

"Give your throat a vacation..."

Smoke a
FRESH

If the cigarettes you have been smoking — proof Cellophane which costs nearly twice as much as all the usual smoke and freshness — so light that wet weather doesn't dampen it, nor bright sunlight fade it. And the taste is just as good as ever. There is no peppery dust in Camels — that's whisked away by a special varnish-clearing process.

There are no stale, rankly, parched tobaccos — the fine Turkish and mild Domestic tobaccos of which Camels are blended come to you in prime, factory-fresh condition, thanks to the Humidair Pack.

This scientific, germ-free, wrapping — not plain ordinary Cellophane, but moisture-

From Data to Insight

© 1958 R.J. REYNOLDS TOBACCO COMPANY, W.
CAMELS MILD AND NO CIGARETTE AFTER-TASTE

Don't reuse the moisture-proof wrapping from your package of Camels after you open it. The Humidair Pack is protection against dust and germs. In offices and homes, even in the dry atmosphere of artificial heat, the Humidair Pack delivers fresh Camels and keeps them right until the last one has been smoked.

Dr. Çetinkaya-Rundel
July 12, 2016

Recap

- ▶ Brandt: “there is no single gold standard of disease causality”. What is the reason behind this claim?
- ▶ Clinical observations, population studies, and laboratory experiments are thought to be the three distinct but related domains of medical knowledge. What can we conclude from each one regarding the relationship between smoking and lung cancer? How do they complement each other?
- ▶ How could you improve on Wynder & Graham’s and Doll & Hill’s studies/experiments?

Causal conundrum

In the 1950's, how did the cigarette companies respond to scientific findings showing a relationship between smoking and cancer?

- ▶ Denying the problem
- ▶ Produce and sustain scientific skepticism and controversy
 - ▶ assert that the relationship between smoking and cancer is “not proven”
 - ▶ pseudoscientific research showing some cigarettes are better than others
- ▶ Strong PR campaign emphasizing tobacco industry’s commitment to scientific research

Denial

- ▶ A medical specialist is making regular bi-monthly examinations of a group of people from various walks of life. 45 percent of this group have smoked Chesterfield for an average of over ten years.
- ▶ After ten months, the medical specialist reports that he observed... *no adverse effects on the nose, throat and sinuses on the group from smoking Chesterfield.*



Arthur Godfrey

Pseudoscience

- ▶ Camel cigarettes 30-Day Mildness Test
- ▶ “The test was sensible”

How MILD can a cigarette be?

ANNE JEFFREYS worked out modeling to pay for her music studies. In rapid succession came personal appearances... radio and television roles... stardom in more than 10 movies.

"My cigarette must be mild. I smoke CAMELS. They agree with my throat and they taste grand!"

Anne Jeffreys
STAGE AND SCREEN STAR

NOTED THROAT SPECIALISTS REPORT
ON 30-DAY TEST OF CAMEL SMOKERS...
**NOT ONE SINGLE CASE
OF THROAT IRRITATION
due to smoking CAMELS!**

You, too, may be the findings of noted throat specialists after a total of 2,670 weekly examinations of the throats of hundreds of men and women who smoked Camel—and only Camel—for 30 consecutive days.

● Doctors smoke for pleasure, too! Once again, in a repeat survey just completed by an independent research organization, doctors in every State in the Union and in every branch of medicine were asked: "What cigarette do you smoke, Doctor?" Once again, the brand named most was CAMEL!

Make your own 30-Day Camel MILDNESS Test in your T-Zone!
It's throat - it's taste.

More Doctors Smoke **CAMELS** than any other cigarette

PR Campaign

- ▶ Industry sponsored research entity
 - ▶ call for new research implied that existing studies were inadequate or flawed
 - ▶ there was “more to know”
 - ▶ made the industry seem a committed participant in the scientific enterprise rather than the enemy
- ▶ Initiated collective research to demonstrate shared concern for the public instead of focusing on the health benefits of particular brands



Tobacco Industry Research Committee (1953)

What was “The Frank Statement” (1953) intended to demonstrate?

Tobacco industry is

- ▶ committed to public health,
- ▶ serious, authoritative and judicious
- ▶ eager to fulfill its responsibilities to the public

A Frank Statement

to Cigarette Smokers

RECENT REPORTS on experiments with mice have given wide publicity to a theory that cigarette smoking is in some way linked with lung cancer in human beings.

Although conducted by doctors of professional standing, these experiments are not regarded as conclusive in the field of cancer research. However, we do not believe that any serious medical research, even though its results are inconclusive should be disregarded or lightly dismissed.

At the same time, we feel it is in the public interest to call attention to the fact that eminent doctors and research scientists have publicly questioned the claimed significance of these experiments.

Distinguished authorities point out:

1. That medical research of recent years indicates many possible causes of lung cancer.
2. That there is no agreement among the authorities regarding what the cause is.
3. That there is no proof that cigarette smoking is one of the causes.
4. That statistics purporting to link cigarette smoking with the disease could apply with equal force to any one of many other aspects of modern life. Indeed the validity of the statistics themselves is questioned by numerous scientists.

We accept an interest in people's health as a basic responsibility, paramount to every other consideration in our business.

We believe the products we make are not injurious to health.

We always have and always will cooperate closely with those whose task it is to safeguard the public health.

For more than 300 years tobacco has given solace, relaxation, and enjoyment to mankind. At one time or another during those years critics have held it responsible for practically every disease of the human body. One by one these charges have been abandoned for lack of evidence.

Regardless of the record of the past, the fact that cigarette smoking today should even be suspected as a cause of a serious disease is a matter of deep concern to us.

Many people have asked us what we are doing to meet the public's concern aroused by the recent reports. Here is the answer:

1. We are pledging aid and assistance to the research effort into all phases of tobacco use and health. This joint financial aid will of course be in addition to what is already being contributed by individual companies.
2. For this purpose we are establishing a joint industry group consisting initially of the undersigned. This group will be known as TOBACCO INDUSTRY RESEARCH COMMITTEE.
3. In charge of the research activities of the Committee will be a scientist of unimpeachable integrity and national repute. In addition there will be an Advisory Board of scientists disinterested in the cigarette industry. A group of distinguished men from medicine, science, and education will be invited to serve on this Board. These scientists will advise the Committee on its research activities.

This statement is being issued because we believe the people are entitled to know where we stand on this matter and what we intend to do about it.

