

Collier's

15c

, November 4, 1950



DESIGNED BY RANDO—SGT. JAMES JENKINS, 1ST CAVALRY DIVISION

SKETCHED BY HOWARD BRUBAKER—COLLIER'S COREST ARTIST

A NEW WESTERN SERIAL

By **LUKE SHORT**

**DON'T SMOKE—
Unless You Like It**

Don't Smoke—UNLESS

For centuries tobacco has brought mankind peace and cheer. Now some scientists

FOR more than 400 years, ever since the first paleface was lulled toward a treaty by an Indian peace pipe, tobacco has been decried as a moral and a physical menace. Yet, all through these centuries, an ever-growing portion of mankind—and more recently of womankind—has ignored these cries and found comfort in the glowing bowl of a pipe, solace in the delicate aroma of a cigar, and an outlet for nervous tension in a few quick puffs on a cigarette.

Americans, most of all, have taken the cigarette to heart. More than three quarters of all our adult men, and more than 40 per cent of all women, now smoke. We consume almost 400,000,000,000 cigarettes each year. We average nearly a full pack each per day.

Recently, however, the ranks of the antitobacco forces have been swollen by new recruits. Serious scientists and physicians have solemnly reported the results of intensive research in authoritative medical journals. These studies, if only because of their source, cannot be laughed off as were the denunciations of "the filthy weed" by the wild-eyed soapboxers of generations past.

Newspapers, the radio and television have picked up these reports and spread them broadcast. Condensing and oversimplifying them—with the ifs, ands and buts omitted—they have made smoking look, to many, like a dangerous habit indeed.

Millions of us have been led to worry whether the innocent-looking white tubes we casually light and puff are not really lethal weapons, slowly poisoning our systems, giving rise to ulcers, heart troubles, circulatory diseases, tuberculosis and even cancer. A few of us have given up smoking entirely. Others have cut down to four or six or eight cigarettes a day. Many, while puffing away as busily as ever, still remain disturbed and vaguely frightened at the menaces that they have been told lurk in the seemingly innocuous cigarette.

Are these worries really justified?

Is the new evidence against the cigarette really valid, really conclusive?

Has tobacco been found guilty of endangering health and even lives?

Or have many of us been scared, unnecessarily scared, by sensationalized stories about limited, inconclusive and controversial research?

Fortunately, for those of us who love to smoke, the latter seems to be the case. Some scientists have, tentatively, indicted tobacco. But a tremendous gap exists between such tentative indictment and a full-scale conviction shared by all scientists. This doesn't mean that you ought to sit back and laugh if your doctor suggests that you cut down on smoking. Tobacco—like fat foods, lean foods, exercise, lack of exercise, too much sunshine, too little sunshine, and a host of other factors—may be undesirable from a health standpoint for some individuals in certain circumstances. On the other hand, if you have nothing much wrong with you, tobacco—despite all the scare stories—probably is the one indulgence least likely to send you reeling toward the hospital or the grave.

Let's consider the case the scientists have been

making out for—and against—the theory that smoking causes lung cancer. This line of thought has come particularly to the fore with the recent simultaneous publication of two elaborate reports in the widely circulated *Journal of the American Medical Association*.

In one of these studies Drs. Ernest L. Wynder and Evarts A. Graham, of St. Louis, compared the smoking habits of 605 men with lung cancer against the smoking habits of 780 other male hospital patients. Among the lung cancer patients they found that 96.5 per cent had been moderately heavy to chain smokers for many years. Among their "control group" they reported only 73.7 per cent who were moderately heavy to chain smokers.

Classed as a Cause of Lung Cancer

Drs. Graham and Wynder put their evidence before mathematics professor Paul R. Rider, who reported that the difference was statistically significant. Thus these researchers concluded that "excessive and prolonged use of tobacco, especially cigarettes, seems to be an important factor in the induction of bronchiogenic carcinoma," or cancer of the lung.

Immediately following the Graham-Wynder article there appeared another, by Drs. Morton L. Levin, Hyman Goldstein and Paul R. Gerhardt, of the Bureau of Cancer Control of the New York State Department of Health. They compared the smoking habits of 1,045 male cancer patients with

statistics and the basic assumptions upon which both the Graham-Wynder and the Levin reports rest.

Both reports are based, in the first place, on the assumption that tobacco smoke contains some agent capable of causing cancer. This view first won favor, some years ago, when the late Professor A. H. Roffo, of the University Institute of Experimental Medicine, at Buenos Aires, identified what he believed to be cancer-causing hydrocarbons in tobacco tars. He reported consistently positive results, using these tars, in inducing cancer in laboratory animals.

But more recent research by Drs. E. Ashley Cooper, F. W. Mason Lamb, E. L. Hirst and Edgar Sanders, all of the University of Birmingham, England, and by Drs. Otto Schurch and Alfred Winterstein, of a research unit in Zurich, Switzerland, has failed to duplicate the results Dr. Roffo claimed. At the National Cancer Institute in Bethesda, Maryland, this country's leading basic cancer research center, similar attempts have also provided negative results.

In one long series of experiments, for example, Public Health Service research workers took two substantial groups of cancer-susceptible laboratory mice. One group was kept in a smoke-free chamber. The other was exposed to heavy tobacco smoke for at least half its normal life-span. After 10 months of constant exposure, the smoke-eating mice remained as tumor-free as their brothers and sisters in the control group.

Then the Public Health Service researchers went even further. They injected tobacco tars into mice of cancer-susceptible strains. They dissolved the tars in the drinking water of other mice. They put the tars under the skins of still other mice.

Despite these massive exposures, their mice failed to develop cancer. Tobacco tars, if cancerogenic at all, were demonstrated clearly to be far, far less so than coal tars and many other agents to which many industrial and mining workers are frequently exposed.

