

THE SMOKING SCARE DE-BUNKED

BY
DR WILLIAM T WHITBY

“Could any intelligent person read this book and still believe the smoking scare?”

“A medico shows — from reports of many distinguished scientists — that the smoking scare is false and that smoking is really quite harmless and often beneficial.”

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There are so many critics of the smoking — lung cancer hoax, physicians, scientists and statisticians, recognised authorities in their own countries and internationally, that it is impossible to list, let alone quote, more than a few.

Professor Burch, University of Leeds, "Smoking has no role in lung cancer."

Dr R.H. Mole, British Medical Research Council, "Evidence in uranium miners permits the exclusion of smoking as a major causal agent."

Dr B.K.S. Dijkstra, University of Pretoria, "The natural experiment shows conclusively that the hypothesis has to be abandoned."

Professor Sir Ronald Fisher, late of Cambridge University, "The theory will eventually be regarded as a catastrophic and conspicuous howler."

Dr Ronald Okun, Director of Clinical Pathology, Los Angeles, "As a scientist I find no persuasive evidence that cigarette smoke causes lung cancer."

Professor W.C. Hueper, National Cancer Institute, Switzerland, "Scientifically unsound and socially irresponsible."

Professor M.B. Rosenblatt, New York Medical College, "It is fanciful extrapolation — not factual data."

Professor Sheldon Sommers, New York Academy of Medicine and Science, "The belief that smoking is the cause of lung cancer is no longer widely held by scientists," and also, "Smoking is no longer seen as a cause of heart disease except by a few zealots."

*"The smoking-lung cancer theory will eventually be regarded
as a conspicuous and catastrophic howler."*

The late Professor Sir Ronald Fisher of Cambridge University.

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SOURCES

In writing this book — which conclusively shows that smoking is in no way the causal factor in lung cancer — the author has depended only upon the findings of scientists of world-wide repute, which have appeared in highly prestigious learned journals. He is not proposing unorthodox views of his own.

The following is a list of just some of the journals which the reader may peruse at any university or other large library:

The Lancet
Journal of the American Medical Association
British Medical Journal
New England Medical Journal
British Journal of Obstetrics and Gynaecology
American Journal of Obstetrics and Gynaecology
American Heart Journal
Mun. Med. WSCHR
Health Physics
Australian Medical Journal
Cancer
Journal of Preventive Medicine
Chest
Journal of National Cancer Institute
Journal of Royal Statistical Society
Science
American Journal of Epidemiology
Journal of Chronic Diseases
Journal of Occupational Medicine
Archives of Environmental Health
British J. of Preventive and Social Medicine
Annals New York Academy of Sciences
Journal of Epidemiological Community Health
American Journal of Cardiology
Reports of World Health Organisation
U.S. Congressional Records over the past few years contain sworn testimony of numerous reputable scientists who have queried the smoking scare.

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Chapter 1 THE NEW RELIGION

The world has become supersaturated by a campaign which for its sheer magnitude far surpasses any other in history. There have been great war propaganda and religious campaigns but these fade into insignificance alongside the all-pervading and inescapable anti-smoking campaign. Yet its falsity surpasses its magnitude. It is the new faith of the twentieth century, a government-founded religion, founded for reasons which this book will show are really startling.

The anti-smoking religion has become stronger than that founded by Peter and Paul, and like other religions there is no proof, only faith. Garbed in the robes of pseudo-science it rivals the most puritanical movements in history and strives to gain its ends with a complete disregard of truth and scruples. 'The end justifies the means.' As in the old religions, fear is the key. But instead of Purgatory and Hell's fires we have smokephobia and cancerphobia.

People have been smoking since before the dawn of history without apparent harm. Now suddenly a government-sponsored creed backed by millions and millions of dollars is brainwashing the public into believing that smoking causes lung cancer and other ailments. It just doesn't sound logical and there's not a shred of worthwhile evidence for it. When I first read of the theory the fact that it was supported by the cream of the medical profession made me think there might be something in it. Still I wondered how this harmless age-old custom could suddenly become dangerous. One thing that made me doubt it was that of all my relatives and friends who got lung cancer not one was a smoker. People have been telling me the same thing every day and more and more people are saying it now. Not one of my smoking patients in forty years has to my knowledge got lung cancer, although some non-smokers did.

Then I was struck by the fact that it was only since the advent of the atomic bomb and the enormous proliferation of carcinogenic industrial products that lung cancer has become so prevalent.

When a number of eminent scientists denounced the anti-smoking campaign for deceit and trickery I began to suspect that behind it all was the dead hand of puritanism. I found that it is largely being run by puritan doctors who are well-known members of far right fundamentalist sects of America's 'moral majority', which has such a powerful influence on the present U.S. administration. The 'moral majority' is against science and has as its goals acceptance of 'creationism' (the biblical account of the creation of the world), prohibition of alcohol, and, of course, smoking. The fact that the world's leading anti-smoker is a prominent member of the 'moral majority' might give thinking people some food for thought. Whose side do they want to be on in this struggle of fundamentalism versus science?

If the theory had any merit why should it be necessary to stoop to the really outrageous deceit for which the campaign has become so notorious? — as I shall detail later. It is the Big Lie of the twentieth century and I feel I can easily show this to the intelligent and unbiased reader.

I was also struck by the fact that the campaign was being conducted by a small handful of doctors all of whom were on the payroll, directly or indirectly, of 'Government Medicine'.

The only case the campaigners have is based on statistics — now proven faulty — that more smokers die of lung cancer. But the great gaping hole in their case is that no-one knows just how many people die of lung cancer. The only way of really knowing is by autopsy. Otherwise it is only a guess. And, as many scientists have pointed out, comparatively few autopsies are carried out. Recent research shows that non-smokers actually get as much, if not more, lung cancer than smokers.

In most cases the diagnosed cause of death rests on the opinion of a doctor who is likely to have been brainwashed into thinking that it must be lung cancer if there is the slightest suspicion that the patient has ever smoked.

The campaign rests on such 'statistics' as these, and fairy tales about lung cancer in smoking dogs. I shall show that the 'statistics' are worthless, and the smoking dogs stories are the shaggiest shaggy dog stories of all.

The dogs fallacy has been so generally swallowed by the public that I'll dispose of it right away. At a U.S. congressional hearing in 1982 Dr. A. Furst, director emeritus, Institute of Chemical Biology, University of San Francisco, gave sworn testimony that he had tried for many years to induce lung cancer in animals with cigarette smoke but without success. He also testified that every other investigator who had attempted this had also failed. This was confirmed by the testimony of scientists Schrauzer, Macdonald, Hockey, Buhle and Hackett, showing quite clearly that no animal has ever got lung cancer from inhaling cigarette smoke.

For every claim, of the anti-smokers there is a complete and convincing answer by scientists, but because the campaigners control most of the media we don't hear of them.

Since numerous scientists of the highest standing have condemned or questioned their claims is it honest or scientific of the campaigners to blithely repeat these claims omitting all reference to them?

I haven't spoken out before because I feel that stupidity is the norm. People will really believe anything. The bigger the lie the more readily it is swallowed. After a lifetime puzzling why people believe the nonsense they do I have come to the conclusion that, such is the perversity of human nature, people really enjoy being deceived.

However now that the anti-smoking campaign is interfering with the rights and freedom of the individual I think it high time to take a stand and expose this quackery for the hoax that it is.

It is certain that the self-appointed 'experts' will resent a humble general practitioner's questioning what has become holy writ. No doubt they will charge that the tobacco industry paid me to write the book. What a joke! If they only knew! I suggested to some tobacco people that they might actively expose the anti-smoking hoax by inserting leaflets in each cigarette pack and also pointed out that they could quite safely offer a standing reward of a million dollars for proof that smoking is harmful. From their replies I gathered that they felt this would antagonise the government. I then decided to go it alone and write the book, because I hate stupidity and, knowing the wonderful effect that smoking has had on my own health, I want people to know how harmless and beneficial it really is. I want to make the world safe for smokers, free from fear and tyrannical restrictions.

One of the most amazing things, more amazing than the acceptance of this preposterous theory, is the spineless acceptance by smokers of the bans now being imposed on them. Another is the amazing persistence of the campaigners in the very teeth of repeated exposure of the falsity of their claims. An example of this is the way they stubbornly continue to claim that smoke from a smoker can harm non-smokers near him. Their refusal to abandon this in the face of findings of a multitude of famous scientists that it is nonsense is quite understandable. For it is on this claim that they depend for the support of non-smokers — by making them afraid of people who smoke. Without it they would lose most of their supporters. So they persist in it.

Lest it be thought that I am expressing some crack-pot ideas of my own I would like to stress that I am really acting as a reporter of findings of responsible scientists which the anti-smoking establishment has been able to hush up.

The recent findings showing that most cancers are caused by the work place and the environment, coupled with the total failure to produce proof of smoking harm, have led some scientists to say that smoking can no longer be regarded as even a suspect.

If the crusaders had deliberately set out to show how harmless smoking really is they couldn't have done a better job. Decades of frantic and astronomically expensive laboratory experiments have completely failed to produce proof that smoking is harmful.

To show the public how they have been misled I placed the following advertisement in the Sydney Daily Telegraph of May 16th 1979:

\$10,000 REWARD

I will pay \$10,000 to anybody who can prove in accordance with the requirements of science that smoking has caused one case of lung cancer, heart disease or other bodily harm.

The offer, which was well publicised, remained open for more than an adequate time with ample notice of the closing date. But far from being knocked down in the rush of doctors eager to claim the reward, I had not one single taker. Despite all the years of dishonest propaganda that there was proof, the fact is there is no proof at all. Nothing could be more obvious.

In spite of their pious pretences, the very last thing the campaigners want is to be involved in the question of proof. They want their credo accepted without it. One of their favourite tricks is to try to throw the onus on anyone challenging them to prove that smoking is not harmful. But since they are the ones advancing the theory, the burden of proof must, of course, rest with them.

You might wonder why there is this enormously expensive campaign on what is, compared with other diseases, not the major aspect of people's health. People who are in a position to know tell us that the campaign was deliberately promoted to take the public's attention off radioactivity, which, in spite of strong attempts to hush it up, has been shown by many leading scientists to be the major cause of lung cancer.

The policy of the campaigners is to make the most fantastic claims accompanied by glaring headlines, knowing, though they will be inevitably debunked by independent scientists, for example 'smoking dogs' and wives of smokers getting lung cancer, a lot of people will only remember the headlines.

The thing that surprised me most in examining the anti-smoking case was how easily it can be demolished. Most arguments have at least some degree of merit that requires serious consideration but this case rests on nothing, just parrot cries of 'lung cancer — smoking is the cause', and a lot of clumsy lies aimed at inducing mass fear. That such a case calls for rebuttal is a sad reflection on human intelligence.

NOTE BY THE AUTHOR

As I have retired from active practice the opinions in this book are not offered in a professional capacity. If I had the slightest doubt I would not have advised those nearest and dearest to me to smoke. But I am not advising the public at large to smoke. The main purpose of the book is to expose the complete lack of basis for the claims that smoking is harmful. In view of the threat to health claimed by the anti-smoking campaigners, a person should not make a decision on such an important matter before carefully weighing both sides of the argument.

Chapter 2 THE LUNG CANCER HOAX

The anti-smoking case has been soundly rejected by numerous leading scientists. Apart from those mentioned in this book there are not dozens but hundreds who are on record as condemning or seriously questioning the theory. And yet the campaigners persist in the great lie that it is universally accepted.

Professor M.B. Rosenblatt, New York Medical College, said, "It is fanciful extrapolation — not factual data." He also said, "The unscientific way in which the study was made bothers us most. The committee agreed first that smoking causes lung cancer and then they set out to prove it statistically." (U.S. Congressional Record.)

W.C. Hueper, former head of the National Cancer Institute of Switzerland, said, "Scientifically unsound and socially irresponsible."

Professor Sir Ronald Fisher, late of Cambridge University, "The theory will eventually be regarded as a catastrophic and conspicuous howler."

Dr. R.H. Mole, British Research Council: "Evidence in uranium miners permits the exclusion of smoking as a major causal agent."

Professor Sheldon Sommers, New York Academy of Medicine and Science, said recently, "The belief that smoking is the cause of lung cancer is no longer widely held by scientists" and also, "Smoking is no longer seen as a cause of heart disease except by a few zealots."

Dr. Ronald Okun, director of Clinical Pathology, Los Angeles, said, "As a scientist I find no persuasive evidence that cigarette smoking causes lung cancer."

Professor Charles H. Hine, University of California: "After years of intensive research no compound in cigarette smoking has been established as a health hazard."

Dr. B. Dijkstra, University of Pretoria: "The natural experiment (referring to a rise in lung cancer when people were unable to smoke) shows conclusively that the hypothesis must be abandoned."

Professors Kothari and Mehta, Bombay Medical College, say in their book 'Cancer — Myths and Realities of Cause and Cure' that it is impossible for smoking to cause lung cancer.

Dr. K.M.D. Herrold, former medical director of the U.S. Public Health Service, told a congressional committee that the claim that smoking causes lung cancer "must remain only a theory."

Professor P. Burch of Leeds University has been a thorn in the side of the campaigners. In his book, *The Biology of Cancer — A New Approach*, he wrote, "Those epidemiological studies that purport to show a casual connection between cigarette smoking and various cancers, but particularly lung cancer, fail when critically examined to

establish a causal claim." Discussing the findings of Professor Friberg he further said, "The same source of information indicates that smoking does not play a major causal role — according to present statistics it appears to have no role — in lung cancer."

He also said, "The bulk of the enormous increase in death rates (from lung cancer) has been due to factors unconnected with tobacco."

And further, "Unfortunately, it seems that excessive zeal leads only too often to methodological shortcuts, spurious arguments and premature conclusions and the sacrifice of truth."

In the *'Lancet'*, July 14th 1973, he wrote, "There can be no suggestion that cigarette smoking has contributed appreciably to the increase in death rates from lung cancer."

In the *'Lancet'*, April 5th 1975, he said, "My point to point refutation of Doll's arguments in favour of the causal hypothesis has not been answered by him."

In a letter to Congressman Bliley he wrote, "I question the statements made in Sec. 2 of the Bill (proposals for stronger anti-smoking measures) about the effects of cigarette smoking on overall mortality, lung cancer and heart disease. I am unable to find any scientific justification for the assertion in the bill that cigarette smoking causes in the U.S. over 300,000 unnecessary deaths annually." (U.S. Congressional Record.)

Professor H. Schievelbein of the German Heart Centre and consultant to the World Health Organization wrote in *'Preventive Medicine'* (May 1979), "Tobacco smoke exposure in animals has never produced an arteriosclerotic condition similar to the human disease." Although he is strongly against smoking he insists on a strict scientific attitude. Referring to the conference on smoking and health in Stockholm in 1979, he said, "The problem of smoking and health should not be left to fanatics, renegades and politicians." He said some statements made at the conference would make your hair stand on end.

The eminent Professor Hans Eysenck says, "There are too many inconsistencies, downright errors and unsupported conclusions to make it possible to accept the suggestion as proven that cigarette smoking in a meaningful way causes lung cancer or cardiovascular disease."

Professor Epstein, University of Illinois, a long-time anti-smoker, now admits, "Modern scientists agree that most cancers are caused by the environment. To escape liability, industrialists have been placing the blame on smoking, but the increase in lung cancer cannot be blamed on smoking. The rate of lung cancers in non-smokers has doubled."

The campaigners loudly claim that nobody disagrees with them.

In their famous report Doctors Doll and Hill did not say that smoking caused lung cancer, merely that there was a "correlation", that is,

a statistical relationship. Completely ignoring the fact that the world's leading statisticians had condemned these statistics, the anti-smoking 'committee' changed 'correlation' to 'causation' to make it more fear-inspiring. They had no medical or scientific grounds whatsoever for this.



"We have no proof but it's incontrovertible. If anyone disagrees — off with his head."
(With the apologies to Alice in Wonderland)

EXAGGERATION

From the way the campaigners talk one would think that just about every smoker gets lung cancer. But even the Royal College of Physicians in its reports says, "Only a minority of even the heaviest smokers get lung cancer," and "Most smokers suffer no impairment of health or shortening of life."

Your chance of getting lung cancer appears to be much less than being hit by an automobile.

We should realise, too, that most people who get it are elderly.

Professor M. Becklake, Professor of Epidemiology at McGill University, asks, "Why do 99 per cent of smokers never get lung cancer?"

Whether you smoke or whether you don't, your chances of getting it seem to be just the same.

If a smoker gets lung cancer he would have got it even if he hadn't smoked.

One thing that damns the anti-smoking case is the total failure to produce lung cancer in laboratory animals. One would think that if tobacco contains anything that causes cancer, inhalation of cigarette smoke would produce it in animals that have been subjected to it for years. As I shall show later not one animal has ever got authentic cancer in this way, despite a notorious claim that was rejected by scientists and was refused publication in America's two leading medical publications on the grounds that 'it did not measure up to acceptable scientific standards.'

Some people have pointed out that this total failure to produce lung cancer in this way could be taken as a proof of smoking's harmlessness.

A 1985 report from the Microbiological Laboratory at Bethesda states that in a nine year study, over 10,000 mice, of a special breed that is particularly susceptible to lung cancer, were made to inhale cigarette smoke. Not one of the mice developed squamous cell lung cancer, which is the type that occurs in humans and is blamed, wrongly it is clear, on smoking. Some mice developed other types of cancer but the incidence was the same as in the control mice that did not inhale smoke.

To cap all this, even the U.S. Surgeon-General in his latest report admits that inhalation experiments using tobacco smoke have generally failed to produce lung cancer in animals. Enough said!

THE WHIPPING BOY OF MEDICINE

Some people don't realise that anti-smoking campaigns are not a new thing. They have reared their heads periodically over the past centuries. A hundred years ago, long before the lung cancer scare, the pages of medical journals were filled with letters against smoking. It is not a new thing for smoking to be the whipping boy of medicine.

When cigarettes first became popular in America the puritans claimed they caused tuberculosis, influenza, insanity, sexual perversion, nightmares and slaving. Lung cancer was virtually unknown then, or needless to say it would have been included. The New York Times editorialised that if people smoked cigarettes the United States would suffer a decline like that of cigarette-smoking Spain.

What is their case this time? It is based solely on statistics and we

know how misleading they can be. One might ask why they didn't collect statistics for other possible carcinogenic (cancer causing) agents instead of just singling out the old favourite suspect.

THE WORST POSSIBLE CASE

Just supposing what the anti-smokers say had some truth in it, the worst possible case, according to the Royal College of Physicians, that could be made is:

1. Only a minority of even the heaviest smokers get lung cancer.
2. Most smokers suffer no impairment of health or shortening of life.

This is far from the dreadful case the scaremongers make out, especially when we remember that the majority of cases are people over 60, when the chances of getting cancer are greatly increased. But this is just supposing, for, as I shall show, they haven't a case at all.

THE 1982 CONGRESSIONAL INQUIRY

The lack of a case against smoking was demonstrated by Professor Sheldon Sommers, who told a U.S. Congressional Inquiry that, "Lung cancer remains a medical mystery and cannot be directly linked biologically to cigarette smoking. The biomedical experimentation does not support the smoking cause hypothesis."

He was supported by other well-known scientists including Victor Buhler, past president of the College of American Pathologists; Jack Matthews Farris, professor emeritus, University of California, San Diego; Eleanor J. Macdonald, for forty years a cancer epidemiologist; and Lawrence L. Kupper, a bio-statistician specialising in epidemiology and environmental health, University of North Carolina; who all told the congressmen they did not accept the smoking causation theory in lung cancer.

Emeritus Professor H. Russell Fisher, University of Southern California, told the congressmen that, "We just don't know the cause of lung cancer despite a mountainous accumulation of research." He drew their attention to a study published in the Journal of the National Cancer Institute of April 1979 which challenged the dogma that smoking is the major cause of lung cancer. It was reported that in white females who had never smoked the increase in lung cancer in the past 40 years was the same as for those who smoked cigarettes. This negates definitely the claim that the increase in lung cancer has been due to smoking.

Something that has been kept very quiet is that the Japanese government's tobacco department has officially stated that smoking does not cause lung cancer (*Asahi Evening News*, Tokyo, July 9th 1980).

We should understand that at the time the smoking - lung cancer theory was conceived it was simply not realised that the carcinogens of

the work place and of the environment were causing so many cancers. It was rather like primitive man blaming the supernatural for lightning before electricity was known.

Since the medical world, in spite of the many wonderful advances, is still in a state of darkness regarding cancer and its causes, it is really presumptuous of anyone to claim that some one thing is the cause. There are so many likely agents, notably radioactivity, a proven cause of lung cancer, and industrial pollutants, many of whose constituents are also carcinogens. There are so many agents, but, no, the puritans say it is tobacco, something that has been used for thousands of years without any apparent harm.

Professor Burch is of the opinion that lung cancer is due to spontaneous mutations in the tissue cells and not smoking (*Journal of the Royal Statistical Society A*. 1978).

Why can't the medical know-it-alls be a little modest and honest and admit that they are completely in the dark about cancer?

No doubt these will be a break-through eventually and someone will discover the mechanisms of its cause, and its cure will be made simple. Until that time all we can do is guess. And this is what the smoking hypothesis is, a guess — and many scientists say, a bad guess.

REQUIREMENTS OF PROOF

For a theory to be accepted scientifically it has to be proven in accordance with rigorous requirements, universally agreed by scientists. Firstly the suspected agent must be isolated and then, when used in laboratory experiments, the identical disease it is alleged to cause must be reproduced. This the anti-smokers have completely failed to do, even though countless experiments have been carried out for many years. In spite of this failure these people have no hesitation in saying that their theory has been 'proved'. Real scientists must have a hearty chuckle when doctors speak of medical 'science'.

LYNCH LAW

Many people don't realise the important distinction between evidence and proof. They often accept a case not realising that evidence in itself is not proof. This is lynch law. If evidence alone were proof there would be no need for a jury in a court of law to decide if a case was proven or not. This lack of clear thinking is so common that a few words on the matter might be worth while.

Let us look at a court case. The prosecutor calls A to swear that he saw X with a gun in his hand. This is evidence but it is not necessarily proof of X's guilt. The defence lawyer calls B to swear that X did not have a gun in his hand. Here again this is evidence, but not proof of X's innocence. It is for the jury to weigh all the evidence, for and against, to determine proof.

In the field of science, Professor Y presents evidence of experiments showing a certain result. Professor Z presents evidence of doing the same experiment and getting a quite different result. Whose evidence is proof? Incidentally this is not an at all uncommon happening.

Some years ago a doctor wrote in a leading journal, "We all know that smoking is the cause of lung cancer. We can't wait for scientific proof. We must act against smoking now. We'll get the proof later." It has been a long wait for scientific proof. We are still waiting.

Many doctors say it is not possible to adopt normal standards of proof as regards smoking and that their case should be accepted without proof. They ignore that we can very easily prove that radioactivity and certain industrial pollutants are cancer causers in accordance with scientific requirements. Why the alibi as regards smoking? If they hold that we should accept without proof we are getting back to the days when doctors said that cholera was caused by low-lying areas, before it was found that it was caused by an organism.

Chapter 3 CANCER IN THE WORK PLACE

Professor Sterling asks, "Does smoking kill workers or does working kill smokers?"

This is a very good question. Developments in the past few months show how pertinent it is.

A book entitled *The Politics of Cancer* by Professor Samuel Epstein, Professor of Occupational and Environmental Medicine at the University of Illinois, throws new light on the role of the work place, and also how little, if any, smoking is involved. Professor Epstein cannot be accused of being a pro-smoking partisan since he is against smoking. He points out that there is a consensus among a wide range of experts that 60 to 90 per cent of cancers are environmental in origin. He further states that the increase in lung cancer cannot be accounted for by smoking. This is really a momentous statement that must cause the anti-smokers to quake in their boots.

To escape liability, he says, industrialists have been blaming smoking (and what monumental help they have had from the medical profession). He says that one of the reasons why it has taken the government and the community so long to realise the role of industrial chemicals has been the deliberate destruction, distortion and suppression of information by the major corporations involved.

He makes the point that the major epidemiological studies on smoking failed to take into account the occupational history.

LUNG CANCER INCREASE IN NON-SMOKERS

Epstein further states that we are now recognising that the incidence of lung cancers in non-smokers has doubled over the past couple of decades and that there is also a growing recognition that the role of tobacco has been vastly over-rated.

A report (September 1978) by Joseph Califano, Secretary for Health, admits that almost half the cancers in the U.S. are an expression of past exposure to chemical carcinogens in the work place. (many authorities attack his figures as being far too low), chiefly asbestos, arsenic, benzene, chromium, nickel and petroleum fractions. But the report fails to take into account cancer mortality due to spill-over of these carcinogens into the surrounding community. This increase has chiefly been in areas which happen to be the locations of petro-chemical, ship-building, paper, chemical and non-ferrous industries. The air in the communities surrounding these plants has been found to have the same carcinogens as in the plants themselves. This is a reflection of the deliberate discharge through the smoke stack, or leakage, or spilling causing what Epstein calls 'community cancer'. He

noted that highly industrialised New Jersey had a 64 per cent higher lung cancer rate than Wyoming.

GRIM PREDICTION

In the latter half of the 20th century we have created a vast number of new chemicals called petro-chemicals, developed for pesticides and industrial chemicals. In 1940 the U.S. was producing one billion pounds a year. By 1975 this had increased to 300 billion pounds. Epstein says in view of these carcinogens, that in two or three decades, instead of talking about a 1 in 5 incidence of cancer, we'll be talking about 1 in 3, if not 1 in 2.

WHERE DOES THE MONEY GO?

