

## Chapter 1

### Why the Furor Over Smoking?

A sure cure for a conversational lull is to renew the question, Is smoking really harmful? Those who smoke will vigorously defend the custom. And those who do not smoke will clamor for the opportunity to repeat their reasons for abstaining.

The big reason for the amount of front-page publicity given to the pros and cons of smoking is that fifty-six million of our citizens are smokers! Studies made by the United States Department of Agriculture in 1955 indicate that 68.4 per cent of the fifty-seven million men above fourteen years of age and 28.8 per cent of the fifty-nine million women of the same age smoke tobacco in one form or another.

Now that reputable scientists in our own country as well as abroad are contending that smoking is a health-and life-destroying practice, it is proper that both smokers and nonsmokers be given the facts on what smoking does. With these facts before them, smokers can decide whether they want to quit, and nonsmokers, whether they want to begin.

When we speak of smoking, we speak mostly of cigarettes, for 80 per cent of our country's consumption of tobacco is marketed in cigarettes. We produce more than four hundred billion cigarettes per year. The average smoker reaches for a new cigarette about twenty times a day. Smoking is a definite part of his life, built around a routine of lighting, puffing, blowing smoke, and extinguishing.

Every smoker can give reasons why he keeps on smoking. Perhaps he likes to see the smoke. He may believe that smoking is relaxing. He may feel that smoking gives him a "lift." Maybe it is because smoking is the popular thing to do. Some believe that the simple ceremony of smoking is a gesture of comradeship. Some women smoke because they consider it to be a symbol of equality with men.

There have always been those who have condemned the use of tobacco in general and the practice of smoking in particular. Some dislike tobacco because it is a "dirty weed." Others are opposed to tobacco because users of their acquaintance have been "questionable characters." Those who advocate abstinence from liquor are against tobacco because it is used so commonly by those who drink. Many proponents of good health oppose smoking because they believe it

reduces a person's general resistance to disease. Some dislike smoking because of the fire hazard. Others condemn smoking because they resent having to breathe smoke which someone else has exhaled.

### The Cigarette Controversy Develops

Beginning about 1950 there developed a series of startling statistical reports, to be detailed later in this book, which threw fear into the heart of the average smoker. Could it be that an innocent pleasure was actually shortening his life and threatening him with heart disease and lung cancer? If the evidence had been in the form of mere opinions, smokers would have taken the matter lightly. But it came from many sources, carefully documented by men of scientific integrity.

By 1954 the alarm had become so general that cigarette production (including exports) by United States manufacturers had dropped from the 1952 peak of 435,500,000,000 cigarettes to an alarming 402,000,000,000. With this tangible evidence that many smokers were more interested in protecting and preserving their health than in adhering to a popular custom, the tobacco industry launched a three-pronged campaign to reassure the public and restore the lagging sales.

First was the development of propaganda, by advertising and news quotations, designed to discount the facts supported by the statistics of "crusaders" and "kill-joys." Second was the promotion of new brands, king-size cigarettes, and filter-tips which, supposedly, offered protection against whatever harmful ingredients cigarettes might have. And third was the announcement, made by lavish newspaper ads on January 4, 1954, the establishment of the Tobacco Industry Research Committee. This committee, which is sponsored and financed by tobacco manufacturers, is expected to arrange for such research as will either prove that smoking is harmless or find a way to remove harmful ingredients from tobacco.

Once the tobacco industry admitted that it was out to defend its interests, the opposing forces took their respective places. Let us now notice who is lined up on each side.

### Who Incriminates Smoking?

1. Statisticians who estimate life expectancy. Leading scholars, working in co-operation with health agencies, have assembled the data on the smoker's life span. First among these we find Dr. Raymond

Pearl from the Department of Biology of the School of Hygiene and Public Health of Johns Hopkins University. As early as 1938 Dr. Pearl published his findings that smokers have a significantly shorter life expectancy than nonsmokers. In a masterful study which has commanded the respect of scientists around the world, Drs. Hammond and Horn of the Statistical Research Section of the American Cancer Society have carefully followed the fate of 187,783 healthy men. For the 11,907 who died during the forty-four-month period of observation, a comparison of smoking habits and the cause of death indicated that tobacco smoking was directly associated with a higher incidence of disease and an earlier age of death. Other statisticians who have made similar studies include Drs. Doll and Hill in England, who reported in 1954 and 1956 on "The Mortality of Doctors in Relation to Their Smoking Habits," and Dr. Harold F. Dorn of our National Institutes of Health, who began a study in 1954 of the relation between smoking and cancer, using 200,000 American military veterans as the subjects of his study.