Drs. Graham and Wynder lay great stress, in their report, upon the fact that both cigarette smoking and lung cancer have apparently increased along parallel lines. "From the evidence presented," they state, "the temptation is strong to incriminate excessive smoking, and in particular cigarette smoking over a long period, as at least one important factor in the striking increase of bronchiogenic carcinoma."

Cancer researchers of the National Cancer Institute, however, take sharp issue with this point of view. They concede that their surveys show a marked increase in lung cancer. But Dr. Austin V. Deibert, chief of the Cancer Control Branch of the National Institute of Health, pointed out in a recent letter to the *Journal of the American Medical Association*: "Many investigators still maintain that this increase is merely apparent [sic] and (is) the result of a shift in the age composition of our population in recent decades, better diagnostic facilities, and a greater awareness of the medical profession for this particular cancer."

Cancer statisticians note, for example, that the greatest percentage increase in cigarette smoking



more than 600 male noncancer patients who had been hospitalized at the Roswell Park Memorial Institute. And they reported that "cancer of the lung occurs more than twice as frequently among those who have smoked cigarettes for 25 years than among other smokers (those who have smoked for a shorter period of time) or nonsmokers of comparable age."

At first glance, these reports seem to provide substantial evidence of a close link between smoking and the development of lung cancer. But other experts, both practicing cancer specialists and cancer research workers, seriously challenge both the

YOU LIKE IT

By ALBERT Q. MAISEL

say smoking is dangerous. But are their findings conclusive? The answer is No

in the last three decades has been among women. If prolonged and heavy smoking were actually a primary cause of lung cancer, they ask, would it not be natural to expect that lung cancer among women would be increasing far more rapidly than among men?

Yet exactly the opposite has been the case. While more and more women have become heavy smokers of many years' duration, cancer of the lung among males has been mounting far more rapidly than among females.

How misleading the "parallel growth" theory can be is demonstrated by the fate of a similar theory long advocated by anti-tobacco crusaders. When tuberculosis was on the rise, decades ago, they made much of the fact that tobacco consumption was also on the upgrade. "Cigarettes," they boldly declared, "definitely cause T.B."

But then something disconcerting began to happen. Cigarette consumption continued to mount ever higher. But T.B., which should have climbed right through the statistical roof, began to fall off sharply.

In fact, among women, the T.B. rate has fallen even faster than among men, despite the fact that it is among women that smoking has shown the greatest increase.

Skeptical of Graham-Wynder Theory

Cancer research authorities go even further in raising questions about the validity of the recently published studies linking smoking to lung cancer. They point out that the "statistically significant correlation," which Drs. Graham and Wynder found, between smoking and the development of lung cancer, is far from proof that smoking is the cause and cancer the effect.

In his letter to the Journal of the American Medical Association, Dr. Deibert reminded his readers that earlier investigators had found similarly "statistically significant" data upon which they based theories that lung cancer was linked to influenza, to the pollution of the air with sulphur dioxide and carbon monoxide, to the increase in tarred roads and to the inhalation of exhaust fumes from gasoline and Diesel engines.

But these theories have long since been laid on the scientific back shelf.

The idea that lung cancer had increased as a result of influenza seemed to be supported by the figures—when only the 1918-19 influenza epidemic was considered. But later research showed that no increase in lung cancer had followed the great influenza epidemic of 1889-90 and that no rise in lung-cancer frequency among Icelanders had occurred following the 1918 epidemic, although it was particularly severe.

Experts at the U.S. Public Health Service's National Cancer Institute point out that both the Graham-Wynder and the Levin-Goldstein-Gerhardt studies are limited to smoking as a possible cause of cancer. Yet many environmental and occupational factors have been proved to cause lung cancer and still others are equally or more suspect than tobacco.

That such concentration upon a single cause, to the exclusion of all others, can lead to serious error was demonstrated in a research study conducted by Drs. René Huguenin, Jean Fauvet and Jacques Bourdin, of the Institut du Cancer, Paris. They were confronted with a substantial group of cases of cancer of the lung which had been blamed, originally, on tobacco. But when they considered the possibility of other causes, they were able to demonstrate that a substantial proportion of these patients had been exposed, in their work, to a cancer-causing oil mist. The easy road, of blaming tobacco, actually had served only to obscure the

real cause in these cases, an occupational exposure to a dangerous cancer-causing agent that, once understood, could be attacked and controlled or eliminated.

It is precisely because incidents of this sort have occurred that men like Dr. Austin V. Deibert and Dr. W. C. Hueper, of the National Cancer Institute, regard the recent emphasis upon smoking as the cause of cancer of the lung as dangerously one-sided. They know that many industrial dusts have been demonstrated to cause cancer among workers in these fields. They fear that an all-too-easy emphasis upon smoking as the culprit may lead industry and public health authorities to neglect protective measures against these far more definitely proven cancer causes.

As Dr. Deibert put it in his critical letter to the A.M.A. Journal, "It seems advisable not to close our eyes to the possible or probable existence of other cancerogenic agents in any future search for the causes of cancer of the lung."

Finally, there are those who challenge the Graham-Wynder and Levin data on the ground that these studies made no comparison between cancer patients and ordinary smokers. In both reports, the "control groups" were not the general population, but a carefully selected group of sick people.

Is it logical, these critics ask, to accept the smoking habits of such sick people as typical of the general population?

While cancer research men have been among the severest critics of the cigarettes-cause-cancer studies, a similar controversy has raged among practicing surgeons and cancer specialists.

Some prominent physicians have accepted the new evidence as conclusive. Dr. Alton Ochsner, director of the famous Ochsner Clinic of New Orleans, for example, has categorically stated, "It appears without doubt that the inhalation of cigarette smoke exerts a carcinogenic effect upon lung tissue."

