forces" (Feb 1, 1943) and appealing to physicians to send a carton to their "friends with the fighting forces." Military physicians became "heroes in white" (Mar 1, 1945), whose only rare comfort was a trusty Camel.

Following a series of postwar advertisements praising America's fighting, smoking physicians, R.J. Reynolds introduced a campaign, based on a survey of 113,597 physicians, that claimed, "More Doctors smoke Camels than any other cigarette." The first advertisement in the series (Jan 1, 1946) included a reprint of a "Dear Doctor" letter from the Camel Medical Relations Division, One Pershing Square, New York, NY, which praised its own survey. The "More Doctors smoke Camels" theme could be heard on most prime-time radio programs, including such children's favorites as "Abbott and Costello." Advertisements nearly identical to those that appeared in medical journals also ran each week in the three most popular magazines of the era, *LIFE*, *TIME*, and *The Saturday Evening Post*, thus as-

suring maximum media saturation.

But R.J. Reynolds managed to top this effort in its direct-to-physician advertising with a campaign for Camels cigarettes that posthumously honored great medical discoverers: Thomas Addison, John William Ballantyne, Sir Charles Bell, John Hughes Bennett, Claude Bernard, Richard Bright, Charles Edoard Brown-Séguard, Paul Ehrlich, Carlos Finlay, Camillo Golgi, William Whithey Gull, Marshall Hall, Herman von Helmholtz, F.G. Jacob Henle, Robert Koch, Joseph Lister, Theobald Smith, William Stokes, Rudolph Virchow, and William Henry Welch. Advertisements in nearly every issue of the *Journal* in 1947 and 1948 praised the perseverance of these men, beneath the headlined slogan, "Experience is the Best Teacher." The advertisements concluded with the line, "Experience is the best teacher in cigarettes too!" and cited statistical proof that Camels were the "choice of experience."

### HOUSECALLS

Another way tobacco companies played up to physicians was to provide them with free cartons of cigarettes. This was done either by mail (as part of market research surveys) or by an attractive "detail woman" (who would see to it that a plentiful supply of cigarettes was available in the patients' waiting area) or by exhibits at medical meetings. In 1940 Philip Morris took out space in the *Journal* for an "invitation" to physicians to drop by the cigarette company's booth at the annual convention of the Medical Society of the State of New York. Beginning in 1942, R.J. Reynolds invited physicians to visit the Camel cigarette exhibit at the convention of the American Medical Association (AMA). This

"I'll Be Right Over!"

...24 hours a day your doctor is "on duty"... guarding health...protecting and prolonging life...



According to a recent National survey

**MORE DOCTORS SMOKE CAMELS THAN ANY OTHER CIGARETTE!**

THE "T-ZONE" TEST WILL TELL YOU

**CAMELS** Costlier Tobacco

"I'm going to grow a hundred years old!"

...and possibly the way—for the amazing strides of medical science have added years to life expectancy



According to a recent National survey:

**More Doctors smoke Camels than any other cigarette!**

THE "T-ZONE" TEST WILL TELL YOU

**CAMELS** Costlier Tobacco

1946

## Camel invites you

TO ENJOY THE INTERESTING FEATURES  
OF THE CAMEL CIGARETTE EXHIBIT AT THE

A. M. A. CONVENTION — JUNE 8 TO 12

**RESPIRATORY  
ABSORPTION  
ON FILTERING FROM  
CIGARETTE  
SMOKE**

25%  
13%  
50%

See for the first time the dramatic visualization of nicotine absorption from cigarette smoke in the human respiratory tract.

See the giant photo-murals of Camel laboratory research experiments in the smoking room and smoking parlors in the heart of the International Hotel of New York.

Keep up to date on the latest news from the Camel Cigarette Company by visiting the Camel Cigarette Company Exhibit at the A. M. A. Convention.

The American Medical Association is the largest and most influential organization in the world. It is the only organization that represents the entire medical profession. It is the only organization that is recognized by the United States Government. It is the only organization that is recognized by the United Nations. It is the only organization that is recognized by the World Health Organization. It is the only organization that is recognized by the World Bank. It is the only organization that is recognized by the International Monetary Fund. It is the only organization that is recognized by the International Labor Organization. It is the only organization that is recognized by the International Union of Pure and Applied Chemistry. It is the only organization that is recognized by the International Union of Pure and Applied Physics. It is the only organization that is recognized by the International Union of Pure and Applied Mathematics. It is the only organization that is recognized by the International Union of Pure and Applied Biology. It is the only organization that is recognized by the International Union of Pure and Applied Geology. It is the only organization that is recognized by the International Union of Pure and Applied Meteorology. It is the only organization that is recognized by the International Union of Pure and Applied Astronomy. It is the only organization that is recognized by the International Union of Pure and Applied Physics. It is the only organization that is recognized by the International Union of Pure and Applied Mathematics. It is the only organization that is recognized by the International Union of Pure and Applied Biology. It is the only organization that is recognized by the International Union of Pure and Applied Geology. It is the only organization that is recognized by the International Union of Pure and Applied Meteorology. It is the only organization that is recognized by the International Union of Pure and Applied Astronomy.