TOBACCO INDUSTRY RESEARCH COMMITTEE

5400 EMPIRE STATE BUILDING, NEW YORK 1, N. Y.

SPONSORS:

THE AMERICAN TOBACCO COMPANY, INC. <i>Paul M. Hahn, President</i>	BURLEY TOBACCO GROWERS COOPERATIVE ASSOCIATION <i>John W. Jones, President</i>	PHILIP MORRIS & CO., LTD., INC. <i>O. Parker McComas, President</i>
BENSON & HEDGES <i>Joseph F. Cullman, Jr., President</i>	LARUS & BROTHER COMPANY, INC. <i>W. T. Reed, Jr., President</i>	R. J. REYNOLDS TOBACCO COMPANY <i>E. A. Darr, President</i>
BRIGHT BELT WAREHOUSE ASSOCIATION <i>F. S. Royster, President</i>	P. LORILLARD COMPANY <i>Herbert A. Kent, Chairman</i>	STEPHANO BROTHERS, INC. <i>C. S. Stephano, D.Sc., Director of Research</i>
BROWN & WILLIAMSON TOBACCO CORPORATION <i>Timothy V. Hartnett, President</i>	TOBACCO ASSOCIATES, INC. <i>(An organization of licensed tobacco growers)</i> <i>J. R. Hartson, President</i>	

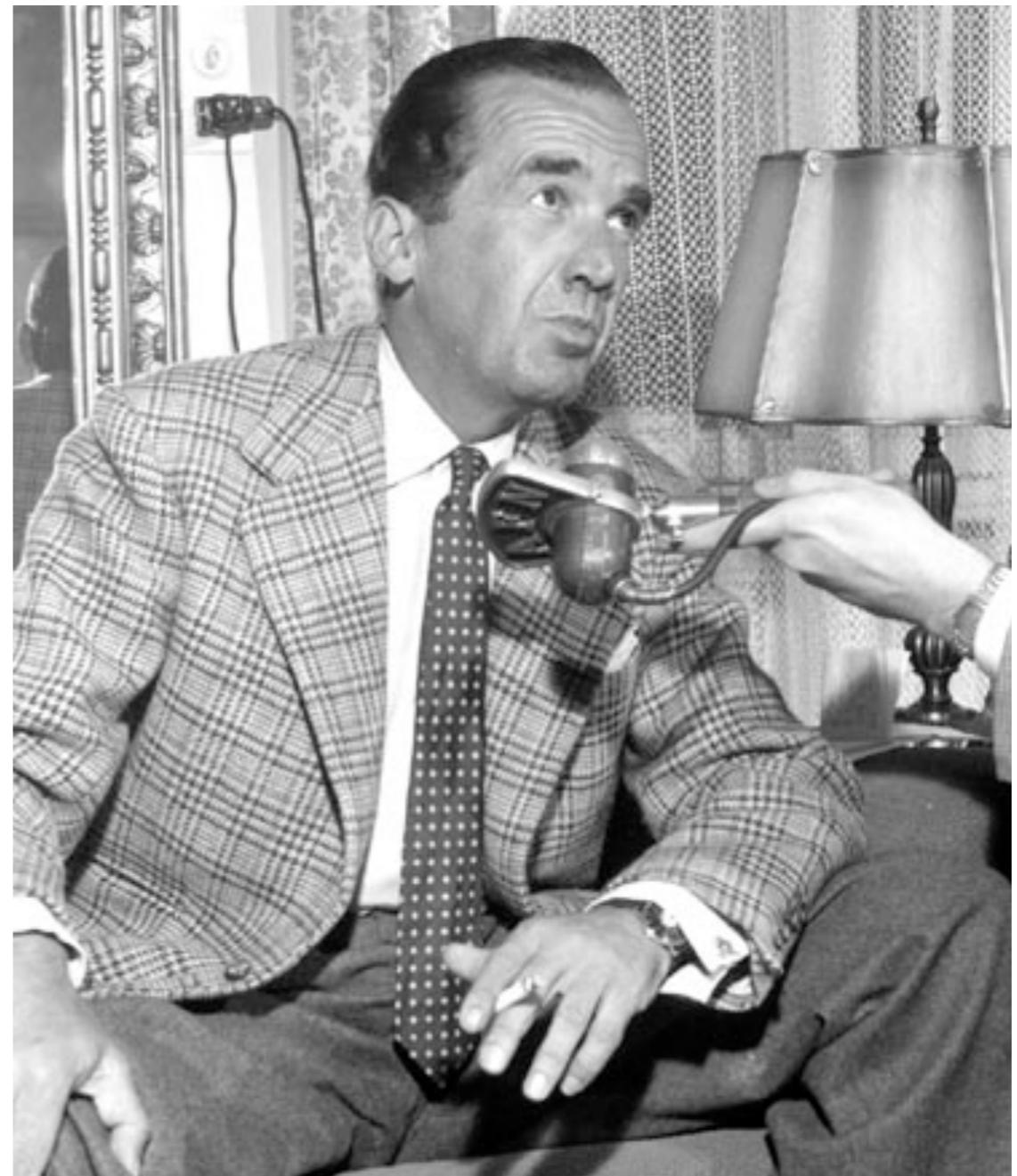
“Smoke without fear” (1954)

- ▶ If you are a man or a woman who smokes, relax and enjoy it.
- ▶ If you have tried to give up smoking a dozen times and failed, quit trying.



“See It Now” with Edward Murrow

- ▶ Two episodes on cigarettes and lung cancer
- ▶ Interview with Dr. Little who says that no cancer-causing agents in cigarettes have been identified and therefore a causal relationship cannot be established.



Edward Murrow

"Another Frank Statement to Smokers" (1958)

ANOTHER FRANK STATEMENT TO SMOKERS

Almost five years ago, in January, 1954, the Tobacco Industry Research Committee was formed and issued a statement "pledging aid and assistance to the research effort into all phases of tobacco use and health". The intervening years have brought a stream of conflicting and confusing publicity about tobacco use, especially cigarette smoking, in relation to health. We consider it appropriate at this time to set forth the facts:

Now, as then, we do not believe that the serious medical research done in this field should be disregarded or lightly dismissed. Many of the medical profession have accepted at face value the claims, based almost completely on statistics, of a causal relationship between cigarette smoking and human disease. But a substantial number of doctors and scientists of high professional standing and repute have, after investigation, publicly challenged the validity of these broad charges against tobacco.

Distinguished authorities point out:

1. Compelling doubts have been raised about some interpretations of the statistics relating to smoking and health.
2. Laboratory and clinical findings have failed to establish the charges of a causal relationship between

smoking and lung cancer. Experiments conducted in various institutions with animals inhaling tobacco smoke have consistently failed to show any lung cancer causation from the smoke.

3. The cause or causes of lung cancer remain undetermined and a large number of possible factors, including occupational exposures, specific air pollutants, nutrition and many others, are under continuing study.