But others reject this view just as vigorously. Surgeon William F. Reinhoff, Jr., of Baltimore, declares, "I have reviewed more than 500 cases of lung cancer that were operated upon and a large number that were inoperable, and I have found no relation whatsoever to smoking."

The attacks upon smoking have, of course, not been restricted to the idea that it might cause cancer. Yet, as in the case of the cancer studies, almost all of the other attacks seem to create far more medical controversy than they clear up. Consider, for example, the theory that smoking injures the heart, and the related theory that it intensifies heart disease and accelerates its disastrous course.

As with the cancer theory, there are again grounds for a certain amount of argument.

Some years ago, Drs. Grace Roth, John McDonald and Charles Sheard, of the Mayo Clinic in Rochester, Minnesota, published in the A.M.A. Journal a report on experiments they had conducted upon six normal human subjects. They were able to demonstrate that smoking temporarily speeded the pulse, temporarily raised the blood pressure and temporarily caused a drop in the temperature of the extremities. These facts have been largely confirmed by other researchers.

Antitobacco propagandists made much of this

data. Yet precisely the same effects are brought about by a host of other agents and conditions.

A man's pulse rate goes up at the sight of a well-turned ankle. So, too, does blood pressure. If you run 100 yards, or if you get good and angry, your heart will increase its rate of pumping and your blood pressure will mount.

Whether this is good or bad depends, however, entirely upon circumstances. If it increases your breathing rate and helps you run faster, that may be excellent . . . especially if you are being chased by an angry dog. If it throws you into a frothing fit, that is, obviously, very bad.

But logically, it seems extreme to indict the cigarette as a cause of heart disease when its effects on the action of the heart and the blood are so strikingly similar to the effects of so many other of the ordinary conditions of daily life.

Another more recent study, once again published by the A.M.A. Journal, reported upon a far more extensive investigation by a group of doctors from Columbia University's College of Physicians and Surgeons and from New York's Presbyterian Hospital. Drs. Robert L. Levy, James A. L. Mathers, Alex A. Mueller and John L. Nickerson wanted to find out whether smoking was bad for people who already had heart disease.

They tested persons of different ages, some of whom suffered from various heart conditions and some of whom didn't. They tested young people and old. They used both ordinary cigarettes and the denicotinized types.

Facts That the Tests Revealed

They found, first of all, that cigarettes had widely differing effects on different people—effects that varied without any discernible relation to whether or not the people had heart disease.

Except in a small minority of susceptible persons, they found that smoking cigarettes caused only slight changes in the circulation and did not significantly increase the work demanded of the heart.

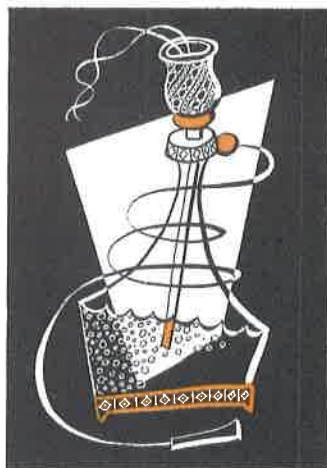
Among none of their subjects, including even those with coronary heart disease, did they find that smoking caused any cardiac pain.

Their viewpoint? "Most patients with a cardiac disorder, including those with a disease of the coronary arteries, can smoke moderately without apparent harm. In fact, for many, smoking not only affords pleasure but aids in promoting emotional stability."

That, of course, does not mean that all heart patients should smoke. Dr. Levy and his group were careful to point out that smoking should be forbidden for certain types of heart disease—"congestive heart failure, the acute stages of cardiac infarction and active rheumatic heart disease."

The antismoking propagandists have another major line of attack. Smoking, they tell us, shortens the life-span. The cigarette, they assert, is in actuality what we used to call it jokingly, a "coffin nail." For scientific support they rely mainly upon a twelve-year-old survey by the late Dr. Raymond Pearl, of The Johns Hopkins University.

Dr. Pearl did indeed study a very large group of people—6,813. He reported that two thirds of all his nonsmokers survived (Continued on page 54)



AL RAMEE

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Don't Smoke—Unless You Like It

CONTINUED FROM PAGE 19

past the sixty-year mark. Light smokers did almost as well. Sixty-one per cent survived past sixty. But among heavy smokers only 46 per cent reached sixty.

But many other statisticians find serious flaws in Dr. Pearl's reasoning. He had isolated a single factor from among many which undoubtedly contribute to the slightly earlier death of some smokers, and the slightly longer survival of some non-smokers. But others point out that people who work under high pressure and high tension often smoke heavily, to permit themselves to work better or to withstand the tension.

Such people (physicians, for example) do, on the average, live shorter spans. They suffer more industrial accidents. They drive faster and, when they have a collision, the result is more often death than injury. Refusing to spare weakened hearts, they deliberately choose an active life in preference to a long dull one.

But is it the smoking that shortens their lives? Or is it not rather their whole way of living which affects their life-span?

There is another set of figures that seems to refute the Pearl theory. These are the records of the U.S. Public Health Service, which show that the life-span of Americans has been increasing, decade after decade, and now averages 67.8 years. This increase has occurred in the face of an 11,775 per cent increase in the smoking of cigarettes since 1900. At the turn of the century, but a tiny fraction of our population smoked cigarettes and only a small proportion smoked tobacco in any form. For the last 20 years, well over half the population has been smoking, millions have been smoking heavily and, in the adult age group, the nonsmoker has become almost a rarity.

From a Life Insurance Angle

Small wonder then that insurance actuaries have refused to place any penalties against the smoker—occasional, moderate, heavy or chain.