• SEE FOR THE FIRST TIME the dramatic visualization of nicotine absorption from cigarette smoke in the human respiratory tract. The American Medical Association is the largest and most influential organization in the world. It is the only organization that represents the entire medical profession. It is the only organization that is recognized by the United States Government. It is the only organization that is recognized by the United Nations. It is the only organization that is recognized by the World Health Organization. It is the only organization that is recognized by the World Bank. It is the only organization that is recognized by the International Monetary Fund. It is the only organization that is recognized by the International Labor Organization. It is the only organization that is recognized by the International Union of Pure and Applied Chemistry. It is the only organization that is recognized by the International Union of Pure and Applied Physics. It is the only organization that is recognized by the International Union of Pure and Applied Mathematics. It is the only organization that is recognized by the International Union of Pure and Applied Biology. It is the only organization that is recognized by the International Union of Pure and Applied Geology. It is the only organization that is recognized by the International Union of Pure and Applied Meteorology. It is the only organization that is recognized by the International Union of Pure and Applied Astronomy.

# Camel

THE CIGARETTE OF GENTLER TOBACCO

advertisement was not unlike a circus poster:

See for the first time the dramatic visualization of nicotine absorption from cigarette smoke in the human respiratory tract.

See the giant photo-murals of Camel laboratory research experiments . . .

In 1949 Reynolds concocted the "30-day test," whereby unnamed but "noted throat specialists" were used to back up the claim, "Not one case of throat irritation due to smoking Camels!" Philip Morris countered with the "nose test," which it urged physicians to try (Mar 1, 1950). In before-and-after pictures, a young woman was shown exhaling smoke through her nostrils—smiling in the photograph labeled "Philip Morris" and grimacing with her "present brand." The advertisement claimed the doctor-smoker would also "see at once Philip Morris are less irritating."

By 1950, Philip Morris had found a new lure: "Make our doctors' lounge your club," invited one advertisement (June 1, 1950). Brown & Williamson Tobacco Company, trying to attract frightened consumers to filter cigarettes, also worked the medical market. One of its advertisements thanked "the 64,985 doctors who visited Viceroy exhibits at medical conventions" (June 1, 1954).

### OUT WITH THE BAD AIR . . .

Even though the cigarette companies have never publicly acknowledged any lasting harm attributed to their product, they have always attempted to portray various brands as safer and healthier than others. No aspect is more central to the hoax of safer smoking than is the filter. The first advertisement carried by the *Journal* for a filter cigarette

## Experience is the Best Teacher

Rudolf Virchow  
(1821-1902)  
proved it in pathology



Virchow's concept of "cellular pathology" was a major advance in medical knowledge. Although the life was not original with him, he was a pioneer in the use of the microscope to study the structure of the cell as the basis of pathological changes. He believed that every disease was a result of a change in the structure of the cell, and that the study of the cell was the key to the understanding of disease.

Yes, and experience is the best teacher in smoking too!



According to a recent *National Geographic* survey  
**MORE DOCTORS  
SMOKE CAMELS**  
than any other cigarette

1947

was for Viceroy (July 15, 1939): "AT LAST . . . a cigarette that filters each puff clean!" ("No more tobacco in mouth or teeth . . . A note on your office stationery will bring two packages with our compliments.")

By 1953, following publication of several major studies that left little doubt about cigarette smoking's role as the primary factor in the growing epidemic of lung cancer among men, nearly all the remaining cigarette advertisements in the *Journal* and other medical publications were for filter cigarettes. The drop-off in cigarette advertising in the *Journal* did not merely come about because the companies' ability to deceive or confuse physicians had run its course. Rather, television had become the predominant medium, and the bulk of advertising budgets was shifted into the sponsorship of the most popular programs.

Philip Morris ran its last advertisement in the *Journal* on August 1, 1953; Reynolds exited at the end of 1953, but not before touting a new slogan, "Progress through research." Meanwhile, Lorillard had launched nationally televised "scientific" demonstrations to show the efficacy and implicit medical benefits of its Micronite filter. This campaign was backed up by a heavy dose of advertising in medical publications.

Although the advertisements never disclosed the composition of "Micronite," there is evidence that the material that Lorillard touted as "so safe, so effective it has been selected to help filter the air in hospital operating rooms" (May 15, 1954) and "to purify the air in atomic energy plants of microscopic impurities" (Feb 15, 1954) was asbestos. A case report from the Thoracic Services of Boston University Medical School, "Asbestos following brief exposure in cigarette filter manufacture," described a 47-year old man who had been exposed to asbestos dust for a period

of nine months in 1953 while working in a factory that manufactured filters containing asbestos.<sup>6</sup> The patient made cigarette filters that consisted of a mixture of Cape Blue asbestos and acetate. According to the second author and a second source,<sup>7</sup> the filters were made for Lorillard, although it is possible that these particular filters were in some way different from the Kent Micronite filters.