4. Definite conclusions are not warranted by the present state of knowledge about this complex disease.

For hundreds of years tobacco has given great satisfaction and pleasure to mankind. We are deeply concerned that it should now be the subject of these serious charges, even though we are firmly convinced that these charges have not been proved. Because of our concern, we have in the past several years spent \$2,700,000 [check] in independent medical research. Nearly 100 grants have been made to scientists in 50 different research institutions. These scientists have complete freedom in conducting their research and making public their results.

Of course, we have never suggested, and do not suggest now, that excessive indulgence in any of life's pleasures is beneficial to health. As in everything else moderation is the touchstone.

The cause of cancer remains today as much a mystery as ever. Until the questions now raised about tobacco are solved, the Tobacco Industry Research Committee will continue to support independent scientific research into all phases of tobacco use and health.

At its formation in January 1954 the Tobacco Industry Research Committee stated:

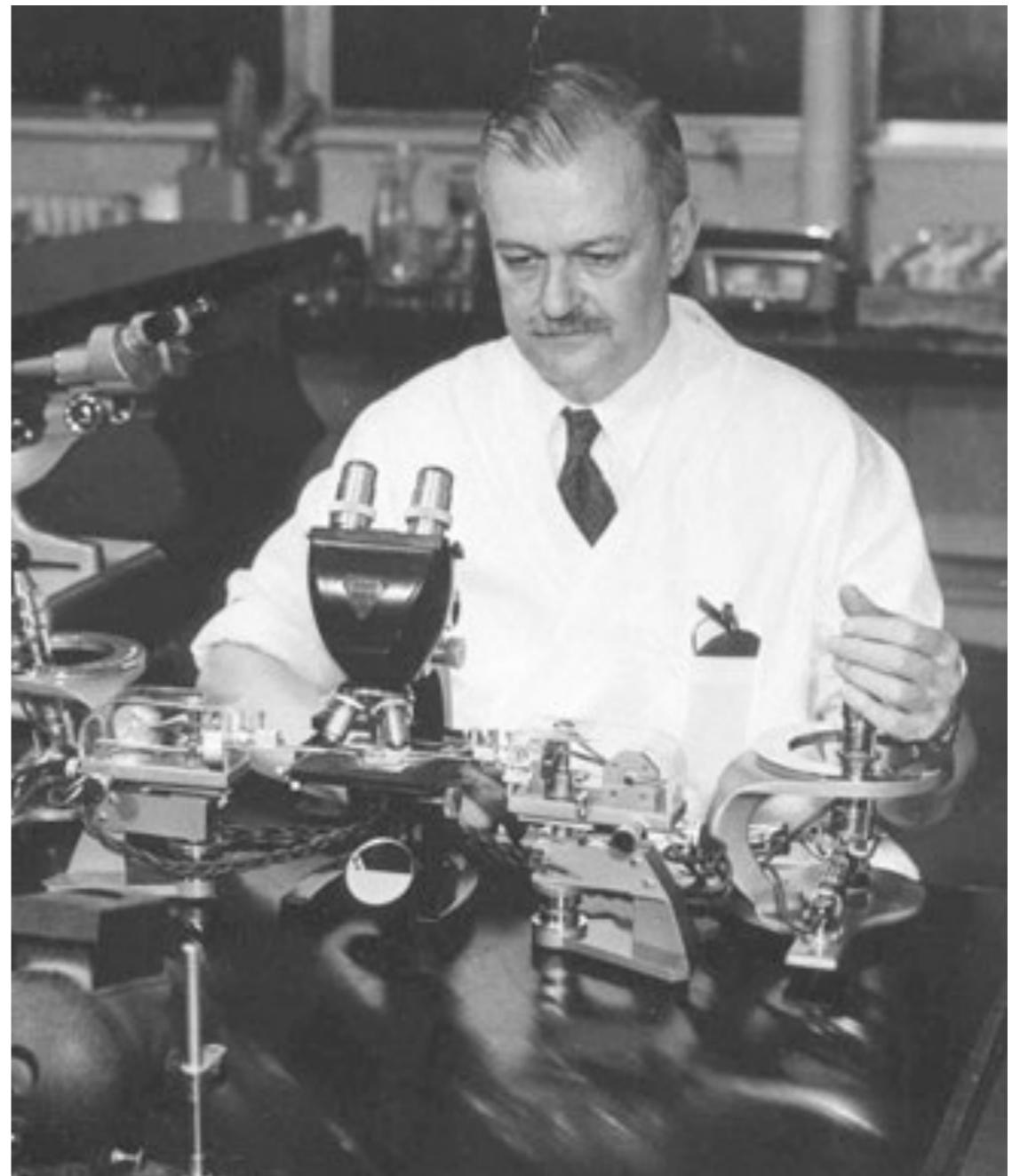
"We believe the products we make are not injurious to health."

"We are pledging aid and assistance to the research effort into all phases of tobacco use and health."

We reaffirm that statement and pledge today.

What made Clarence Cook Little the perfect candidate for the scientific director of the TIRC?

- ▶ Established scientist who has been working on cancer research
- ▶ Believed that cancer resided in individual's genetic lineage
- ▶ Ultraconservative about cause and effect relationships



How did researchers' opinion about smoking research evolve throughout the 1950's?

- ▶ Most started with skepticism
- ▶ Prospective studies showing a link between smoking and increasing death rates from lung cancer convinced some researchers
- ▶ Abundance of studies showing a link between smoking and lung cancer made it difficult to ignore the possibility of a causal relationship entirely

"The Great Debate" (1961)

1266

THE NEW ENGLAND JOURNAL OF MEDICINE

June 15, 1961

It is enough to say that most of the evidence is statistical and demonstrates a close association between heavy cigarette smoking and lung cancer. However, it is generally believed that statistics in the hands of a master can be made to prove almost anything.

The New England Journal of Medicine

Official Organ of
THE MASSACHUSETTS MEDICAL SOCIETY

OWNED BY THE SOCIETY AND
PUBLISHED WEEKLY UNDER THE JURISDICTION OF THE
COMMITTEE ON PUBLICATIONS

Richard M. Smith, M.D., Chairman
James M. Faulkner, M.D. Joseph M. Hayman, Jr., M.D.
Lawrence R. Dame, M.D. Lamar Soutter, M.D.