In the words of Walter G. Bowerman, fellow of the Society of Actuaries, "The results of Dr. Pearl's findings are so widely at variance with the judgments of common sense and the carefully developed practice of life insurance companies . . . as to suggest that some serious errors must have been made."

Closely akin to the shorten-your-life charge is the old allegation that tobacco will stunt your growth. Here, again the evidence simply does not support the assertion. Consider, for example, the records of the draft boards in World Wars I and II. The generation that was drafted in 1917 and 1918 had smoked far less than the men, of the same age brackets, who were called up in World War II. Yet, despite the alleged stunting effects of tobacco, the draftees of the second World War stood fully an inch-and-a-half taller than their fathers. Similar studies of the height of college students show the same increase in size, and in general health, despite an increase in smoking by the newer generation.

The facts of life have also crumpled another once popular antitobacco theory. In the twenties and thirties, when women were taking up smoking, the American birth rate fell into a marked decline. There were many factors to account for this fall—birth control for one thing and the great depression of the thirties for another. Young people married later in those grim days. Many of them postponed childbearing in the face of job insecurity and low wages. Many chose to feed two children well, instead of four children poorly.

Yet, discounting these factors, several researchers reached the conclusion that smoking by women was inducing sterility.

Then along came the forties, prosperity and war. Most of the reasons for not having children became less important. Most

of the reasons for having children loomed larger. And, despite a still higher smoking rate among American women, the birth rate promptly went soaring to an all-time high.

Most physicians do not take the evidence against the cigarette gathered to date any too seriously. They show this, in the first instance, by their own smoking habits. For numerous surveys have demonstrated that physicians, living an intense, active life, smoke at least as frequently and as heavily as does the average man.

Yet, every now and then, some doctors are even led off the track of sound medical practice simply because it is easy to say, "Why not stop smoking?"

Consider, for example, the case of a young New York woman who was troubled by a persistent cough. She turned to her family doctor, described her symptoms. He examined her throat and said, "Suppose you cut down on smoking."

Obediently the young lady reduced her consumption of cigarettes from 30 a day to five. But the cough got no better. Again she turned to her family doctor who, sagely shaking his head, prescribed total abstinence. Still no improvement occurred.

Then, after three months of fruitlessly fighting what she had been told was a cigarette cough, the woman turned to another physician. This new man did what his predecessor should have done months before. He took a sputum sample, sent it to a laboratory and demonstrated, conclusively, that his patient's cough stemmed from tuberculosis. The disease had progressed, untreated, for three months longer than necessary.

Her case demonstrates the danger of concentrating all attention upon a single villain. For, often enough, a cough that can be glibly blamed on tobacco may actually evidence some far more basic and destructive disease. Delay, on the basis of an unsound diagnosis, merely permits such a disease to progress untreated for many needless months.

Untouched by prejudice against the cigarette, many a physician has come to appreciate a new attitude toward smoking in recent years. They ascribe no curative virtues to tobacco. They recognize that smoking is an expensive habit. But they also recognize that many of their patients find, in a pipe or a cigar or a cigarette, a pleasure and solace and a relief from nervous tension

that should not, too readily, be denied them.

They have noted, for example, that when they take their heart patients abruptly off their tobacco ration, mild depressions often ensue.

They find that among their neurotic and nervous patients, the denial of cigarettes often produces outbreaks of other, and far less desirable, nervous habits. Such people, unable to channel their energies into puffing, become face-pickers, foot-tappers, ice-box raiders.

Even the appetite-depressing effect of cigarettes, which seems to be scientifically well established, is now being recognized as not by any means always an evil. The smoker who starves himself into malnutrition is an extremely rare, if not a totally nonexistent, phenomenon. But the man who smokes to stifle a tendency toward overeating is familiar to most doctors.

Medical Consensus Summarized

Perhaps the best and most judicious summary of the most generally accepted medical viewpoint is to be found in an editorial published a few years ago in the Journal of the American Medical Association. "Actual surveys indicate," it stated, "that the majority of physicians themselves smoke cigarettes. From a psychological point of view, more can be said in behalf of smoking as a form of escape from tension than against it. There does not seem to be a preponderance of evidence that would indicate the abolition of the use of tobacco as a substance contrary to the public health."

To that authoritative statement it might be well to add the advice given me by a Washington physician after a long evening of discussing the pros and cons of smoking. Together with two cancer researchers and a statistician, we had all puffed away for hours while we analyzed the medical evidence for and against the cigarette. When we finally quit, at three in the morning, a deep blue haze filled the room.

"Summing it all up, Doctor," I asked, "would you advise me—an average, sedentary, moderately healthy character—to keep on smoking or to quit?"

Cigarette in hand and glancing at the overloaded ash trays, he laughed.

Then he leaned over and whispered, "I'm going to tell you exactly what I tell most of my patients. Don't smoke—unless you like it."

THE END



COLLIER'S

LES COLIN

The Fifty-Mission Cap

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lipstick in her eye; but she sobered up a little. You know. Sometimes all you need is one good look in a mirror and that does it. After a final very long and level look at her image in the glass she straightened up, sniffed and said, "Well. No more drunken babbling."

"Suzy, why didn't you come and tell me?" I said. "You know that I would've made it possible for you to get married."

"You and your shotgun," she said. "We thought you wouldn't let a married woman stay up here, and Ben didn't want to leave and I didn't want to leave if he was here."

"Now listen, stop worrying," I said. "You don't have a thing to worry about now. Hell, I'm in command here. I can do anything I want. We'll get him back and I'll see that you get married. I'll borrow a liaison plane from Franklin and fly over to one of the missions and bring back a missionary. We can do it the day Schroeder gets back if you want to. And I'll see to it that you get to stay with him. I won't separate you. Don't worry about that."

