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In fact

For The Millions Who Want a Free Press

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George Seldes, Editor

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SENDING POISON TO OUR ARMED FORCES? THE SUPPRESSED STORY OF TOBACCO

Scientific Facts to "Make Your Flesh Creep"

WAR IS BOOMING THE TOBACCO BUSINESS, say recent press reports; no less than 20,000,000,000 (twenty billion) cigarettes are being made and smoked a month. Everyone who has a friend or relative in the army, navy, marines and airforce is urged to send him cigarets. United Auto Workers (CIO) at Allis Chalmers is popularizing "Keep 'Em Smoking" with "Keep 'Em Flying." Peoria unionists (AFL) collect cartons at the Labor Temple for soldiers. Overseas League Tobacco Fund collects for British, Free French, others. Press and radio urge you to remember the fighters against Fascism by sending them tobacco.

But the American press and radio—at least 99.99% of it—have suppressed the facts, scientifically established, that the more tobacco a person uses the earlier he dies. Tobacco impairs the health of all users, moderate and heavy. At certain ages 61% more heavy users of tobacco die than non-users. But the tobacco companies spend fortunes—four (Camels, Lucky Strikes, Chesterfields and Old Golds) spend \$50,000,000 annually—to keep the American public in ignorance.

The story is sensational. It must be said here that the term sensational is generally used against a newspaper, to characterize it as yellow, biased, unfair, given to overplaying news. But sensational news can be news really worth playing up, such as, for example, the discovery of the electric light, or the U S landing in Africa. These were sensational news items which no paper need be ashamed for headlining, whereas the Hearst press and the NYD News, which played up the Errol Flynn rape case for almost as much space as the Rommel defeat, were illustrating the sensationalism of yellow journalism.

Certainly—and we leave this to 18,000 Newspaper Guild members to confirm—the first scientific, documented report from the head of the biology dept of Johns Hopkins listing tobacco first as impairing life, as causing users, of whom

there are tens of millions in America alone, to die earlier than non-users, was a first-class story, a big story, and in a scientific way a sensational story, and worth the front page of any paper (not corrupted by cigaret advertising). But to this day the story is suppressed in 99% of our commercial newspaper and magazine press, and if used at all in the other 1% (which is doubtful) it is buried or played down so effectively that not one-tenth of one per cent of America's newspaper readers have ever heard of it.

Managing Editor James objects to IN FACT's including America's most powerful paper, NYTimes, among suppressors. He sends 4 photostats. Here is the record: Pearl announced findings, to NY Academy of Medicine Feb 24, 1938. Times had 12½ inches under heading "SCIENCE FORETELLS HUMAN LIFE SPAN," with less than 2 inches on tobacco in middle. However, after non-commercial weeklies had played up story, Times did run 10½ inch story April 16 under heading "TOBACCO CALLED A LIFE SHORTENER." But, Jan 14 1939 it ran 10½ inch story headed "CONTRADICTS ICKES ON TOBACCO STORY," quoting Pearl saying papers had not suppressed his story. Pearl had 250 clippings. It was impossible to list the names of more than 2 city papers among them; the other clippings were from what Pearl admitted were largely "crossroads" papers. When the Times received a statistical table showing 99% or more suppression, including 6 out of 8 NYC papers, and burial in other 2, it refused to print correction. Mr. Ickes later proved that it was impossible for him to get the facts straightened out in the entire press, most of which had smeared him for saying it was venal. On Nov 19 1940 Times ran ½-col editorial praising Pearl, but only mention of tobacco was one line, "the effects of alcohol and tobacco on longevity." And no other paper in America printed as much as the Times did, and the record is still about 99.99% suppression of the story which follows.

Tobacco Does Shorten Life

The story which the American press will never mention is the scientific truth that tobacco impairs the life span. People who smoke more than a pack of cigarets a day not only die sooner than non-smokers, but throughout their lifetime, from age 30, they make themselves much more liable to all the ills to which flesh is heir, than non-smokers; and even mild smokers impair their lives to an extent which, according to Johns Hopkins "is measurable and significant."

This is the story which Time magazine said was enough "to scare the life out of tobacco manufacturers and make the tobacco users' flesh creep," but the Associated Press and United Press (Roy Howard's) correspondents either suppressed it or buried it.