The United States spends one billion dollars a year on the National Cancer Institute, but Epstein says that only a small percentage of this actually goes to prevention of cancer. (How much to the anti-smoking campaign?) Government efforts to regulate chemical carcinogens have been hampered by legislative pressures and by special committees which have attempted to limit the regulatory agencies to perform their function. Industry with its vast resources, its powerful ability to manipulate informative process, with its hundreds of lobbyists, its ability to manipulate and influence congressional decision making, its ability to manipulate and influence regulatory agencies, its control of the media, leaves the population exposed to these great dangers.

GIANT COVER UP

Industry has developed a unique control of the total information process. We're faced, says Epstein, with the extraordinary paradox that regulatory agencies regulate industries on the basis of information generated in secrecy and interpreted, usually in secrecy, by that same industry which is going to be regulated by the agency.

In his book he gives chapter and verse, naming the corporations, of a wide range of examples to indicate how certain industries have developed strategies which will mislead the public and Congress and the regulatory agencies, and how industry will distort, manipulate and 'accidentally' destroy information not consistent with their own interests.

It is important to note that Epstein claims that all this cancer is preventable.

He describes this manipulation of data as the equivalent of homicide. He says that the full force of criminal law should be directed towards professionals directly or indirectly associated with acts which whether by omission or commission, result in human disease and death.

One can see why it is important for these industries to try to pin the blame for lung cancer on to smoking. One does not really have to guess where the extreme anti-smoking movements get the very substantial funds to run their scare campaigns.

WORKERS DIDDLED

A so-called expert opinion often quoted provides *exact* values of the number of respiratory diseases alleged to be caused by smoking. In 1972 a report to Congress charged that for lung cancer 95 per cent was attributable to smoking. Nevertheless no scientific basis was given to justify these calculations. They are a far cry from modern opinion that most lung cancers are caused by environmental factors and not smoking. However, workers' compensation tribunals appear to be still guided by this out-dated 'expert' opinion, and a worker who smoked (or was thought to have smoked) may not get any compensation at all. How many thousands of workers have been done out of compensation by this discredited hokum?

Professor Sterling points out that even though a dozen recent investigations of lung cancer epidemics among workers have admitted that smoking is not a major cause (in some investigations, not even a 'contributing' cause) a worker's past smoking habits still play a leading role in decreasing his compensation. His widow and dependents often get nothing. It seems that the unions are falling down on their job in failing to prevent this injustice, by failing to show that smoking is used to divert attention away from the effects of exposure to toxic substances in the work place or environment.

Commenting on this bias, the Australian scientist, Dr. J. R. Johnston, writes in the *Australian* (August 5th 1981), "Death from lung cancer is now accepted as evidence that the person was a smoker." He quotes the case of Joe Louis, the boxer, who was posthumously declared to have been a secret smoker.

A recent U.S. government study (1978) by the National Institute of Environmental Health Services estimates that the following number of workers will be subjected to lung carcinogens.

asbestos	1.6 million workers
arsenic	1.5 million
cadmium	1.4 million
chromium	1.5 million
nickel	1.4 million
vinyl chloride (P.V.C.)	2.2 million
petroleum fractions	3.9 million

David P. Rall, Director of the Institute, says, "I don't think that these estimates can be effectively challenged."

U.S. figures show that deaths from lung cancer for workers at coke ovens are nine times higher than for the general public.

In the face of all this damning evidence the tobacco haters still call smoking public health enemy number one. It's really like *Alice In Wonderland*.

Could any reasonable person any longer think that smoking plays any significant role in lung cancer?

ASBESTOS SHOULD IT BE USED AT ALL?

Perhaps the substance that rivals radioactivity in its deadliness is asbestos.

The U.S. government's new cancer study (National Institute of Environmental and Occupational Health 1978) states that asbestos is the leading occupational carcinogen. It estimates that 17 per cent of the yearly 20 per cent of lung cancer cases are due to asbestos.

This substance is so lethal that just one particle inhaled and lodged in the lung tissues will most likely cause a lung cancer in about 20 years.

But it is not only workers who are at risk. Asbestos is now widely used in buildings, both externally and internally. In fact it is used just about everywhere, including schools. It tends to fall off in almost invisible flakes on to the public so that just about everybody is exposed to it.

It is so deadly that Professor Epstein urges that it be completely banned. It should not be used at all, he says.

Califano announced that of the five million American workers in shipyards who were exposed to asbestos during the last war, half are expected to get cancer from it. He further released information that 50,000 deaths a year are expected from it.

Asbestos has been recognised as deadly for many years, but industry has succeeded in hushing this up. As far back as 1918 insurance companies recognised the danger and were refusing to sell policies to asbestos workers.

'SYNERGISM' COMICAL CAPERS

If evidence were lacking of the medical profession's retreat from the smoking controversy, the absurd new theory of 'synergism' should be sufficient to show it.

They admit now that most lung cancers are caused by such things as radioactivity, asbestos and other industrial carcinogens (how can they deny it?) but they are trying to claim that although people get lung cancers from these, they wouldn't unless they smoked; that is, that

smoking plays a 'synergistic' or helping role. Once again there is not a scrap of valid evidence for this weird theory. It sounds like a last desperate throw by the panic-stricken anti-smokers to bolster up their doomed theory.

If a person gets a particle of asbestos in his lung tissue he will most likely get a lung cancer. How in the name of sweet reason can it matter if he smokes or not? He will get the lung cancer just the same.

Blair and Thompson found that dogs made to inhale almost infinitesimal amounts of plutonium got lung cancer in 100 per cent of cases. Since the dogs did not smoke it cannot be suggested that there was any 'synergism' here. (*Science* 1973.18)

Wagoner reported that there was a 300 per cent lung cancer increase in American Indian uranium miners and these people rarely smoke. How could there be 'synergism' here? (*Proceedings 11th International Cancer Conference*).

The Amish people, because of their religious beliefs are strictly non-smokers. Wagoner found an excess of lung cancer among Amish people who worked with asbestos. 'Synergism'? (*Congressional Record* 1973).

Wagoner also carried out a study of women asbestos workers. Of the women who got lung cancer more than half were non-smokers.

Stell and McGill (*J. Laryngol Otol.* 1975) reported that in cancers of the larynx among asbestos workers there was no difference in smoking habits.

Newman et al reported in *Occupational Carcinogens* 1976, a high rate of lung cancer among both smokers and non-smokers in copper mines and copper smelters and reported there was no difference in the rates.

Weiss and Boucot (International Conference on lung diseases, Montreal 1975) found in workers in chloro-methyl ether that non-smokers got more lung cancers than smokers.

Lundin et al (National Institute of Occupational Safety and Health 1971) reported that an excess of lung cancers among uranium workers cannot be explained by their smoking habits.

Researchers who studied 667 cases found that increased risk of lung cancer in steel workers cannot be attributed to smoking. (*American Journal of Epidemiology* June 1983.)

Williams, Steger and Goldsmith (*J. Nat. Cancer Institute* 1077) found elevated lung cancer rates in a number of occupations and noted that adjusting the figures for smoking did not change the rates.

In the face of all this, how can any sane person believe in the absurdity of 'synergism'.

THE WINDS OF CHANGE

Since scientists found a doubling in lung cancer figures for non-smokers in the past decade, there has been a marked change in thinking. A couple of years ago a committee of scientists told the U.S. government that most lung cancer was due to the work place and that too much blame had been placed on smoking. Since then the suspicion that smoking is not the culprit has become stronger and now more and more scientists are telling the government that smoking is only a minor cause, if any. And many are saying outright that it has nothing whatsoever to do with lung cancer. An example of this latest scientific thinking is a statement recently by Professor Sheldon Sommers, a distinguished American pathologist and member of the New York Academy of Medicine and Science, that "The belief that smoking is the cause of lung cancer is no longer widely held by scientists." Professors Kothari and Mehta of the Bombay Medical College have written a book in which they show that not only does smoking not cause lung cancer, but that it is quite impossible for it to do so.

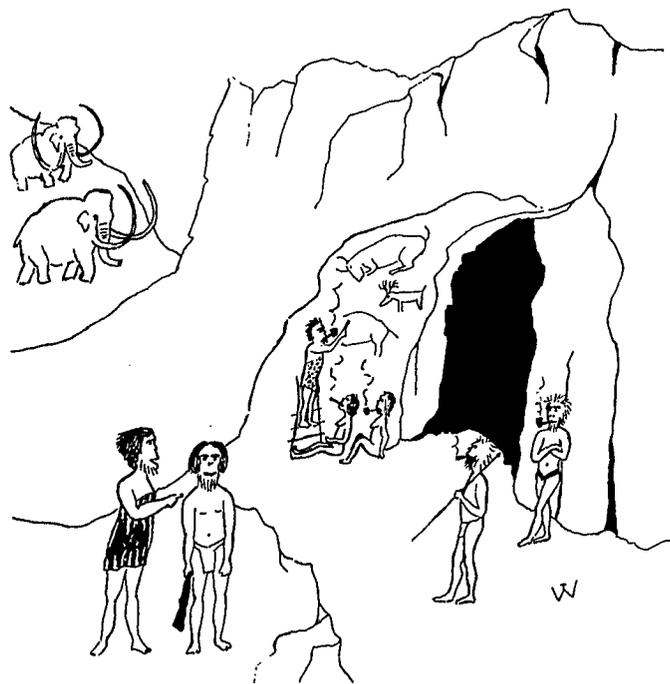
The reader might wonder why certain organisations, which might be expected to do so, are rather soft on drawing attention to those industries with these proven and wide-spread carcinogens which cause so much cancer. But perhaps he might not wonder if he realised that these organisations receive much of their contributions from these industrial corporations. Apart from that they don't want to lose face by admitting that they have been spouting arrant nonsense for years.

Chapter 4 GIFT OF THE GODS

Why do people smoke? The answer is, "Because they enjoy it." This could be the secret of the opposition to it because many peculiar people are against people enjoying anything.

People would hardly smoke if they didn't enjoy it or feel that it did them good. From time immemorial they have been enjoying tobacco. In the Americas, of course, tobacco was smoked for countless ages. In the Western world, before tobacco was introduced, mankind had been smoking herbs of various kinds long before the dawn of history. Poets have sung tobacco's praises. Brilliant men have been aided by it to give the world great literature and scientific discoveries. Some famous men who smoked were Einstein, Freud, Thackeray, Darwin, Robert Louis Stevenson, Zola, Churchill, Roosevelt, King Edward VII, King Edward VIII (later Duke of Windsor) — and it is worth noting that they all lived to a good old age.

Thackeray wrote "I vow and declare that the cigar has been one of the greatest creature comforts of my life — a kind companion, a gentle stimulant and an amiable anodyne, a cementer of friendship". He



1 MILLION B.C.

"Now that they are smoking the human race won't last much longer"

also wrote, "How wonderful is the pipe in that it draws out the thoughts of philosophy, but it stops the mouths of fools."

Bishop Moorhouse of Manchester said, "I smoke, and I am a better Christian for doing it".

Charles Kingsley wrote in 'Westward Ho', "Tobacco! A lone man's companion, a bachelor's friend, a hungry man's food, a sad man's cordial, a wakeful man's sleep, and a chilly man's fire . . . there's no herb like it under the canopy of heaven".

Dr. Sherwin J. Feinhandler, psychiatrist at Harvard Medical School, writes, "Smoking is a ritual that welcomes strangers, provides companionship in solitude, fills 'empty' time, marks the significance of certain kinds of occasions and expresses individual identity and personal style".

And Tom Robbins in 'Esquire Magazine': "Smoking cigarettes is as intimate as we can become with fire without immediate excruciation. Every smoker is an embodiment of Prometheus, stealing fire from the gods and bringing it back home. We smoke to capture the power of the sun, to pacify Hell, to identify with the primordial spark, to feed on the marrow of the volcano. When we smoke we are performing a version of the fire dance, a ritual as ancient as lightning."

A very germane reply was given by a woman who was asked why she smoked. She answered "I started to smoke because I liked the company of smokers. They were totally more interesting than non-smokers."

An American Bachelor of Divinity, Dale B. Reed wrote, "Tobacco — the friend of quiet meditation, harmony and peace. It is purely a human indulgence. It excites no passion, lusts nor mania. It is opposed to violence — never has the farmer beaten his wife from the influence of tobacco. It is conducive to tolerance and understanding. The American Indian, generations ago, realised the calming effect of tobacco. This was expressed in the pipe of peace. Tobacco is conducive to forgiveness; it is mild, gentle and indisposed to quarrel. It is a blessed gift to mankind. Man has little joy and pleasure in living beyond his fruitful years; little joy in the period when he can hardly eat, drink or dance; when he is dependent on those of the younger generation. If, however, one should live into this period of life, tobacco may be his main consolation!"

General Pershing, Commander of the U.S. forces in France, cabled to the Secretary of War in Washington, "You ask me what we need to win this war. I answer you, tobacco — as much as bullets. Tobacco is as necessary as food. We need a thousand tons at once." The Secretary of War said, "Tobacco has established its claim to a recognised place in the soldier's life. To men enduring hardship, tobacco fills a need nothing else can satisfy". General Douglas McArthur said, "Money collected for the war effort should be used to purchase cigarettes."

Over the centuries tobacco played an important part in the social life of most countries. People thought nothing could be more pleasant than talking in coffee houses and taverns with their pipes. Smoking meant companionship and conviviality, harmony and peace. It was the great social cementer. How absurd it is now to hear the anti-smokers condemning smoking as anti-social.

Women, too, smoked for hundreds of years. Among the peasants of many countries it was, and still is, common to see the womenfolk with their clay pipes. In seventeenth century England schoolteachers encouraged children to take their pipes and tobacco to school. In many far eastern countries today women smoke cigars. Even the children smoke and everybody thinks it is a good thing. Dr. C.Y. Caldwell wrote in the *British Medical Journal* of February 26th 1977 that the Semai people of Malaysia start smoking at the age of two when they give up breast feeding. It is a sort of weaning. Then they continue to smoke all their lives — and they don't get lung cancer!

People of all ages and countries have found smoking enjoyable and beneficial. Is the wisdom of the ages to be thrown into the trash can at the behest of the anti-smoking militants?

Chapter 5 WHY SMOKING IS BENEFICIAL

Saying that smoking is beneficial will cause some of the anti-smoking leaders to just about have a seizure. Well, that can't be helped, for it is the truth.

In my medical practice patients frequently told me that smoking relieved their coughs. Because this was contrary to what the text books and the lecturers said, I at first thought they just imagined it. But as it continued over the years I began to wonder if there was something in it. My own experience with smoking showed me just how right they were. From childhood I had a history of bronchitis accompanied by marked wheezing. I was warned by doctors not to smoke. In my late thirties I got such frequent disabling attacks, sometimes with pneumonia, that they seriously interfered with my work and made life rather distressing. An old country doctor said to me one day, "I used to be like you. Then someone put me on to the secret — take up the pipe. I did and I've never been better."

I had never smoked because of warnings from chest 'experts' but remembering my patients' claims, I took the old doctor's advice. The change in my health was miraculous. In the years since I took up smoking, my chest troubles have been few. It is many years since I have had an attack of bronchitis. I am sure I would have been dead long ago if I hadn't smoked. When I hear 'experts' talking or I read books decrying smoking in chest conditions I just smile and think how little they know.

This certainly bears out the claim of the North American Indians who told the early explorers they smoked to ease their coughs. But who'd take notice of 'savages', even if they were only telling what they observed. Must their wise practices be scorned because they were not 'civilised' like the European conquerors? Like the Indians I found that when I got a cough, smoking would ease it.

Having personally experienced the great relief that smoking gives to bronchitis, I felt it was my duty to help others. Over the past few years in suitable cases I have been advising bronchitic and asthmatic patients to try smoking. To counter any fear induced by the brain-washing of the anti-smoking campaigners, I advised them to smoke a pipe, pointing out that even the campaigners have virtually acquitted the pipe of causing harm. However, I feel that tobacco is absolutely harmless in whatever form it is smoked. In most cases the results have been strikingly successful and the sufferers have been most grateful. Since some scientists believe chronic bronchitis probably leads to lung cancer, it seems only reasonable that by protecting the lungs in this way, smoking may prevent lung cancer.

Over the past few years I have met quite a few doctors who also

have found how smoking helps their coughs and the coughs of their patients. Some of these had written letters to medical journals about it but, as expected, they were not published.

When I was young, doctors often prescribed smoking for the relief of asthma, but these days this has gone out of fashion. It is interesting to read a report from Dr. F.E. de W. Cayley of the Brighton Chest Clinic, England, in the *British Medical Journal* (January 14th 1978) in which he said, "It has become apparent that type 3 allergy is commoner in non-smokers and it is thought that the effect of smoking may produce a protective lining of mucus so that the allergen does not reach the bronchial mucosa. I have seen two patients this month who developed type 1 allergy as soon as they gave up smoking. Should we therefore encourage our asthmatic patients to smoke? Many chronic bronchitic patients find that the first cigarette of the day clears their lungs and gets rid of all their sputum and they are free for the next few hours."

Criticism of tobacco must be mystifying to the millions of central and south American Indians who regard it as a gift from the gods.

Their forebears smoked probably for thousands of years, enjoying its health-giving virtues, before passing it on to the Western world. It must be equally mystifying to the millions of Indonesia, Burma, the Philippines, and neighbouring countries, men and women, young and old, who are among the world's greatest smokers, and to the long-lived Russian Georgians. Also to the countless people in the Arab world with their hookahs. The Arabs have a saying, "Qadis, old women and smokers live so long, you've got to take an axe to them". Is it because they smoke so much they don't get lung cancer and heart disease?

Recently Dr. O. Pomerleau, of the Veterans' Medical Centre, Connecticut, who is against smoking, reported that scientific tests have shown that smoking helps people to function better and to enjoy life more. For instance, smokers can fine-tune their brains to respond to the challenges and events of daily life; that smokers show increased powers of concentration and creativity; that smoking improves the memory; and that it helps smokers forget headaches and hunger. All this from a man who opposes the practice!

WHICH CAME FIRST

To say that smoking causes bronchitis appears to be the opposite of the truth. The so-called "smoker's cough" is no doubt a misnomer. Is it that smoking causes the cough, or that the patient has a cough which smoking relieves? According to Professor Sir Ronald Fisher, late of Cambridge University, it is the latter, and doctors finding that these people smoke a lot have jumped to the wrong conclusion. Of all the

bronchitics I have known who gave up smoking I don't know of one who still did not have his cough.

I have noticed that smokers don't seem to get high blood pressure nearly as much as non-smokers. Independent research workers have found that nicotine reduces tension on the tiny muscles in the walls of the arteries which cause dilatation and constriction of the vessels. They say that by reducing muscle tension, arteriosclerosis is less likely to occur, thus tending to prevent high blood pressure with the resultant strokes. Nicotine can be converted to Nicotinic Acid. While not the same substance as nicotine, nicotinic acid is commonly prescribed by doctors all over the world for diseases of the circulation. But the very name is abhorrent to some tobacco-hating doctors. Since, because of its undeniable value, it cannot be replaced by any other effective medication, there have been suggestions to change the name so that patients won't think they are being benefited by nicotine.

A recent finding that must disconcert the anti-smokers was made by Cooke *et al* (*Medical Journal of Australia*, January 23rd 1982) who investigated the effects of alcohol on blood pressure in 13,000 men and 7,000 women. They found the greater the alcohol intake the higher the blood pressure, BUT the blood pressure levels of smokers were lower than those of non-smokers.

The campaigners must have been bitterly disappointed by the results of the very extensive "Multiple Risk Factor Intervention Trial" or "M.R.F.I.T." This was conducted by the American National Heart, Lung and Blood Institute over the past seven years at a cost of 113 million dollars in an attempt to show that smoking is harmful. Twelve thousand men were divided into two groups. The "intervention" group had 22 per cent more lung cancer and a total overall mortality of 2.1 per cent worse than the group that was left alone. (*Journal of the American Medical Association* September 24th 1982). With gnashing of teeth lame excuses were made and the few favourable findings were made much of in an effort to salvage something from the wreckage. Although these striking figures for lung cancer were given in the article, page 1470 under neoplasia (cancer), strangely (or is it strange?) they were not referred to nor discussed.

Of course, the report does not label the groups as smokers and non-smokers, but the foremost requirement was that the intervention group stop smoking. About half of them stopped. Even if some of the other group stopped smoking, the results were devastating for the anti-smoking campaigners.

And it is generally accepted that the groups were "smokers and non-smokers". If the results had not been so disappointing we could be sure they would have been officially so classed.

In the American Journal of Epidemiology, Vol. 123, No 2, Pro

fessor Burch points out that the recent major trials showed that smokers got very much less cancer than non-smokers, and asks, "Is smoking prophylactic?" No wonder the campaigners so shamelessly try to keep these findings from the public.

The London *Daily Telegraph* recently ran a headline, "Workers advised by their doctors how to prevent heart disease died in greater numbers than those who stuck to their old ways," commenting on the great UNITED KINGDOM HEART PREVENTION PROJECT (reported in the *Lancet*, May 14th 1983). This was a scientific study of 18,000 men who were divided into two groups. One group was persuaded to quit smoking, to diet and have various checks. The other group was left alone. After 6 years there were 402 deaths in the first group but only 282 in the group that was left alone. There were 193 heart deaths in the first group and 129 in the group that was left alone.

In both these studies smokers did so much better that the antis really cannot deny that smoking is beneficial. Isn't it ridiculous for insurance companies to give discounts to non-smokers. It should be the other way round.

Something that was kept very quiet in the famous Framingham study was the finding that smoking appears to give considerable immunity to cancer of the lower bowel. It was not until 1981 that some doctors, writing in the *Journal of the American Medical Association*, pointed out that the study showed that non-smokers got four times as much of this type of cancer as did smokers. (January 16th 1981.)

DOES SMOKING PREVENT CANCER?

The eminent Professor Schrauzer, University of California, President of the International Association of Bio-inorganic Chemists, testified before a U.S. congressional committee in 1982 that it has long been well known to scientists that certain constituents of tobacco smoke act as anti-carcinogens (anti-cancer agents) in test animals. He said that when known carcinogens (cancer-causing substances) are applied to the animals the application of constituents of cigarette smoke counters them. He testified that "no ingredient of cigarette smoke has been shown to cause human lung cancer" and also that "no one has been able to produce lung cancer in laboratory animals from smoking.

HOW DOES SMOKING PREVENT LUNG CANCER?

Professor Sterling of the Simon Fraser University, Canada, referred in the *Journal of Chronic Diseases* (36.1983) to a number of recent surveys that showed that smokers got less lung cancer — Axelson (*Scand. J. Work Envir. Health* 41.1978), Dahlgren (*Lakartidningen* 76.1979), Weiss (*J. Occup. Med* 18 1976, Weiss (*J. Occup. Med.*22.

1980), Pinto (*Arch. Environ. Health* 33.1978), Kavoussi (Book, 'Inhaled Particles' 1971). He pointed out that smoking promotes the formation of mucus in the lung and reasons that this mucus forms a protective coating preventing cancer-carrying particles from entering the lung tissue. There is an age-old belief among miners in many countries, that smoking prevents lung disease. Is this only a folk myth or does it follow from hundreds of years of observation?

If dogs are made to inhale uranium ore dust they largely get lung cancer. Scientists Cross and associates of the Pacific Northwest Laboratory found that if at the same time they inhaled cigarette smoke they got less lung cancer (*Health Physics*, 42.1982). They suggested the reason smoking had a mitigating effect was that it caused increased mucus that could result in protection of the tissues from radiation and also that the smoke could have a stimulatory effect on muco-ciliary clearance.

If mice are treated with anthracene they largely get lung cancer. Now scientists at the Microbiological Laboratory at Bethesda have found that if they are made to inhale cigarette smoke after being so treated they get a lot less.

Reports keep coming in of the increase of lung cancer in non-smokers. In a recent edition of the journal, *Cancer* (April 1984), two Japanese professors, who still hold that lung cancer is tied to smoking, conceded that there has been a remarkable increase in lung cancer, higher in non-smokers than among smokers. This supports the claim of Professor Epstein that the incidence of lung cancer in non-smokers has doubled.

ULCERATIVE COLITIS

A patient of mine gave up smoking. Within a few days she began to bleed from the bowel and showed the symptoms of a disease known as ulcerative colitis. On my advice she resumed smoking and the bleeding stopped. After a while her husband induced her to stop smoking again and the symptoms returned. She again resumed smoking and the bleeding stopped. She experimented several times over some months, quitting smoking with return of bleeding and smoking again with disappearance of bleeding.

It was apparent that there was something in tobacco that keeps the bowel healthy. This has been borne out by a discussion in the *British Medical Journal* in 1982 following a report from the Freeman Hospital in England that ulcerative colitis is more prevalent in non-smokers.

This has been supported by a report in the *New England Journal of Medicine* (308:1983) by Dr. Hirschel Jick of the Boston University who reports that a study of 70,000 people showed that smokers got

only one third as much ulcerative colitis as non-smokers, and also a report in the *Lancet* by Penny *et al* (December 3rd 1983) that Mormons, who do not smoke because of their religion, have over four times as much as average.

Several additional independent studies have now been carried out with results showing that non-smokers get up to *nine* times as much of this disease as do smokers (*British Medical Journal*, March 10th 1984). It is apparent that people with this distressing and life shortening disease can relieve it by smoking.

Although we are deafened by quite unsupported claims that smoking harms unborn babies, Professor Luis B. Curet, University of Wisconsin, reports that research has shown that smoking protects babies from respiratory distress syndrome which kills more full-term babies than any other cause. Babies of non-smoking mothers had a death rate almost twice that of babies whose mothers smoked. (*American Journal of Obstetrics and Gynaecology*, October 15th 1983).

Nicotine would tend to keep the heart healthy by preventing arteriosclerosis which is well known to be associated with coronary heart disease. There is also another mechanism in which tobacco plays a beneficial part, that is, in relieving nervous stress. In a person under constant stress the excess secretion of epinephrine or adrenalin is tied to cholesterol excess, according to biochemists, and cholesterol is blamed for heart disease. Since this stress is the big killer in heart disease, countless numbers of smokers relieve the stress and so escape coronary attacks.

