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

Alan Blum, MD

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

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

> *In this present era of advertising and publicity ... we are accustomed to see portrayals of dramatic critics, actors, and others smoking some particular brand of cigarette and certifying that there is nothing like it. The endorsers, we understand, are not infrequently remunerated.*
>
> *The propriety of this course on the part of those who furnish their endorsements, where such endorsers are members of the laity, is a matter falling within their liberty of choice, and is properly governed by their own sense of fitness of things. When, however, non-therapeutic agents such as cigarettes are advertised as having the recommendation of the medical profession, the public is thereby led to believe that some real scientific inquiry has been instituted, and that the endorsement is the result of painstaking and accurate inquiry as to the merits of the product.*
>
> *Despite the frequent attacks upon the medical profession, we believe that the people of this country take them as a whole, have a regard and wholesome faith in their physicians. All that tends to the building up and strengthening of this faith redounds to the benefit of the medical profession and of its individual members, and that which in any wise tends to shake this faith and confidence works a detriment not only to the profession as a whole but to each individual practitioner. All that tends lo strengthen the faith of the people in the belief that medical*

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opinions are founded upon a sound scientific basis, should be fostered by the profcssion.[1]

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

A few months later the *Journal* noted the praise by *California and Western Medicine* (among other journals) for Stryker's commentary:

It is regrettable that any physicians should have thoughtlessly lent their support to this advertising scheme. The profession that has studiously worked to protect the people from fraudulent c1aims of drug advertisers should be more alert and discerning.[2]

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

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

Full-Bodied

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

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

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

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

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

By means of a graph purportedly illustrating the

*Medical Society of the the State of New York

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

Clinical Proof

Philip Morris English Blend cigarettes made their *Journal* debut in 1935, in single-column advertisements drawn to resemble a cigarette. Citing studies published in medical journals, these advertisements were the first to aim squarely at physicians. The basic claim was that Philip Morris, made with the hygroscopic (moistening) agent diethylene glycol, were less irritating than cigarettes made with glycerine or with no such chemical additive. The Philip Morris claim was large1y based on an article published in the *New York State Journal of Medicine*. [4]

In the advertisements, reprints of this study and others in *The Laryngoscope* were offered, along with two free packs of Philip Morris. The study reported a variation of an objective technique for the measurement of irritation—the production of edema in the conjunctival sac of rabbits´ eyes. In the authors' experiment, edema produced by the instillation of a smoke solution from Philip Morris cigarettes lasted an average of 8 minutes, while the smoke solution from "cigarettes made by the Ordinary Method" caused edema for an average duration of 45 minutes. The advertisements would note that an article in *Laryngoscope* (1935; XLV, No. 2, 149-154) reported "clinical confirmation. When *smokers* changed to Philip Morris, every case of irritation of the nose and throat due to smoking c1eared completely or definitely improved" (eg, Dec 1, 1940).

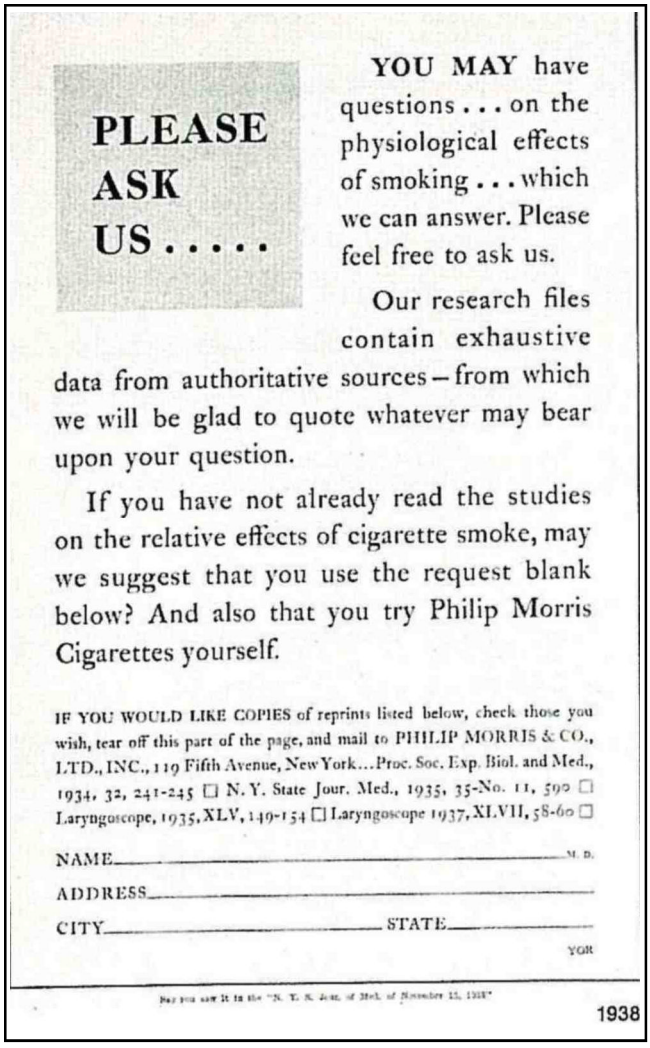
For 15 years, Philip Morris continued to cite such "proof' for the health benefits of these cigarettes, notwithstanding the fact that the authors of the paper in the *Journal* had concluded that cigarette smoking, regardless of the brand, was the cause of irritation to begin with:

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

In addition, in a subsequent article in the *Journal* criticizing the rabbit eye test as a means of evaluating irritation, Sharlit[5] had written

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

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



PLEASE ASK US . . . . .

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

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

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

IF YOU WOULD LIKE COPIES of reprints listed below, check those you wish, tear off this part of the page, and mail to PHILIP MORRIS & CO., LTD., INC., 119 Fifth Avenue, New York... Proc. Soc. Exp. Biol. and Med., 1934, 32, 241-245 ☐ N. Y. State Jour. Med., 1935, 35-No. 11, 590 ☐ Laryngoscope, 1935, XLV, 149-154 ☐ Laryngoscope 1937, XLVII, 58-60 ☐

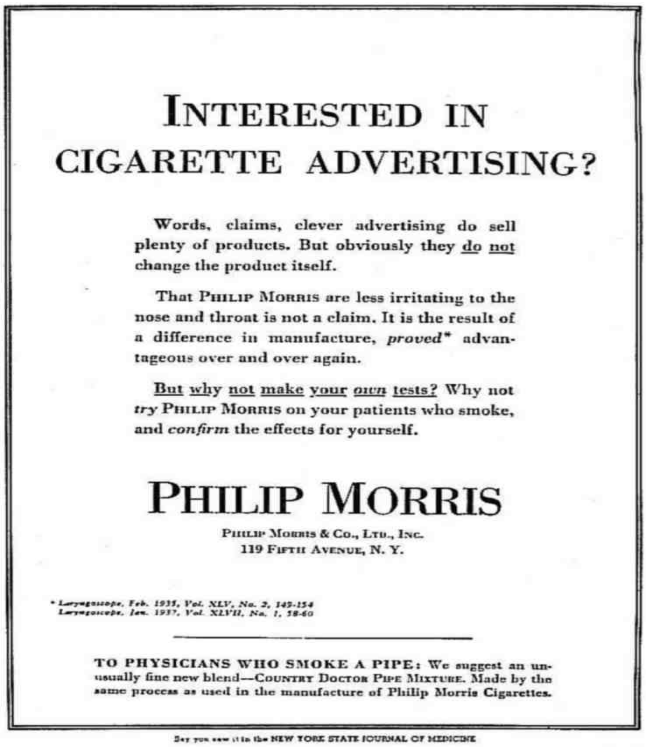
NAME_____ M. D.

ADDRESS_____

CITY_____ STATE_____

YOR

1938



INTERESTED IN CIGARETTE ADVERTISING?

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

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

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

PHILIP MORRIS

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

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

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

Are you now in the NEW YORK STATE JOURNAL OF MEDICINE

1942

A DISCLAIMER:

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

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

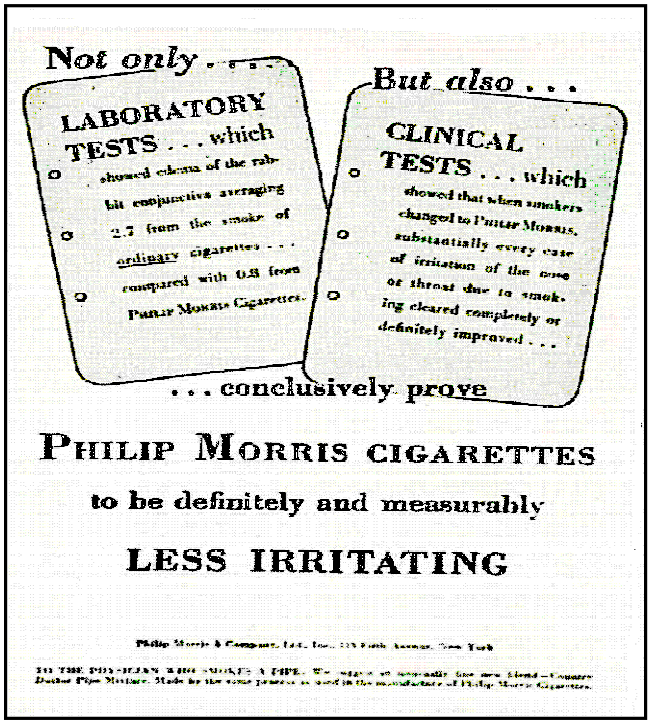
INTERESTED IN CIGARETTE ADVERTISING?

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

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

Slow burn

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



1945

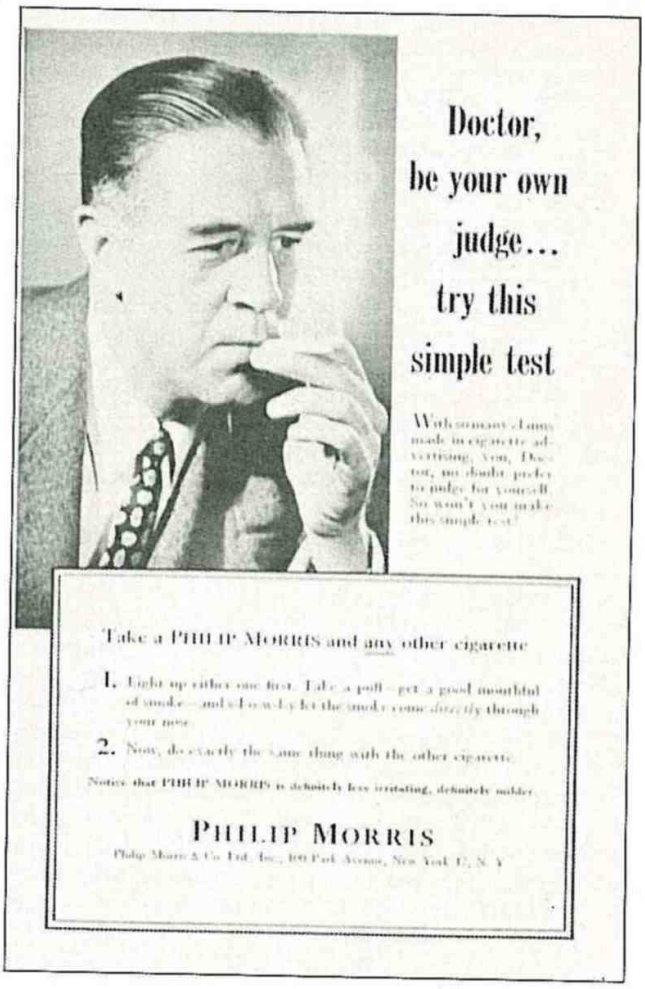
of current life," as illustrated in this advertisement from Nov 1, 1942:

> *In these unsettled times, individuals may tend to display baffling, sub-clinical symptoms. The relationship of these symptoms to smoking and nicotine absorption can be an interesting subject for exploration.*
>
> *However, the success of the physician's program is dependent upon the patient's full cooperation.*
>
> *Your recommendation of Camel cigarettes can be an aid in this direction ...*
>
> *Given adequate support by patients, the physician may find case histories more reliable. In addition, the segregation of such data may facilitate valuable group analyses.*

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

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

But R.J. Reynolds managed to top this effort in its direct-to-physician advertising with a campaign for Camels cigarettes that posthumously honored



1952

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

Housecalls

Another way tobacco companies played up to physicians was to provide them with free cartons of cigarettes. This was done either by mail (as part of market research surveys) or by an attractive "detail woman" (who would see to it that a plentiful supply of cigarettes was available in the patients' waiting area) or by exhibits at medical meetings. In 1940 Philip Morris took out space in the *Journal* for an "invitation" to physicians to drop by the cigarette company's booth at the annual convention of the Medical Society of the State of New York. Beginning in 1942, R.J. Reynolds invited physicians to visit the Camel cigarette exhibit at the convention of the American Medical Association (AMA). This advertisement was not unlike a circus poster:

> *See for the first lime the dramatic visualization of nicotine absorption from cigarette smoke in the human respiratory tract.*
>
> *See the giant photo-murals of Camel laboratory research experiments....*

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

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

Out with the bad air …

Even though the cigarette companies have never publicly acknowledged any lasting harm attributed to their product, they have always attempted to por-

tray various brands as safer and healthier than others. No aspect is more central to the hoax of safer smoking than is the filter. The first advertisement carried by the *Journal* for a filter cigarette was for Viceroy (July 15, 1939): "AT LAST ... a cigarette that filters each puff clean!" ("No more tobacco in mouth or teeth… A note on your office stationery will bring two packages with our compliments.")

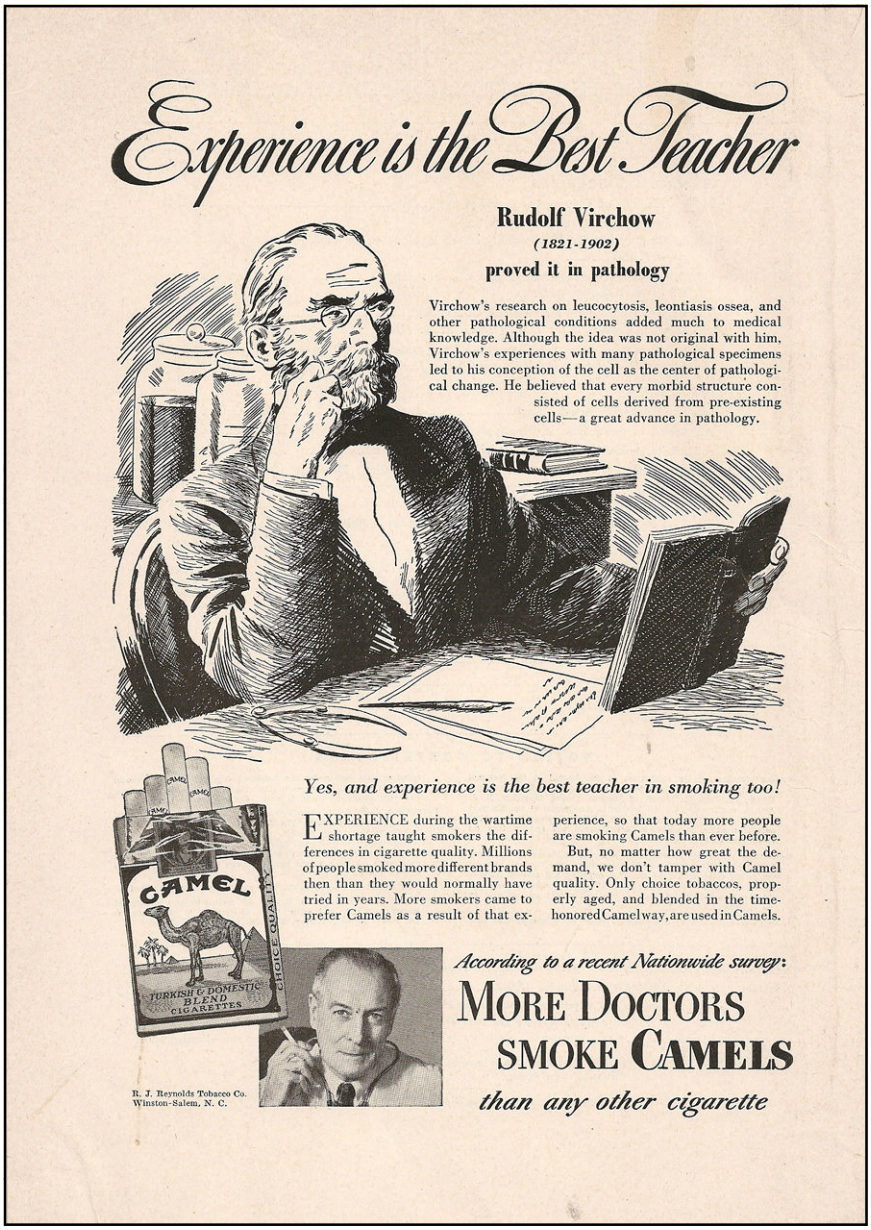
By 1953, following publication of several major studies that left little doubt about cigarette smoking's role as the primary factor in the growing epidemic of lung cancer among men, nearly all the remaining cigarette advertisements in the *Journal* and other medical publications were for filter cigarettes.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