Worse than that, when Secretary of the Interior Ickes off-

handedly mentioned the suppression of this story (facts furnished by editor of IN FACT) the very newspapers which had suppressed it accused him of error, and when the facts were sent Associated Press, NYTimes, Columnist Pegler, Saturday Evening Post, and numerous papers throughout the country, all of which had either suppressed the story or attacked Ickes on false information, they refused to publish the scientific facts as supplied by IN FACT's editor.

The tobacco advertisers share with peacetime automobile advertisers first place in spending money in newspapers and magazines. This is without doubt the reason the press suppressed the story. The press is therefore part of a system spreading poison throughout America.

The story proves scientifically that between the ages 30

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and 60 to less than 61% more heavy smokers die than non-smokers. Here is a table written from the tables prepared at Johns Hopkins by Dr Raymond Pearl (which will be found in the following article written by him):

	Deaths from age 30 to 60 among—	
	per 100,000	per 100
Non-smokers	33,436	33
Moderate smokers	38,089	38
Heavy smokers	53,774	54
Percentage of excess deaths:		
Moderate smokers		14%
Heavy smokers		61%

Tobacco Smoking and Longevity

By RAYMOND PEARL

(Late head of Dep't of Biology, Johns Hopkins; reprinted from Science and Scientific Monthly.)

IN the customary way of life man has long been habituated to the routine usage of various substances and materials that are not physiologically necessary to his continued existence. Tea, coffee, alcohol, tobacco, opium and the betel nut are statistically among the more conspicuous examples of such materials. If all six are included together as a group it is probably safe to say that well over 90% of all adult human beings habitually make use of one or more of the component materials included in the group. All of them contain substances of considerable pharmacologic potency.

The purpose of this paper is to report a part of the results of an investigation of the influence of tobacco upon human longevity. . . . The material was drawn from the Family History Records of this laboratory. It is composed of data collected at first hand and ad hoc. The accuracy of the data as to the relative degree of habitual usage of tobacco and as to the ages of the living at risk, and of the dead at death can be guaranteed. . . .

TABLE 1

The Death Rate (1,000 q_x) and Survivorship (l_x) Functions, at Five-year Intervals, Starting at Age 30, of (a) Non-users of Tobacco; (b) Moderate Smokers Who Did Not Chew Tobacco or Take Snuff; (c) Heavy Smokers Who Did Not Chew Tobacco or Take Snuff. White Males.

Age	Non-users		Moderate smokers		Heavy smokers	
	1,000 q_x	l_x	1,000 q_x	l_x	1,000 q_x	l_x
30	8.18	100,000	7.86	100,000	16.89	100,000
35	8.78	95,883	9.63	95,804	21.27	90,943
40	10.01	91,546	11.89	90,883	23.91	81,191
45	12.04	86,730	14.80	85,129	25.69	71,665
50	15.16	81,160	18.61	78,436	27.49	62,699
55	19.82	74,538	23.67	70,712	30.09	54,277
60	26.73	66,564	30.49	61,911	34.29	46,226
65	36.88	57,018	39.83	52,082	41.20	38,328
70	51.69	45,919	52.84	41,431	52.72	30,393
75	73.02	33,767	71.28	30,455	72.22	22,338
80	103.22	21,737	97.95	19,945	100.44	14,494
85	142.78	11,597	136.50	10,987	139.48	7,865
90	197.49	4,753	190.23	4,686	193.68	3,292
95	273.2	1,320	265.1	1,366	268.9	938

However envisaged, the net conclusion is clear. In this sizable material the smoking of tobacco was statistically associated with an impairment of life duration, and the amount or degree of this impairment increased as the

According to Science News Letter (March 12 1938, p 163) the important disclosure made by Dr Pearl, and suppressed in America, is that "tobacco smokers do not live as long as non-smokers. This conclusion was based on life tables for the number, out of 100,000 non-smoking men, 100,000 moderate smokers (men) and 100,000 heavy smokers (men) who were still alive at each age level after 30 years."

Since IN FACT published its first story in 1941 considerable scientific documentation has been received confirming Dr Pearl. We present herewith parts of the Pearl document and the new material, for which we thank the doctors and scientists who are the authors.

habitual amount of smoking increased. Here, just as is usually the case in our experience in studies of this sort, the differences between the usage groups in specific mortality rates, as indicated by q_x , practically disappear from about age 70 on. This is presumably an expression of the residual effect of the heavily selective character of the mortality in the earlier years of the groups damaged by the agent (in this case tobacco). On this view those individuals in the damaged groups who survive to 70 or thereabouts are such tough and resistant specimens that thereafter tobacco does them no further measurable harm as a group.—[Science, March 4 1938]

The use of tobacco—This usage is probably along with that of alcohol one of the most widespread amongst humanity relative to substances or materials that are not in themselves necessary to the maintenance of life, as is food. Is the smoking of tobacco associated statistically with any impairment of the normal expectation of life or with an improvement of it, or is there no measurable association one way or another? . . . [Here he explains how he picked the number of men in his sample.] These are not large numbers from an actuarial point of view but are sufficient to be probably indicative of the trends that would be shown by more ample material. Naturally the men included in the observation were an unselected lot except as to their tobacco habits. That is to say they were at random and then all sorted into categories relative to tobacco usage. [He here reprints the table.]