Joseph Garland, M.D., Editor

ASSOCIATE EDITORS
Joseph Stokes III, M.D. Robert J. Haggerty, M.D.
Robert O'Leary, ASSISTANT EDITOR
Milton C. Paige, Jr., BUSINESS MANAGER

EDITORIAL BOARD

Henry R. Viets, M.D. Vernon P. Williams, M.D.
Thomas H. Lasman, M.D. Benjamin Castleman, M.D.
Donald Munro, M.D. Robert W. Buck, M.D.
Dwight O'Hara, M.D. Herman L. Blumgart, M.D.
Fletcher H. Colby, M.D. Frank N. Allan, M.D.
Robert L. Goodale, M.D. Langdon Parsons, M.D.
Chester M. Jones, M.D. Mark Aisner, M.D.
Harvey R. Morrison, M.D. Dale G. Friend, M.D.
Maxwell Finland, M.D. Richard Warren, M.D.
John J. Byrne, M.D.

MANUSCRIPTS, including references or bibliography, should be typewritten double spaced and submitted as original copy. References should conform to the style of the *Index Medicus* (listing name and initials of author, title of article, journal, volume number, first and last pages and year), and should be cited numerically in the order in which they appear in the text; the number should be limited to the absolute minimum. Acceptable case reports will usually be published in the "Medical Intelligence" section of the *Journal*. Such reports should include only the pertinent details of each case and reference to articles reporting closely related cases. A complete review of the literature is rarely desirable. A preliminary report, a very short case report or a description of a technic submitted for publication as a "Brief Recording" should be limited to 1½ double-spaced typewritten pages.

PHOTOGRAPHS must be distinct, and drawings done in black ink on white paper and each properly labeled.

MATERIAL printed in the *New England Journal of Medicine* is covered by copyright. Articles are accepted for consideration with the understanding that they are contributed for publication solely in this journal. The *Journal* does not hold itself responsible for statements made by any contributor.

MATERIAL, other than original articles, should be received not later than noon on Thursday, three weeks before date of publication.

COPY for advertisements is accepted by the advertising committee of the *Journal* on the basis of the apparent quality and usefulness of the product and the manner of its presentation. Proprietary names of pharmaceutical products must be accompanied by the chemical, or generic or official names, and the quantity of all active substances must and the recommended dose should be stated. Copy should be factual, conservative and in good taste.

ALTHOUGH all advertising material accepted is intended to conform to ethical medical standards, acceptance does not imply endorsement by the *Journal*.

SUBSCRIPTION TERMS: \$8.00 per year in advance, postage paid, for the United States (residents, interns and medical students, \$5.00 per year); Canada, \$9.00 per year (Boston funds); foreign, \$10.50 per year. Long-term rates: United States, 2 years \$15.00, 3 years \$22.00; Canada, 2 years \$17.00, 3 years \$25.00; foreign, 2 years \$20.00, 3 years \$29.50. MICROFILM volumes available to regular subscribers through University Microfilms, 313 N. Zeeb Street, Ann Arbor, Michigan.

COMMUNICATIONS should be addressed to the *New England Journal of Medicine*, 8 Fenway, Boston 15, Massachusetts. Telephone CO 6-7310.

THE GREAT DEBATE

In November, 1960, Drs. Ernest L. Wynder and Clarence C. Little appeared before the New England States Chapter of the American College of Chest Physicians, assembled in Boston, to present their separate and opposing views on the cigarette smoking-lung cancer issue. As is generally known Dr. Wynder, of the Sloan-Kettering Institute, is making a career of cancer and its causes and has become a dominant figure in the crusade against immoderate cigarette smoking. Clarence Little, a doctor of science, director emeritus of the Jackson Memorial Laboratory in Bar Harbor, Maine, is scientific director of the Tobacco Industry Research Committee and devotes his highly developed talents to a defense of what many cherish as man's second or perhaps third best friend.

The addresses that were delivered before the thoracologists are published as special articles in this issue of the *Journal* and may be read seriatim, if not simultaneously. Both authors are dedicated, sincere proponents of their points of view, each upholding what he believes to be the truth and nothing but the truth, each ready to admit that the whole truth has not yet been revealed to aspiring man.

It is especially difficult for editors, who, unlike *Pathé Weekly*, see much but know little, to present a fair appraisal of these opposing points of view. Moreover, since the editors of the *Journal* have on occasion revealed their own suspicion that one side of this controversy is probably the one to which to cleave, it is perhaps not completely judicious for them to offer any extraneous comments at this time that might seem to favor one side.

It is enough to say that most of the evidence is statistical and demonstrates a close association between heavy cigarette smoking and lung cancer. However, it is generally believed that statistics in the hands of a master can be made to prove almost anything. Dr. Wynder seeks to show, not by the adroit deployment of small clusters of statistics but by swinging the heavy artillery into action, that a strong causal relation between cigarette smoking and bronchogenic cancer must in fact exist. Dr. Little's strategy is based, at least partly, on demonstrating that Dr. Wynder's statistics are inconclusive.

Many conscientious observers believe that there are strong indications in favor of a causal relation in the vast majority of cases, and no acceptable evidence that disproves it; others remain unconvinced or have taken a determined stand behind Dr. Little. Certain facts stand out — that the stakes are high in terms of life and death, that smoking has been indicted as a sometimes lethal agent and that nonsmoking is almost certainly harmless. Each individual must choose his own course, whether to woo the lady nicotine or abjure the filthy weed, while the search for truth continues.

"The Great Debate" (1961)

1266

THE NEW ENGLAND JOURNAL OF MEDICINE

June 15, 1961

The New England Journal of Medicine

Official Organ of
THE MASSACHUSETTS MEDICAL SOCIETY

OWNED BY THE SOCIETY AND
PUBLISHED WEEKLY UNDER THE JURISDICTION OF THE
COMMITTEE ON PUBLICATIONS

Richard M. Smith, M.D., Chairman
James M. Faulkner, M.D. Joseph M. Hayman, Jr., M.D.
Lawrence R. Dame, M.D. Lamar Soutter, M.D.

Joseph Garland, M.D., Editor

ASSOCIATE EDITORS Joseph Stokes III, M.D. Robert J. Haggerty, M.D.

Robert O'Leary, Assistant Editor

Milton C. Paige, Jr., BUSINESS MANAGER

EDITORIAL BOARD

Henry R. Viets, M.D. Vernon P. Williams, M.D.
Thomas H. Lasman, M.D. Benjamin Castleman, M.D.
Donald Munro, M.D. Robert W. Buck, M.D.
Dwight O'Hara, M.D. Herman L. Blumgart, M.D.
Fletcher H. Colby, M.D. Frank N. Allan, M.D.
Robert L. Goodale, M.D. Langdon Parsons, M.D.
Chester M. Jones, M.D. Mark Aisner, M.D.
Harvey R. Morrison, M.D. Dale G. Friend, M.D.
Maxwell Finland, M.D. Richard Warren, M.D.
John J. Byrne, M.D.