It is well known that diabetes is less common among smokers as reports have shown. For instance Hirayama, *Journal of the American Medical Association*, May 1st 1972. This is acknowledged by no less than Doll, the father of the smoking scare in the *British Journal of Preventive and Social Medicine* 29.73.

One undeniable benefit of smoking is that it tends to prevent obesity, which is commonly found in people with high blood pressure and heart disease. The old saying is, "The longer the waistline the shorter the life line". How many people have died, and will die, from the effects of obesity after quitting smoking? Compared with the millions who die from over-eating the number of people who die from lung cancer must be infinitesimally small.

All the above indicates that smokers are generally more healthy and tend to live longer. Professor Sterling, the famous statistician, quotes figures supplied by the U.S. government's National Centre for Health Statistics (1967) which show that ex-smokers had more diseases than current heavy smokers. (*Lancet* February 19th 1977).

The famous psychiatrist, Walter Menninger of the Menninger Foundation of Kansas, who is a non-smoker, wrote, "Certain

individuals may live longer because they smoke — because it releases their tensions."

AN ENTRENCHED BELIEF

A popular entrenched belief is that smoking affects athletes "in their wind". Dr. F. Gyntelberg of Denmark disputes this. In 1974 he published findings showing broadly that people smoking up to 10 cigarettes a day can take in even more oxygen during exercise than non-smokers. (Michel Jazy who set a new world record for running a mile was a heavy smoker).

In 1970 a study by the Swedish Medical Research Council proved that smoking counteracts the decrease in efficiency that typically occurs in boring, monotonous situations. Also in 1972 they established that smokers improve their performance in choice situations.

The French National Association for Highway Safety proved that smokers were more vigilant drivers than non-smokers over long periods. This was confirmed in 1967 by University of South Dakota workers who showed that during a six-hour driving test non-smokers became more aggressive than smokers.

Hutchison and Emly of Michigan in 1972 reported experiments proving that nicotine reduces aggressiveness, hostility and irritability of monkeys and human beings; and that nicotine helps rats and monkeys cope with fear and anxiety.

Scientists at King's College Hospital, London, researching Parkinson's Disease (shaking palsy) were surprised to find that non-smokers got it much more than smokers. Apparently there is something in tobacco which prevents this all too common disease of the elderly. This has been confirmed by other scientists (*National Cancer Institute*, monographs 19, 1 and 127).

Professor Norman W. Heimstra, Director of Research and Director of the Human Factors Laboratory at the University of South Dakota, says, "Our research has indicated that in relatively complex psychomotor tasks, where an operator's work load is fairly heavy, not allowing smokers to smoke during sustained operation of these tasks will result in poorer performance when compared to performance of smokers who smoke and to that of non-smokers. The total impact of smoking deprivation in the work place may be considerable." Employers should think about this.

Professor Ulf von Euler (Nobel Prize winner) says, "Nobody would believe that so many people would use tobacco unless it had positive effects." He decries the lack of research into the benefits of smoking.

Dr. Hans Selye, one of the world's foremost authorities on stress, says, "It is frightening that no one mentions the benefits of tobacco."

I have found that smokers are generally happy and contented peo

ple. I feel that they are less likely to commit suicide than non-smokers.

One of the best examples of the benefits of smoking that I can give is also a personal one. Some years ago I decided to become a barrister, just for the interest in studying law. I was struck by the amazing difference that smoking made to study. When I studied medicine, because of warnings from chest specialists, I was a non-smoker. When I studied law I was a smoker. I found it so much easier, in spite of a busy practice, to study, to concentrate, and to remember, that I passed the examinations with high passes in a record time. How I wished that I'd smoked when studying medicine. I'm certain I would have found it so much easier. I regard this as an experiment showing the benefit of tobacco. Numerous investigations by scientists on the effects of smoking confirm this.

The campaigners are worried by the recent extensive increase in smoking by medical students in England, who find that it makes it easier to pass examinations. At Reading University, Professor David Warburton found an association between academic success and smoking. The mean examination mark for smokers was greater than for non-smokers. This follows two recent studies in the United States which produced similar findings.

The New England Journal of Medicine 1985, 313 carries an important report of findings of a reduction of 50 per cent in the risk of endometrial cancer (cancer of the womb) in women who smoke 25 cigarettes a day.

The main virtue of tobacco over other types of relaxants is its harmlessness. Compared with alcohol, even if it were harmful (and I am sure it is not) it would be only a very minor offender. How many have been killed by drivers under the influence of tobacco? How many homes and lives have been wrecked by it? How many have been arrested because they were under the influence of tobacco? How many have been treated in psychiatric wards? Yet there has been no serious call for bans on drinking or T.V. ads for alcohol or for 'health' warnings. So why pick on poor old tobacco? I am not against alcohol although I detest alcoholics.

An American scientist, Stephen Hall of Illinois, has done research among asbestos workers. (The anti-smokers have launched a campaign to get them to quit smoking.) He says that those workers who quit smoking may do more harm to their lungs than good.

Women have often told me that smoking relieves dysmenorrhoea (painful periods). One patient said that when she gave up smoking the pain was so severe she had to resume smoking to get relief. I notice now that a doctor writing in the *Lancet* (December 24th 1983) found that nicotine in chewing gum relieved this condition. I wonder why he didn't tell them to smoke. Other doctors have written that they give nicotine in chewing gum for ulcerative colitis. It seems in their eyes

that nicotine is all right as long as it does not enter the body through smoking.

SMOKE AND LIVE LONGER?

The longevity of people in places like Russian Georgia and Vilcabamba in South America is widely known. It is also known that they smoke to what many people would call excess. Is it because they smoke so much that they live to such great ages? And lung cancer is unknown.

In the industrialised countries the Japanese now have the longest life expectancy. It is significant that Japanese men are among the heaviest cigarette smokers in the world.

There is a strong belief in many countries that smoking acts as an aphrodisiac and also increases sexual power. I am not giving any opinion on this widely held belief. However, it is well known that many folk beliefs have been found to be based on fact. Could this be the reason for the puritans' hatred of smoking? It is remarkable that in those countries where this belief is strongest there is the most opposition to smoking. To the puritans sex is anathema, something that many of them hold should be used solely for procreation, and anything likely to increase sexual activity would naturally be condemned.

The British Safety Council has investigated the effects of a person giving up smoking. According to its findings the stress of quitting smoking is an important cause of accidents and illness. (*Report* October 1980).

Faced with the known benefits of smoking and the nebulous and imaginary dangers, I know what my choice would be.

Since the smoking haters strongly deny that smoking is beneficial, let us briefly sum up a few of its benefits. I have mentioned how it relieves bronchitis and asthma. Cooke's report shows that it keeps blood pressure in check. It relieves the tensions that cause coronary heart attacks. It prevents thrombosis of the blood vessels as I shall show later. Smokers get very much less ulcerative colitis, diabetes, and Parkinson's Disease. Professor Curet shows that babies of smoking mothers die very much less from respiratory distress syndrome. Cancer of the lower bowel is greatly reduced. Professor Schnauzer says smoking can prevent cancer. The M.R.F.I.T. and the U.K. Heart studies show that smokers were very much healthier indeed. Smoking calms the nervous system, giving people a feeling of well-being so that it is no wonder they tend to live longer.

A philosophical patient said to me the other day, "Since I took up smoking I have been so well that I think if everybody smoked they would be so healthy the doctors would go broke. Is this why they are against it?"

Chapter 6 THE GREAT CAMPAIGN

Why did the U.S. government launch the massive campaign against smoking and foster the age-old hatred of tobacco?

Its sudden readiness to hand out astronomical amounts of money has made many people wonder, since governments don't give money away without good reason, and there were plenty of health projects of much higher priority than the claimed health effects of smoking.

Some people familiar with the Washington scene firmly believe that the campaign was deliberately launched to cover up the effects of radioactivity from atomic bomb tests such as occurred in Utah. Whether this is true or not I have no way of knowing but it certainly gives food for thought.

The proponents of this belief say the government was becoming very worried after its own scientists advised that the fall-out from atomic tests in the Pacific and western United States was causing an epidemic of lung cancers. They pointed out that in laboratory tests, dogs made to inhale almost infinitesimal amounts of radioactive substances got lung cancer in 100 per cent of cases since radioactivity has a special affinity for lung cancer. The government was in a spot. They were faced with the likelihood of great civil unrest if people got to know of this and they would also be faced by lawsuits for billions of dollars. On the other hand because of fear of the atomic bombs of Russia and China they couldn't cut down on the atomic weapons programme.

In the midst of this dilemma the government had a great stroke of luck. Doctors Doll and Hill of England published a report that claimed statistics showed that lung cancer cases were more likely to be smokers. Here was the government's big chance. It just couldn't believe its good fortune. It seized on the theory in a big way. No expense was to be spared and millions and millions of dollars were spent on the great campaign. A black curtain was drawn over the harmless and beneficial custom of smoking and the blame for lung cancer laid at its door. The fact that the theory was effectively demolished by eminent scientists was successfully suppressed.

They had to get over the fact that, unlike radioactivity, smoking has never been proved harmful. Thousands and thousands of animals have been made to inhale tobacco smoke but not one has developed lung cancer. False claims and even outright lies were used. Myriads of 'statistics' were churned out in the mills of the anti-smoking 'industry'. That these so-called statistics were roundly condemned by the world's leading statisticians was hushed up and today they continue to be used to scare the public.

Lying by governments has become quite common, as has been

noticed by a Utah court. The American people largely believe the government lies to them. And yet many of them accept the patent lies of the anti-smoking campaign.

Those people who say that alcohol is the greatest preventable killer and cause of human misery often ask why a campaign against alcohol was not given precedence. But that would not have taken the heat off radioactivity. It had to be smoking. At all costs the blame for lung cancer had to be taken away from radioactivity and laid at the door of tobacco.

To say the very least, the smoking lung cancer scare cannot be unwelcome to governments using uranium products and to the great utility companies which have invested billions in atomic plants. But not only these bodies benefit. Manufacturers of the numerous cancer-causing products that pollute the environment everywhere must also have found it very welcome in helping take the blame off them.

People have asked, if smoking is as harmful as made out, why doesn't the government ban it outright like it has banned marijuana? The answer would appear to be that the government wants the tax on tobacco. So long as people believe that smoking is the cause of lung cancer and not radioactivity the government is satisfied.

THE BRAINWASHERS

We have seen how the Chinese in Korea were so successful with their brainwashing. Many prisoners, who were loyal and reasonably intelligent Americans, were indoctrinated with anti-American views. And we have seen more recently how in the so-called Cult of Death in Guiana hundreds of people were brainwashed into mass suicide. The advertising industry knows the almost unbelievable power of incessantly repeated advertising. The campaigners have learned from all this and we have the never-ending campaign with its advertising, its pamphlets and government ordered warnings.

Who would have believed only a few years ago that it would be possible to convert such numbers in almost every walk of life — doctors, judges and politicians, and fill them with such intolerance and poison? Lawyers, who would speedily demolish such a weak case in court, don't seem to realise that the evidence of smoking harm is quite blatantly false.

People are now saying, "Everybody knows that smoking is harmful," just as a few centuries ago they used to say, "Everybody knows that the world is flat" (and it was burning at the stake for those who said otherwise).

Mind bending has become an important activity in the United States. This really happens. From 1949 to 1972 no less than 25 million dollars was spent by the C.I.A. in a secret programme of mind control

experiments. This has been disclosed in archives of the C.I.A. made known through the Freedom of Information Act and by testimony given at a Senate joint committee hearing in 1977. Evidence was given that it was known as Project Bluebird. Anyone who doubts the extent of brainwashing can check these sources. It is interesting that a group of people who were involved in these experiments have now sued the C.I.A. for some millions of dollars.

It is a well-known paradox that the more intelligent people are — such as doctors — the easier they are to brainwash.

A SELF-PROPAGATING CANCER

The crusade has become a hate cult — ‘Hate the smoker!’ It is no longer a war against cancer but a war against the smoker himself. He is now a dirty second-class citizen. People have been puzzled as to why such an obviously baseless theory should survive. They should realise it has become a self-propagating cancer. The more the scare tactics, the more money is provided, and the more the money the more the scare — a vicious circle.

The victims of radioactivity and their children are crying out for justice, but while the smoking-lung cancer theory is accepted it looks like they will cry in vain.

People who get lung cancer have little chance of compensation. If they smoked at any time in their lives, no matter how little, the lung cancer is attributed to smoking. Indeed so rabid has the medical profession become that the attitude now is that a person with lung cancer who denies he has smoked is lying.

The campaign got rolling like wildfire, with the help of that ever ready and willing fifth column, the puritans. It was not confined to America but was extended through the World Health Organisation, a department of that most useless yet dangerous body, the United Nations, and now flourishes all over the world. It provides comfortable jobs for hundreds of doctors and countless laymen. An army of research workers, directly or indirectly on Big Brother’s payroll, is kept busy churning out seemingly endless ‘findings’ to support the campaign. It has become such a gigantic organisation that it is often referred to as the anti-smoking ‘industry’. So the smoking-lung cancer theory, which would most probably have died out like so many other half-baked theories, has been kept alive.

The World Health Organisation (W.H.O.) was strongly under the influence of the U.S. government. Some people regard it as, in effect, an extension of its health department. Staffed by government-type doctors under orders from the top, W.H.O. has been looked upon by free doctors as just another arm of Big Brother, and they give it as little credence as they do government health departments. The anti-

smokers love to quote W.H.O. but independent thinkers treat their reports with suspicion.

People should note that the persistent blasts against smoking are not made by free and independent doctors. Almost without exception they are from salaried doctors of ‘Government Medicine’. We should note too that the Grand Panjandrum of the anti-smoking campaign, the U.S. Surgeon-General, is just another public servant. Many of these salaried doctors, because of their political leanings, hate the ‘capitalistic’ cigarette companies even more than they hate cigarettes.

SCIENTISTS SHOUTED DOWN

Many leading scientists were quick to condemn the theory, for example Rosenblatt and Hueper, but they were shouted down and their voices lost in the mass publicity given to it. The campaigners soon captured the media and the views of the dissenters got little or no mention. Even though many intelligent people had very grave doubts, the incessant brainwashing has been to a great measure successful, and appears to have captured most of the politicians of the world. This was the most important target — to get the support of governments everywhere.

Another important target was medical men. Without their support they could not have achieved much. One might wonder how they won the doctors over, since they are supposed to be highly intelligent people with scientific training. But doctors are no more immune to brainwashing than anyone else. It takes only a few of the so-called leaders of the profession to be won over for the rest to follow like sheep. Doctors like to think themselves scientists, but they seem to have forgotten that it was instilled into them in their basic science years never to accept anything without proof — and of course there is no proof of any kind, scientific or otherwise, for the theory.

An attempt has been made in England to get pregnant women to quit smoking by a scare that 1500 babies die each year because the mothers smoked. Statisticians have expressed horror at this totally unscientific claim. It has been pointed out that late pregnancy is no time to place a woman under the additional stress of giving up smoking. But we have seen that from Professor Curet’s findings the baby of a smoking mother is much more likely to be healthy than the baby of a non-smoking mother.

It has been claimed that young people are being scared so much that they are by-passing cigarettes for marijuana or even stronger drugs. And to the more intelligent young people the warning against smoking is such obvious nonsense that it could have the effect of causing them to believe the warnings against heroin are similar nonsense. It cannot be denied that the increase in drug use has gone hand in hand with the anti-smoking campaign.

People who have been ordered off smoking by their doctors often run great health risks. It sometimes can be tantamount to a sentence of death. A man of 60 who smoked for 40 years stopped on his doctor's orders. He had since put on over 20 pounds in weight, his blood pressure was dangerously high and he was a 'bundle of nerves'. To try to replace the calming effect of tobacco the doctor had prescribed a tranquillising drug. This man was heading for a stroke or a heart seizure. The correct advice was to resume smoking. His risk from obesity and its associated effects was much greater than any possible risk of lung cancer.

The do-gooders, leaving truth by the wayside, give what are merely opinions as categorical statements of fact. With the greatest glibness they use such words as 'incontrovertible' and 'proven', which couldn't be further from the truth. They repeat this unwarranted rubbish, these parrot cries, perhaps in the hope, like children, that by repeating it, it will make it true — 'Wishing will make it true'.

A leading campaigner said recently, "The very consistency of the results of the various trials leaves no doubt that smoking causes lung cancer and heart disease." His statement is utter nonsense. In view of the results of the most recent trials they are anything but consistent.

During the past couple of years the campaigners have declared that the claim of harmfulness of smoking is now finally and irrefutably settled. But there have been no recent findings to base this on — rather the opposite. The only thing that it can be based on is the renewed frenzy of the campaign.

Some of their best friends should tell the politicians how they have been misled. A leading anti-smoking doctor said recently from his Olympian heights, "We must develop some capacity to communicate with politicians at their own intellectual level." Presumably he didn't think their intellectual level was anything like his. But no doubt he thought them useful in the furtherance of the campaign.

Shopkeepers are being pestered into putting up 'No Smoking' signs. This is rather foolish of them, for any smoker with an ounce of principle will not patronise them. For the past couple of years a big store that I patronised for over thirty years has displayed such signs. Needless to say they don't get my business now, nor that of a large number of my smoking friends. Of course sometimes these signs are put up by anti-smokers on the staff unknown to the management. In some cases where this has happened the management has torn them down with apologies.

It is becoming common for taxi drivers to claim they are allergic to smoking and to have such signs as "thank you for not smoking" or just "no smoking" in their cabs. Where will this all end? Will we see "thank you for not having body odour", "thank you for not being drunk" and so on? Smokers should ignore them. In most countries it

is illegal for these notices to be displayed, and moreover the driver is liable to penalties for refusing a fare or making any fuss about smoking. But if smokers weakly give way, before long the law could be changed with the banning of smoking in taxis.

THE ALLERGY HOAX

When I asked a leading allergy specialist about allergy to tobacco smoke, he just about exploded. "Rubbish. Absolute rubbish," he said. "There is no such thing. In all my years I have never seen a case. But it is not even tobacco. It is smoke — after the combustion of tobacco. I certainly don't believe it. I'd say it is all in the mind." This shows how the deceivers have acted on people's minds. What may have been a mere dislike of tobacco smoke has been grossly magnified into an allergy. Or perhaps the taxi driver always hated smoking and now he has a chance to knock it. Some cynics say it is just a way to avoid emptying the ashtrays.

I have since contacted a number of other allergists. They all, without exception, say that tobacco smoke contains no allergens. However, as the campaigners are still trying desperately to bring in allergy, I'll mention the results of investigations done by some scientists. Dr. William B. Sherman, Director of Allergy Roosevelt Hospital, reported in 1968 that he could find no evidence that tobacco smoke contains allergens. Dr. Geoffrey Taylor, University of Manchester, reported in 1974 that his investigations showed there was no specific sensitisation to tobacco smoke. McDougall and Gleich reported in the *Journal of Immunology* (1976) that they were unable to detect any allergic response to tobacco smoke in patients who believed they were allergic to it.

Many plants will cause a skin reaction in sensitive people but this seems to be very unusual with the tobacco plant. In the rare case of a worker getting a skin condition of the hands from handling tobacco, tests for allergy showed she was not allergic to tobacco smoke. (Report by Gleich in the *New England Journal of Medicine* 1980.)

At a recent Congressional Inquiry Professor John Salvaggio of Tulane Medical Centre testified that, "It has not been established that human allergens are present in tobacco smoke" and that "although millions of people claim that they are allergic to it, research to date does not support this belief."

The Swedish allergy specialist G. Bylin studied the claims of tobacco smoke allergy and found them unfounded. (*Lakartidningen* April 16th 1980.)

I have already mentioned that the chest specialist, Dr. Cayley of the Brighton Chest Clinic, England, suggests that smoking prevents allergic attacks rather than causing them.

Even the ayatollah of the anti-smokers, the U.S. Surgeon-General, admits in his latest report to Congress, "The existence of tobacco smoke allergy is unproven." Need one say more?

Yet the campaigners still claim 'allergy'!

THE FIRE BOGY

Lately the crusaders have infiltrated the insurance world.

Not only are they offering such gimmicks as lower premiums for non-smokers, but they have magnified the old bogey of fires due to smoking. They are pressuring business places to ban smoking, now not for health reasons but as a fire hazard.

In America there has been a fierce drive to blame smoking for just about all fires. There is an attempt to place a bill before Congress compelling cigarette manufacturers to make cigarettes "self-extinguishing". This is very laudable but is it just part of the drive to denigrate tobacco in every way possible? Because a drunk causes a fire in bed we must ban cigarettes? Why not call for the banning of firearms because a drunk shoots somebody? Or for the banning of automobiles because of drunken drivers?

Have fire departments in the U.S. been infiltrated as well as the insurance companies? Figures for Melbourne, Australia, give the number of fires caused by smoking as a little over one per cent. To date I have been unable to obtain figures for many cities of the world, but I do have the figures for Hamburg, Germany which are 1.4 per cent. Now figures issued by the San Francisco fire department give 57 per cent.

Do the people of San Francisco smoke 50 times as much as Australians or Germans? Or are they 50 times more careless? I can remember a few years ago being told by a San Francisco fire official that fires due to smoking were relatively rare. Yet now it is claimed they are the main cause! When, so the antis claim, people are smoking less. It just doesn't make sense. We must suspect the dead hand of puritanism behind all this, and ask if the percentage has jumped up since the anti-smoking campaign got on to its fire drive. If we believe these figures we are really getting into Cloud Cuckoo Land.

Nowadays with marijuana smoking so prevalent I think most 'smoking in bed' fires are caused by 'stoned' pot smokers, but of course tobacco gets the blame. It is important to note that San Francisco is the world capital of marijuana smokers.

How do fire officials decide if a fire was due to smoking? In most cases it must be difficult to know. Is it a case of where the cause is uncertain — blame smoking? Has the official's attitude to smoking a big bearing on it?

Just as the fanatics claim that if a person gets lung cancer he must have been a smoker, will we now see them claiming that if a fire occurs it must have been caused by a cigarette?

Chapter 7 THE PASSIVE SMOKING HOAX

The campaigners came to realise that the campaign was failing because not very many smokers were being scared into quitting. They hit on the brilliant idea of making non-smokers scared by making them believe that smoke from smokers was harming them. If they could make them fear and hate smokers they would have massive support. So the great "passive smoking" scare was launched with even greater humbug than the original campaign and has been much more successful.

At a meeting of the Federal Inter-Agency Committee on Smoking and Health the U.S. Surgeon-General said, "Success in reaching the 'smoke free U.S. by the year 2000' goal depends on generating outrage."

REJECTION BY THE WORLD OF SCIENCE

The passive smoking theory has been rejected pretty well unanimously. Rarely has there been such agreement by scientists on anything.

Several scientists of international standing carried out tests which showed the complete lack of foundation for this fiction. Professor H. Shivelbein of the University of Munich, who was a member of W.H.O.'s expert committee on smoking and health (an anti-smoker), carried out a full investigation and said there was no evidence of a threat to health, (*Mun. Med. WSCHR* 121.1979). Professor Aviado of the University of Pennsylvania said, "From the measurement of carbon monoxide levels indoors and nicotine absorbed by smokers, we can conclude that smoking in public places does not constitute a health hazard to non-smokers." Professor Klosterkotter, University of Essen, said it was "definitely impossible" for passive smoking to impair health. Professors Hinds and First of Harvard carried out tests and said (1975) the alleged danger was "out of the question." Some other scientists who have debunked the claim are Professors S. Hyden, F. Epstein, O. Gsell and E. Winter.

Dr. P. Harke (1970) carried out an experiment in which 150 cigarettes were smoked on a machine in a room 25 by 30 by 8 feet. He found no harmful levels.

THE C.O. JOKE

We should realise that carbon monoxide or C.O., the main basis of the scare, is normally found in the air. Any combustion process produces C.O., for example, car exhausts, rubbish fires, incinerators and

gas cooking fires. It is found just about everywhere. Scientists tell us that cigarette smoking is a very, very insignificant source of C.O. compared with other natural and man-made sources. Yet C.O. is the anti-smoking campaigners' big bogey. What a joke!

Dr. Helmut Wakeham wrote in "*Preventive Medicine*" (December 1977) that carbon monoxide in environmental tobacco smoke does not represent a health hazard, since it is infinitesimal. He described an 'extreme' experiment in which 21 persons were crowded into a 12 by 15 foot room with an 8 foot roof, which was sealed. They were exposed for over an hour to the smoke of 80 cigarettes and 2 cigars. Even under these extreme and abnormal conditions the average blood C.O. was only 2.6 percent, substantially below the 4 per cent recommended by W.H.O.

L.S. Jaffe (*Annals of New York Academy of Science* 1970) did research and found that the total contribution of cigarette smoke to atmospheric C.O. was so negligible that he could not give a percentage estimate. Yet the Los Angeles *Times* reported that the residents are submerged each day in 9,000 tons of C.O. from industry.

C.P. Yaglou (1955) carried out an experiment in which 24 cigarettes were smoked per hour in a room 16 by 10 by 9. He reported that the C.O. concentration was much too low to affect non-smokers even when the room was filled with bluish smoke. In normal conditions it would be impossible for smokers to produce so much smoke.

R.E. Eckhardt *et al* (*Archives of Environmental Health* 1972) submitted monkeys for 2 years to two to seven times the maximum safety level of C.O. as laid down by the U.S. Environmental Protection Agency. They found no significant difference from control monkeys.

In an editorial the *British Medical Journal* (August 12th 1978) said, "There is no evidence that C.O. causes arterial diseases in healthy adults."