The net result is obvious. In this group of nearly 7000 men the smoking of tobacco was associated definitely with an impairment of life duration and the amount or degree of this impairment increased as the habitual amount of smoking increased. The contrast between the life tables relative to the implied effect upon longevity of moderate smoking on the one hand and the moderate use of alcoholic beverages on the other hand is very striking. The moderate smokers in this material are definitely shorter lived than the total abstainers from tobacco; the moderate drinkers are not significantly worse or better off in respect of longevity than the total abstainers from alcohol. Heavy indulgence in either tobacco or alcohol is associated with a very poor life table, but the life table for heavy smokers is definitely worse than that for heavy drinkers up to the age of 60. Thereafter to the end of the life span the heavy smokers do a relatively better job of surviving than the heavy drinkers. But neither group has anything to boast about in the matter of longevity.—[Scientific Monthly, May 1938]

Nothing Can Be Said in Favor of Smoking

By M F ASHLEY MONTAGU

Professor, Hahnemann Medical College; author, Man's Most Dangerous Myth: the Fallacy of Race.

A N INVESTIGATION carried out some years ago, at the University of Cincinnati on 600 smokers drawn from student, professional and laboring classes, revealed some interesting facts. Many of the subjects questioned gave several reasons why they smoked. Here are the total percentages of the reasons given:

Sociability 65%; fragrance 60%; relaxation 50%; stimulation 50%; steadying nerves 45%; smoothness, mellowness and

soothing 35%; quieting hunger 30%; sight of the smoke 25%; feel in the lips 25%; feel in the hand 10%; taste 5%.

This, of course, confirms the suspicion that most people begin to smoke because it seems socially the thing to do. Boys and girls take to smoking because they want to feel like adults, and adults take to smoking because, like breaking bread with the stranger, they feel that thereby they become members of a community of daring fellows. It is not for

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nothing that the first sign of their emancipation which women choose to show to the world is a cigaret between their lips. . . .

The majority of people believe an incredible number of things which are absolutely false. The majority of people daily act in a manner prejudicial to their general well-being. No, to do as the majority do merely because the majority do it is merely to behave as a sheep, and a sheep is not less a sheep even if it stands upright on its hind legs and disguises itself by storing its wool in its brain instead of concealing itself behind it!

It is good to be sociable, but not at the cost of your own health. You wouldn't accept a poison-gas cigaret if someone offered it to you simply in order to be sociable, nor would you for the same reason accept a glass of prussic acid to drink. You'd be dead within a few minutes. Because the fatal effects would be immediate, you have enough sense to avoid consuming anything containing such poisonous substances. But since the ill-effects of smoking are not perceptibly immediate, you don't bother about the possibility of damage in the future. You, you say to yourself, live for the present not the future. . . .

You may be suffering from a variety of conditions all of which are due to smoking. The best way to discover whether that is true is to give up smoking altogether for some three months or so and observe what happens to your various ailments.

Smoking is not the devilish habit it has often been accused of being, but I know of no condition in which the persistence in it has ever done the slightest good, but I do know of a vast number of records which conclusively prove that smoking has done harm. Most people are more or less aware of this in a general way, but continue to smoke. . . .

What in one individual would be a moderate amount of smoking would in another be excessive. Hence, it is impossible in terms of number of cigarets smoked, to lay down any general rule as to what is an immoderate or excessive amount of smoking. But there is one general rule which it is possible to lay down in this connection, that is: If you are feeling any ill-effects which are traceable to smoking then you are smoking excessively, even though it may be that you are smoking only one cigaret a day. . . .

The condition known as "smoker's heart" due to excessive smoking exhibits itself in a sensation of constricting pain in the region of the heart, generally accompanied by pain in the chest and in one or both arms. Shortness of breath is also a frequent symptom. In persons suffering from some organic disorder of the heart smoking produces measurable aggravations of the disorder. . . .