MANUSCRIPTS, including references or bibliography, should be typewritten double spaced and submitted as original copy. References should conform to the style of the *Index Medicus* (listing name and initials of author, title of article, journal, volume number, first and last pages and year), and should be cited numerically in the order in which they appear in the text; the number should be limited to the absolute minimum. Acceptable case reports will usually be published in the "Medical Intelligence" section of the *Journal*. Such reports should include only the pertinent details of each case and reference to articles reporting closely related cases. A complete review of the literature is rarely desirable. A preliminary report, a very short case report or a description of a technic submitted for publication as a "Brief Recording" should be limited to 1½ double-spaced typewritten pages.

PHOTOGRAPHS must be distinct, and drawings done in black ink on white paper and each properly labeled.

MATERIAL printed in the *New England Journal of Medicine* is covered by copyright. Articles are accepted for consideration with the understanding that they are contributed for publication solely in this journal. The *Journal* does not hold itself responsible for statements made by any contributor.

MATERIAL, other than original articles, should be received not later than noon on Thursday, three weeks before date of publication.

COPY for advertisements is accepted by the advertising committee of the *Journal* on the basis of the apparent quality and usefulness of the product and the manner of its presentation. Proprietary names of pharmaceutical products must be accompanied by the chemical, or generic or official names, and the quantity of all active substances must and the recommended dose should be stated. Copy should be factual, conservative and in good taste.

ALTHOUGH all advertising material accepted is intended to conform to ethical medical standards, acceptance does not imply endorsement by the *Journal*.

SUBSCRIPTION TERMS: \$8.00 per year in advance, postage paid, for the United States (residents, interns and medical students, \$5.00 per year); Canada, \$9.00 per year (Boston funds); foreign, \$10.50 per year. Long-term rates: United States, 2 years \$15.00, 3 years \$22.00; Canada, 2 years \$17.00, 3 years \$25.00; foreign, 2 years \$20.00, 3 years \$29.50. MICROFILM volumes available to regular subscribers through University Microfilms, 313 N. Zeeb Street, Ann Arbor, Michigan.

COMMUNICATIONS should be addressed to the *New England Journal of Medicine*, 8 Fenway, Boston 15, Massachusetts. Telephone CO 6-7510.

THE GREAT DEBATE

In November, 1960, Drs. Ernest L. Wynder and Clarence C. Little appeared before the New England States Chapter of the American College of Chest Physicians, assembled in Boston, to present their separate and opposing views on the cigarette smoking-lung cancer issue. As is generally known Dr. Wynder, of the Sloan-Kettering Institute, is making a career of cancer and its causes and has become a dominant figure in the crusade against immoderate cigarette smoking. Clarence Little, a doctor of science, director emeritus of the Jackson Memorial Laboratory in Bar Harbor, Maine, is scientific director of the Tobacco Industry Research Committee and devotes his highly developed talents to a defense of what many cherish as man's second or perhaps third best friend.

The addresses that were delivered before the thoracologists are published as special articles in this issue of the *Journal* and may be read seriatim, if not simultaneously. Both authors are dedicated, sincere proponents of their points of view, each upholding what he believes to be the truth and nothing but the truth, each ready to admit that the whole truth has not yet been revealed to aspiring man.

It is especially difficult for editors, who, unlike *Pathé Weekly*, see much but know little, to present a fair appraisal of these opposing points of view. Moreover, since the editors of the *Journal* have on occasion revealed their own suspicion that one side of this controversy is probably the one to which to cleave, it is perhaps not completely judicious for them to offer any extraneous comments at this time that might seem to favor either faction.

It is enough to say that most of the evidence is statistical and demonstrates a close association between heavy cigarette smoking and lung cancer. However, it is generally believed that statistics in the hands of a master can be made to prove almost anything. Dr. Wynder seeks to show, not by the adroit deployment of small clusters of statistics but by swinging the heavy artillery into action, that a strong causal relation between cigarette smoking and bronchogenic cancer must in fact exist. Dr. Little's strategy is based, at least partly, on demonstrating that Dr. Wynder's statistics are inconclusive.

Many conscientious observers believe that there are strong indications in favor of a causal relation in the vast majority of cases, and no acceptable evidence that disproves it; others remain unconvinced or have taken a determined stand behind Dr. Little. Certain facts stand out — that the stakes are high in terms of life and death, that smoking has been indicted as a sometimes lethal agent and that smoking is almost certainly harmless. Each individual must choose his own course, whether to woo the lady nicotine or abjure the filthy weed, while the search for truth continues.

Each individual must choose his own course, whether to woo the lady nicotine or abjure the filthy weed, while the search for truth continues.

“Not One Single Case of
Throat Irritation”:
Misuse of the Image of the Otolaryngologist
in Cigarette Advertising
Samji & Jackler (2009)

Questions to consider for your writing

- ▶ What is the overall idea being presented in this paper?
- ▶ What is the main question (hypothesis) being posed in the paper?
- ▶ What methodology did the authors use to test their hypothesis?
- ▶ Does the conclusion agree with what the authors hypothesized?
- ▶ Does this article agree with previous readings?
- ▶ Do you agree with the author's conclusions?

Throat specialists

Here's what throat specialists reported about Camel Mildness—



In a recent coast-to-coast test, hundreds of men and women smoked Camels—and only Camels—for 30 consecutive days. They smoked on the average of one to two packs a day. Each week throat specialists examined the throats of these smokers, a total of 2470 careful examinations, and reported

"NOT ONE SINGLE CASE OF THROAT IRRITATION due to smoking CAMELS"



Money-Back Guarantee!

Try Camels and test them as you smoke them. If, at any time, you are not convinced that Camels are the mildest cigarette you've ever smoked, return the package with the unused Camels and we will refund its full purchase price, plus postage. (Signed) R. J. Reynolds Tobacco Co., Winston-Salem, N. C.

According to a Nationwide survey:

MORE DOCTORS SMOKE CAMELS
than any other cigarette

Doctors smoke for pleasure, too! And when three leading independent research organizations asked 113,597 doctors what cigarette they smoked, the brand named most was Camel!