The German Society for Industrial Medicine found that passive smoking harm had not been established, and concluded that bans in the work place cannot be justified. An international symposium sponsored by the Bavarian Academy of Industrial and Social Medicine concluded similarly.

At a Congressional hearing, Dr. E. Fisher, Professor of Pathology, Pittsburgh University, testified that there is a lack of scientific information incriminating atmospheric tobacco smoke as a health hazard.

Dr. H. Langston, past President American Association for Thoracic Surgery, testified that the evidence does not support a claim of adverse health effects from passive smoking.

It is interesting to know that even the famous Dr. Doll has voiced the view that atmospheric tobacco smoke has not been established as a cause of disease in non-smokers. Coming from the man whose reports started the whole anti-smoking scare, this is worthy of note.

Dr. S. Knoebel, a prominent researcher, reported that it has not been established that atmospheric tobacco smoke adversely affects heart disease.

In answer to the claim made that passive smoking causes lung diseases, scientists Schmeltz, Hoffman and Wynder have concluded that it does not increase the risk for these diseases. This was confirmed by Garfinkel of the American Cancer Society.

Kerrebjin, after a five-year study of children concluded, "Smoking and non-smoking parents have about the same proportion of children with respiratory symptoms. The number of cigarettes smoked has no influence on respiratory symptoms in their children. (*Acta Paed. Scand* 106(4) 1977).

After a study of 376 families with 816 children, Bouhuys, who is an anti-smoker, conceded that parental smoking does not cause respiratory illness in children or other family members. (*U.S. Nat.-In st. Health* June 10th 1977). It seems that the scare story of children being affected in this way is just another cowardly attempt to get sympathy by playing on parental affection. The scare has been shown to be baseless.

The symptoms that some non-smokers say they get are, in the opinion of some scientists, due to anger at the sight of smoking rather than from the smoke itself. Rummel and colleagues did a study on college students. They were first asked about their attitudes to tobacco smoke and then exposed to smoke. It was found that those who disliked smoke had higher heart rates after exposure to it.

The experience of Western Airlines shows how psychological factors play a big part. Ventilation tests showed that the best means of segregating people was to put smokers on one side of the aisle and non-smokers on the other. When they tried this the non-smokers complained. It seems that all a non-smoker needed was to see someone smoking and that was enough to make him think he could smell the smoke. The company had to abandon the system although tests had proved that there was less pollution this way.

Of great significance is a report of the Royal College of Physicians (1977), that "there is no clear evidence of damage to health from usual social exposure to other people's smoke.

At a U.S. Congressional hearing in 1978 eighteen scientists gave evidence that passive smoking cannot cause harm.

I won't weary the reader with the many more names of well-known scientists who have spoken against this monstrous lie. They are really too numerous to enumerate, but they are all on record.

It is of interest to note that the following organisations are also on record as failing to find any valid evidence of harm to non-smokers:

The U.S. Health Service; the U.S. Federal Aviation Administration; the U.S. Inter-state Commerce Commission; and a number of

medical journals including the *Lancet*, the *New England Journal of Medicine*, *Environmental Research* and *Environmental Medicine*.

An interesting report from Germany says that a court, in rejecting a claim to prohibit smoking in certain areas, said, "The predominant opinion in medical science is that it has not been proven that there is a risk to health from passive smoking." (*Nordrhein Westfalen Administrative Court* 1981).

A.S.H. (Action on Smoking and Health) is a very strong anti-smoking organisation. Yet even its expert group admitted in 1973 that "passive smoking is not a significant health hazard to non-smokers except under enormously smoky conditions without ventilation such as those found in experiments."

In his multi-million dollar report the U.S. Surgeon-General had the opportunity of supporting the passive smoking scare, but in the face of its practically unanimous rejection by the scientific world, wisely did not take a stand. On this subject I have quoted a score of scientists. The Surgeon-General quotes over 80, none of whose findings are significant as proof that passive smoking is harmful, but apart from a couple he does not mention those I have listed. Why is this? Is it that he has not heard of men like Schievelbein and Aviado and the others? Or is it that their findings don't suit his book? I leave it to the reader to decide.

Either ignorant of all these reports or ignoring them, the fanatics are still trying to get further bans introduced on the ground of danger from passive smoking. Although this scare has been shown time and time again to be absolutely false, the campaigners perversely persist in it, ignoring all exposures with unbelievable tenacity. They realise they have to do this because it is the main weapon in their armoury, much more important than the smoking scare itself, since scaring smokers does not bring them anything like the success they have had in scaring non-smokers. And they've certainly had success with their lies, causing fear and hysteria, with hatred of smokers, who are 'killing people' through passive smoke. Scared people are now wearing badges with the words, 'Your smoke is killing me'.

The campaigners scream about 'clean air'. Where does one find it these days? In the cities the air is thick with all sorts of pollution. Even far away from the cities one can't escape it. Not even at the North Pole.

One of the most baseless claims re passive smoking is that some people are allergic to tobacco smoke. Scientists tell us that there is no such thing. There is a popular acceptance these days of calling something that one finds upsetting, 'allergic'. It is just as scientific as saying one is allergic to one's wife or vice versa. The latest report of the U.S. Surgeon-General states, "The existence of tobacco smoke allergy is unproven."

UP IN ARMS UP IN THE AIR

Airplanes are high on the list of the fanatics' bans. The U.S. federal aviation administration recently investigated the level of C.O. in aircraft and found that the level was much lower than that of a city. It said the 'very low' level was due to the rapid exchange of air aboard an aircraft with the air entering at cruising speeds. The main objection to smoking in aircraft is the smell of tobacco. Surely in an age when we can put a man on the moon, some way of overcoming this could be developed, but it doesn't seem to have a high priority. Much easier to impose bans on smokers.

The aviation administration was surprised at how few passengers complain about smoking. Does one passenger in 100 complain? Does one passenger in 1,000? No. The answer is one in 250,000. Even so, the administration has weakly bowed to this tiny but noisy minority and introduced unreasonable restrictions.

Just to hand is a report of a survey published in the *New England Journal of Medicine* (May 5th 1983) into nicotine absorbed by non-smoking airline stewardesses working in the smoking section between Tokyo and San Francisco. The report shows that the amount of nicotine absorbed is 'just about negligible'.

Younger people today do not know what they are missing. It used to be so pleasant to sit in the smoking sections of buses and trains enjoying a smoke to relieve the tedium of travel. Non-smokers were not disturbed and everyone was happy. How preposterous to ban smoking. What a senseless interference with one's liberty.

ASTHMATICS NOT AFFECTED BY "PASSIVE SMOKING"

The anti-smoking missionaries are claiming that people with asthma are harmed by tobacco smoke. But several scientists have carried out tests that show this to be false.

For instance, Shephard and Associates reported in *Environmental Research* (August 1979) that after submitting asthmatics to high concentrations of cigarette smoke, their findings do not suggest that asthmatics have an unusual sensitivity to the smoke. They said their findings "offer little support for the view that asthmatics need special consideration by 'air quality' legislation."

Pimm *et al* studied the reaction of asthmatics to levels of tobacco smoke typically found in public places and found no evidence of lung change. (*Arch. Environ. Health* 1978, 33, 201.)

A recent report in *Clinical Allergy* (1984, 14, 1) by Rylander and Hillendahl of Sweden states they found that one third of asthma patients who stopped smoking had a worsening of their asthma symptoms.

Wiedemann and co-workers reported in *Chest* (February 1986) that a careful study has shown no acute effects of passive smoking in young asthmatic patients.

We have already seen that responsible scientists have scotched the claim that people are allergic to tobacco smoke.

There are four possible reasons for the bans:

1. Harm to non-smokers
2. Harm to smokers themselves
3. Objection to the smell of tobacco smoke
4. Fire risk

1. I have shown this for the lie that it is.

2. I feel that this book shows there is no harm to smokers. Even if there were, why should Big Brother interfere if a person wants to take the so-called risk? Isn't this going too far in what is claimed to be a free country?

3. If people object to the smell, separate compartments on trains and so on are the answer. These have worked well all these years. Adequate ventilation is all that is needed. Many people who complain of the smell just imagine that it is upsetting them. Due to the constant propaganda what people scarcely noticed before has become magnified out of all proportion. Don't other smells bother them? Tobacco couldn't be as bad as cheap perfumes, body odour, bad breath and many other odours. Possibly there are fewer disease organisms emitted from a smoker than from a non-smoker.

4. Fire risk is just a convenient bogey as I have already shown.

Several of the more responsible leading anti-smoking doctors have conceded that there is no harm to health from passive smoking.

One wrote, "There is no shred of evidence that a non-smoker can get cancer from 'second hand' smoke, and there is a lot of evidence that he cannot. To suggest that passive smoking could cause lung cancer is dishonest."

The desperate battle for acceptance of the passive smoking fantasy certainly looked like being doomed to ridicule. With the rejection of the smoking hoax by so many scientists, they needed it more than ever to frighten people. A colleague said, "These cunning puritans will have to come up with something to get world headlines or the passive smoking campaign will go under, and I have no doubt they will. You mark my words." Not long after, his prediction proved true. World headlines carried a report that some Californian doctors claimed that tests showed that non-smokers who were exposed to tobacco smoke at work for 20 years or more had reduced function of the small airways of the lungs compared with non-smokers who had not been exposed to it for the same time.

This is in contradiction of repeated tests done by independent researchers whose work was not given publicity in the media. Yet this Californian report was given big headlines. Nothing could show how the campaigners control the media more than this.

An editorial for the report was written by Dr. Charles Lenfant of the National Heart Institute who makes the amazing statement, "Today no one doubts that smoking has marked effects on health." Has he not heard the views of the ever increasing number of scientists who deny that smoking causes harm? Has he really not heard of the scientists I mention in this book? Or is this a studied insult to these distinguished scientists? Are they 'no one?' However he has the grace to admit that there is no proof that the reported reduction in air flow 'has any physiological or clinical consequence'. In other words, even if the findings were correct, so what?

Many physiologists point out that breathing tests like this are not reliable, since to a large degree they depend on how much the subject being tested feels like cooperating, that is, the subject can breathe as much or as little as he wants.

The reaction among scientists has ranged from mystification to incredulity.

The Californian report was attacked by a number of scientists including Aldkoffer *et al*, A. Freedman, G. Huber and Professor Aviado. Freedman pointed out that the test apparatus used failed to meet the standards of the American Thoracic Society, and Professor Aviado very pointedly asked where in these times they could find a control group who had never been exposed at work for 20 years to tobacco smoke.

A little later there were more world headlines. T. Hirayama, a Japanese doctor, claimed that wives of Japanese smokers get twice as much lung cancer. This claim too was met with incredulity in the world of science. We should remember that Japan is a special case after the atomic bombing, with a very high rate of cancer from radioactivity. This claim was contradicted by, of all people, the American Cancer Society, who are unlikely to harm the anti-smoking case without good cause. Epidemiologist Lawrence Garfinkel of the society studied data collected over twelve years on 176,739 non-smoking women and found that those wed to smokers did not run a greater risk of dying from lung cancer than those married to non-smokers. (*J.N.C.I.* 66(6) 1981). The report was also reviewed closely by three U.S. statisticians of standing who discovered errors in how Hirayama's data were analysed, so that it is clear that the 'statistics' once again are faulty.

Some scientists who have attacked the claim are Takashi Sugimura (head of Hirayama's department), C. Tsokos, N. Mantel, G. Lehnert, E. McDonald, Grundman *et al*, T. Sterling, D. Schmal, Clark *et al*, and M. Rutsch.

Sigimura bluntly says, "Unlikely". Tsokos points out the mathematical errors, as does Mantel. Rutsch says the claim is not supported by his data. Lehnert says, "The reasoning behind the analysis is completely incomprehensible."

Under fierce attack Hirayama came up with the astounding claim of a high death rate of Japanese smokers' wives from suicide 'because they could not tolerate their husbands' cigarette smoke.'

The big thing is that the campaigners got the headlines they wanted. Although the reports have been discredited most people will be unaware of this. The campaigners with their usual contempt for the intelligence of the public will go on using these reports just as they have the discredited smoking 'statistics' and the 'smoking dogs' nonsense.

At a recent anti-smoking meeting the U.S. Surgeon-General said "If it weren't for public interest in passive smoking, we'd have been left sitting dead in the water."

No less a scientist than Garfinkel says, "Using Hirayama's work to promote regulation of smoking does not serve the cause of scientific credibility nor facilitate the search for truth." (*J.Nat.Cancer Inst.* 66(6) 1981).

Perhaps the most telling pronouncement on the whole passive smoking question is that from the U.S. Surgeon-General, who says, "Healthy non-smokers exposed to cigarette smoke have little or no physiological response to the smoke, and what response does occur may be due to psychological factors." (In other words, it's all in the mind). I feel that nothing could be clearer than this admission from the anti-smoking Surgeon-General.

The whole point of the question is this. If smoking cannot harm a smoker, and it is clear that it cannot, how can passive smoking harm a non-smoker?

Chapter 8 THE HEART BOGY ONCE AGAIN — NO PROOF

Faced with the certain failure of the lung cancer scare, the anti-smokers, canny fellows that they are, though it would be a good thing to have something else up their sleeves for the time the theory would be completely bowled out. They contrived the claim that smoking causes coronary heart disease. But like lung cancer there is not a scrap of worthwhile evidence for it.

The U.S. Surgeon-General's report of 1962 said that, "Although the causative role of cigarette smoking in deaths from coronary heart disease is not proven, the committee considers it more prudent to assume a causative meaning." This means they admit it is not proven. They just assume it. Isn't this typical of them?

Some findings in Switzerland have been a big setback for the tobacco haters. Between 1951 and 1976 the death rates for heart disease fell by 13 per cent for men and 40 per cent for women. This was accompanied by a steady sale of cigarettes.

Most of the startling claims by various heart foundations turn out to be mere 'estimates' or 'guesstimates'. Anyone can make an estimate. One could just as easily estimate that 100,000 people died because they have quit smoking. Remembering the dubious statistics and the misrepresentation we have had with lung cancer claims, we can expect a repetition. The campaigners again depend entirely on statistics. However it has been pointed out that the figures of the various studies show inexplicable variations and are often in direct conflict, making us wonder if they can be taken seriously. For instance, the much quoted Framingham study showed that non-smokers got more coronary disease than ex-smokers. Does this mean it is safer to smoke and give up than never to smoke at all?

Professor Schievelbein of the German Heart Centre and consultant to W.H.O. wrote in *Preventive Medicine* (May 1973), "Assuming that a major part in the etiology of cardiovascular disease is the development of arteriosclerosis, investigation in this direction has been performed by C.O. and nicotine in animal experiments. Neither substance has any influence comparable to human arteriosclerosis on the development of cardiovascular disease."

TRIALS SHOW SMOKING DOES NOT AFFECT THE HEART

Recently several very large trials comprising many thousands of people have shown that smoking has nothing to do with heart disease.

The U.K. Heart Prevention Project showed that smokers had very less deaths from heart disease. (*Lancet* May 14th 1983).

The important Oslo Study reported that no relationship between coronary heart disease and smoking could be found. (*Lancet* December 12th 1981).

In the Seven Countries Study it was stated that differences in heart death rates were not related to smoking. (*Lancet* 1982:2).

Rose and Hamilton carried out a large study in Britain. It did not show that reducing smoking reduces the risk of death from heart disease. (*Journal of Epidemiological Community Health* 1976).

In the face of these studies to continue to blame smoking for heart disease is plainly dishonest.

SENSATION FROM MUNICH

The German publication *Gesundes Leben* of November 8th 1983, had headlines: "SENSATION FROM MUNICH. HEART ATTACKS ARE NOT DUE TO SO-CALLED RISK FACTORS" and reported the announcement of a conference of international heart specialists at Munich. One of the so-called risk factors was smoking. The basis for the findings was the extensive studies in the United States, Finland, Hungary, France, Britain and Denmark, which have thrown into doubt widely held medical beliefs of more than 20 years standing.

This announcement is certainly a sensation. It bears out what I have been saying for many years.

QUITTING DOCTORS NO HEALTHIER

One of the latest claims of the campaigners is that since many doctors quit smoking their death rate from coronary heart disease has shown a big drop. This claim has impressed many people, but not surprisingly it has been shown to be in direct conflict with the facts. Professor Carl Selzer, Harvard University School of Public Health, has stated that studies show no consistent pattern of changes in cigarette smoking to explain coronary heart mortality. In fact, he states, a 50 per cent reduction of smoking among British doctors led to no change in death rates. He concludes by pointing out that no agent in cigarette smoke has been shown to cause coronary heart disease. (*American Heart Journal* 1970:100).

Dr. Henry I. Russek points out in *Internal Medicine News* (February 1978) that the average age and incidence of coronary deaths among doctors was the same in 1975 as in 1955. So by cutting down smoking they have not in fact saved themselves from coronary attacks. Perhaps if they had continued to smoke there would not be such a great disproportion of alcoholics, drug addicts and suicides in the profession.

Many authorities consider that coronary heart disease, like lung

cancer, is a familial disease. Read and co-workers reported (*Lancet* February 5th 1977) that in a study they found that the disease rate was higher in men whose relatives had been affected by it. Dr. Joan Slack found (*Lancet* December 2nd 1977) that the risk for men was 5.2 times that of the general population if a male first degree relative had died from coronary heart disease.

A new theory is that coronary heart disease is caused by viruses. Studies in animals in America have definitely linked viruses to this disease. It will be interesting to see further developments as this could change the whole outlook.

Some authorities consider that blood grouping plays a large part in this disease. Kesteloot et al (*Lancet* April 2nd 1977) found that people with blood groups A and AB had a 28 per cent higher death rate than people in groups B and O.

STRESS THE MAIN CAUSE

But the role of stress seems to be the most important. It is well known that people who get this disease are special types of people who have been termed 'stress subjects'. When a person is under stress the body liberates an excess of a substance called epinephrine or adrenalin. Normally this excess is quickly dealt with by the body mechanisms and eliminated. But if the stress continues for long periods, this substance accumulates and interferes with cholesterol regulation, and cholesterol, it is held, plays a large part in coronary heart disease. These stress subjects, termed Type A, according to Rosenman and Friedman (*Medical Clinics of North America* March 1974)

are aggressive, ambitious and competitive. They are work orientated and preoccupied with deadline. They display chronic impatience. In other words the worrying businessman or employee we know so well.

His opposite number, the easy going placid type has been termed Type B.

Rosenman and Friedman have some interesting figures showing the comparison of heart death rates in stress subjects with these non-stress subjects. The ratio is 13.2 to 5.9. That is, Type A are affected more than twice as much as Type B.

Since it is the stress that kills, to say that smoking causes the heart attacks that Type A is prone to, is quite absurd. These people smoke to relieve their tensions and many of them escape by doing so. One wonders how many are alive today because they escape in this way, and how many who have quit smoking have died because they heeded the scare propaganda of the campaigners. I have seen so many people give up smoking and then get fatal coronary attacks that I feel it must be quite common.

We know that people who stop smoking usually become obese. Some doctors claim that this obesity is only temporary, but I have found that in most cases it is permanent. People who are overweight are notorious for getting high blood pressure and arteriosclerosis with resultant coronary attacks and strokes, which might quite justifiably in many cases be laid at the door of the anti-smoking campaigners.

Professor Sterling (*Medical Journal of Australia* October 15th 1977) claims that smokers get less heart disease and refers to a study by the U.S. National Centre for Health Studies (1967) which shows that non-smokers get a lot more than smokers. The rates per 100 were:

	Never Smoked	Half a pack a day	Half to one pack
Men	4.6	3.2	3.4
Women	5.5	2.0	2.2

These are government figures (*U.S. Public Health Services Publication* No.1000 Series 10 No.34) (1967).

A 1967 U.S. government survey (National Centre for Health Statistics) showed that people who smoked up to 10 cigarettes a day had a better overall health record than non-smokers. It also showed that women who smoked got only half as much heart disease and high blood pressure as non-smoking women.

MORE TOBACCO — LESS HEART DISEASE

In Yugoslavia where people smoke much more heavily than in the U.S. the coronary heart disease rate is only a quarter of that in the U.S. Similar figures have been found in many countries.

Professor Aviado points out that the tar and nicotine content of Filipino cigarettes is 200 to 500 per cent higher than U.S. cigarettes, but the heart disease rate is only 4 per cent of that in the U.S.

In Japan over the past few years there has been a great increase in smoking, but the heart disease rate came down by 25 per cent. On the other hand following a great decrease in smoking in Finland, the heart death rate showed a marked rise.

A study of 2,410 adults in an Australian community was carried out by T.H. Welborn and colleagues in 1969. No significant association was found between smoking and heart disease.

In 1968 the Legal Medical Institute of Santiago, Chile, made a study of 1,400 autopsy records. No significant association between cigarettes and heart disease was shown.

In Sweden in 1970 a study was done on identical twins in the country's statistical records to see if where one twin smoked and the other didn't, the non-smoking twin lived longer. It found that there was no difference. A similar study was done in Denmark with the same result.

Dr. Ancel Keys of the University of Minnesota carried out the extensive 'Seven Countries' study on the relationship between smoking

statistics and coronary heart disease and concluded, "Cigarette smoking cannot be involved as an explanation of coronary heart disease."

Dr. Carl Selzer, referring to Keys' study said, "Unless the conflicts in data are disproved or reconciled, the current enthusiasm of cigarette smoking as a major risk factor in coronary heart disease may become an outstanding fallacy of our times."

Edwin R. Fisher, a distinguished pathologist of the University of Pittsburgh, said recently that no studies have shown scientifically that smoking is a cause of coronary heart disease, nor has it shown that quitting smoking lowers the incidence.

Over the past ten years the mortality rate for coronary heart disease has fallen markedly, the fall for women being more than in men. At the same time we note that governments are concerned because women's smoking has actually increased in the past decade. So it seems certain that increase in smoking has nothing to do with coronary heart disease.

Professor Gerald B. Phillips, Roosevelt Hospital, New York, says that imbalance of sex hormones may be a cause of coronary disease. His investigations showed an unusually high level of sex hormone in men who had had heart attacks.

Some eminent medical scientists who are on record as querying or condemning the smoking-heart disease claim are:

Dr. William Evans, Cardiac Department, London Hospital.

Dr. Campbell Moses, American Heart Association.

Dr. Ronald Okun, Director of Clinical Pathology, Los Angeles. American Cardiologists, Doctors E. and S.R. Corday.

Professor P. Burch, University of Leeds.

Professor H. Schievelbein, German Heart Centre.

Dr. Evans says, "The charge that smoking causes heart disease is wholly unfounded."

The Doctors Corday, referring to the alleged risk of coronary heart disease in women, wrote in the *American Journal of Cardiology* (February 1975), "No proof has been provided to show that cigarettes are atherogenic (causing disease of the arteries) and we must question the increased risk as being really due to tobacco."

Professor Schievelbein, after carrying out extensive laboratory research on rabbits who were given nicotine equivalent to smoking six packs of cigarettes a day, said in *Preventive Medicine* (May 1979), that nicotine neither constricts the coronary vessels nor does it lead to cardiac infarction. This bombshell was not given publicity in the media. Imagine the headlines if it had been the other way round.

The British Medical Journal published reports in 1974 by Marks and Emerson and by Handley and Teather showing that after a surgical operation there is a higher — very much higher — risk of thrombosis (clot in blood vessels) in non-smokers than in smokers.

This was confirmed by a report from A.V. Pollock. To escape this very often fatal complication one would be wise to smoke.

If some doctors blame smoking for arterial disease it is rather strange that doctors all over the world regularly prescribe nicotinic acid for this condition.

I have no doubt that smoking, by keeping the muscles of the blood vessel walls in proper tone, tends to prevent arteriosclerotic changes that are associated with heart disease, high blood pressure and strokes. This is borne out by the work of Cooke et al that I have mentioned who found that among 20,000 people whom they investigated, smokers had a very much lower blood pressure than non-smokers.

THE AMPUTATED LIMBS SCARE

Many doctors believe that smoking causes disease of the blood vessels leading to amputation of the legs. As usual there is no evidence at all for this belief. In fact the real evidence is strongly against it. We have seen that Professor Schievelbein has clearly shown that smoking does not harm the arteries. Reports in the *British Medical Journal* show that smokers are much less likely to get obstruction due to blood clots. Of the cases I have seen where legs had to be amputated due to arterial disease the majority of them had diabetes, which is a well known cause. How many diabetic cases are blamed on smoking? A diabetic friend of mine who I know has never smoked developed this complication. He was very irate when the doctors would not believe he was a life-time non-smoker. It is well known that non-smokers get more diabetes and so are more likely to have legs amputated.

EMPHYSEMA RESPONSE

An attempt to implicate smoking as a cause of emphysema has produced no valid evidence. The U.S. Institute of Allergic and Infectious Diseases has repeatedly informed the government that the cause of emphysema is not known. Professor Joseph Wyatt of the University of Manitoba has found that smoking is not the cause, (U.S. Cong.Rec.). *The American Review of Respiratory Diseases* has reported that one expert found emphysema in 16 out of 20 lungs at autopsy, and another expert examining the same lungs found only six. The U.S. Public Health Service told congress, "Inability to distinguish between chronic bronchitis and emphysema has harmed science."

Professor Aviado told congress that he found in animal experiments that although inhalation of certain pollutants common in the environment could cause emphysema, inhalation of tobacco smoke could not.

In spite of the lack of evidence and in the face of these reports against smoking being the cause, the puritans have now succeeded in

having a new 'health' warning on cigarette packs, which says bluntly, 'Smoking Causes Emphysema'. No 'may be' or 'possibly'. Could any reasonable person not have doubts about the puritans' care for the truth?