SHE smiled as if she were in pain and squeezed her eyes shut. When she opened them I saw that she was crying. "I knew you'd say something like that," she said, choking.

"Now don't cry. You don't have anything to cry about."

She sat there crying without making a sound. It was hard for her to talk and when she did she labored at it. "Oh, yes, I do. I'm not crying about myself. Oh, I guess I am. But not about Ben or my condition. Oh, I guess that is a part of it, too. Everything's a part of it. You're a part of it."

"What have I done now?" I said.

"Nothing. Oh, nothing. You've just been beautiful, that's all. You've—I've fallen in love with you, that's all. I love you, Bart."

She was looking up at me and I could see only too clearly that that time it was no joke. I guess I must've looked pretty worried because immediately she said, "Oh, I'm not going to bother you. I know how you feel about me, about your wife. That's what makes it all so terrible."

I walked around the hut feeling pretty grim. I didn't know what to say to her. "Maybe it's just because I'm so much older than you are, Suzy. Maybe it's a kind of fatherly thing or something."

"Oh, no," she said. "No."

I turned and looked at her. She was staring up at me, her lips slightly parted, waiting. No. It wasn't kind of fatherly at all. It was kind of something else.

She stood up and said, "Bart?" like she was asking me a question.

My answer must've been yes. We met in the middle of the hut. I held her like I was drowning. After a moment or two I felt as if I were drowning. All the time she was murmuring, "I love you, I love you, I love you."

It had been a long time since I had been home. I realized that. Almost immediately I began not to care whether I ever got back. You know how it is. One part of my mind was saying, no no this is wrong, and the other part was jumping up and down in the bleachers spilling popcorn and yelling.

Where it would all have ended I will never know. I started leading her across the hut—or perhaps she was leading me—and I stepped on an empty whisky bottle that was lying on the floor and I fell down. "Oh, darling!" she said, trying to help me up. "Are you hurt?"

It had been like cold water in my face, that fall. "No, no," I said, drawing away. And then I said, "Don't touch me."

"What's the matter?"

I stood up. "You know. I don't love you."

"I don't care!" she said. She was willing to pretend.

I was, too, but I couldn't make myself

do it. I guess I did a pretty cowardly thing then. I said, "Run along. You run along. You'll feel differently tomorrow. You run along. I've got some work to do."

She stood there for a moment. Then she gave up. "All right," she said. "All right, Bart. Good night."

"Good night," I said.

She left and I sat there thinking what a terrific thing it was to be a man sometimes. I knew though that her feeling for me, whatever it was, would have been different if Schroeder hadn't been lost. She was a swell kid, she was damn' nice-looking. But that wasn't what I wanted. I had always been pretty proud of the fact that I had never been a low type, and I knew that once she got Schroeder back she would feel differently about me. She wasn't really in love with me. She was just confused and lonely and worried.

I thought, oh the hell with worldly success, and I picked up the telephone and gave Operations a buzz. "This is Colonel Rogers. Get Sergeant Meyer and send him to headquarters immediately."

"Yes, sir."

I put the field telephone back in its case and sat down at my desk.

It was about ten minutes until a tall skinny corporal came in and saluted and said, "Colonel, sir."

"You're Edwards, aren't you?" I said.

"Where is Sergeant Meyer?"

"He's making the rounds, sir. I sent someone for him."

"Edwards, I want you and the detail to guard some of the huts tonight."

"Yes, sir."

"I'm going to post you," I said. "If anyone tries to get out of the huts, you have my permission to use any method you see fit to force them to stay inside."

"Can we shoot them?" Edwards asked. "Only as a last resort."

I called Operations and found out from the sergeant where Aspern and his men were quartered. Then I posted the guards on the huts. When Sergeant Meyer reported to me I told him to check with me every thirty minutes for the rest of the night. Then I left Sergeant Meyer and went to Operations alone.

THERE were two enlisted men on duty.

I sent one of them to awaken Lieutenant Colonel Dennis and haul him down to Operations. I asked the other man, "All the originals of incoming radio messages are filed here, aren't they?"

"Yes, sir," he said.

"Get me the file of messages from Air Force headquarters."

"Oh, I don't think we ever receive any direct from them, sir. They would go to—"

"Look and see."

He went away to look and in a moment he came back with a file folder. "There has been one, sir. I guess I didn't see it when it came in. It's classified Secret."

I took the folder and read the message and it was the one I was looking for. It contained the order about the Tupolev-70 that Aspern had told me about. I was still staring at it when Dennis came in.

"Well, what's up now?" he said.

"Why didn't I see this radio?"

"You saw it," he said.

"I did not."

"Oh, you mean yourself personally?" he said. "How do I know? I send the stuff to your adjutant when it comes in. If he doesn't show it to you I can't help that."

I knew that Price had never seen it. "Price never got his hands on this."

"Look," Dennis pointed to the buck slip that was attached. "Aren't those Price's initials?"

"He didn't see it," I said.

"Well, it's too bad Price isn't here," Dennis said. "We could settle this one way or another."

"Isn't it?" I said. "When I took off in

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ing more than that. He looked up at me with a swagger. "It won't do you any good," he said. "You're on your way out."

"What?"
"You flew that Tupolev-70. You were holding Aspern under armed guard. They'll get you. Wait and see."

He had it all figured out. "You counted on that, didn't you?" I said.

"Sure," he said, and he was proud of himself.

"Tell me something," I said. "Doesn't it bother you about the pilot? That you lost him?"

"What the hell do you mean? If he's cluck enough to get lost now, why something would've happened to him later. It's not my fault."

"Aren't you sorry for him?"
"No. Why should I be?" He was proud of saying that, but he was ashamed, too, and both things were very great.