**SCIENCE
DISCOVERED IT—
YOU CAN PROVE IT**

**"No
Unpleasant
After-taste"**

—added to the world's most famous ABCs—

**Always Milder
Better Tasting
Cooler Smoking**

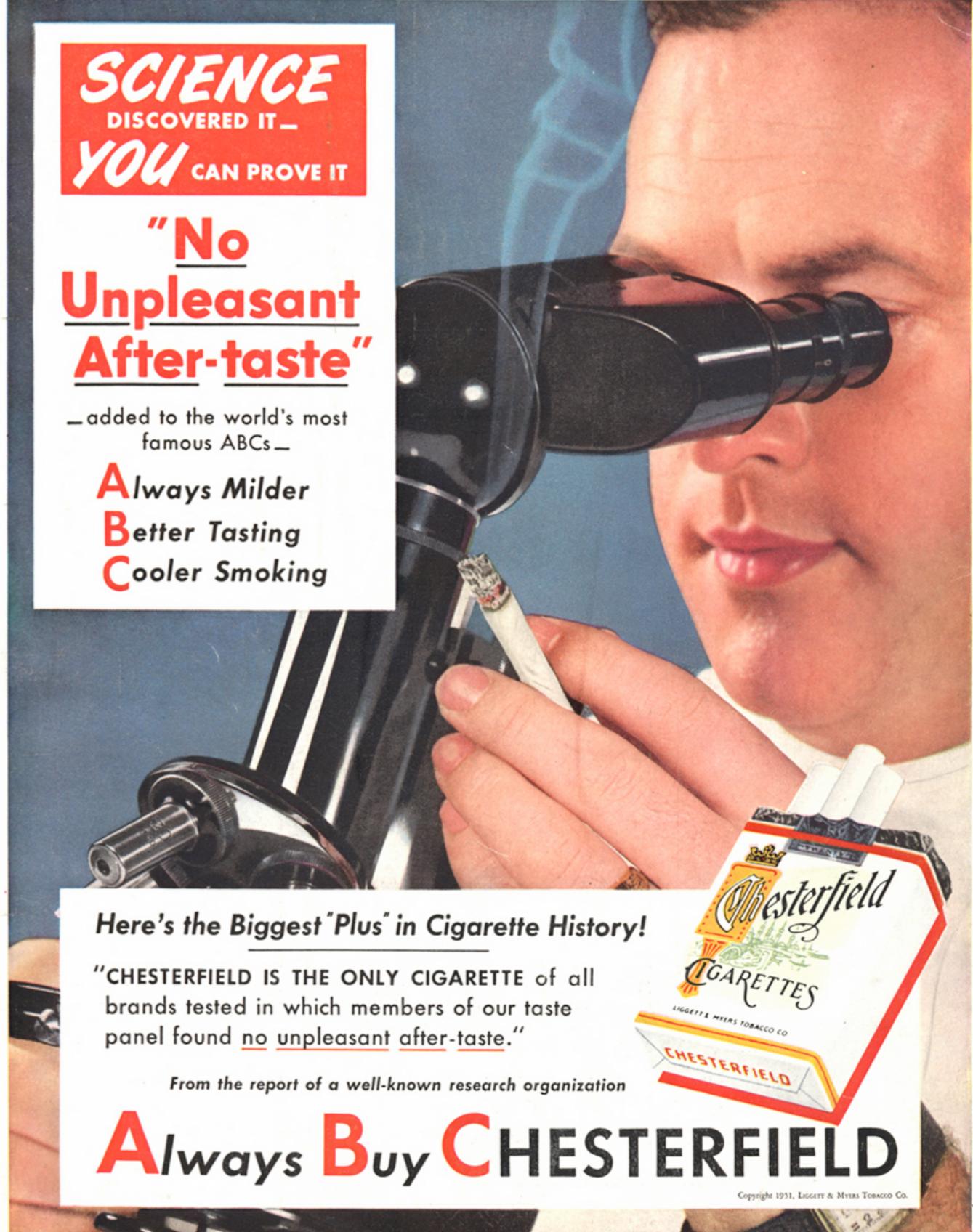
Here's the Biggest "Plus" in Cigarette History!

"CHESTERFIELD IS THE ONLY CIGARETTE of all brands tested in which members of our taste panel found no unpleasant after-taste."

From the report of a well-known research organization

Always Buy CHESTERFIELD

Copyright 1951, LIGGETT & MYERS TOBACCO CO.



Pseudoscience

Medical authority

WHAT DISTINGUISHED DOCTORS FOUND ON COMPARING CIGARETTES

Full reports in medical journals by men high in their profession—regularly offered to physicians on request.

MANY thousands of America's physicians already possess this authoritative reference material on the leading cigarettes regularly smoked in America.

For the public, findings may be summed up as follows:

LABORATORY COMPARISONS:

The four other leading brands were found to average *more than three times as irritant* . . . with irritant effects *lasting more than five times as long* . . . as the strikingly

contrasted PHILIP MORRIS.

CLINICAL TESTS (actual smokers)

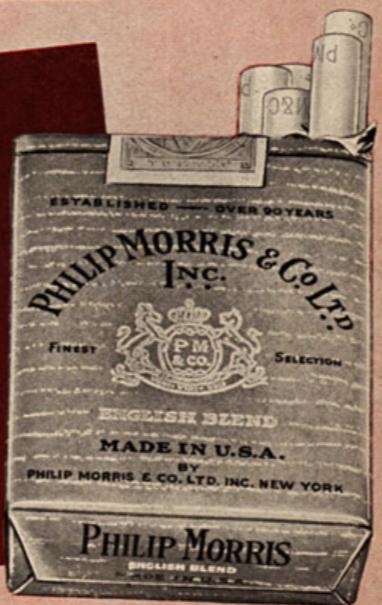
When smokers changed to PHILIP MORRIS, *every case of irritation of nose or throat—due to smoking—either cleared up completely, or definitely improved.*

TO PHYSICIANS: A set of reports (reprinted) available upon request. Please write on professional letterhead—addressing: Research Division, Philip Morris & Co., 119 Fifth Avenue, New York, N. Y.

Scientific proof that this finer-flavored cigarette is far less irritating—therefore safér—for the smoker's nose and throat!

CALL FOR PHILIP MORRIS

America's Fines्ट Cigarette



Just one question, Mom...



can you afford
not to smoke

Marlboro?