To sum up, there is no doubt that people who get coronary attacks are a special type of people either born with a stress complex or subjected to it in later life. The role of cholesterol is still held by most doctors to be important. There is certainly not a scrap of valid evidence that smoking plays any role. Rather, it would seem that it prevents heart attacks. This is borne out by the number of people who quit smoking and suddenly drop dead with a heart attack.



"We seem to have run out of things to blame smoking for. Can anyone think of some more?"

Hardly a day passes but some eager beaver doctor comes up with some new disease which he attributes to smoking. They will soon be running out of diseases. They haven't blamed smoking for housemaids knees or bunions yet, but who knows? It would be no more fantastic than saying it causes heart disease — or lung cancer.

They haven't blamed smoking for AIDS yet; but such is their effrontery that it wouldn't be surprising.

Just to hand is a report on a new substance called Q10 which is being used in America and Japan with amazing effect on muscular heart disease. Patients who were so stricken by this fatal disease that they could scarcely sit up in bed were able to get up and do fairly strenuous work. Some American doctors predict that heart transplantations will now be unnecessary.

What is in Q10? The answer, surprisingly, is tobacco leaf. No doubt we'll now hear brainwashed doctors say, "Yes, tobacco benefits the heart by injection but not by smoking," quite oblivious of how ludicrous this sounds.

Chapter 9 FRIGHTENING THE LADIES EASIER TARGETS?

With their typical scare tactics the campaigners have set out to frighten women into quitting smoking.

Over the past decades there has been a marked invasion of industry by women who are doing work formerly done by men. Scientists predicted that by being exposed to the numerous carcinogens of the work place they would show a pronounced rise in the incidence of various cancers, notably lung cancer. According to government statistics these predictions have been shown to be correct. The carcinogens of the work place have done their deadly job. But, amazingly, the U.S. Surgeon-General has seized on this fully expected effect to claim that there has been a great incidence of lung cancer in women — due to smoking!

As usual there is absolutely no proof for this claim. It could be asked why statistics were not gathered regarding the type of industry, the type of job and the place of abode of these women. Had this been done it would doubtless have shown the connection between the cancers and the work place.

One of the most audacious and unsupported claims made by the crusaders is that women taking the contraceptive pill have a greater risk of coronary heart disease if they smoke.

Some doctors claimed that women on the pill got more heart disease. The claim was based solely on a rather limited study carried out by some general practitioners in England. Scientists of the University of Kentucky who have examined the study say it is of 'questionable accuracy'. In 1979 Dr. Christopher Tietze, a leading U.S. statistician, announced that tests in twenty-one countries prove the alleged link widely exaggerated.

Dr. Mark Belsey and colleagues at World Health Organisation did similar research and failed to find any link. Coming from the anti-smoking W.H.O. this is very significant.

Even Dr. V. Beral, who was one of the first to claim a link between the pill and heart disease, wrote in the *Lancet* (November 13th 1976) that any coronary disease in women taking the pill was *independent of smoking*.

Professor Burch categorically stated in the *Lancet* (October 22nd 1977) that smoking does not increase the risk in these women.

The *Pharmaceutical Journal* of September 15th 1979 reported that findings have shown a drop of 40 per cent in heart mortality in Swiss women at a time when they smoked more cigarettes and extensively used oral contraceptives.

The U.S. State Department printed a report prepared by its expert, Dr. R.T. Ravenbold, for publication in 1978 showing that oral contraceptives do not contribute to heart disease in women. He challenged the British studies and called them a "spate of alarmist articles". He said there was no significant danger, and that a woman is hundreds of times more likely to die if she gets pregnant than if she takes the pill. This interesting report apparently displeased some smoking hater high up in the department and it was ordered to be squashed. The 26,000 copies that had been printed were shredded and women were prevented from reading it.

It would seem that it is all just one more attempt to scare women from smoking. The campaigners don't seem the least concerned that women thus scared from taking the pill face unwanted pregnancies with the high risks of abortion and death or chronic complications.

People who are against the pill on doctrinal grounds find the scare useful and many have joined the anti-smoking band wagon to frighten women against taking the pill.

The U.S. Food and Drug Administration has directed manufacturers of contraceptive pills to have a warning on the package to say that women who use them should not smoke. Although the evidence is non-existent, by this unseemly haste the government has created a *fait accompli*, no doubt knowing that once a control has been imposed it takes a lot of undoing. But everything helps in the scare war.

Four noted statisticians, Thomas A. Budne, Jean D. Gibbons, Marvin A. Kastenbaum and Gertrude M. Cox told a U.S. Congressional hearing that the evidence relied upon by the Food and Drug Administration to warn women about smoking and the pill is statistically and scientifically weak. The hearing was called by Rep. L.H. Fountain who said that the evidence on which the F.D.A. acted is inconclusive, of questionable validity and not scientifically valid.

Doctors are advising smoking women to use other forms of contraception including the I.U.D. (intra-uterine device). Many doctors believe that the I.U.D. being inserted into the womb, causes cancer or chronic infection, and moreover that it is by no means infallible in preventing pregnancy. Some scientists hold that the I.U.D. is not really a form of contraception since the woman conceives and the I.U.D. brings on an early abortion. A woman fitted with one may have several of these early abortions a year.

After reviewing 20 years of research on the "pill" the American scientist, Dr. Howard Ory, of the Centre for Disease Control says that the benefits of taking the pill outweigh any risks. He reports that studies suggest that it reduces the incidence of arthritis, ovarian cysts, breast lumps, iron deficiencies and some forms of cancer.

Friedman et al carried out a 10 year study (the Kaiser-Permanente Study) of 16,000 women and concluded that the risks from taking the pill were negligible.

It seems the more the scare is de-bunked the more impudent becomes the scare-mongering. I have noticed that a large proportion of doctors who say that women who smoke should not take the pill are those opposed to birth control in any case. It seems a paradox that those most strongly opposed to the pill are those most strongly opposed to abortion.

Professor Harvey Carey of the University of New South Wales who is a recognised world authority on the pill, says it is the safest and most effective form of contraception.

Women are being frightened into having serious surgical operations such as removal of the womb and ligation of the tubes. Other doctors are advising their patients to use the old-fashioned and notoriously unreliable vaginal cap, "contraceptive" jellies and even the condom. One wonders how many of those doctors' patients are going to have unwanted pregnancies.

Professor William Creasman of Duke University reports that research in the United States has found that the pill may have prevented cancer and infection in up to 50,000 women each year, and that breast and ovarian cancer may be reduced by 30 per cent. And also that the pill may be having a beneficial effect on heart disease.

The scare story that babies of smoking women may have defects is really one of the most cowardly tactics. There is no valid evidence for it. Over the years I have delivered numerous babies both from smokers and non-smokers. I never found any difference in the health of the babies. I do know that a cigarette to a woman at this time of her life was one of the greatest boons she could wish for. Some doctors have claimed that babies of smoking women are smaller. Even if their statistics were reliable it would not be surprising since more smoking mothes belong to the 'Blue Collar' class. It is well known that babies from the more prosperous families tend to be bigger. In any case the size of the baby does not really matter. In my experience smaller babies usually thrived better than big babies.

A striking finding was made by three scientists of the National School of Medicine, Wales, who reported that in a study of 67,000 pregnancies the incidence of birth defects was the same in smoking and non-smoking mothers (*British Medical Journal* July 21st 1979).

The eminent statistician Yerushalmy in extensive studies of birth defects was unable to find any connection at all with the smoking habits of the mothers (1964).

In 1968 Mulcahy and Knaggs reported similar findings.

Several other researchers studied the claim that smoking caused congenital malformations in babies. Nothing confirming this was found in several major studies. For instance, Alberman and his colleagues actually found fewer abnormalities where the mother smoked compared with non-smokers. (*Br. J. Obstet & Gynae* 83, 1976).

Even the Surgeon-General's report of 1979 conceded that "There is no convincing evidence that maternal smoking increases the incidence of congenital malformations."

The claim that maternal smoking may cause spontaneous abortion is not established. A recent editorial in the *British Medical Journal* noted that a relationship has not been established. Just one more boggy put up to frighten women.

Another claim made by the tobacco haters is that children of smoking mothers show a lack of physical and mental development. Not surprisingly this has been shown to be false. Researchers at Johns Hopkins did a follow up over some years of children of smoking mothers and reported, "There was no significant difference in either physical or intellectual functioning."

Dr. Richard Naeye, who condemns smoking, concedes that data from the U.S. Perinatal Project provide "no evidence that smoking has any permanent effect on the infant's growth and development or school performance." Yet I saw only today in a popular world-wide magazine a repetition of this scotched shibboleth.

The campaigners persist in the boggy of low weight babies that smoking mothers are claimed to have. Dr. Richard Hickey made a thorough survey of reports of researchers. He concluded that the validity of the smoking hypothesis should be seriously questioned. (*J. Obstet. Gynae* 131 1978).

Dr. Yerushalmy examined the so-called association between perinatal mortality and smoking. In several studies he found that low birth weight infants of smoking mothers had lower perinatal morbidity and mortality rates than low birth weight infants of non-smoking mothers. (*Am. J. Obstet & Gynae* February 15th 1964).

Yerushalmy also studied low birth weight in a large series of mothers who began smoking after they had already borne children. The infants born when the mothers were non-smokers were of low birth weight, the same as the infants born after the mothers took up smoking.

Dr. Bea Van den Berg, Director of Child Health and Development studies, University of California, told a congressional hearing in 1982 that studies of 15,000 women showed no increased risk of abortion and stillbirths nor birth defects among smoking women.

Johnstone and Inglis (*British Medical Journal* September 14th 1974) found that sisters of women who had low weight babies also tended to have low weight babies. So it would seem to run in families.

In a 1973 U.S. Public Health report it was stated that low weight infants of non-smoking mothers had a considerably higher death rate than did those of smokers.

M.S. Barbieri reported (*Journal of Paediatrics* August 1976) that low weight babies grew faster.

What the anti-smoking crusaders fail to point out is that almost all research has shown that low weight babies of women who smoke during pregnancy are healthier than those of non-smokers.

A SHABBY ATTACK

Recently the campaigners have come up with claims that women smokers lose their good looks and develop wrinkles. Also that smoking decreases sexual activity.

As to good looks, from personal observation I can say that some of the most beautiful middle aged women I have seen were smokers. This stands to reason since smoking banishes care and worry which are well known causes of aging in women.

A report of a controlled study by Allen and colleagues in the *Journal of the American Medical Association* (August 27th 1973) shows that sun exposure and not smoking causes early 'crows feet'. This has been confirmed in a survey by scientists at the University of Western Australia.

The *Journal of Sex Research* (1975) carries a report of researchers who wrote, after examining 41 medical studies, that existing evidence does not support the hypothesis that smoking decreases sexual activity. It would be surprising if they had found otherwise, since millions of people find that it increases it.

Some 19th century reformers and evangelists warned that tobacco would make smokers impotent. However, others warned that it would make them over-sexed. Are these ravings really any different from present day ravings?

It is interesting to note a recent statement by the World Health Organisation that women taking contraceptive pills are only half as likely to get cancer of the ovaries as those not taking them. It also said that there is no evidence that those taking the pill increase the risk of breast cancer as is often claimed.

We have already seen that babies of smoking mothers escape the fatal respiratory distress syndrome which kills so many newborn.

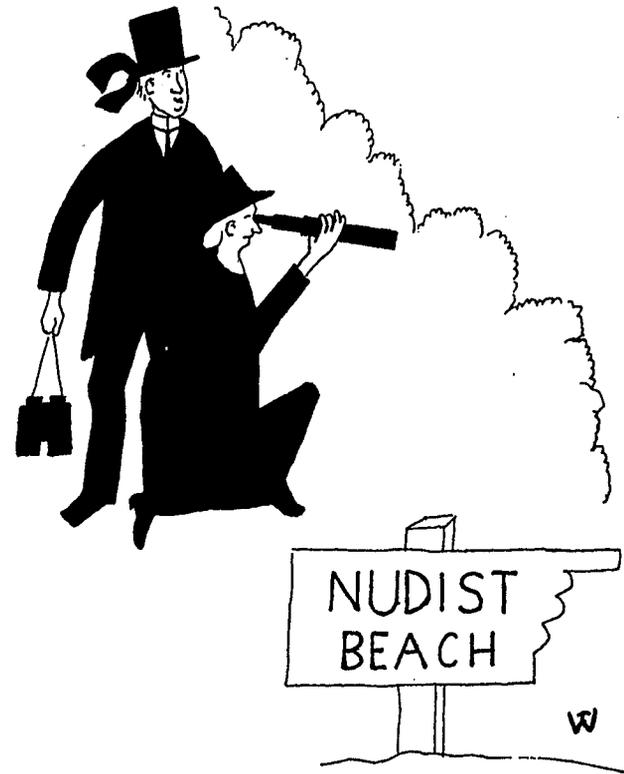
I have already mentioned the findings of a great reduction of risk of cancer of the womb in women smokers.

Chapter 10 WHY PEOPLE ARE AGAINST SMOKING

Anti-smokers may be placed in several categories. Firstly there are the puritans including many leading anti-smoking doctors, some being prominent in the far right fundamentalist sects, with their deadly hatred of smoking.

It is a sad thing that the public is unaware that very often one of these happens to be in a position of power in a government department with seemingly unlimited funds to promote a most virulent anti-smoking campaign. It has been said, "Scratch an anti-smoker and you'll find a puritan."

Then we have the large segment of brainwashed people who have fallen for the big lie that smoking is harmful to health, converts being the worst. A good proportion are militant campaigners, many now



"Come away now, sister. It's time to bother the smokers."

breaking the laws of the land by painting slogans on property and also committing assaults on smokers. The most obnoxious are the paid campaigners. Many of these are highly educated people, often with a scientific background. I cannot believe some of them do not realise what a lie the whole thing is, or at least have some grave doubts.

Ever since tobacco was first introduced into the Western world, some people have been against it. Why is this? Is there some kind of atavistic fear — fear of a dreaded fire god, forgotten in the mists of the past but lingering on in a folk memory? Perhaps it is an association with the devil who dwells in Hell midst fire and smoke.

Much of the objection is religious in origin. Many religions have tenets against smoking although there are none in the Christian teaching. None the less, many of its sects are rabidly anti-tobacco. This religious opposition probably stems from the well-known practice of seeking the favour of the deity by making a sacrifice. The sacrifice can be your eldest son, or his foreskin, or it can be a sheep or goat — or it can be abstention from something you enjoy, like meat or alcohol or tobacco.

The religious opposition cannot be said to be based on health reasons for it was there long before lung cancer was known. It appears to be purely a self-denial taboo. People founding religions found they tended to be more successful if something such as smoking was banned. It is interesting that although the Jewish religion has many bans which do appear to be founded on health reasons it does not have any against smoking.

BEYOND REASON

The smell of tobacco can be offensive to some people, like lots of other things. This has been recognised over the years and been provided for by separate compartments in trains and elsewhere. This has worked well up till now, when the fanatics will not even agree to separate compartments. How can non-smokers be affected if they are separated? How unfair these people can be! Many people find that there are much worse smells emanating from human beings than tobacco. It is often purgatory to sit near someone with bad breath or body odour. A number of men have told me they took up smoking to counter the perfumes of women in trains and buses. As these perfumes are mainly based on the sex glands of animals it is not surprising that many people find them nauseating. Yet many of these women complain of the smell of tobacco.

But does smoking really annoy so many people? Reuben Cohen, President of the Response Analysis Corporation, conducted a survey of annoyances and irritations that are part of the everyday life of American adults. There were over four thousand mentions of various

annoyances. Only two per cent related to smoking. It seems that the campaigners are making great mountains out of little mole hills.

We should realise that the present campaign, with all its pseudo-scientific trappings, is only a flare-up of the epidemics of anti-smoking plagues that have occurred throughout history. The campaigners are the same old types who brought in prohibition of alcohol. What they want now is total prohibition of tobacco. Then instead of rum-running we'll have tobacco-running, with mobsters controlling the whole scene. They haven't learnt a thing from the failure of their predecessors.

Nothing could show the puritans in their true colours more than their having smoking compartments abolished in trains. They already had plenty of 'clean' air in the non-smokers, but, no, they had to have total abolition.

When I was at medical school we had the usual collection of puritans among the students. It is interesting to note that many of these students are now among the front ranks of the anti-smoking doctors. To them the smoking-lung cancer scare must have been very welcome. I do not believe the anti-smoking puritans are really interested in the health of their fellow men. All they are interested in is in stopping them from indulging in the harmless and beneficial habit of smoking which they abhor because of their mental make-up.

I think we could say that many smoking haters are suffering from a kind of mental illness — 'the anti-smoking sickness.'

How often one hears the cry, "It just isn't natural to inhale smoke, so it must be harmful." We might say it isn't natural to drink scalding tea or coffee or to sit in a sauna inhaling steam or lots of other things that are 'unnatural'. Maybe it isn't but does it do any harm? Injections of life-saving drugs could be called unnatural. Should we refuse them for this reason?

The campaigners in their drive to denigrate tobacco in every possible way now class smoking as addictive, as if this is something very important. But even the World Health Organisation, the leaders of anti-smoking, pronounced that although habit-forming like coffee it is not addictive.

So which is the greater deprivation? To deprive smokers of their pleasure in tobacco, or to deprive the puritans of their pleasure in persecuting smokers?

It is well known to psychologists that a certain type of person will get no greater pleasure out of life than in preventing his fellows from doing something they enjoy. It seems to be all this type of person lives for. They enjoy the sense of power that they get, apart from the satisfaction in stopping someone's enjoyment. These are sick people, suffering, according to the psychiatrists, from some sexual maladjustment.

PSYCHOLOGICAL

A New York psychiatrist, Samuel V. Dunkell, is recorded as saying the whole thing is a struggle between macho and puritan images. He added, "When people stop smoking it is part of a calculated campaign of reform of the personality. They do it like a reformation in religious terms and they feel that they have to convert others."

A discerning psychologist sagely observed, "It's not the smoke that bothers them, it's people smoking."

The sight of tobacco smoke seems to affect some people more than the smell. If it were invisible there would probably be no objection. Tobacco manufacturers might profit from this by introducing cigarettes with invisible smoke.

What will happen if the new cigarettes which contain no tobacco become popular? Will the antis be against them too? If they are it will show that it is not really tobacco they are against but smoking.

Henry Mencken, the famous U.S. writer, wrote, "A puritan is a man who occasionally has a haunting fear that someone somewhere may be happy."

The antics of the anti-smoking campaigners provide a large field for study by psychiatrists and psychologists. There must be material for hundreds of doctoral theses.

One of history's most infamous anti-smokers was Adolf Hitler who was violently against smoking from his youth. When he became Dictator he tried to rid Germany of smoking. Smoking was held to be an insult to the Reich and a kind of treason. Like other mentally disturbed anti-smoking fanatics Hitler failed, his defeat being largely due to that lifetime smoker, Winston Churchill.

The tobacco industry is often accused of unfairly depicting the smoker as a healthy normal athletic type. But isn't this the truth? One is more likely to see a soldier smoking than a pansy boy. Can you imagine in some future war soldiers being forbidden to smoke? It would be the downfall of Big Brother.

Converts from smoking, like converts of any kind, are the most fanatical. Sanctimoniously, like repentant sinners at a revivalist meeting, they say, "I have given it up. Why can't you?" What they really mean is, "I am no longer enjoying it — why should you?" We can forgive them to some extent for their crankiness, for they must be under great strain resisting the desire for a smoke.

MANIA

I have had the opportunity to examine these militant fanatics at close quarters and have found some of them to have signs of mental derangement. In fact I would have no hesitation in giving some a certificate for admission for treatment in a mental hospital.

Manic depressive types can be seen who will probably develop into violent maniacs as has recently happened. A man tried to crash his truck through the gates of the White House to warn the President about 'poison' from cigarettes. In Los Angeles a young man held a hostage at gunpoint on the top of a skyscraper for two and a half hours 'to warn the world against tobacco'. Other criminal acts are becoming common.

So when you meet a militant anti-smoker, ask yourself if his opposition is based on his religious background or is he just a sick person suffering from some neurosis or psychosis buried deeply in some sexual hangup. Or, perhaps better still, ask him.

Chapter 11 PERSECUTION OF SMOKERS

Ever since tobacco was introduced into the Old World there have been sporadic campaigns against it, which continue right down to today. Many of these were waged by religious groups, who 'discovered' scriptural prohibitions. In 1634 the Church of Rome forbade its adherents to take tobacco in any shape or form. Several papal bulls were issued over the years. The Greek church promulgated a doctrine that it was tobacco that intoxicated Noah and so caused his naughty conduct (Gen. 9,21). In 1661 Berne, in Switzerland, passed a law against tobacco as coming within the seventh commandment (adultery)!

All kinds of fantastic claims were made. Reminiscent of present-day fanatics' claims was the announcement in 1660 by an English tobacco hater named Cobb that 'four people have died from smoking in a week. One of them voided a bushel of soot.'

But even in those days smokers puffed calmly on, ignoring the fantasies of the tobacco haters.

Many kings thundered and threatened. Although just as many were lovers of the herb. James the First of England, whom history accuses of perversions, was a prominent hater, even writing a book on the evils of smoking. This was answered by the Jesuits who claimed that smoking was good for health and morals. James tried to restrict the tobacco trade to the doctors, who were grateful for this lucrative privilege. When the mean-spirited James ordered the beheading of history's most famous smoker, Sir Walter Raleigh, was his anti-smoking fanaticism at the bottom of it?

Sir Walter Raleigh, o name of worth
How sweet for thee to know
King James, who never smoked on earth
Is smoking down below.

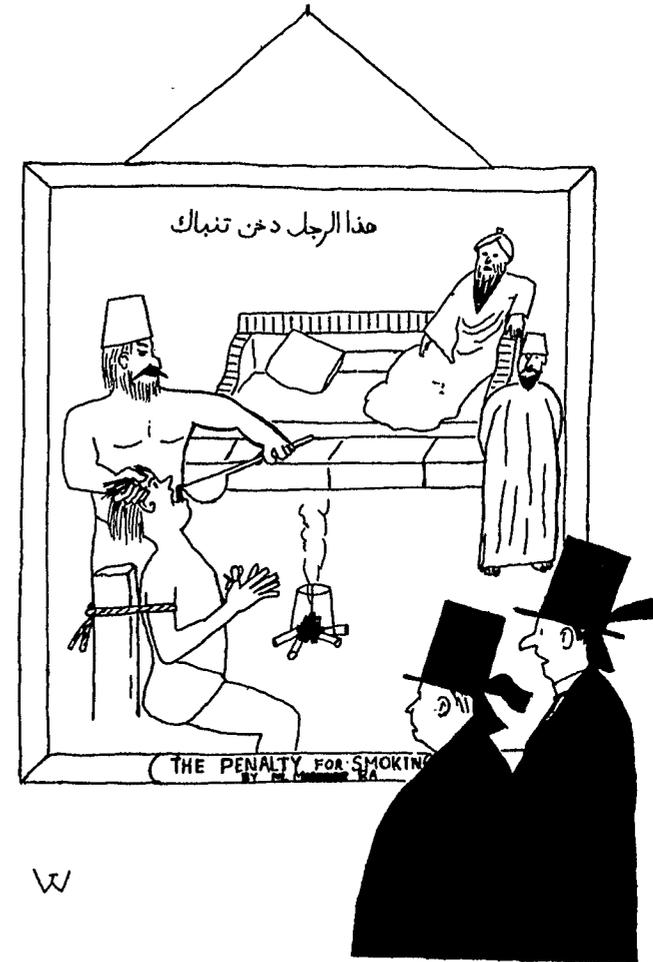
I would like to pay my respects to the author of this little verse but I am unable to trace him.

In Eastern countries many kings outlawed tobacco and inflicted the most barbarous punishments on offenders. Smokers were first tortured and then either beheaded or burnt alive. In 1615 Shah Abbas of Persia had a tobacco seller burnt alive on a pyre made from his stock of tobacco. Later, in a moment of idle curiosity, he tried a pipe of tobacco. He was so pleased that he immediately repealed all laws against it.

A well-known tobacco hater was the Sultan Murad IV. He forbade smoking under instant penalty of death. To make sure that no one smoked he closed the coffee shops. They didn't have the problem of partitioning off areas for segregation of smokers from non-smokers.

At night he delighted to prowl through the streets accompanied by a giant slave, El Abd El Kebir. A man found smoking was forcibly seated upon a sharp stake and pushed down until the stake reached his innards. If there was no suitable stake, he was hanged on the nearest pole. Fortunately for smokers, Murad drank himself into an early grave, being a secret alcoholic.

The Mogul Emperor, Jehangir, who was an opium addict, ordered the infliction of the death penalty in various forms for smoking. But no objection was made to the use of opium, of course.



W

"Why can't we do that?"

The Mahdi who ruled a Muhammedan empire in the Sudan last century persecuted smokers with great vigor. Smoking was regarded as an even greater sin than alcohol. It was punished by 100 blows of a waddy, whereas fornication merited only 80. Since tobacco was unknown in Muhammed's day we wonder how non-smoking could have been made a tenet of his religion.

King John of Abyssinia was another 19th century tobacco hater. Himself a drunkard of great renown, he delighted in punishing smokers by cutting off their lips.

Shah Sefi of Persia was a virtuoso in punishments. He adopted the happy practice of pouring molten lead down the throats of smokers.

In 1634 the Czar of Russia ordered a complete ban on tobacco. For the first offence whipping was prescribed. For the second, torture, exile to Siberia or death. People who snuffed tobacco had their noses cut off. In 1700 Peter the Great tried a pipe for himself. He enjoyed it so much he revoked all Russian laws against tobacco. In 1724 Pope Benedict XIII did likewise and revoked all papal bulls.

Other kings ordered that smokers' pipes be forcibly thrust stem first through their noses. But even these harsh penalties did not stop people enjoying their friend tobacco.

These rulers belong to a long line of people who have tried and failed to wipe out tobacco.