"You should live in trees. You're about ninety per cent of what's wrong with the world."

"Go on," he said. "You're just trying to needle me. There's nothing wrong with the world."

I could have hit him, I guess, but I had tried beating knowledge into his thick skull before. It just didn't work. All I could do was say, "Confine yourself to your quarters."

He laughed that peculiarly proud laugh. "I'll go. But I won't stay. Wait and see." I left him and went to Operations and had a message sent to Wing headquarters telling them what had happened and requesting the immediate return of the 13th. Then I went back to headquarters. Brady helped me write a report to Wing on our freshly lost pilot.

"You want this to go out tonight, sir?" Brady said. "I was at chow and one of the guys from Operations said the mail plane's coming in later."

"Yes," I said. "Type it now."

BRADY went into the outer office and began to peck. I took the sheet of paper that I had started to write my wife a letter on from the desk. It still said, "Dear Kate" and nothing more. I wrote the letter to my wife, telling her the whole story of Schroeder and company. Brady came in before I was finished. "Here it is, sir." He held out the report. "You want to sign it? I haven't heard that C-46 yet."

I signed the report with bold downward strokes, finished the letter to my wife with haste, and gave both to Brady just as the C-46 passed low over the headquarters hut making a terrific but normal clatter.

"There he is now, sir," Brady said. "I'll go right down."

I called Operations to see if Franklin had replied to my radio message to Wing, but he had not.

I was about to leave the hut when Brady came in, slamming the door. I was behind the partition putting on my parka and I said, "That you, Sergeant?"

He came around the partition. I saw that he was out of breath. For a fat boy he had really been doing some fast stepping.

"Sir," he said. "Sir. This just came in. While I was down there." He held out a radio message.

Naturally I thought it was from Franklin. "Thanks," I said, and I took it and read it. I was relieved of command of the 376th and ordered to report immediately to General Faber. I knew that it could only mean one thing—they were going to take me in a back room of the Pentagon and put the boot to me.

"There's this, too, sir," Brady said, offering me an official envelope. "It just came too, sir."

I took the sheet of paper out of the envelope; it was an extract copy of the order promoting me to brigadier general. "You see both of these, Brady?" I asked.

He looked unhappy. "Yes, sir."

"Well, what do I do now? Laugh or cry?"

"I don't know, sir."

I knew what I was supposed to do and that was cry because the order had already

been signed and started on its way a long time before the radio message had been sent. Aspern had really burned up the air getting back to Washington; either that or he had radioed the sad news ahead from some plane like Goose. Well, I hoped he was happy, the miserable creep.

Brady was still standing there, first on one foot, then on the other. "Excuse me, sir. But the radio said immediately so I told them down at Operations not to let that C-46 leave without you. They won't clear him until you're ready. Was that right?"

"Yes." I still had on my parka so I zipped it up. "Send Major Howe to my quarters right away." I left the hut and strode to my quarters.

AS SOON as I was inside my hut I got a couple of B-4 bags and began packing. I knew that I might be flying continuously until I reached Washington and that I would have no time to change clothing. I took off the o.d. I had on, in preparation for putting on pinks and a blouse, and I was standing there in nothing but my long-handles and GI shoes when Wilma burst in.

She stopped when she saw me. "Oh, my gosh, Colonel, I'm sorry, I—"

"Turn your head, Lieutenant," I said.

She faced the door. "I didn't know. I never thought, Colonel."

I put on my pants. "Well, what is it?"

"It's Alvin, sir. I mean Colonel Deannis."

"Do you have to do it?"

"Yes. You know that as well as I do," I said. "You know what he did. What do you expect me to do, give him a medal?"

We stood staring at each other. She didn't speak. "Well?" I said.

"There's just one other thing. I think you're a big slob," she said, and she turned and went out.

I closed the door after her. I was a big man and I could overlook small insults, if they were small enough. I was completely dressed, including medals, and had packed all my scanty belongings when Dad Howe came in.

I had no time to waste. "Dad, I've been relieved. I've been ordered back."

"Oh, Bartholomew, I am so sorry. So sorry for you," he said. "But perhaps all is not lost. All you have to do is lie—"

"Forget it," I said. "Listen. You're in command—until Wing appoints someone else. I've confined Dennis to quarters. You know there was someone else missing?"

"No!"

"You'll have to prefer charges against Dennis."

He stood there staring at me for a moment and then he shook his head. "No, I can't do it."

"You can't?" I said.

"You confined him to quarters, Bartholomew," he said. "But you aren't in command. I am. So I'm going to release him."

"But you don't even know what happened!"

"No, and I don't want to. I hope I never will," he said. "I can't have any trouble now, Bartholomew. I can't get mixed up in anything. Not anything like this. You know he's got as many friends as you have. You know where he would be tried. You know

how he'll fight it. It's only a few months until I retire. I've waited a long time now to retire."

Well, what could I do? I stood there a minute. "All right, Dad," I said.

"I want you to know—"

"I know, Dad, forget it."

He offered to carry one of the B-4 bags down to Operations, but I declined. I left him in the hut—he was welcome to it—and walked down to Operations alone, lugging my gear. I didn't pass anyone on the way down there and there were no brass bands around anywhere that I saw. I went into Operations. Only the enlisted men on duty and the C-46 pilot, Ralston, were there.

"I been looking all over for you," Ralston said, running across the room to me. "I want to get out of here."

"Relax, damn it," I said.

"Well, hurry, can't you?" he said. "Oh. By the way, congratulations."

"Thanks," I snarled at him. I turned to one of the sergeants. "You have a copy of that radio message that just came for me? That's all the orders I have."

"Yes, sir."

"I'm leaving now," I said.