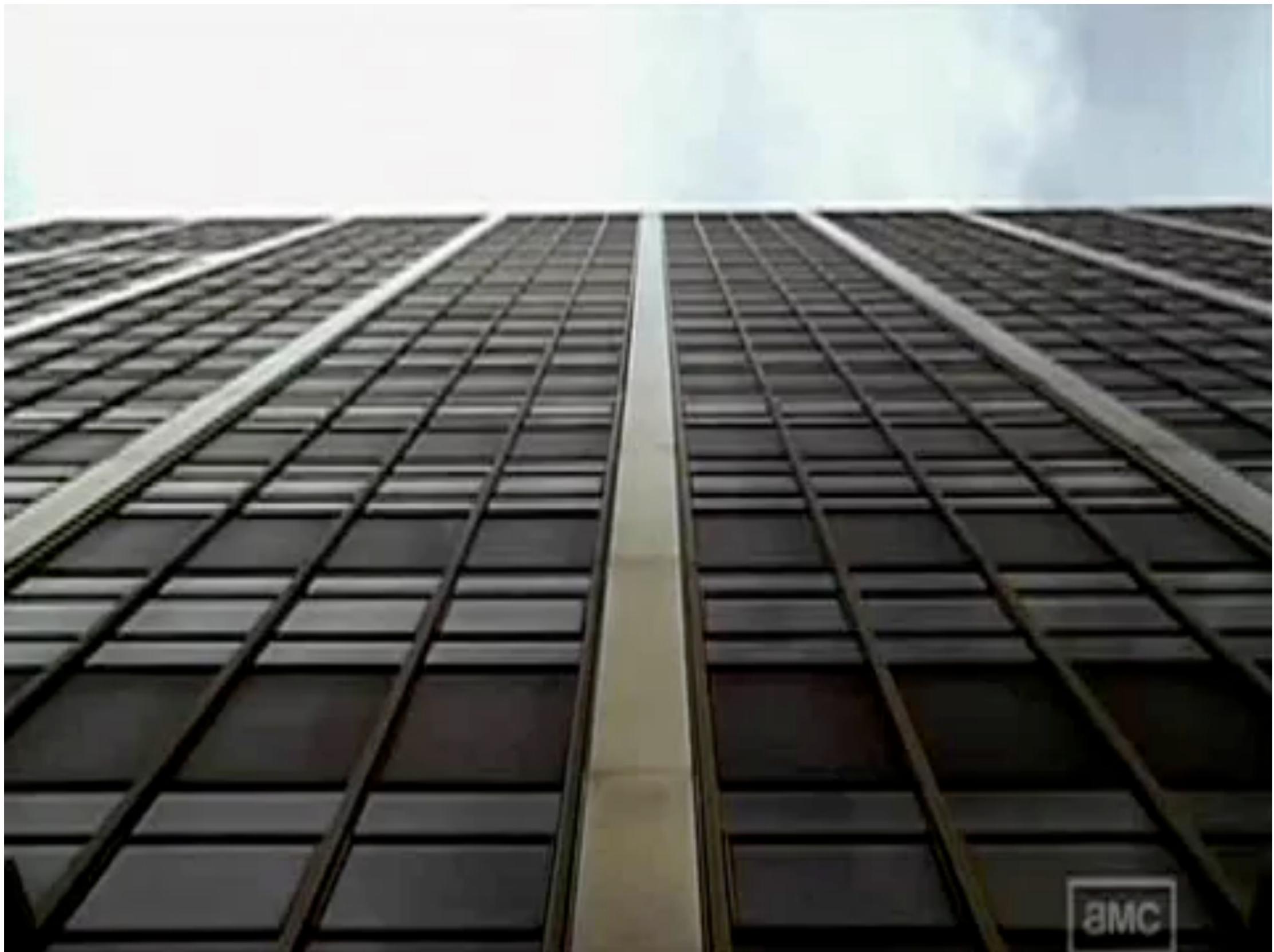
Yes, you need never
feel over-smoked
—that's the Miracle
of Marlboro!



YOUR CHOICE OF IVORY TIPS •
PLAIN ENDS • BEAUTY TIPS (RED).

Babies?

Creation of a manufacturing myth



Toasted

Use plenty of BAKED APPLES

USE plenty of baked apples. Cooked fruits are recommended by the Food Administration.

How baking does bring out the delicious flavor in a baked apple—it's improved 100 per cent over the raw apple.

We use the same idea to improve the flavor of tobacco—offer it to you toasted instead of raw. Try Lucky Strike Cigarette—it's toasted.

LUCKY STRIKE CIGARETTE

Save the tin-foil from Lucky Strike Cigarettes and give it to the Red Cross

It's toasted

© Guaranteed by
The American Tobacco Co.
INCORPORATED

CHEESE OK'D BY FOOD Administration

CHEESE O.K.'d by the Food Administration! Indeed it is: all dairy products are urged in place of other foods.

Cheese can be served in many ways as the principal dish of a meal: the familiar rarebit is only one of them.

In all of them the flavor is heightened and enriched by cooking. The same applies to tobacco—flavor is much improved by cooking. Try Lucky Strike Cigarette—it's toasted.

LUCKY STRIKE CIGARETTE

Save the tin-foil from Lucky Strike Cigarettes and give it to the Red Cross

20 for 15c

It's toasted

© Guaranteed by
The American Tobacco Co.
INCORPORATED

Fresh, not toasted

NATURALLY ***FRESH*** never parched, never toasted!

The cool, flavorful *freshness* of Camel cigarettes is purely a natural product.

It is attained not by any mysterious processes, but simply by preserving the full natural goodness of fine sun-ripened tobaccos.

These choice tobaccos of which Camels are blended—fine Turkish and mild Domestic tobaccos—are never parched or toasted.

On the contrary we exercise every care and pre-

caution to safeguard the natural moisture which is infused with their mildness and flavor.

That's why the Camel Humidor Pack is such a boon to Camel smokers—it could do little or nothing except for the fact that the cigarettes we put into it are fresh to start with.

To see what that means in cool, smooth, throat-friendly smoking pleasure, switch to *fresh* Camels for just one day—then leave them, if you can!

R. J. REYNOLDS TOBACCO COMPANY, Winston-Salem, N. C.

R. J. Reynolds Tobacco Company's Coast-to-Coast Radio Programs

CAMEL QUARTER HOUR, Morton Downey, Tony Wons, and Camel Orchestra, direction Jacques Renard, every night except Sunday, Columbia Broadcasting System

PRINCE ALBERT QUARTER HOUR, Alice Joy, "Old Hunch," and Prince Albert Orchestra, direction Paul Van Loan, every night except Sunday, N. B. C. Red Network

See radio page of local newspaper for time



© 1932, R. J. Reynolds Tobacco Company

CAMELS

Made FRESH — Kept FRESH

Don't remove the moisture-proof wrapping from your package of Camels after you open it. The Camel Humidor Pack is protection against perfume and powder odors, dust and germs. In offices and homes, even in the dry atmosphere of artificial heat, the Camel Humidor Pack delivers *fresh* Camels and keeps them right until the last one has been smoked.

Freshness

the flowers that bloom in the Spring...

bring
Apple "Honey"
to
Old Golds

Soon the blossoms bring juicy apples . . . and their nectar brings Apple "Honey" . . . and Apple "Honey" brings freshness to Old Golds!