In the Eastern countries, while tobacco smokers were subjected to such horrible punishments, smoking of hashish or pot was allowed, even the taking of opium. Now that government committees in some countries have recommended that pot be decriminalised, the wheel has turned full circle. Will we see people arrested for smoking claim they were only smoking pot?

Chapter 12 MODERN DAY PERSECUTION

Lack of tolerance has suddenly increased. Once it was unusual to hear people complain of the smell of tobacco. Sometimes they did but it was really uncommon. It was just one of the smells that people took as a matter of course and didn't seem to worry about. Now as a result of the fear campaign their sense of smell has become magnified and we hear complaints often accompanied by harrowing details of how it makes them ill. We now hear of people having an 'allergy' to cigarette smoke. We have seen there is no such thing. I wonder how one of these people would care to be told by a smoker how much his or her body odour or cheap perfume affected him?

Character assassination is a favourite weapon against any outspoken supporter of smoking. A whispering campaign will be started with all sorts of scurrilous stories of immorality and dishonesty and eccentricity. I have been accused of criminal negligence for advising patients to smoke and calls for my de-registration have been made. Recently the anti-smokers came in the night to my premises and daubed large anti-smoking slogans and insulting words on the walls. When Professor Burch criticised the sacred theory he was vindictively attacked by doctors and called 'a dangerous heretic' and a 'witch doctor'.

It is remarkable that one may express doubts about various medical theories without arousing an outcry, but if one just breathes a word querying the sacred theory he is at once branded a traitor, criminal, madman and so on. It is like denying Muhammed in the Ka'ba itself.

AFRAID TO SPEAK

In the medical world the persecution is worst of all. Young doctors dare not smoke for fear of offending their seniors. And students would be running a grave risk of being in the examiner's black book if he were, as he usually is, an anti-smoker.

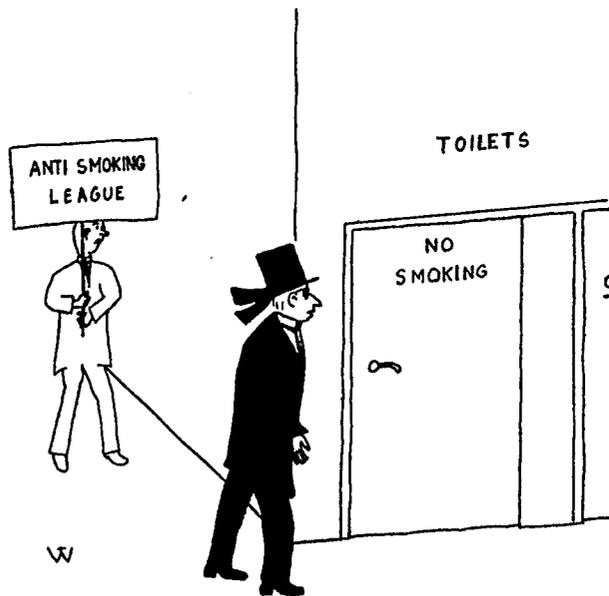
I know of many doctors who support my stand but they dare not speak out, believing (how rightly) that they will be victimised in their careers. But if they haven't the courage to stand up and speak out they will find that not only will they eventually be unable to get tobacco but probably also find their Scotch banned. Tobacco today. Alcohol tomorrow!

The attitude of most doctors to their patients is becoming quite laughable. Like little gods they bully them — often quite rudely — into quitting. Many even refuse to see patients again if they don't. Very often they embarrass them by sniffing their breath to see if they can detect the slightest trace of the accursed tobacco.

I recently heard of some old First War nurses who were accustomed

to smoking for 60 years or more, having to creep into the toilets of their veterans' home to enjoy a cigarette. What harm could smoking do to these old ladies who have smoked their way into their eighties?

In some cities, such as Minneapolis smoking has been banned in public toilets. Do the police keep people under observation while they are in them?



"I think I can smell something."

BLACK HOUR

The blackest hour in the U.S. campaign was when the Chicago police were ordered to arrest smokers on the public transit system. Most people were unaware they were breaking any law and were incredulous when arrested. Some thought the police were having some kind of joke. Many women who protested were dragged screaming off to jail.

There was no question of just taking names and issuing a ticket as for traffic offences. No. Like desperate criminals they had to go to jail. These decent women were forced to undergo a most disgusting and humiliating strip search. Not only did they have to remove all their clothes but they were forced to bend over, then to squat, to expose their intimate parts. There was such an outcry that the City of Chicago agreed to pay out damages of \$69,500 to the women, but most of them rejected it and are suing through the courts for heavy damages.

Those who had enough money on them were allowed bail, but many who hadn't had to stay in jail until they appeared in court. One woman, on a shopping expedition, was on her way home to welcome the children home from school. The kids wondered where their mother was. She spent the night in jail — because she smoked.

This happened in a country that calls itself enlightened — the Land of the Free. The people of Russia and China must just about bust a rib laughing when they hear of this.

At the same time some Chicago police, who were in civilian clothes, ordered a man to stop smoking on a train. He refused, probably thinking they were just some anti-smoking cranks, which was a pity, for three of the police were charged with murder by bashing him to death. (We can hear some smoking haters saying, "Good enough for him!") Two of the police were jailed for homicide.

There have been many reports of cowardly attacks on smokers in the streets by packs of anti-smoking thugs indulging in the 'healthy sport' advocated by certain anti-smoking doctors. In the main street of a large city a crusader snatched a valuable pipe from a smoker's mouth and dashed it to pieces on the pavement. Where were the police? Too busy catching smokers on trains and buses I suppose.

LET JUSTICE BE DONE

There have been cases of judges almost apologising for having to fine anti-smoking thugs for their criminal acts, making such statements as, "I admire your spirit," and so virtually patting them on the back and encouraging them in further lawless acts, which are becoming more and more common.

The pioneers who made America great were largely smokers. They must be turning in their graves. Some of their descendants would lock up their own grandfathers for smoking if they could.

The fanatics leave no stone unturned in harassing smokers. They call now for the government to refuse medical aid to them on the grounds that any illnesses they suffer are self-inflicted. They are also asking insurance companies to refuse to insure them or else have specially high premiums.

I, and other people who defend smoking, receive heaps of offensive letters — mostly, it seems, from people with twisted minds. One gem contains the following 'Christian' statement, "Smoking kills, but it is unfortunate it takes so long. It would be wonderful if it were quicker — instantaneous would be great."

While we have, as yet, no burning alive or hot lead poured down our throats, I have no doubt these vicious people would gladly do it if they could get away with it.

INHUMANITY IN HOSPITALS

The cruellest persecution of all is that now practised in most hospitals in banning smoking, its heartlessness emphasised by its very lack of sense and necessity.

To smokers their cigarette or pipe is a crutch to protect them from the hostile world. Could anything be more lacking in compassion than to deprive them of their solace? How cowardly to pick on the sick, the pregnant, the old and the helpless.

The ban particularly affects the old who have smoked all their lives and now have little to live for. To take away their last comfort is inhuman.

The fear of not being able to smoke in hospital is a real one, expressed to me every day by potential patients, who live in absolute dread of having to go to hospital and be forbidden to smoke. I know of people who have refused to go to hospital when they should have because of this. One old man said to me, "Never send me to hospital. I'll find a hole in the scrub to crawl into and die in peace with my pipe."

In prisons prisoners are allowed to smoke, but not patients in hospitals — not even those dying of incurable diseases when a smoke could be a comfort.

My advice to these people is to seek legal help. Surely the courts of the land will show some compassion and common sense.

Apart from this stupid and unnecessary cruelty, people who have warded off coronary attacks and high blood pressure by smoking will no longer be protected. Bronchitic people who relieve their coughs by smoking will probably develop broncho-pneumonia and soon relieve the hospitals of their unwanted presence. What it will do to their nervous states can only be imagined. And all this to please a noisy minority of puritans with their hatred of tobacco and completely unfounded claims of harm.

Chapter 13 FAILURE OF CAMPAIGN ADMITTED

With all their multi-million dollar government backing the campaigners have to face the sad fact that the campaign has failed. Although the public is kept unaware of it, the failure has been admitted by many governments. They may have won over the politicians, they may have won over the doctors (in spite of the claims of the antis the number of doctors who still smoke is surprising), but they have not won over the people. Tobacco consumption has risen.

The ban on cigarette advertising has been a failure. In the United States, England and Australia advertising was banned on T.V. and radio with no noticeable effect. In Italy a similar ban was introduced in 1963. By 1977 consumption was up by over 35 per cent. The French Minister for Health announced in 1978 that consumption had increased.

In Norway all advertising was banned. By 1977 consumption had risen by over 5 per cent. In 1979 the Surgeon-General, Torbjorn Mork, admitted that the government's anti-smoking campaign and tobacco advertising ban had not worked. He suggested that the price of cigarettes be raised to \$4 a pack in order to reduce smoking.

Official figures show that world tobacco consumption has steadily increased over the past few years. (The most recent figures, 1984, show an increase from 1983.) So much for the antis' lie that people are smoking less. These are official figures and can easily be checked.

The Worldwatch Institute of America has just announced with some concern that smoking worldwide is growing faster than the global population, and that since the anti-smoking campaign was launched tobacco consumption has increased by 75 per cent. It is growing at 2.1 per cent a year.

It seems that people are determined to smoke, even though they have incessant warnings and exhortations, so the only way Big Brother will stop them is to bring in complete prohibition. Even then they'll probably grow tobacco in the back garden.

Isn't it time to remove the compulsory warnings on cigarette packets? No one takes any notice of them. They have become a huge joke. Some smokers resent them so much that when they buy cigarettes they obliterate them.

DEAD BUT IT WON'T LIE DOWN

Recent events show that there is a world-wide reaction against the campaign.

In Switzerland a referendum on prohibition of advertising of tobacco products was lost by over a million votes.

In the United States during the past 10 years there have been over 1,000 bills to restrict smoking but the politicians sensibly rejected 93 per cent of them.

In Australia recently it was ruled that T.V. ads by the government's anti-smoking campaigners were misleading. To the great discomfiture of the antis they were banned.

Recent rulings by courts in the U.S. have caused the antis some heartburning. Anti-smoking organisations, including G.A.S.P., brought legal action to compel segregation of smokers in government work areas. A U.S. district court judge dismissed the claim. They appealed to the Court of Appeals which held against them. They then appealed to the Supreme Court of the United States which refused to overturn the lower court rulings. (Where did they get the money for these very costly proceedings?)

The Supreme Court of Virginia ruled that an ordinance of the city of Newport News requiring non-smoking sections in restaurants was "an unconstitutional exercise of the city's police power."

Another blow! The Supreme Court of Iowa ruled that an airline has an obligation to preserve the comfort of its smoking passengers as well as of non-smokers.

It is interesting to see that the Japanese government tobacco department has officially stated that smoking does not cause lung cancer. This interesting news item did not appear in the local press, of course.

America's biggest unions, the A.F.L. and the C.I.O., have stated their opposition to 'coercive efforts to infringe our individual right regarding smoking,' and their opposition to 'the misuse of scientific data concerning smoking and exposure to toxic substances to serve as a rationale for failure to prevent exposure at the work place'.

Why has the great campaign failed so dismally? The answer, it seems, is because of the healthy scepticism of the public. Perhaps they have an in-built common sense that is resistant to humbug. Perhaps they are too mindful of the painful history of 'boo boos' and *volte faces* of the 'experts'. Could it be that they just resent Big Brother interfering with their freedom?

Despite the failure of the scare the campaign has become more virulent than ever with hardly a day passing without some fantastic story of smoking harm in the media, and brainwashed politicians introducing more restrictions on smoking.

Recently the President of the American Lung Association, Jack Hoffman, said "We thought the scare of medical statistics and opinion would produce a major reduction in smoking. It didn't. Probably the only way we can win a reduction is if we can somehow make it non-acceptable socially." And this is what the campaigners are doing now. Admitting that the propaganda hasn't worked, they are mounting an all-out drive to make the smoker a dirty second-class citizen.

In the United States when Joseph Califano became Secretary for Health he launched a new attack on smoking. The vast sum of thirty million dollars of the taxpayers' money was allocated for the campaign. Until a couple of years before he was a heavy smoker but 'saw the light' and like a reformed sinner he had to convert others. He declared, "Cigarette smoking is public health enemy number one." In almost the same breath he announced that about five million Americans were expected to die from lung cancer caused by asbestos. It reminds one of 'Alice in Wonderland'. For a man in charge of such an important department he was singularly mixed in his priorities. A new Surgeon-General's report was called for. This turned out to be something of a damp squib. Apart from saying that smoking was really much more dangerous than formerly thought (no supporting evidence for this, of course) it was merely a re-hash of the old propaganda.

Califano asked the networks to increase the number of anti-smoking spots. He asked schools to teach the 'dangers' of smoking. The Civil Aeronautics Board was asked to ban all smoking in aircraft. He wrote to 500 of America's largest corporations to have smoking banned on their premises. He requested insurance companies to give cut rates to non-smokers and, in effect, make smokers pay more.

THE GREAT CANARD

The anti-smokers claimed that 300,000 people die each year in America from smoking. This is probably the greatest lie of all the lies of the campaign. There is not the slightest proof for this fantastic claim. In fact there is no proof that one single person died because of smoking.

COLD COMFORT

Speaking on the warning that over half of the people who worked with asbestos may die of lung cancer caused by it, Califano offered them this comfort, "Don't smoke." No doubt he would say the same to a population doomed irremediably to lung cancer after an atomic attack.

But not everyone was behind him. President Carter, speaking of Califano, said, "It is not his responsibility to tell American citizens whether they can smoke or not." Asked if he would set a national example on smoking by White House staff, he replied, "No, Sir." He also said, "No statement should be made against smoking unless we have proof." How about that? According to Carter the campaigners should not be saying one word against smoking because they haven't any proof.

Horace R. Kornegay, President of the Tobacco Institute, told a

Congressional committee that Califano's program was unjustified both scientifically and as a matter of public policy. He charged him with initiatives to coerce, repress and tamper with personal behaviour and individual freedom. He accused him of using 'a series of factual inaccuracies and scientifically unsupportable figures and estimates.'

CAMPAIGN DOOMED

Dr. Sherwin J. Feinhandler, a cultural anthropologist, testifying in Congress, said, "The anti-smoking campaign is doomed to backfire." He went on to say, "In almost every society from the most simple to the most sophisticated, tobacco figures prominently in the social and ceremonial lives of the people. The anti-smokers cannot confront the real source of anxiety about pollution — industry and automobiles — so the smoker is the ready target. It is a dangerous precedent for government to choose sides in debates over life styles. The movement is doomed to backfire."

All over the world the campaigners are admitting that, in spite of the millions, possibly billions, of taxpayers' money spent on it, the great scare campaign has failed. They are switching over to the social aspect.

An example of this is a statement in the Melbourne 'Age' of April 4th 1980 by Dr. G. Egger, a leading government campaigner. "People are sick of the message of smoking related to health. Research suggests the the 'finger-wagging' approach has had little effect on smokers. What works far better is to strike people at their most tender spots: their vanity and their virility." (Is this a tacit admission that there is no health factor?)

It is amusing that virility is brought into it in view of the fact that so many people feel that smoking increases their virility.

A thing of great significance is the recent change in no smoking signs. These used to read no smoking for your health's sake. Now they read no smoking for public safety. It seems that the puritans realise the failure of the health bogey and are now trying to stop smoking because of an alleged risk of fire from cigarettes, which, if the truth be known, is comparatively minimal.

Chapter 14 TRICKERY WITH STATISTICS FIGURES DON'T LIE BUT LIARS CAN FIGURE

The anti-smoking case rests solely on statistics. Intelligent people have come to look on these with suspicion, something by which 'you can prove anything'. The old saying is, "Lies, damned lies, and statistics." At first sight many people may be impressed by an imposing slab of graphs, but will soon discover how useless they are in proving anything. Statisticians themselves are the first to admit this. Statistics themselves are useful information if collected without bias, but, as the great statistician, Professor Yule, once said, "You really can't prove anything by them." American statisticians attacked the smoking statistics because of what they termed selection bias. They pointed out that the people selected for the surveys were by no means representative of the population. Even the Surgeon-General conceded that the seven major surveys used for his report were not designed to represent the U.S. population. He further conceded, "Statistical methods cannot establish proof."

The Royal College of Physicians did a survey of doctors, a minority of the population. Dr. Dijkstra shows that only 68 per cent of the doctors answered the questionnaire. Statisticians will not normally deal with questionnaires with more than 2 per cent failures to answer. Here over 30 per cent failed to answer.

Professor Burch said, "We cannot assume that British male doctors, particularly the self-selected group that answered the Doll-Hill questionnaire, are representative of all British males."

Dr. Hill has admitted that the epidemiological study was not done as well as he could have wished. This prompted Professor Burch to ask, "If an epidemiological study cannot be properly conducted, should it be done at all?" We should note that this is a study on which the campaigners depend for their case.

The major studies have been condemned as worthless by many statisticians because they failed to take into consideration the occupational history. Drs. Doll and Hill did not ask what work people did, nor did the American Cancer Society. Just imagine the red faces if a big proportion had said they had worked with asbestos or other known carcinogens. We might have been spared all this statistical nonsense.

Sillett and Associates reported in the *British Medical Journal* recently that there is a very high rate of deception practised by smokers 'who have quit'. It has been found that many of them have quietly resumed smoking. The campaigners are very concerned by the

extent of the backsliding. But many backsliders are counted as non-smokers.

A thing that escapes the notice of most people is that people are now living longer. Lung cancer is mainly a disease of old people. Since there are more old people we can expect more cases of lung cancer.

DID THEY REALLY HAVE LUNG CANCER?

Many anti-smoking doctors are only too prone to give the cause on a death certificate as lung cancer when they don't know for sure, and these certificates become 'statistics'.

Professor Rosenblatt wrote in *Medical Science* (1965), 'Autopsy records show that more than 25 per cent of cancers of the lung did not arise in the lung but spread there from other parts of the body.'

Some scientists independent of 'Government Medicine' are of the opinion that only a minority of cases diagnosed as lung cancer are really lung cancer. If so this must alter the whole basis of the smoking scare. The only real way of diagnosing it is by autopsy, but comparatively few autopsies are done. Otherwise it is guesswork.

Professor Rosenblatt has written that at one big New York hospital only a minority of cases certified as lung cancer were confirmed by autopsy. He also testified before a U.S. Congressional committee in April 1969 that a recent ten year study revealed that almost 60 per cent of cases certified as lung cancer were found to be incorrect.

A number of other scientists have reported that lung cancer is largely over-diagnosed, for instance Lombard *et al* (*Proceedings of the National Academy of Science* December 1962) and Barclay and Phillips (*Cancer* 1962). The true position is that nobody really knows how many people get lung cancer, so the 'statistics' are not statistics at all but mere guesswork. This is the great weakness of the anti-smoking case. If the truth were known we'd no doubt find that smokers have no more lung cancer than non-smokers.

As C. Harcourt Kitchin points out in his interesting book, *You May Smoke*, "we find doctors, not satisfied with certifying the cause of death as lung cancer, gratuitously adding 'due to excessive smoking.' If proof is needed of the pernicious prejudice which propaganda can create, surely this is enough."

Statistics can be made to say just about anything, as Harcourt Kitchin shows. In the years when imports of apples into England were high, statistics showed that there were more divorces. No one said we should cut down imports of apples to stop divorce. In America it was noted that when there was a rise in imports of nylon stockings there was a rise in lung cancer. Smoking appears to have as little to do with lung cancer as apples or nylons.

FUN WITH GRAPHS

You can have some fun with graphs. You could make some imposing ones from the following statistical 'relationships'.

- (a) An increase in the consumption of Italian pizza with an increase in lung cancers.
- (b) Some observers have noticed a statistical association between an increase in smoking and an increase in illegitimate births.
- (c) Lung cancer rose with the importation of Japanese cars. (Should we stop importing them because of this?)

Doesn't all this show how ridiculous it is to say that statistics can prove causation?

A STATISTICAL COMEDY

How people can be deceived by statistics may be shown by a story about copper pipes in an Eastern city. The king's officials found that a mysterious abdominal disease had broken out and that the victims got their water through copper pipes. People who got their water through iron pipes were unaffected. Impressed by these statistics, the king ordered all copper pipes to be replaced by iron. But the only result was the bankruptcy of the coppersmiths. The disease continued. Later a scientist found that the copper pipes came from a separate reservoir which was full of dysentery germs. At first sight most people would have agreed with the king's action. Although the king must have felt rather foolish he could console himself with the knowledge that the statistics were correct anyway.

When the Royal College of Physicians released the report on smoking and lung cancer it was immediately attacked by some of the world's leading statisticians as worthless. The smoking haters try to keep this as quiet as possible. Some of the more fanatical even deny the whole criticism. So here is a list of some of them: Professor Sir Ronald Fisher, Jersey Neyman, Joseph Berkson, Theodor Sterling, A. Feinstein, J. Yerushalmy, D. Mainland — all world-famous men. The appalled statisticians invited the members of the R.C.P.'s committee to an international meeting of statisticians to discuss the statistics, but wisely not one of them accepted.

The American Cancer Society has been criticised for its refusal to release for independent review the data from its huge population study. Since this study provided much of the statistical base for the Surgeon-General's report, the refusal has raised questions in the minds of many scientists. Are they afraid to release them?

Fallacies due to wrong interpretation of statistics are well known throughout history. Statistics 'proved' that pellagra was caused by eating corn, until it was discovered that it was caused by a vitamin

deficiency. Statistics 'proved' that living at low altitudes caused cholera, until the cholera organism was discovered. It was found that people who went out into the night air got malaria. Statistics 'proved' this and the disease was called after the bad air. It wasn't until the mosquito was found to carry the malaria organism that these statistics were found to be of the 'proof' value of other myths. Doctors claimed that statistics showed that tuberculosis was due to smoking until the tuberculosis germ was found. Scurvy was found to be due to eating salt meat until it was established to be caused by a vitamin deficiency.

Dr. B.K.S.Dijkstra (South African Cancer Bulletin Vol 21 No 1) has shown the figures of Drs. Hill and Doll, the source of the anti-smoking claims, to be altogether erroneous. They are still quoted as an act of faith by the campaigners.

A number of scientists have carried out statistical studies and they reported that the supposed connection between smoking and lung cancer could not be upheld, for example R. Poche of the Medical Academy of Dusseldorf, and O. Mittman and O. Kneller of the University of Bonn.

All the men mentioned are of high professional repute, but the campaigners would have us believe they are liars or fools — or that they don't exist.

Unfortunately the media finds the loaded statistics are sensational and naturally gives them good coverage. But when some scientist refutes them this is not regarded as such hot news and we see nothing about it.

As an illustration of how a headline based on statistics could sound I give this example:

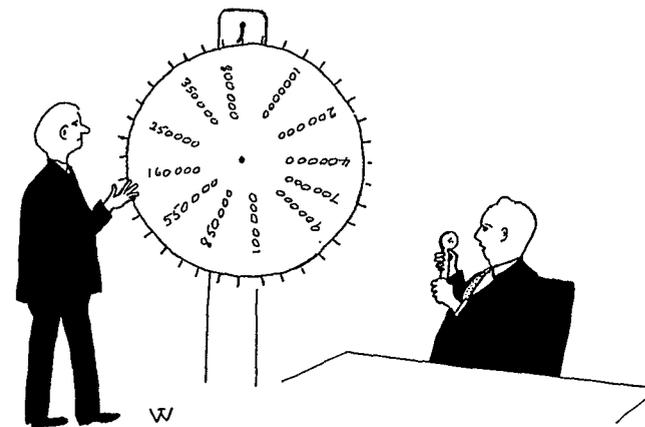
From the Daily Blurb —

"ON PACIFIC ISLAND SMOKING-LUNG CANCER RATE 100 PER CENT"

This certainly sounds startling. But if we look behind the headline we find that a man with lung cancer went to this island to die in peace with his pipe for solace. He was the only inhabitant. The headline is correct — statistically.

Did the Royal College of Physicians have smoking in mind as the culprit before their survey was done? One might be excused for asking why they didn't gather statistics on the relationship to exposure from many other agents which had been suggested as causal. However it has been pointed out that it is difficult to determine the exposure history to most pollutants while it is very easy to ask people if they smoke or not.

Often what are claimed to be statistics are only figures drawn out of thin air and not statistics at all. In 1965 the Chairman of an organisation against smoking, who was a layman, claimed that cigarettes were responsible for between 125,000 and 300,000 deaths a year in the



'It's the media wanting the smoking deaths for the coming year. Hurry up and spin it.'

United States. This statement was publicised by great newspaper headlines all over the country. A little later a government official was quoted as saying that smoking was responsible for at least 125,000 deaths a year. When asked for his source, he gave the Chairman. The Chairman was asked later at a Congressional hearing how he came by the figure. He answered, "From the government." In spite of this comical *contretemps* the smoking haters are still using the 300,000 figure. Amusingly enough, with typical lack of imagination, they have had the same figures every year since 1965. They still refuse to say how they arrived at the invention of this mythical figure.

Professor Rosenblatt told a Congressional committee, "The widely publicised accusations of hundreds of thousands of deaths caused by cigarettes, and of shortening of life by a specific number of minutes per cigarettes smoked, are fanciful extrapolations and not factual data."

Since leading statisticians have shown the 'statistics' of the anti-smoking 'industry' to be worthless, the 'industry' has been constantly challenged to carry out a survey in accordance with the strict requirements of statistical science and taking into consideration the effects of the work place. Some people may be puzzled as to why they don't do this. After all they have enough funds to carry out the greatest survey ever known. But the antis realise full well that a proper survey would quite destroy their already condemned 'statistics'. After the mortal blow of the M.R.F.I.T. findings I doubt they'll be in a hurry to carry out further massive surveys.