Brown & Williamson again drew *Journal* readers' attention to the alleged lower tar and nicotine content of Viceroy, "as proved by testing methods acceptable to the United States Government." (Nov 15, 1953). The last cigarette advertisement appeared in the *New York State Journal of Medicine* on January 15, 1955, paid for by Lorillard to proclaim, "Old Gold—the first famous name brand to give you a filter." This from a company that had advertised Old Gold with the slogan "not a cough in a carload" in the 1930s and 1940s and had ridiculed the early medical reports pointing to the lethal side-effects of smoking with the slogan (also appearing in medical journals), "For a treat instead of a treatment."

Little if any criticism of the policy of accepting cigarette advertising appears to have been published in the *Journal* during the 20 years these advertisements ran. The same is true of *JAMA*, which published cigarette advertising between 1933 and 1953. But in 1954 a campaign for Kent, which implied an endorsement by the medical profession (merely because the manufacturer had also taken out advertisements in medical journals), incurred the wrath of an editorialist at *JAMA*, who denounced the advertising as "an outrageous example of commercial exploitation of the American medical profession and a reprehensible instance of hucksterism."<sup>8</sup> In a subsequent letter to *JAMA* Irving S. Wright, MD,<sup>9</sup> added that not only were the Kent advertisements misleading (which implied Kents were the choice for persons with vascular disease) but also especially dangerous. Wright described a patient with quiescent thromboangiitis obliterans who suffered a recurrence after having read a Kent advertisement that led him to resume smoking.

Thirty years after cigarette advertisements disappeared from peer-reviewed medical journals, it seems inconceivable that they ever could have been accepted in the first place. Yet many of the throw-away medical magazines continued to accept cigarette advertising throughout the 1960s and 1970s. At least one medical magazine, *Physician East*, which lists six physicians on its masthead and is published in Boston, has been running cigarette advertising in 1983. Others, including *JAMA*, carry advertising for CNA Insurance Company, a division of Loews.

### COMMENT

Many goods and services offered in the *Journal* in the past half-century have stood the test of time, but a policy of accepting advertisements for cigarettes is a sad saga for this and all other medical publications that have carried them—and for the entire advertising and publishing fields. It may be too late to publish corrective advertising for promotions that ceased 30 years ago, but even in retrospect the credibility of the publication is harmed. The knowledge and common sense about cigarette smoking were there—but so were the mass media to undermine knowledge and cultivate mass denial. One clear lesson is that physicians are

not immune to propaganda. But the point of this article (and this entire issue) is that the situation in regard to the promotion of smoking is even more pernicious today. The old advertisements in the *Journal* may seem ridiculous in their images and claims, and we can rationalize that we no longer acquiesce in the sale of cigarettes in a medical context. But do we? Whenever we flip past the cigarette ad on the sports page of *The Times* or ignore the one on the billboard downtown or on the bus, subway, or taxi that drops the patient off at our offices, we as leaders in society are doing precisely what the cigarette advertisers want us to do: *not* become angry, but rather to become resigned or complacent. Advertising for a product is not solely designed to sell to potential or current users, but also to assure the complacency or tolerance of non-users.

A common attitude among physicians today is that smoking will gradually die out in the next few years and that the cigarette companies will leave cigarettes to diversify into other kinds of businesses. Unfortunately, this is not on the agenda for a single cigarette company, least of all those which are aiming at developing nations.

It is too simple—and naive—a matter to call for a total ban on cigarette advertising, as so many other medical editorialists have done. Even granting an unforeseen awakening by Congress and local governments to the need for such an action, to judge from the events in countries where there have been such prohibitions, the tobacco industry is adept at incorporating its brand names, images, and packaging colors into other media. At LaGuardia and Kennedy international airports, for instance, the red rectangular symbol with the white triangular cut into it does not require a printed message for it to be instantaneously recognized that Marlboro cigarettes are being advertised. The clear solution is to remove all economic incentives for the cigarette companies and their subsidiaries, and the first step may well be a physician-led selective economic boycott. At the rate these conglomerates are growing, if the medical profession misses out on this opportunity, it may one day find itself working for health maintenance organizations operated by Loews, hospitals run by Philip Morris, trauma centers controlled by R.J. Reynolds, outpatient clinics established by Brown & Williamson, professional provider organizations set up by American Brands, and pharmaceutical manufacturers owned by Liggett. To judge from the increasing number of medical research councils, institutes, and science symposia underwritten by tobacco companies, and the medical schools and business schools accepting endowment money from them, this possibility may not be that far-fetched.

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