2. Surgeons who study lung cancer. Dr. Alton Ochsner of New Orleans, president of the American Association for Thoracic Surgery, 1947-1948, president of the American Cancer Society, 1949-1950, and president of the American College of Surgeons, 1951-1952, was among the first to publish his firm convictions of the relation between smoking and lung cancer. Dr. Evarts Graham, a pioneer in chest surgery who, in 1933, was the first to remove an entire lung from a lung-cancer patient, by 1950 became fully convinced that lung cancer occurs more commonly in smokers than in nonsmokers. He published his convictions in *The Journal of the American Medical Association*, basing them on a study of 684 proved cases of lung cancer, in which his brilliant student, Ernest Wynder, found that 94.1 per cent of male patients with lung cancer were cigarette smokers.

3. Researchers who investigate the specific effect of smoking on tissues. The same Ernest Wynder who joined Dr. Graham in the study of his cases of lung cancer has now become a prominent member of the research team of the Sloan-Kettering Institute for cancer research. Both in the laboratory and in clinical research, Dr. Wynder's work is adding evidence which further incriminates smoking. Dr. Oscar Auerbach of the Veterans Administration Hospital, East Orange, New Jersey, and his associates have recently made a study of the gradual changes which occur in the tissues of the lung in response to smoking. This study serves to remove the earlier criticism that the statistical

studies had not demonstrated the means by which smoking contributes to the development of cancer.

4. National agencies which guard the health of Americans. The United States Public Health Service, the American Cancer Society, and the American Medical Association are aligned squarely with those who are convinced that smoking is a health hazard. These agencies have taken appropriate steps to inform and warn the public, on the strength of the accumulating statistical and scientific evidence, that smoking increases illness and shortens life. The British Medical Research Council and the Minister of Health have also issued emphatic statements indicating that smoking is now known to be a health hazard.

5.

Who Defends Smoking?

1. Those engaged in the tobacco industry. Present sales of tobacco products in the United States amount to approximately five billion dollars per year. Thousands of persons depend, in one way or another, for all or part of their personal incomes on the cultivation, processing, and marketing of tobacco.

2. Certain editors and publishers. These men recognize their obligation to the reading public, which requires them to provide honest records of the news, even including reports of the scientific studies which incriminate smoking. At the same time, their magazines and newspapers publish tobacco advertising which, in 1954, was valued at sixty-five million dollars. For these men to be too bold in publishing the evidence against smoking would naturally curtail tobacco advertising in their journals. We notice evidence of this conflict in almost every news item relating to the tobacco controversy. Items reporting the damaging effects of smoking almost invariably end by quoting a contradictory statement made by some representative of the industry or by a member of the Tobacco Industry Research Committee.

3. Smokers whose habits are so firmly fixed that they cannot be easily broken. In many cases the habit is so strong that it is easier to try to justify smoking than to break the habit. Such people will try to explain away the scientific evidence that smoking causes illness and shortens life. They will try to justify their personal slavery to the habit by taking their stand firmly among those who defend the use of tobacco.

## MIND IF I SMOKE?

4. Legislators swayed by prejudice in their relation to the cigarette controversy. They are tempted to favor the tobacco industry because more than \$1,500,000,000 per year (\$1,655,000,000 in 1953) is received from the industry in Federal taxes.

### What Are the Motives?

Now that we have seen the line-up on the two sides of the cigarette controversy, let us attempt to analyze the motives which actuate those on each side.