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

Although the advertisements never disclosed the composition of "Micronite," there is evidence that the material that Lorillard touted as "so safe, so effective it has been sleeted to help filter the air in hospital operating rooms" (May 15, 1954) and "to purify the air in atomic energy plants of microscopic impurities" (Feb 15, 1954) was asbestos. A case report from the Thoracic Services of Boston University Medical School, "Asbestos following brief exposure in cigarette filter manufacture," described a 47-year old man who had been exposed to asbestos dust for a period of nine months in 1953 while working in a factory that manufactured filters containing asbestos.[6] The patient made cigarette filters that consisted of a mixture of Cape Blue asbestos and acetate. According to the second author and a second source[7], the filters were made for Lorillard, although it is possible that these particular filters were in some way different from the Kent Micronite filters.

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

Little if any criticism of the policy of accepting cigarette advertising appears to have been published in the *Journal* during the 20 years these advertisements ran. The same is true of *JAMA*, which



published cigarette advertising between 1933 and 1953. But in 1954 a campaign for Kent, which implied an endorsement by the medical profession (merely because the manufacturer had also taken out advertisements in medical journals), incurred the wrath of an editorialist at *JAMA*, who denounced the advertising as "an outrageous example of commercial exploitation of the American medical profession and a reprehensible instance of hucksterism"[8] In a subsequent letter to *JAMA* Irving S. Wright, MD,[9] added that not only were the Kent advertisements misleading (which implied Kents were the choice for persons with vascular disease) but also especially dangerous. Wright described a patient with quiescent thromboangitiis obliterans who suffered a recurrence after having read a Kent advertisement that led him to resume smoking.

Thirty years after cigarette advertisements disappeared from peer-reviewed medical journa1s, it seems inconceivable that they ever could have been accepted in the first place. Yet many of the throw-away medical magazines continued to accept cigarette advertising throughout the 1960s and 1970s. At least one medical magazine, *Physician East*, which lists six physicians on its masthead and is published in Boston, has been running cigarette advertising in 1983. Others, including *JAMA*, carry advertising for CNA Insurance Company, a division of Loews.

Comment

Many goods and services offered in the *Journal* in the past half-century have stood the test of time, but a policy of accepting advertisements for cigarettes is a sad saga for this and all other medical publications that have carried them—and for the entire advertising and publishing fields. It may be too late to publish corrective advertising for promotions that ceased 30 years ago, but even in retrospect the credibility of the publication is harmed. The knowledge and common sense about cigarette smoking *were* there—but so were the mass media to undermine knowledge and cultivate mass denial. One clear lesson is that physicians are not immune to propaganda. But the point of this article (and this entire issue) is that the situation in regard to the promotion of smoking is even more pernicious today. The old advertisements in the *Journal* may seem ridiculous in their images and claims, and we can rationalize that we no longer acquiesce in the

sale of cigarettes in a medical context. But do we? Whenever we flip past the cigarette ad on the sports page of *The Times* or ignore the one on the billboard downtown or on the bus, subway, or taxi that drops the patient off at our offices, we as leaders in society are doing precisely what the cigarette advertisers want us to do: *not* become angry, but rather to become resigned or complacent. Advertising for a product is not solely designed to sell to potential or current users, but also to assure the complacency or tolerance of non-users.

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

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

References

1. Stryker LP: The endorsement of commercial products by physicians. *NY State J Med*. 1927; 27:1264-1265.
2. Editorial: Cigarette testimonials. *NY State J Med* 1928; 28:355-356.
3. Advertising standards. *NY State J Med* 1928; 28:361.
4. Mulinos MG, Osbourne RL: Irritating properties of cigarette smoke as influenced by hygroscopic agents. *NY State J Med* 1935;35:590-592.
5. Sharlit H: Cigarette smoke as a health hazard. *NY State J Med* 1935; 335;1159-1161.
6. Goff AM, Gaensler EA: Asbestos following brief exposure in cigarette filter manufacture. *Respiration* 1973; 29;83-93.
7. Personal communication, EA Gaensler, CB Carrington.
8. Anon: Cigarette Hucksterism and the AMA. *JAMA* 1954, 154:1180.
9. Wright IS: Cigarettes. *JAMA* 1954; 155:666.