In *The Australian Surgeon*, June 1981, Dr. J.R. Johnstone gave an account of a meeting of the British Royal Statistical Society at which Professor Burch of Leeds University presented the case opposing the anti-smoking case. He reports, "Judged by the discussion that followed, the case against smoking was found to be un-proved." Some of the main points were:

1. Inhalers have a lower incidence of lung cancer than non-inhalers.
2. There is little correlation between tobacco consumed per capita in different countries and the incidence of lung cancer.
3. Women started smoking about 30 years after men. The maximum increase in the incidence of lung cancer occurred at about the same time for both men and women, contrary to popular opinion.
4. Mean age for diagnosis of lung cancer is 57 regardless of the quantity of tobacco consumed by the individual.
5. Tobacco smokers are much more likely to be diagnosed incorrectly as suffering from lung cancer than non-smokers so that the statistics linking smoking and cancer are inflated."

Dr. Johnstone, of the West Australian University, is just one more of the numerous scientists de-bunking or seriously challenging the smoking harm theory.

THINK OF A NUMBER

The 'statistics' of the anti-smoking 'scientists' might be described as, 'Think of a number, then double it — and it's a statistic'. All this would be very funny if it were not for the downright dishonesty.

"It is now proved beyond doubt that smoking is one of the leading causes of statistics." Fletcher Knebel.

Chapter 15 'EXPERTS'

COMMON SENSE NOT SO COMMON

Experts may be self-appointed — they usually are — or they may be people who have academic qualifications and have been recognised as having done special work in their fields. Some people have criticised me for speaking out on the controversy while not being an 'expert' on cancer. But when one considers that no one really knows what cancer is or what causes it, is there such an animal?

I have studied the relationship between smoking and cancer much more than most people and I don't think any so-called expert really knows any more. So-called experts may have all the qualifications in the world and yet not have the basic common sense to give a logical opinion. A man may have a string of degrees as long as your arm but may be unconsciously biased because of deep prejudice due to upbringing with convictions so deeply embedded that nothing can shift them.

THE WISE MEN DIFFER

Every day we see experts who have the same experience and knowledge giving opposing opinions on just about every topic under the sun. A popular illustration of this is the argument for and against seat belts in automobiles. A departmental expert (how does one become a seat belt expert?) claims that seat belts have saved so and so many lives. How can he really know? Investigators say that for every case where a seat belt is claimed to have saved a life there is an equal number where it has caused the driver or passenger to be squashed by the engine coming back, or burnt to death, or drowned. Whom are we to believe? It is well known that many people are mortally afraid to wear them. The only really scientific test would be for Big Brother to have 1,000 car drivers wearing seat belts to run head on into 1,000 not wearing them, and see what happens. Compulsory wearing of seat belts is just another example of Big Brother's interference in a matter where there is widely conflicting opinion.

Science and medicine are just two fields full of examples through history of experts differing, often with unbelievable heat and bitterness. In the field of economics, opposing opinions of the leading schools are the accepted state of things.

DISHONEST RESEARCHERS

It is commonplace to see 'findings' published in medical journals and then to see other researchers carrying out the same experiment ob-

tain quite different results. This happens all the time. It is by no means unknown for enthusiastic researchers to fake results.

There have been a number of scandals involving this with some journals refusing to accept further work from them. It has become very prevalent. Manwell and Baker, writing in "Search" (June 1981) discuss the widespread faking that occurs. They quote St. John-Roberts who wrote in the "New Scientist" (November 25 466-9) that in one survey 16 out of 50 researchers faked results. What is most startling is that in 185 cases of intentional bias only 10 per cent of the cheaters were dismissed. Many of the others were actually promoted! The authors say that scientists who have criticised authority — either within science itself or powerful vested interests which are outside science but which finance it — are often subjected to dismissal or similar serious harassment.

Now to hand is a report of a scandal involving a researcher whose 'findings' have been used extensively by the anti-smoking campaigners. This researcher has admitted that he falsified his data. The U.S. Food and Drug Administration has barred him, and his university has informed him that his appointment will not be renewed. How many other findings on which the campaign depends are false? No doubt this researcher's 'findings' will continue to be used in the great scare campaign like the discredited smoking dogs story.

Some people who think that reports by various investigators (often declared tobacco haters) must necessarily be impartial, ask in a challenging way, "Whose vested interests do these men serve?" The answer is simple. They serve, wittingly or unwittingly, the interests of industrialists who directly or indirectly provide their comfortable jobs in order to lay the blame for their industrial carcinogens at the door of smoking.

A very apt reference to cancer research was made by N. Arey, who said, "More people live on cancer research than die of cancer."

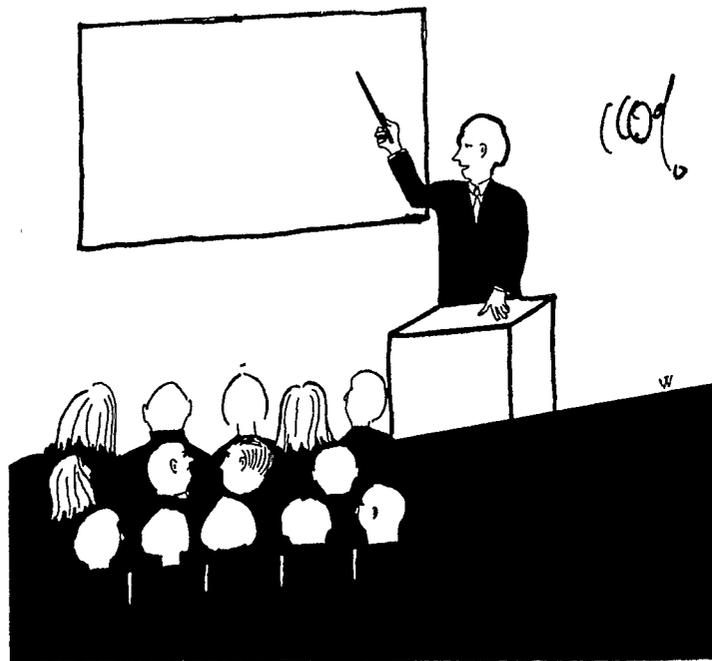
When doctors claim that medicine is a science we should realise that probably ninety per cent of accepted beliefs and teachings have not been proven according to the rigorous requirements of science. The smoking controversy is really Modern Medicine versus Science, with the anti-smoking doctors accepting unscientific evidence. What they call 'Mounting Evidence' would be better described as 'mountains of unscientific evidence'. Medical Science is largely a contradiction in terms, like saying Theological Science.

Few people realise that although there have been great advances in treatment, the causes of most diseases, apart from those caused by germs and so on, are still unknown. We don't know the cause of coronary heart disease, high blood pressure, emphysema, diabetes, arthritis and dozens more. And we don't know the cause of cancer. But the clever anti-smoking doctors 'know' the cause of lung cancer. Smoking, of course. To the great amusement of scientists.

A good example of experts differing is the dispute on the safety or danger of uranium products, with scientists of high standing holding diametrically opposite views. Some scientists say there is no, or very little danger. Men of equal standing say they are extremely dangerous. There is a dispute on the level of 'safety'. Some have set it at a level which others say is two thousand times too high.

The marijuana controversy (in which I am neutral) is another example of experts differing. Some researchers produced findings showing that it caused chromosome abnormalities and diminution of immune response. But findings of other scientists showed no such thing. Other scientists claimed that they found a lowering of male hormones. Others that it had an adverse effect on motivation. But these claims were answered by scientists whose researches showed none of these effects.

It seems that for virtually every report condemning marijuana there is at least one showing that it is safe. Who is right? If the 'findings' condemning marijuana are as unreliable as the smoking 'findings' pot smokers have little to fear.



"Following nuclear blasts there is a great increase in all forms of cancer, but we know, from revelation on high, that lung cancer is caused by smoking."

Just because a chest specialist sees many cases of lung cancer it doesn't mean that he is able to say what the cause is. A chest surgeon, on my expressing doubts about the Sacred Theory, said rather heatedly, "If you'd seen as many cases of lung cancer as I have, you'd have no doubt that smoking causes it." I was struck by the strange logic of this. If he'd seen a million cases, it would not necessarily mean a thing as to cause. But this is typical of their thinking.

I am certain that the smoking theory will soon be recognised as another of the 'boo boos', perhaps the greatest of all, which it will take the profession a very long time to live down.

In view of the notorious conflicts of opinion among the 'experts', people of common sense don't accept their opinions too readily. So when some 'expert', who really knows no more than you, tells us of the 'danger' of smoking let us express a healthy scepticism.

Chapter 16 ANTICS OF THE SMOKING HATERS EAGER KILL-JOYS

What do the campaigners want? It seems nothing less than total prohibition of smoking. Some smokers don't seem to realise this and think any restrictions will be limited. But the campaign is being run in deadly seriousness and unless these pests are stopped they will make it impossible for anyone to smoke.

They have announced their goal: 'No smoking at all by the year 2000'.

The strategy of the campaign is to do it in stages. First they have succeeded in having smoking banned in trains and buses. Next will be airplanes. No doubt drivers of private cars who smoke will be held to pollute the atmosphere and that will be banned. Of course the exhaust gas of the car doesn't matter. Shops of all kinds, offices, workshops, restaurants, theatres and most public places are on the program. When they have got all this, smokers will have to have a licence to buy tobacco, even to use in their own homes.

Dr. Joseph Mizgerd, President of the Lung Association, Maryland, recently said, "Cigarettes should be banned, except to the rare certified addicts." This will be only for existing smokers. Licences won't be issued for new smokers, and after a while there will be no more left smoking. And they'll all be happy and turn their odd minds to stopping people drinking alcohol or putting a dollar on the favourite. So it's not only smokers who should stop them but all free people who might enjoy something that the puritans don't.

What we should not forget is that although many of these zealots are acting out pathological compulsions, the people who are egging them on to greater bouts of misplaced zeal are the paid minions of Big Brother, whose jobs depend on the success of the campaign.

Abusive phone calls to supporters of smoking are one of the best known antics of the fanatics. Only last night I had a call from one: "If you don't get lung cancer," he said, "there is no God!" Let brotherly love continue.

A recent television coverage showed the organisers of an anti-smoking league handing out cans of spray paint and inciting their members to go around defacing cigarette advertisements and writing offensive slogans on the premises of pro-smokers. Thousands of dollars' damage are being done by the fanatics. The police either don't care or are strangely unable to catch them.

On the rare occasions when they are caught, these people elect to go to jail rather than pay fines, making martyrs of themselves to their

misguided cause. Their conduct is a classical case of criminal conspiracy which is usually punished by heavy jail terms, but the authorities charged with administering the law turn a blind eye although they are only too ready to arrest smokers.

IN THE NAME OF THE NEW RELIGION

A number of bodies with strange-sounding names have set themselves up to harass smokers. (Where do they get their funds?) We have bodies like A.S.H. (Action on Smoking and Health).

And S.M.A.S.H. (Smoker Mortification and Smoker Humiliation) whose cry is, "Let's drive smokers back to the closets where they belong."

S.H.A.M.E. stands for Society to Humiliate, Aggravate, Mortify and Embarrass Smokers. They call on non-smokers to knock cigarettes from the mouths of smokers. They are working to have cigarettes declared a prescription drug limited to pharmacies.

G.A.S.P. stands for Group Against Smokers' Pollution. They encourage their members to sue smokers for causing pollution and to make citizens' arrests. They promise financial assistance for legal cases. G.A.S.P. recently made some citizens' arrests and are now facing million dollar suits for wrongful arrest.

Since these puritan types are not usually blessed with an overabundance of money, one is tempted to ask where they get the money for their quite expensive campaigns. We might be excused for believing that they get secret hand-outs from Big Brother and from big industrialists anxious to divert the blame for their cancer-producing products on to tobacco.

HYDROPHOBIC HATE

Books are appearing detailing guerilla tactics to be used in the war against smokers. One book advises vomiting over the groceries of smokers in supermarkets. Another suggestion is to urinate in ash trays. Also advised are stink bombs to release near smokers, and paint bombs in plastic bags to hurl at appropriate targets.

These are the people who complain that smokers are discourteous!

When the comedian Jerry Lewis planned to visit Wichita to help the Muscular Dystrophy Association, G.A.S.P. threatened to turn powerful water guns on him if he smoked. The visit had to be cancelled.

A press photographer was smoking a cigar when he snapped a visiting celebrity at Washington airport. An armed guard rushed up and told him that tobacco can kill and that he had power to shoot him for smoking.

In Sydney a vigilante saw a man smoking in a train and pulled a gun on him to make him stop. Where will the crackpottery end?

Phil L. Wright of Denver has marketed a special anti-smoker's spray for drenching smokers. He claims he has sprayed dozens of diners and their meals in restaurants, and claims he has sold 30,000 cans.

In New York a woman carries a pair of long scissors to snip off cigarettes and cigars.

Someone is going to get badly hurt.

The crusaders have adopted the tactics of the prohibitionists who gave America the 18th amendment — total prohibition of alcohol, from which it took the country at least a generation to recover after its repeal. Now they harass smokers in public even though they are not in prohibited areas. It is important to realise that it is not smokers who are the wrongdoers but the smoking haters. Smokers should take energetic steps to have them prosecuted when possible.

In several cities restaurants have been forced to set aside non-smoking sections. One hotel found that the section had been used by only two out of one thousand guests. Another got seven requests by non-smokers out of 39,000 guests. In some hotels it was found that the staff did not like waiting on non-smokers since they were such 'lousy tightwads' with tips. Providing special sections puts restaurants to great expense and extra staff. It is not surprising that they have had to increase charges.

A Florida restaurant owner who was forced to provide a separate area, said recently, "Nobody wants to sit in this new area."

The smoking haters struck a Tartar in Mrs. Phyllis Alford of Newport News who was ordered by a city ordinance to provide a separate area in her restaurant. She fortunately did not take it lying down but appealed to the Supreme Court of Virginia which ruled that it was an unconstitutional exercise of the city's police powers. How many more of these anti-smoking laws are unconstitutional? Citizens should test them every chance they get, for it seems they may get justice from the courts of the land, if not from Big Brother.

Chapter 17

CAN YOU BELIEVE A WORD THEY SAY?

If the smoking-lung cancer theory had any merit why should it be necessary for the campaigners to stoop to the deceit for which the campaign has become so notorious?

One of the most bare-faced lies they have put over is the phony scare of 'passive smoking', which has been admitted even by many leading anti-smoking doctors to be totally unfounded. Finding they were not doing much good scaring smokers, they tried to get support from non-smokers. They realised that non-smokers were not worried about smokers getting their 'just deserts', but if they could be made to worry about their own health this would help the campaign. They wanted people to be afraid to be near smokers. Although the scare has been completely exposed as phony they still stubbornly persist in it.

The main props of their campaign having been knocked away, they cling to this one like grim death, closing their eyes to the fact that the fallacy has been rejected by the world of science.

SHAGGY DOG STORY

In 1970 without the customary review by scientific peers and acceptance by a reputable scientific journal (because they failed to get these), the American Cancer Society released a report to the media that inhalation of tobacco smoke had caused lung cancer in beagle dogs. The media gave the report world headlines. What wasn't revealed was that the report had been rejected by the respected *New England Journal of Medicine* and the *Journal of the American Medical Association* on the grounds that 'it did not measure up to acceptable scientific standards'.

A former president of the American College of Pathologists termed the experiment 'suspect' and told a congressional committee that the photomicrographs published "are inconclusive of the existence of any cancer." The Society refused to release the details of the study for independent review by other scientists.

Professor Sterling, the famous statistician, wanted to check their data but they refused to make this available. Sterling remarked that by refusal 'they have impugned the credibility of their own claims.'

The whole thing was thoroughly discredited and has become an abiding embarrassment to the Society although it has never done anything to disabuse the public of the false notion that it created. The anti-smoking campaigners blithely quote the report to support their claims up to this day. To make it worse, lecturers at many medical schools are still solemnly indoctrinating students with it. It is worth noting that desperate efforts to reproduce the alleged results have

totally failed. Professor Feinstein, Yale University, wrote recently, "No well conducted experiments have shown that cigarette smoke causes lung cancer in animals." Professor Sheldon Sommers told a U.S. Congressional committee that 'the smoking dogs story is not true'. As did Professor Schrauzer, whom I have already mentioned. This was confirmed by the testimony of respected scientists Hickey, Hockett, Buhle and Macdonald.

RAPPED BY LEADING MEDICAL JOURNAL

The *Lancet*, one of the world's leading medical journals, in January 1971, took to task the Royal College of Physicians, the fountainhead of the anti-smokers, and accused them of juggling with statistics. It said that this was "more likely to destroy the reader's faith in statistics than convince him that smoking is dangerous."

The British scientist, R. Mole criticised a U.S. scientist for misinterpreting figures given by scientists investigating the effects of smoking on the lungs. He said, "If the reported evidence has to be misrepresented in this way to make a case, then the case is likely to be worthless."

EMBARRASSING CHOICE

The Royal College of Physicians in gathering statistics on smoking found to their surprise, and no doubt dismay, that inhalers of cigarette smoke got less lung cancer than non-inhalers, the opposite of what was expected. This would make one think that cigarettes had nothing to do with lung cancer, for obviously if they had, then the inhalers should be affected more.

However this surprising and inconvenient finding was not publicised. It was not even mentioned in reports.

When they surveyed the smoking habits of British doctors, not surprisingly they avoided asking them whether they inhaled or not.

Professor Sir Ronald Fisher, commenting on this, said, "The statisticians had the embarrassing choice between frankly avowing that the striking and unexpected result of their inquiry was clearly contrary to the theory they advocated, or to take the timid and unsatisfactory course of saying as little as possible about it."

I have already discussed the rather comical antics connected with the anti-smoking organisation whose 'statistics' just came from thin air and were used by the government — 'statistics' still quoted by the campaigners.

When immensely strong solutions of so-called 'tar' from cigarettes were repeatedly applied to the skins of mice, it was claimed that a form of skin cancer was produced. But the people concerned were careful to conceal the fact that the amount of this 'tar' would be

equivalent to a man smoking up to 100,000 cigarettes a day. They forgot too to mention that many substances harmless to man, even tea and eggs, can produce skin cancer in mice. Nonetheless, this claim is still being used by the antis.

Dr. Hiram Langston, Chief of Surgery, Chicago T.B. Sanatorium, told a Senate hearing in 1965, "The need for *honest* research in seeking an answer to the *unsolved* problem of lung cancer cannot be side-stepped merely because an *apparent statistical* association has spotlighted a convenient, though probably *innocent* suspect." (My italics).

Professor K. Alexander Brownlee, University of Chicago, told the hearing that the anti-smokers' claim of an association between smoking and lung cancer, in spite of the facts against it, was a "splendid example of the technique of flatly denying the existence of any inconvenient fact if you cannot explain it away." (Maier's Law says, "If the facts do not conform to the theory, they must be disposed of.")

These two scientists, in effect, called the campaigners liars. Of course their statements did not make the headlines.

One would expect people with less gall to be set back by all this, but they seem to take it in their stride. They speak of 'irrefutable facts', as if these have been proved, when they know full well that they haven't.

FORKED TONGUES

Harcourt Kitchin says, "There are so many critics of the theory, physicians, scientists and statisticians, recognised authorities in their own countries and internationally, that it is impossible to list, let alone quote them except for the few I mention." (In his book he mentions quite a few). Yet the campaigners say the theory is universally accepted.

A deceitful gimmick favoured by the campaigners is pictures of "black lungs" which smokers are alleged to develop. The eminent pathologist, Dr. Sheldon C. Sommers, Columbia Hospital, New York, in evidence before a Congressional inquiry said, "It is not possibly grossly or microscopically, or in any way known to me, to distinguish between the lung of a smoker and a non-smoker."

These black lungs are readily obtained from the bodies of people subjected to carbon dust such as coal miners. One more example of brazen trickery. 'Smokers' black lungs' have been used by puritans for generations. Some more trickery was shown by the grisly display of emphysematous lungs in the lobby of H.E.W. headquarters, with a placard saying, "Smoking is a major factor in 90 per cent of all emphysema." Yet the government's own scientists have repeatedly told Congress that the cause of emphysema is unknown.

Another scandal is the attempted hushing up by the government of

the findings of extensive radioactive harm in Nevada and Utah residents which I'll discuss later.

One more unfounded claim is that since many British doctors quit smoking their lung cancer rate has dropped. However Professor Burch has written that there has actually been an increase. (*J. Int. Statis. Soc. A 1978*). Dr. Henry I. Russek has pointed out that there has been no decrease in coronary deaths in the doctors who quit smoking.

There seems to be no ending to the falsehoods of the campaigners. One fanciful claim is that as a result of the campaign non-smokers now greatly outnumber smokers. There are no recent figures available as to the proportion of smokers to non-smokers, but as late as 1975 smokers comprised 70 per cent of the adult population of the world. There are, however, official figures for the past year showing that world tobacco consumption has continued to rise each year. So how could the proportion of smokers have fallen as they claim?

It is surprising that tobaccoists and similar people do not sue these pests for heavy damages. Nobody can object to a person giving an opinion that smoking is harmful, but to deliberately lie by saying that this has been proved and so cause harm to business provides, in my opinion as a lawyer, grounds for action.

SUPPRESSION

Just as shameful as the false claims is the effective suppression of any findings that the campaigners don't want known, like the finding that inhalers got less lung cancer than non-inhalers. With their allies in the media they are able to prevent the public from learning of these.

One glaring example is the M.R.F.I.T. survey. This calamitous report was of such importance that it was clearly very newsworthy, but I have been unable to find one newspaper that gave it even a mention. And yet hardly a day passes without some scare report on smoking.

An example of suppression by the government is a study of 200 dogs made to inhale cigarette smoke for two years. The report was received by the Department of Health and Human Services in June 1983 but was never published. People who have had access to the report say that it shows that the dogs that smoked turned out to be much healthier than the control dogs that did not smoke. The department has been challenged to release it but for obvious reasons this is not likely.

Today I read a lengthy article in a newspaper on 'asbestos related disease'. This term was used a number of times, but the term 'lung cancer', which is the most serious asbestos related disease, was not used once. In the same edition there was an article on 'respiratory

cancer' being found to be alarmingly prevalent in the vicinity of petrochemical plants — something which can no longer be hidden. The average lay person will not realise that 'respiratory cancer' means lung cancer. It seems that when causes other than smoking are mentioned the term 'lung cancer' is carefully disguised and used only when smoking is mentioned.

Science means truth. To foster their case the antis don't feel at all bound to obey scientific principles. This lack of honesty has disturbed a number of doctors and professional journals. I have already mentioned how the *Lancet* accused them of 'juggling with statistics'. The British Journal, *Public Health* (March 1978) said, "If we are to retain the confidence and respect of the public ought we not to take the greatest care not to mislead them?" This was said with reference to smoking. The honest query was denounced strongly by leading spokesmen for the anti-smoking lobby.

The *Journal of the American Medical Association* (August 1979) said, "Many reports on the origin of cancer have been flawed in both design and interpretation, but have been accepted by the agencies that funded them and by the news media." Pointing out that scientific journals submit reports for peer review before publishing, the journal commented, "Unfortunately the same degree of care has not been exercised when government agencies have released reports to the press." This is a gentle way of saying that many reports, especially those prepared by Big Brother's minions, are suspect.

In its issue of May 2nd 1980, the journal re-printed an editorial from early this century in which it said, "The anti-cigarette movement does not differ widely from other 'anti' industries in that it is marked by a disregard of facts and that its motive seems to be prejudice based on misinformation." It is hard to believe that, following its former criticism, it reproduced this editorial without there being some point in it.

As many people have pointed out, the anti-smoking case must be very weak for the campaigners to have to indulge in deceit. Frightening the public in this way with false statements should be made a criminal offence. This is already the law in some countries where it is a jail offence to spread false reports likely to alarm the public. The lie that there is proof that smoking is harmful would surely qualify for a false report.

The smoking scare is really so wicked that it is against all notions of justice that those responsible should not be punished. Winston Churchill wrote of 'the danger of state interference with social habits of law-abiding persons'. In another context he wrote, "Punishment should be reserved for those who spread this evil."

The press has been a great ally in spreading their phony reports. American newspapers published a headline story that emphysema cost

\$1.5 million due to smoking "based on figures by Dr. R. Freeman." Dr. Freeman hastened to make a statement that he had not given smoking as the reason. His disclaimer was not given much publicity.

In 1975 great scare headlines appeared following publication by the National Centre for Health Statistics showing a 5.2 per cent increase in the cancer death rate. The papers produced numerous 'experts' who thundered at smoking. Later a shamefaced official admitted that the figure was a mistake due to 'coding' errors. As you may imagine there were no headlines about this admission.

I have already mentioned the selection bias used in obtaining 'statistics'. As statistics are the only weapon they have, if these are not valid — and it must be clear to them that they are not — it is dishonest to use them, and they have nothing at all to stand on.

What must really be the prizewinner in the anti-smoking propaganda is a graph chart handed to a press conference by the anti-smoking establishment and also used in giving evidence to a Congressional subcommittee in 1982. The chart shows a line representing 'all cancers' and a second for 'all cancers other than lung cancer.' A third line representing the lung cancer rate rises very steeply from 1950 to 1978 implying that lung cancer is soaring. Some alert statisticians were quick to point out that the lung cancer scale was plotted on a *different scale* so that it looked steep. When plotted on the same scale as the others the line was much flatter. I wonder if this was made known to the congressmen?

A rather ridiculous effort to discredit smoking rebounded somewhat comically to their discomfiture when they had an article published saying that the last four kings of England died from smoking. I soon pointed out in another article that, except for George VI who had scarlet fever as a child, damaging his heart, they all lived to ages much greater than the average. I gave my opinion that they lived so long because they did smoke.