Section 10 of the "Principles of Medical Ethics" as published by the American Medical Association reads as follows: "The honored ideals of the medical profession imply that the responsibilities of the physician extend not only to the individual, but also to society where these responsibilities deserve his interest and participation in activities which have the purpose of improving both the health and the well-being of the individual and the community."

Thus we see that a physician must not keep silent when, by speaking out, he can warn a community or the nation of a health hazard. Once convinced, he must share his conviction.

A similar ethical obligation to present facts without prejudice rests on statisticians and research workers. Progress in science depends upon the complete integrity of those who contribute and evaluate scientific data. A man's continued approval as a scientist depends upon his reporting the whole truth and only the truth.

Such agencies as the United States Public Health Service, the American Cancer Society, and the American Medical Association are purposely organized to safeguard and promote the nation's health. We expect and require these agencies to give warnings whenever the nation's health is in danger and to take such measures as will improve health and prolong life.

As for motives, then, it should be clear that those who condemn smoking are doing so in the public interest. There is no reason to suspect that the recent emphatic warnings on the dangers of smoking have been prompted by selfishness or even by prejudice.

The motives of those who have aligned themselves on the other side of the controversy are obviously different. It is not surprising, ordinarily, when persons justify and promote their own means of livelihood. But when this means of livelihood interferes with the welfare of others, it is selfish and unethical to promote it. It is a

blemish on the record of the tobacco industry that its leaders have resorted to deceptive advertising to reassure the public that smoking is harmless, in the face of mounting evidence that the opposite is true.

As for those who have a firmly established smoking habit, some are willing to admit the harm in smoking. Others, as a means of saving face, close their eyes to the scientific evidence.

Editors and publishers should pause to notice and to commend the American Medical Association and those responsible for its group of scientific journals. Even though there are many physicians whose habits of smoking are still well established, the officers of the American Medical Association recognize that they cannot condone a practice which is now known to be harmful. Tobacco advertising no longer appears, therefore, in the journals published by the American Medical Association.

### Why This Book?

In speaking of the motives of those who have taken sides in the cigarette controversy, it is only fair to list at this juncture the motives that have prompted the writing of the present book. It is recognized that ours is a free country and that each citizen is entitled to live his own life just so long as his way of life does not interfere with the common good. If we ignore the element of influence, it can be argued quite convincingly that a person has a right to smoke if he chooses to do so. What, then, is the reason for this book?

The principle of freedom which is guaranteed by the Constitution of the United States is founded on the belief that an intelligent citizenry is capable of governing itself wisely. Just so, an intelligent citizen who is properly informed is capable of making wise personal choices.

The first reason for this volume is to present a summary, in layman's language, of the available information on what smoking does. Much of the recent data on the effects of smoking has been published in medical and other scientific journals. These are not widely available to the reading public. Also, their language is that of scientists, and such language is difficult for the reader who is not versed in science.

The second motive in presenting this book is to enable the reader to distinguish candor from prejudice. As the backgrounds and affiliations of those who are participating in the cigarette controversy are stated, the reader will become so well acquainted with them that he will develop a respect for those whose motives are laudable. In similar

## MIND IF I SMOKE?

manner he will learn to discount the statements of those who are prompted by selfish or mercenary motives.

A third reason for the book is to give perspective by showing the trends in scientific inquiry. The relation between smoking and lung cancer is not all that is involved in the cigarette controversy. It is quite easy to understand that inhaling cigarette smoke may so irritate the delicate tissues of the lung as to make them susceptible to the development of lung cancer. But the effects of smoking on the human body go much further than simply making the lung tissues susceptible to cancer. Evidence is already available that other organs and tissues also suffer.

A fourth purpose is to amplify the important Christian concept that man's greatest duty is to exert a wholesome personal influence and to perform a worthy service to humanity. The human body is God's masterpiece of creation. Any practice that does violence to the body by making it more susceptible to disease is an affront to the Creator. The person who follows a practice which reduces his vitality and shortens his life is thereby reducing his capacity for humanitarian service. The reader of this book is asked to evaluate the data which are herein presented so that he may develop his own answer to the question, Is the practice of smoking consistent with Christian living?