Headache, nausea, diarrhea, and irritable intestine, and "heartburn" are a few other conditions which are frequently produced by smoking.

The Clinical Aspect of Tobacco Smoking

By EDWIN J GRACE, MD, FACS
Grace Clinic, Brooklyn

ANOTHER very disconcerting feature of many forms of investigation is the lamentable tendency to minimize the degree of the injurious effects which smoking might have on some local area of man's anatomy, thereby blissfully ignoring the tragic consequences it might have on the entire human organism.

If this philosophy is used as the standard for evaluating the problem of smoking in specific relation to man, one becomes immediately impressed by the scarcity of established facts which are presented to the laity, for the only knowledge the latter is able to acquire on the subject is derived from conspicuous advertisements intended for practical and gainful purposes.

Probably the two most serious elements in tobacco smoking are nicotine and tar. The latter generally stains the fingers, lips and teeth, tongue and trachea, and is frequently, but erroneously, called nicotine. Nicotine is an alkaloid present in tobacco, while tar is one of many compounds formed after the tobacco is ignited to form smoke. It is obvious that the products of combustion in smoking cause local irritation of the mucous membranes of the respiratory tract. Cancer of

Visual disturbances of varying degrees of severity may also be directly laid at the door of smoking. One of the worst and most frequent of these disturbances is fogging of vision, a condition clinically known as toxic amblyopia. This disorder is often accompanied by a certain loss of vision for red and green colors. Smoker's amblyopia is believed to be due to a poisoning of the optic nerve behind the eyeball. There may or may not be pain in the eyes, but there is always a definite diminution in acuity of vision. . . .

Every one of the conditions I have referred to can be permanently cured (if they haven't gone too far) by the simple process of giving up smoking.

The indictment of smoking contained in the above paragraph is, I believe, the fairest that has ever been written. Every statement is supported by an overwhelming amount of evidence, and I have deliberately refrained from mentioning any of the disorders which are under suspicion as being due to smoking, but about which any contradictory evidence exists. Cancer, for example, is one of these conditions, there are many others.

Is there anything on the side of the ledger to be said for smoking? A dispassionate examination of the evidence leads one to the conclusion that if anything is to be said in favor of smoking, evidence has not yet been able to discover it. When, as a result of any investigation of the effects of smoking anything positive has been found, it has always been to demonstrate that smoking exerts a deleterious effect upon the organism. There is so far absolutely nothing to say in favor of smoking; all the positive findings of scientific research point only to its damaging effects.

In my view, one of the most convincing cases that has ever been made out against smoking, is to be found in the results of an investigation carried out by the late Professor Raymond Pearl and his co-workers at Johns Hopkins University.

Now, does smoking quiet or steady the nerves? Does it help one to relax!

The answer to this question is a definite and unequivocal NO! In fact, smoking has precisely the opposite effect.

Irritability, restlessness, impaired memory, mental depression, insomnia, headache and tremor, fatigue, and increased spinal reflexes are medically recognized effects of excessive smoking. This hardly sounds like the effects produced by a good nervous sedative, does it?

A Note on the Harmful Constituents of Tobacco Smoking. There is a very general impression that the principal harmful constituent given off during smoking is nicotine. In reality nicotine is only one of the constituents of the tobacco, but there are several other worse poisons than this which are given off when the cigaret is lighted; these are then given off in the smoke; they are carbon monoxide, carbon dioxide, nicotine, ammonia aldehyde, furfural, and alkali, as pretty a group of poisons as were ever found together!

the mouth, lips, tongue, larynx and pharynx is more prevalent in smokers than in nonsmokers, but it has not noticeably increased among women since they have taken up the habit. Personally, I feel that it is too early to draw conclusions regarding this matter, due to the insidiousness and lag in the time element of the factors concerned. . . .

In replying to a correspondent who asked if there was authentic evidence that smoking retarded or stopped improvement in the treatment of peptic ulcer, the Journal of the American Medical Association has this to say: "Smoking may delay healing or favor recurrence of chronic peptic ulcer,

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particularly when smoking is excessive. . . . The clinical evidence, however, is equivocal."

Paul White of the Harvard Medical School, when making electrocardiographic studies, demonstrated that the electric impulse generated by each heart beat was radically altered after a very limited amount of tobacco had been smoked. . . .