"Come on," Ralston said. "It looks like snow to me, I don't care what they say. Want me to carry one of those bags?"

"No, thanks," I said.

"Well, come on," he said, opening the door for me. "Let's hurry a little bit."

I followed him outside. He managed to keep about ten paces ahead of me, trotting backward so he could watch me. He opened the door of the C-46 and hopped in. I climbed in and he fastened the door.

"Take any seat you want, General."

It was a bucket-seat type. "Thanks," I said.

He grinned like the clever fool he was and went forward saying, "Let's go, Ed. But take it easy. We got a general on board."

I heard Ed say, "Oh, yeah?"

The engines revved and Ralston yelled back, "Better fasten your belt, General."

I said that he could go to hell, but not out loud, and stretched out full length on the mailbags; I was asleep before they got the C-46 off the ground.

I DON'T know how long it was after that until Ralston came back and woke me up. He had some hot coffee and peanut-butter sandwiches and he sat down beside me saying, "Want a little something to eat? Ed's flying the ship."

I told him never mind.

"Say, I heard about your misfortune."

I said nothing.

Ralston looked at me closely and then took a big bite of peanut butter. "Don't you feel like talking about it?"

"No," I said.

"Well, I'm sure it must have been a blow to you," he said. He sat there chewing for a while and then he cleared his throat and said, "My brother-in-law had a similar experience. He got his right arm cut off in a sawmill."

I lost my temper then. I honestly could not tell whether Ralston was kidding me or not. I said, "You stupid ass, what does that stupid story have to with anything?"

"Well, all I meant was that my brother-

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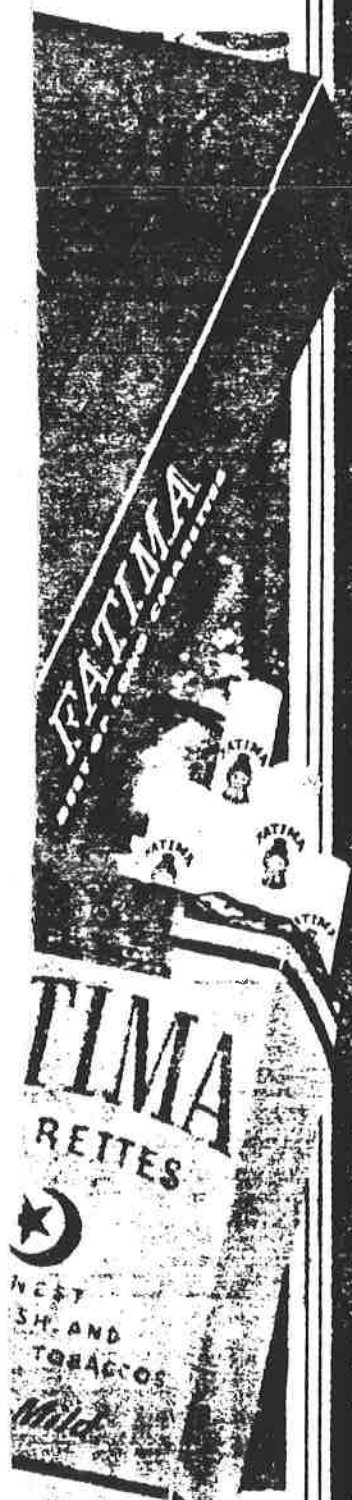


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Smoke & Fire

EDITOR: Don't Smoke—Unless You Like (Nov. 4th) is the best case against "weed" I've seen anywhere. Out of a welter of evidence against smoking, your intelligent readers will easily see that "where there's smoke, there's fire." All the medical research can't be wrong!

Frankly, I was sorry to see Albert Maisel prostitute his science-writing talent. The twisted facts he threaded through his brain came abruptly to a tenuous finale. Don't Smoke—Unless You Like It.

Nobody likes it! They smoke for the effect. Meantime, you omitted the biggest argument of all against the cigarette—habit-forming power.

J. DEWITT FOX, M.D., Washington, D.C.

... As a victim of the tobacco controversy I can truthfully say that Mr. Maisel's article contains observations that some in the medical profession should heed.

In 1947, suffering from pains in my feet and other complications, my local doctor referred me to an out-of-town specialist who X-rayed and examined me. Then, basing his conclusion on the fact that tobacco does constrict the arteries and tends to slow up blood circulation, he told me to—quit smoking.

Because he focused his attention on tobacco alone my undiagnosed diabetes progressed uncontrolled for more than 18 needless months.

C. Y. SANDERS,
 Oakland, Neb.

... Oh, don't tell me smoking doesn't shorten people's lives! In these days when joy is increasingly taken out of my life by the ubiquitousness and inconsiderateness of puff fiends, I have been comforting myself with the thought that soon they will all be dead.

Women smokers have come out of privacy to join the men as they huff and they puff all over this great wide wonderful world. We nonsmokers get tobacco with our transportation, tobacco with our meals and our entertainment. Smoke gets in our eyes, our throats and our ears, in our clothes and especially in our hair!

Nonsmokers? Wait a minute. Am I a nonsmoker? At the active end of other people's cigarettes I get more smoke than they do. Now I see what is wrong with your figuring. Good heavens, it must be my life that is being shortened!

BERTHA HAYES STREITZ, Lakeland, Fla.

... The article is the biggest smoke screen on the tobacco habit I have seen in print since Willie smoked corn silk out back of the shed.

Its marshaling of contradictory facts and figures is a masterpiece of equivocation. Its general conclusion seems to be patterned after the resolution of the skid-row resident in Gary, Indiana, during prohibition days. He wrote to his favorite bootlegger: "Dear Scarface: That last batch of white mule you sent me was awful stuff. Blind in one eye, but send another case."