How? By helping to keep in the natural moisture of Old Gold's fine tobaccos—to which "something new has been added"—imported Latakia tobacco for richer flavor!

Try Old Golds . . . and see why they have 3 times as many friends as they had 3 years ago!

Buy more War Bonds than you think you can afford!
LISTEN TO: Sammy Kaye's Band and Guests, Wednesday Evenings, CBS Network; also Bob Crosby and his Orchestra, Sunday Evenings, NBC Network.

Try something different for a change...

Turn to Salem for a taste that's Springtime fresh

Rich tobacco taste • Menthol soft flavor
Try Salem filter cigarettes

©1962 R. J. REYNOLDS TOBACCO COMPANY, WINSTON-SALEM, N.C.

Involvement of physicians on tobacco ads

- ▶ Why were they involved?
 - ▶ There was not definitive and accepted literature linking cigarette smoking to illness.
 - ▶ Prevalence of smoking among physicians was high.
- ▶ Other than false claims of safety, what other impact did the use of medical authority and imagery in tobacco advertising have?
 - ▶ Lower likelihood of antismoking messages being communicated in private clinical settings.

Reader's Digest
“Cancer by the Carton”

1952

FTC banned
references to
physicians and
medical terms
from tobacco ads

1955

1950

Wynder & Graham
study published

1954

Doll & Hill
study preliminary
results published
Hammond & Horn
study published

1958

Gallup Poll:
44% of Americans
believe smoking

Surgeon General’s
report on smoking
and its health
effects

1964

1968

Gallup Poll:
78% of Americans
believe smoking
causes cancer

Can you think of any
other industry sponsored
ads today?



the davidebeckhamacademy.com



Goal by Beckham.
Body by milk.

Heads up. The protein in milk helps build muscle and some studies suggest teens who choose it tend to be leaner. Staying active, eating right, and drinking 3 glasses a day of lowfat or fat free milk helps you look great. So grab a glass and get in the game.

got milk?

www.bodybymilk.com

DAVID BECKHAM © 2006 AMERICA'S DAIRY PROCESSORS

Milk your budget.

Investing in your health always pays off. That's why I drink lowfat milk. Even at today's prices, an 8-ounce glass of milk only costs about a quarter, which is a great value when you consider that milk is one of the most nutrient-rich items in your grocery cart.* So drink up. You can't afford not to.

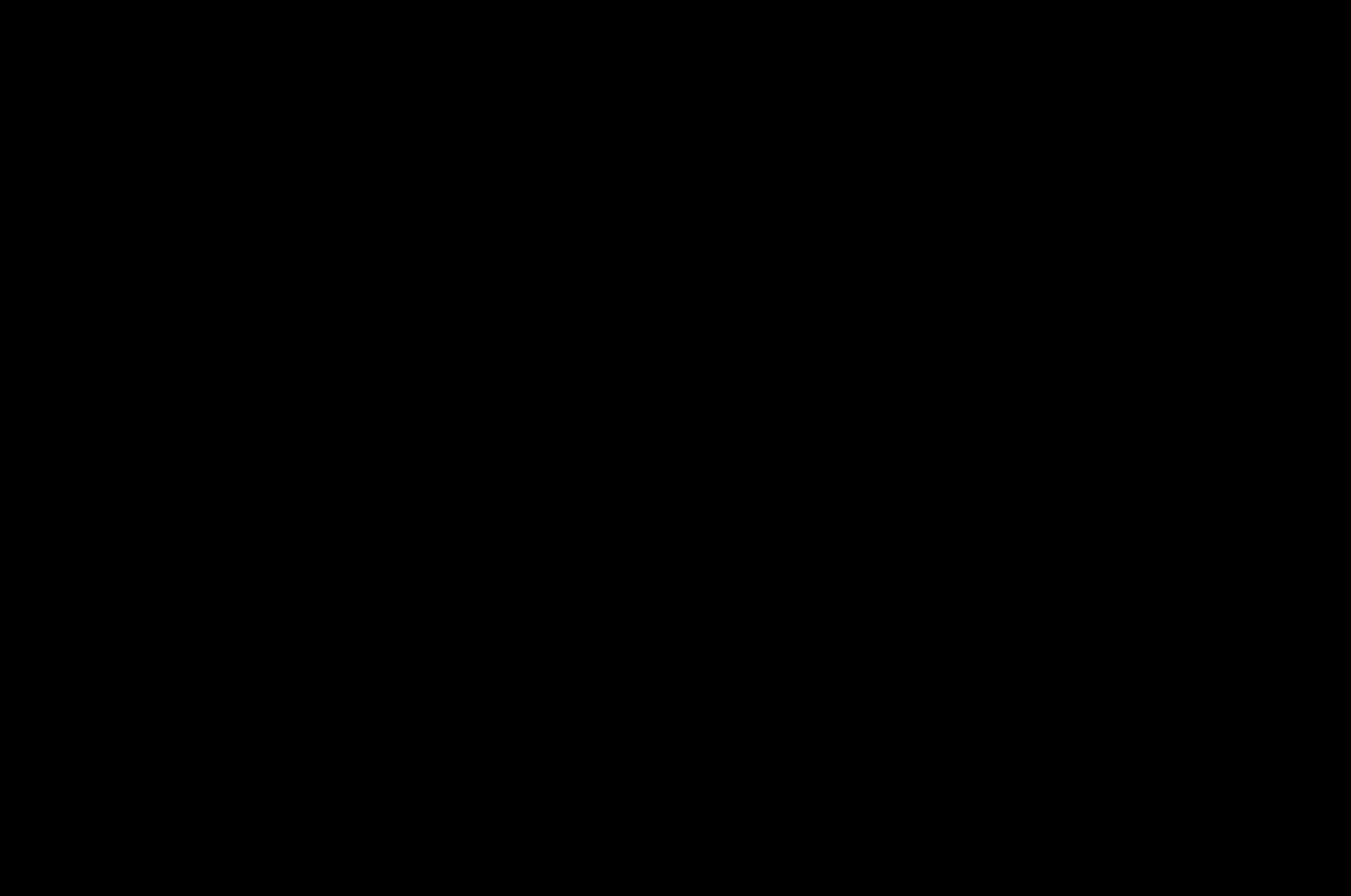
got milk?

whymilk.com

*Based on August 2006 USDA and BLS nationwide grocery survey for the average price of a quart of milk.



“got milk?”
(National Milk Processor Board)



High fructose corn syrup “Sweet Surprise”
(Corn Refiners Association)