It is of more than topical interest that the U S Army medical officers are concerned about the overindulgence in the so-called fragrant weed; Major C W Crampton stresses that the health and fitness of these millions of men under arms are of the utmost importance. "It makes a vast difference to you and me whether the men defending our country and us are victims of slow poisoning by nicotine or other drugs, or are on their toes, second to none as physical and mental specimens of the human race." Major Crampton continues to say that "If the nicotine of cigaret smoke is harmful, and it is—if soldiers smoke more than civilians, and they do—the physician's duty in the situation is clear."

A summary of Major Crampton's conclusion is that the use of cigarets has increased enormously and is still increasing. The potential toxicity of smoking is a matter of the greatest importance to both military and civilian physicians. He asserts that general prohibitions are not yet indicated, but that every reasonable effort should be made to reduce nicotine consumption. . . .

818 patients with cancer of the lower lip were studied by Lamb and Eastkake to determine, among other things, the kind of smoking (pipe, cigar, or cigarets) with regard to treatment and results. They found that the use of tobacco predisposes to leukoplakia, which leads to leukokeratosis and finally to carcinoma [cancer]. Sixty-three patients were cigaret smokers, 52 used a pipe, and 17 smoked cigars.

Shoeneck, in a survey of cigaret smoking in pregnancy, states that the only conclusion that can be drawn from a series of experiments on pregnant rabbits is that exposure to the smoke of one cigaret per day results in apparently deleterious effects upon the offspring. He feels that until it is proved that excessive cigaret smoking is not harmful in pregnancy, it should be cautioned against.

Of a different opinion is Reichel, who has investigated the influence of smoking on young women and children. He points out that chronic nicotine poisoning results in sterility which disappears after cessation of smoking. It is of particular importance to note that in pregnant women the nicotine is immediately transmitted to the child, and an accelerated heart-beat of the fetus has been recorded. Nicotine also is found in the mother's milk, and its secretion is diminished.

In general discussions concerning the preventive aspects of disease one must be appalled by the unbelievable indifference with which the profession as a whole approaches the problem of heavy smoking and its potential dangers. In spite of increasing literature on the subject in which the possible connection of various disease entities with the absorption of toxic products from smoking is mentioned, there exists an

apathy on the part of the profession which gives no great credit to our clinical acumen. This lamentable indifference is probably accentuated by the fact that about 80 per cent of the profession smoke, and ipso facto the habit must be justifiable and commendable. Such evidence, occasionally quoted by so-called authorities, and frequently backed up by commercial associations, is absolute rubbish and represents either abysmal ignorance of the magnitude of the problem, or purposely compromises a philosophy of good medicine. Clinical indifference is further encouraged by the frequency with which critics of this habit are so often considered puritanical and fanatical. . . .

There are two main groups of smokers: one which smokes as a matter of habit, and is able, though with some effort, to stop; the other, which smokes enormous quantities; and is, in many ways, a psychological problem, and its addiction to that habit, like that of a drug or alcohol habitue, is an aid to partial psychic escape.

As may be noted in pipe smokers, the heat generated from the burning tobacco may become a thermic irritant, but by far the most serious toxic factors formed are nicotine and tar. The vasospastic action of the former is well known, but the latter (tar) is a more dangerous element, probably of infinitely greater significance because in this clinical compound we have all the potential elements which, in their specific chemical alignment, are capable of producing malignant tissue changes.

On the basis of this assumption it is interesting to speculate on two clinical entities that are too frequently viewed with indifference: 1. cancer of the lip and oral cavity, and 2. cancer of the lung. The former is most frequently seen in pipe and cigar smokers who rarely inhale, and in whom the irritating substance (tar) is locally deposited (lip and mouth); in cancer of the lung, often occurring in cigaret smokers, this tar irritant is deposited in the bronchi during the process of inhaling. Therefore it becomes immediately apparent that in the heavy smoker tar with its chemical compounds might be an etiological factor in the development of neoplasms.

Toxicologists have already accepted this possible relationship of carcinogenesis from tar, but though volumes have been written on this subject, the preventive phase of the problem is too commonly ignored.

This paper was compiled as a result of impressions gained in observing the last 1000 cases admitted to the Grace Clinic in Brooklyn, N Y, for routine study. The patients were specifically questioned regarding the habit of smoking, and our experience with smokers has brought to our attention innumerable cases which in every detail are identical with many of the above described cases. It is our opinion that in all of them the damaging influence of tobacco has been the most devastating factor, and therefore our plea that the profession become more alert in its attitude toward this most urgent problem which, at present, is so flagrantly ignored.

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