Don't publish this—unless you like it.

H. M. TIPPETT, Washington, D.C.

THE CROWELL-COLLIER PUBLISHING COMPANY

December 23, 1950

Collier's

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**The Secret Weapon
We Were
Afraid to Use**
By **JOHN STEINBECK**

AFRICAN SAFARI
Ruark Shoots a Buffalo

**The Dog That
Traveled Incognito**
By **LUDWIG BEMELMANS**



Bill Randall

MRS WM E KNICKERBOCKER
2617 33RD AV S
MINNEAPOLIS 6 MINN 0355
MI 16652 1604



HARRY DEVLIN

Would That It Were So

WELL, THANKS to Leo Durocher, we had to throw away a clipping that we'd hung on to for weeks in the hope that it would make a piece for this page. The clipping was a column by Bill Corum, sports writer and impresario of the Kentucky Derby, and it concerned a conversation that he had had with Horace Stoneham, the president of the New York Giants.

Seems that Mr. C. had spoken to Mr. S. about the then-current rumor that Leo would quit managing the Giants after the 1953 season and contribute his talents and rhubarbs to the movie industry. Mr. S. is reported to have dismissed the rumor with this airy answer, "Oh, that's all right. I'll hire Tallulah."

Since then, of course, Mr. Durocher has let it be known that his heart and hand belong to the Giants as long as they want him. So that spoiled our piece about Mr. Stoneham's new manager. And while we've nothing against Leo, we can't shake off that feeling of disappointment in the fact that Miss Bankhead didn't get a chance at the job.

Tallu, we feel, deserved to manage the Giants for reasons of sentiment, drama and dollars and cents. In the first place, her love for the Polo Grounders will probably go down in history along with the story of Darby and Joan as a classic of pure and unshakable devotion. We wouldn't say that her devotion has been as placid as Darby's and Joan's, for Miss Bankhead is not

exactly a placid person. But she's always stuck by the Giants, even in their worst days—and those worst days for several seasons were mighty bad.

Perhaps sentiment has no place in as hard-headed a business as baseball is today. But Mr. Stoneham must realize that he lost himself a gold mine when Mr. Durocher decided to forsake the cameras and return to the coach's box. For Tallulah would have been the first manager in baseball history with both sex and box-office appeal. She'd have been a bigger thing than night games and television, and she would have outdrawn Musial, Mantle, Satchel Paige and Bill Veeck's midgets, combined.

Tallu in a Giant uniform—what a picture that would have been. We can almost see and hear her, stalking the third-base coaching line, shouting maledictions at the opposing pitcher, exhorting the Giant batters or sulking in her best Shakespearean green-and-yellow melancholy when her boys came up in the ninth, needing six runs to win.

We can imagine the dramatic moment when, with a Giant pitcher in trouble, she would stride regally out to the mound and then summon the reliever by waving at the bull pen and yelling, "Yoo-hoo, da-a-ah-ling!"

No, there'd never be a dull moment in the neighborhood of Coogan's Bluff with Tallulah running things. Only thing, she might have cre-

ated a little trouble for Mr. Warren Giles in recruiting a National League umpiring staff. The present crop of umpires may think they have run into some temperament and heard some choice invective in their time. But we are confident that the first time one of them called a close one against the Giants, Manager Bankhead's critique would have made any of Manager Durocher's earlier comments seem like the cooing of a dove. This would have created a considerable problem for the umpires, who, under the circumstances, would have to behave as gallant gentlemen as well as aggrieved human beings. We aren't sure their blood pressures could have stood the strain.

Don't Smoke—Unless You Like It

ACCORDING TO recent estimates and our own slightly fallible arithmetic, between 70 and 75 million Americans smoke. Most of them smoke cigarettes. Most of them also read magazines. And we figure that a good many of those readers may have seen and been unduly worried by a couple of articles in publications other than this one.

Actually, the two articles were really one. The original was called *Smokers Are Getting Scared!* A condensed and reprinted version was titled *Cancer by the Carton*. The theme was that cigarette smoking causes cancer of the lung.

We don't pretend to be any more medically learned than the layman-author of the original piece or the editor who condensed it. But we do think we know a little something about reporting. And we can't say we regard these scare pieces as models of the journalistic trade.

Our quarrel with the man who confidently asserts that smoking causes cancer is that he didn't get the whole story. We've compared his recent article with a piece that Albert Q. Maisel wrote for Collier's more than two years ago, and we find that Mr. Maisel had practically all of the "new" and sensational evidence that was adduced in the later story. The only difference is that Mr. Maisel presented both sides of the question. And he found that there is no unanimity of medical opinion on the subject.

On the other hand, the more recent tobacco and cancer researcher virtually ignores all who disagree with his apparently preconceived conclusion. He throws on the scale only those statistics which support his premise, and disregards the possibility that other factors besides cigarettes might possibly cause the disease of which he writes.

He points out that deaths from bronchogenic carcinoma increased over 10 times between 1920 and 1948. But he neglects to mention, as Mr. Maisel did not, that cigarette smoking increased 11,775 per cent between 1900 and 1950; that, in spite of the horrors of tobacco, the life expectancy of Americans is steadily rising; that insurance actuaries do not penalize smokers—even chain smokers; that the figures on the rise of smoking and the decline of tuberculosis refute the equally confident theory of some years ago that smoking caused T.B.

As a member of the 65- or 70-million group of smokers, we would recommend a trip to the nearest library for any other smokers who have broken out in a cold sweat after reading the recent treatises on the danger of cigarettes. Get out the bound volume of Collier's containing the issue of November 4, 1950, and read the article called *Don't Smoke—Unless You Like It*. We believe you'll feel better about the whole thing.

Collier's for January 10, 1953

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