Recently one health department estimated (guessed) that cigarettes cause so and so many thousands of deaths a year. Now this estimate or 'guesstimate' is being quoted by the campaigners as a fact, even though it was originally announced as a mere estimate.

What the campaigners call 'mounting evidence' is merely repetition and magnification of old 'statistics'. There is no new evidence of value.

Any doctor who questions their fantastic claims is branded a 'quack' but could there be any worse 'quackery' than that shown by the campaigners?

Harcourt Kitchin points out that the great majority of people, including doctors, who accept the anti-smoking propaganda but who don't read the reports themselves, miss the contradictions and evasions in the reports, and hear only the unsupported conclusions.

If the prospectus of a company contained such deceit it would be dealt with by criminal law. On the other hand, the much hated tobacco companies cannot be accused of false campaigning. The only thing that is false is the health warning they are obliged to have on cigarette packs.

Politicians, not being doctors, have to rely on the integrity of their medical advisers. They might ask if these advisers have been quite honest in their advice, or have been motivated by preconceived opinions or their own personal prejudices. Politicians should be very careful about further restrictions or they will end up looking extremely foolish as the falsity of the anti-smoking campaign becomes more obvious.

The trickery shown by the campaigners makes us wonder if we can believe one word they say.

One thing you can be absolutely certain of is that any hand-out to the media from the campaigners will be quite untrue. In fact if you are a betting man you can safely bet your bottom dollar on it. It would be what is called in racing circles a "racecourse certainty".

Recently Judge Sherman Christensen of Utah said in a case concerning the effects of radioactivity from atomic tests he had "naively believed the lies told by government officials." A Congressional hearing in Salt Lake City indicated that the Atomic Energy Commission withheld and suppressed evidence. The judge said it clearly demonstrated 'a fraud upon the court'. The judge is not the only one. Millions of people naively believe the outrageous lies told by the government.

I could go on enumerating the bare-faced lies for which the campaign has become so notorious but space forbids.

MEDICAL CENSORSHIP TRADITIONS OF SCIENCE SUSPENDED

Doctors who believe that the traditions of science require a full expression of all views on a controversy must be deeply ashamed to belong to a profession that has allowed itself to be prostituted by the puritanism of the anti-smoking campaigners, who refuse to allow the slightest comment that is contrary to their views.

It has been the custom in the scientific world to acknowledge that there are two sides to a question. Views, no matter how contrary to accepted thought, are normally welcome for discussion. But not regarding smoking. Here all the rules of courtesy and fair play are suspended.

One reason, of course, is that the whole question is deeply and inextricably entangled with puritanism. We are back to the days of the Inquisition and the witch trials. The main reason, no doubt, is that the

antis realise they haven't a case and are running scared of any light being cast on the darkness. Censorship is essential.

Not only are the rules and courtesies of scientific debate forgotten, but outright deceit and trickery have become commonplace, with personal abuse relied on to shut up anybody questioning the Sacred Theory. An English doctor has told me that when he spoke publicly against the smoking-lung cancer theory he was ostracised by his colleagues and bitter attacks were made on his professional and personal reputation. Even former medical friends looked the other way when passing on the street.

THE ROLE OF THE MEDIA

The media has been largely responsible for the obscurantist position regarding smoking. In the nature of things, the media is interested in news. A scare story such as claims of smoking harm is news. Unfortunately a rebuttal of such a story is not.

When Professor Schievelbein announced that his laboratory experiments showed that nicotine does not lead to heart disease in animals it escaped the notice of the press. Similarly with many other startling findings which are against the smoking scare, not the least being the M.R.F.I.T. survey which showed that smokers got very much less lung cancer and the U.K. heart study which showed that smokers got very much less heart disease. Newspapers publish numerous letters attacking smoking but rarely any defending it. We should realise that many newspapers are owned by large corporations with investments in atomic power and naturally they want to hide any effects.

The puritan establishment is continually persuading doctors that they have a professional duty to set an example and never let the public see them smoking. Such is the hysteria that those who commit peccadilloes in their private lives like sex offences or drunken driving don't seem to draw the wrath of the puritans anywhere near as much as those who smoke. Of course those who breathe the slightest doubts about the Sacred Theory are absolute outcasts.

Dr. P.D. Oldham told a meeting of the British Royal Statistical Society that any suggestions that further studies are necessary re smoking are received with scorn and hostility. He said, "I can remember an exceedingly uncomfortable luncheon with some professors which ended in my being virtually ostracised from their company for being unwise enough to say something of the sort."

A MEDICAL MARTYR

It is by no means rare for doctors dissenting from accepted doctrines to be attacked. We have only to think of Pasteur, Jenner, Lister and others. One example of a savage attack is Semmelweiss of Vienna,

the first man to control childbed fever, which was killing a big percentage of mothers. Contrary to accepted views he found that it was caused by medical students who, after dissecting dead bodies and without washing their hands, carried the infection to women in labour. After he had instituted thorough washing of hands, the mortality rate fell remarkably. However, the professor in charge and his colleagues, blinded by ignorance and jealousy, prevented his promotion to assistant professor and drove him from Vienna.

Although in all professions jealousy and hatred of dissent from accepted doctrines is common, I think the medical profession must be the greatest offender.

BACK TO WITCH-DOCTORING

The present censorship in medical publications has knocked medicine back hundreds of years — back to the days of witch-doctoring. But more and more doctors are questioning the theory, much to the horror of the antis. There are refreshing signs that a volte face has begun already. Doctors clinging to the Sacred Theory look like ending up with — as the saying goes — egg on their face.

Chapter 18 THE INNOCENCE OF TOBACCO NOT GUILTY

What is the case against tobacco? The answer, in short, is nothing — apart from an alleged statistical relationship, that is, if we can believe the statistics. We have already seen that they have been shown to be worthless. The relationship at the most is only apparent for, as Professor Sir Ronald Fisher has written, "The supposed effect, lung cancer, is really the cause of the smoking. Incipient cancer or a pre-cancerous condition with chronic inflammation is a factor in inducing the smoking of cigarettes."

If smoking causes lung cancer why do only a very small minority of smokers get it? If it were the virulent agent it is made out to be, why don't more smokers get it? I have already mentioned Professor Becklake's query, "Why do 99 per cent of smokers never get lung cancer?" We must consider all the people who get it who have never smoked. Why are the world's heaviest smokers the people who live longest?

In Russian Georgia the people are perhaps the heaviest smokers in the world, yet they have the record of living the longest. Many of them live to well over a hundred. One woman was found at the age of 140 to have smoked two packets of cigarettes a day all her life. The Semai people of Malaysia smoke from early childhood. Dr. Calwell reports in the *British Medical Journal* (February 26th 1977) that of 12,000 x-rayed not one showed lung cancer. The Eskimos are heavy smokers and lung cancer is practically unknown. The longevity and good health of the heavy smokers of Vilcabama are well known.

WHY DO SMOKERS GET LESS LUNG CANCER?

A number of investigations have shown that smokers get less lung cancer than non-smokers — in some studies only half. (I have already mentioned the massive M.R.F.I.T. study which showed that those who cut down on smoking had 22 per cent more lung cancer).

Some scientists who have reported this are:

Axelson and Associates (*Scandinavian Journal of Environmental Health* 41: 46 1978)

Dahlgren (*Lakartidningen* 76:4811 1979)

Weiss (*Journal of Occupational Medicine* 18:194 1976 and 22, 527 1980)

Pinto and Associates (*Archives of Environmental Health* 33:325 1978)

The findings are ascribed to the mucus formation caused by tobacco smoke acting as a protective coating in the lung, preventing cancer-causing particles from penetrating the lung tissue.

Researches of Professors Mori and Sakai of Tokyo University show (*Cancer* April 1984) that there has been an increase in lung cancer in non-smokers — higher than in smokers.

If dogs are exposed to uranium ore dust they all get lung cancer. Cross and Associates reported in *Health Physics* (42:32 1982) that they found that if these dogs inhaled tobacco smoke at the same time they got a lot less lung cancer. I have already mentioned how if mice are treated with a cancer-causing chemical they get less lung cancer if they then inhale cigarette smoke.

All this bears out Professor Schnauzer's evidence before the Congressional committee that tobacco smoke prevents cancer. It is sad that these findings are not made known to the public — and to doctors too — for they would surely reject the smoking-lung cancer bogey.

In 1978 the U.S. government's three leading health agencies issued a joint paper which said that a large fraction of cancer which at first appears to be 'attributable' to smoking should also be 'attributable' to asbestos, radiation and/or occupational factors. The paper was especially critical of the work of certain epidemiologists who had provided the foundation of the first Surgeon-General's report on smoking and health.

The U.S. Surgeon-General's report of 1964 said, "The nicotine in the quantities absorbed from smoking is very low and probably does not represent a significant health hazard." It has been shown that the nicotine is eliminated from the blood stream very rapidly. By the time the cigarette is finished most of the nicotine has already been metabolised.

I think the absence of claimants for my reward for proof that smoking is harmful could in a way be said to be the best proof of its harmlessness.

Many substances have been approved as safe by the F.D.A. with only a fraction of the investigation that tobacco has undergone. If it were not for the hysteria that surrounds tobacco it would have been cleared long ago.

Professor Aviado reports that while the average tar and nicotine content of Filipino cigarettes is 200 to 500 per cent higher than U.S. cigarettes, the incidence of lung cancer is only 6 per cent of that in the U.S.

Researchers have failed most conspicuously to induce laboratory animals to get lung cancer after many years of forcing them to smoke. We may ask why, when proven carcinogenic agents, many of which are abundant in the air we breathe, can so readily produce cancer in animals, smoking cannot.

Professor Passey, University of Leeds, experimented with rats for five years. One group inhaled cigarette smoke. Another, the control group, did not. Not one of the smoking rats developed cancer, but one

of the non-smokers did. (*Lancet* 2:1962). Passey is just one more scientist critical of the Sacred Theory. (The campaigners say no one disagrees with it.)

In 1964 the U.S. Tobacco Research Council conducted a study of 3,000 lungs taken at autopsy for atypical metaplasia, which is a condition often preceding lung cancer. The researchers found no difference between smokers and non-smokers. In Germany in 1964 a study was made of 26,000 autopsy records. It was found that there was no significant relationship between smoking and lung cancer.

The smoking haters speak of 'tar' in cigarettes. People will no doubt be surprised to know after all the talk about it, that there is no such thing. What is called 'tar' is a convenience term used for smoke condensate collected by laboratory methods that in no way resemble human smoking. It is surprising that tobacco manufacturers suffer this term to be used, since this so-called 'tar' is quite unrelated to what chemists or the man in the street know as tar.

It is claimed that the cancer producing agent in tobacco is benzpyrene. If this is so, one might ask why the anti-smokers concede that pipe smokers get very little lung cancer, when pipe smoke contains nine times as much benzpyrene as cigarette smoke. If the claim were true then we might expect pipe smokers to get nine times as much lung cancer.

Professor Passey has asked why it was that in a period when lung cancer had increased fifty times, cancer of the lip, tongue and mouth decreased. These parts, he reasoned, should be affected by benzpyrene more than the lung.

A DISCONCERTING DISCOVERY

The Royal College of Physicians found to its surprise that inhalers got less lung cancer than those who did not inhale, just the opposite of what was expected. If benzpyrene is the culprit why is this so? One would expect that inhalers, breathing it into the lungs, would be affected more. Since it is the other way round, it doesn't seem that benzpyrene is the culprit after all. I have already mentioned how this was hushed up, since it did not suit the anti-smokers' book.

In admitting that pipe and cigar smokers ran far less risk, the Royal College of Physicians said, "The contrast with cigarette smoking is probably due to the fact that pipe and cigar smokers seldom inhale." How does this square with the finding that non-inhalers get more cancer? They can't have it both ways.

The amount of benzpyrene in tobacco smoke is almost infinitesimal compared with the amount in the air of a city. Professor Pybus of the University of Newcastle-upon-Tyne, has shown that in England the benzpyrene in coal smoke per year was 375 tons compared with 8 pounds in all the tobacco smoke in the country in one year.

Dr. Paul Kotin, an American pathologist, calculated that a diesel truck emits in one minute the same amount of benzpyrene as is contained in 350,000 cigarettes.

So if benzpyrene is the culprit, there is so much in the atmosphere and the amount in cigarette smoke is so infinitesimally small that it cannot matter whether one smokes or not, especially when inhalers get less lung cancer. If the amount in cigarettes caused lung cancer the whole population would have it from the huge amounts in the air.

Now some American scientists have shown that benzpyrene does not cause lung cancer after all. They did a study on workers exposed to a daily inhalation of benzpyrene equivalent to a worker smoking more than 700 cigarettes a day. After six years of study of these workers an official of the American Cancer Society admitted to a U.S. Congressional committee (November 13th 1969), "It is most unlikely that benzpyrene has anything to do with lung cancer."

If this is so then it is just as unlikely that cigarettes cause lung cancer because the only real suspect in them has been benzpyrene. From the above study it would seem that were it possible to smoke 700 cigarettes a day it would not cause cancer. So it is as true today as it was twenty years ago to say that no ingredient in cigarette smoke has been found to be a causative factor in lung cancer.

A NATURAL EXPERIMENT

It has often been said that one way to end the controversy over smoking and lung cancer would be for Big Brother to ban smoking in a country and see the effect. This really happened in one country as was reported by Dr. B.K.S. Dijkstra of the University of Pretoria (*South African Cancer Bulletin* Vol 21 No 1). He shows that in Holland during the war, when tobacco consumption fell to zero because there was none available, the corresponding rate of lung cancer did not fall, but rose. He said that the smoking-lung cancer theory must be abandoned. He asked in effect, "To avoid lung cancer should we smoke?" There could be more to this question.

It is known that among the many agents in the complex make-up of tobacco there are tumour inhibiting agents. This is naturally hushed up by smoking haters. A significant report which shows that tobacco is anti-cancer is that of Dr. William Weiss, reported in the *Journal of Occupational Medicine*, March 1976. He studied workers in a chemical called C.C.M.E. which is very cancer causing. He found that heavy smokers got very much less cancer than non-smokers. This would tend to make one think that smoking can prevent lung cancer. It leads to this interesting speculation. Is there really more evidence to show that smoking will prevent lung cancer than that it causes it, since there is no real evidence that it does cause it?

A number of scientists believe that, like heart disease, lung cancer runs in families. For instance, A.M. Van Der Wal *et al* (*Scand. J. Res. Dis.* 1966 46.161) found that 77 per cent of lung cancer patients had a family history of lung diseases. As a wit might say, one should take care in choosing the family one would be born into.

Professor Burch writes in the *Lancet* (July 14th 1973) that there can be no suggestion that cigarette smoking has contributed appreciably to the increase in death rates from lung cancer.

ANOTHER BOGY KNOCKED OUT

Recently the media gave worldwide headlines to the resurrection by some prominent anti-smoking doctors of the old discredited theory that the leaves of tobacco plants contain radioactive polonium (PO 210) and thus cause cancer. They gave the impression that this was the result of new research, but it was merely an attempt to scare smokers, no new research having been done by them.

All the research that has been done has shown the theory to be unfounded. Recently scientists Robertson and Rogers of Flinders University, Australia, did further research and reported in the *Archives of Environmental Health* (March 1980) that their results did not substantiate the theory. Dr. C.R.Hill of the Institute of Cancer Research, England, reported in the *New England Journal of Medicine* in 1982 that from his research on the subject he discounted the theory.

PO 210 is widely prevalent all over the world. Coalburning electricity plants spew out enormous amounts into the atmosphere. This is in addition to whatever radioactivity is emanating from atomic power plants.

If there had been any substance in the theory we can be sure that the U.S. Surgeon-General would have supported it, but in his report of 1982 he rejects it. So we can dismiss the whole boggy as just another scare tactic by the smoking haters.

A POSER

A crusader was ranting that 90 out of a 100 lung cancers were caused by smoking. A smoker asked, "What causes the other 10?" The crusader answered, "Something else." Asked the smoker, "How do you know the 90 did not get it from 'something else'?" The crusader was unable to answer.

The smoking haters, realising that they won't be able to hide the innocence of tobacco much longer, are now conducting a massive world-wide drive to make smoking socially unacceptable. They will be right back where they started — just pure hatred of smoking without any health boggy.

Chapter 19

THE CASE AGAINST RADIOACTIVITY

PUBLIC HEALTH ENEMY NO. 1?

The case against radioactivity is so strong that it must be regarded as the number one suspect. With proliferation of atomic energy plants, radioactivity might now be included in industrial carcinogens.

The British Medical Research Council in 1957 reported that the death rate from lung cancer in 1955 had more than doubled since 1945. Did it escape them that 1945 was the year of the atom bomb? That radioactivity causes cancer is well established and scientifically proven (unlike tobacco, which has never been so proven). It is very easy to induce cancer in animals and man by exposure to it. We have seen that experiments show that virtually all types of cancer are inducible by it, especially lung cancer.



"Who's the little feller they're dragging off to jail?"

Radioactivity is so dangerous that very strict rules have been laid down for workers in the industry, but even so there are a great number of cancers caused by it among workers. As I have previously mentioned, prior to the advent of the atomic bomb lung cancer was relatively rare. Since the bomb and tests and atomic power plants there has been a steep rise. In 1945 the death rate in England for men was about 500 per million. It was 1,176 per million by 1965.

THINK OF HORSES BEFORE ZEBRAS

Radioactivity is such a glaringly obvious cause of lung cancer that it is truly amazing that any other culprit had to be sought. It is as if radioactivity, like a defiant criminal, was shouting from the rooftops, "Yes. I am the cause of lung cancer", with people closing their ears to it. But, as we have seen, it did not suit some interests for it to be blamed, and these interests have encouraged the tobacco hating puritans to lay the blame at tobacco's door, pulling the wool over the public's eyes in one of the most sinister campaigns imaginable. The 'statistics' they produced could easily have been duplicated as regards coffee or beer or anything else, but they chose the age-old whipping boy, tobacco. A wise old medical lecturer used to say, "When you hear hoof beats think of horses before zebras." In other words, why ignore the obvious?

Professor Sternglass of the University of Pittsburgh cites evidence showing that the lung disease death rate increased one hundred times in the States of New York and New Mexico. He said in 1975, "We are not getting the effects of earlier use in Nevada and the Pacific of nuclear activity."

U.S. government reports showed figures leading to the assumption that radioactivity may cause up to 50,000 deaths a year in the United States. These reports show that the number of lung cancers in uranium miners was in proportion to the amount of radiation. These are government figures (*Occupational Division of Public Health Services*, quoted by John Gofman and Arthur Taplin 1970).

A little known but alarming source of radioactivity is the widespread radon gas that comes from the natural decay of the radium in the earth. To hand is a report from the U.S. Environmental Protection Agency that it probably causes up to 30,000 deaths from lung cancer in the U.S. every year. How many of these deaths are blamed on smoking?

A most significant finding of the American National Cancer Institute shows that children of women who had X-rays (a form of radioactivity) before conception had a 2.61 times increased risk of getting cancer, compared with children of mothers who had never had an X-ray.

It is alarming that although radioactivity is well known by scientists

to be a major cause of cancer, especially lung cancer, this fact is rarely mentioned in the press. When lung cancer is spoken of, smoking only is mentioned.

We must realise that there is more than enough radioactivity in the environment to account for every case of lung cancer that has occurred.

Following nuclear blasts there is an increase in all kinds of cancers. Everyone agrees with this. But increase in lung cancer according to the zealots must be due to smoking.

Well-documented increases in leukaemia (blood cancer) have been shown after atomic tests. This has been shown in many countries.

Atomic tests in Nevada in the 1950's have been followed by a marked excess of cancers among the inhabitants of neighbouring Utah. A Congressional hearing was told that the Atomic Energy Commission knowingly exposed people to large amounts of radiation and downplayed any possible health risks.

According to documents submitted, President Eisenhower told the Commission to keep people confused about the dangers. One resident, ten members of whose family died from cancer, said, "We were told that there was no danger." The actor, John Wayne, spent a lot of time in the area during this period and died of lung cancer. The anti-smokers were quick to claim that smoking had killed him. However, after extensive investigation it is now quite clear that Wayne and some other movie people died from the effects of excessive exposure to radiation.

DOCTORS HAD TO CONCEDE

When uranium miners began to get lung cancer some know-it-all doctors said, "Ah, yes. Due to smoking." But soon even they had to admit that the excessive amount of cases bore no relationship to the smoking habits of the miners.

Lundin and colleagues, after investigation, reported that the excess of lung cancers cannot be explained by their smoking. Many of the cases were non-smokers. Dr. Leon Gottlieb, New Mexico Public Health Service, told a U.S. Senate committee, "There is an epidemic of lung cancer among former uranium miners" and that in a study of 3,500 of these miners, 200 have already died of lung cancer, against a rate of fewer than 40 that could normally be expected among 3,500 people.

It seems that the forces of darkness are doing their best to hush this up. Due to this criminal attitude how many people have been allowed to get lung cancer when adequate precautions might have been possible? We now hear that the smoking haters are trying to make out that even though they got their lung cancers from uranium they wouldn't have got them unless they smoked. Don't they ever give up?

A startling report by Wagoner and colleagues (*Proceedings of the 11th International Cancer Conference*) shows that in American Indian uranium miners there has been an increase of 300 per cent in lung cancer, and these miners rarely smoke. Do we really need more evidence?

HUSHING IT UP

British scientists Manusco, Stewart and Kneale recently reported 'an unusually high incidence of cancer among American workers exposed to supposedly safe levels of radiation'. They found an excess of cancers of the lung and other organs. One of the researchers said that officials were trying to cover up their findings. "No one wants to hear our findings and they are trying to shut it up by making it appear false."

An example of how experts are in the dark is shown in the latest evacuation of the island of Bikini. After the test there, the people were not allowed to return for many years, when the experts pronounced it safe. Now, after only a short period they are found to be suffering from the effects of the still existing radioactivity and have again been evacuated.

WHAT IS 'SAFE'?

The experts laid down certain figures as a 'safe level' for people in the U.S. Then suddenly in 1977 the Environmental Protection Agency reduced the safe maximum whole body dosage from 500 millirems to 25 millirems — that is 20 times lower. So what was held to be 'safe' in 1976 was held to be 20 times too dangerous in 1977. Who knows, they may reduce it by 20 times again next year. Some scientists are calling for a reduction by a factor of 2,000 rather than a mere twenty. Many scientists believe that any radiation carries some risks as yet undefined that may take years to show up. Harvard's Nobel Prize winning biologist George Wald says, "Every dose is an overdose. There is no threshold where radiation is concerned."

I'll probably be branded as an anti-uranium lobbyist for saying nasty things about uranium, but I am really in favour of atomic energy and am on record to this effect, but I maintain that it should be produced only if it can be made safe to handle.

To sum up, for ages people have smoked without any known ill effects. With the advent of the atomic bomb lung cancer became prevalent.

Here we haven't just some vague agent like the so-called 'tar' in cigarettes. We have a well-established killer of great potency. Although no one can be categorical, since cancer remains a mystery, the obvious chief suspect as the cause of lung cancer in humans must be radioactivity. It is just as obvious that it is not tobacco.

A final thought. Can we believe in coincidences? The coincidence that the atomic bomb was followed by a high rise in lung cancer. The coincidence that when it became known that uranium was associated with lung cancer, the smoking-lung cancer theory was suddenly promoted into a gigantic campaign.

Here are some awkward questions to ask the anti-smokers. As you have seen, they can't truthfully deny them.

IS IT TRUE

1. That there is no scientific proof for the smoking harm claims?
2. That people have smoked for ages without proven harm?
3. That before the second half of the twentieth century lung cancer was rare?
4. That since the atomic age and the great increase in industrial carcinogens lung cancer has become overwhelming?
5. That after many years of intensive smoking experiments, despite claims that have been shown totally false, no one has been able to produce authentic lung cancer in animals?
6. That the only ground for the smoking-lung cancer theory is that statistics are alleged to show that lung cancer occurs more in smokers?
7. That it has been shown that the incidence of lung cancers in non-smokers has doubled?
8. That many scientists throughout the world have condemned not only the theory but also the statistics behind it and the dishonesty of the anti-smoking campaigners?
9. That lung cancer occurs in uranium workers in direct proportion to their exposure to radiation independently of their smoking habits?
10. That governments and industrialists under criticism for using radioactive materials and industrial carcinogens find the smoking-lung cancer scare helps divert the public's attention from their dangers?

Chapter 20 WHAT SMOKERS SHOULD DO

Smokers should stand up and say, "Enough! This nonsense has gone too far." It surprises me that they have allowed it to go as far as it has. What has happened to the spirit of the pioneers? Just imagine them putting up with it.

If smokers want to smoke and ignore the so-called risks, then surely if this is a free country (is it?) they should be free to do so without Big Brother's heavy hand. Some political scientists have pointed out that it is totally wrong for politicians to allow themselves to be brow-beaten by a very noisy minority of weirdos into taking sides in what is not a matter for government action at all.

Smokers should talk to their friends, smokers and non-smokers, and expose the falseness and deceit of the antis' claims. Point out the injustice and stupidity of the bans on smoking. Point out how scientists have demolished the main props of the campaign, the 'statistics' and the 'smoking dogs'. You have a duty to yourself and your fellow beings to preserve freedom. Never let Big Brother get away with a thing. The more he does, the more he will.

Remember that bureaucrats detest and fear the individualism that characterises free society. You are smoking not only because you enjoy it, you are probably being told unconsciously by your body that it feels better for it. So don't apologise for smoking, since you are right. It is the weirdos who are anti-social, not you.

Even though there is no chance of the industry failing, it would not be out of place for the manufacturers of a harmless product to protect their consumers by adopting a more active role and so hastening a return to reason. It would be so easy to expose the great hoax with a judicious counter campaign, as they have every right to do. One thing, the tobacco haters couldn't hate them any more than they do now.

One suggestion I have is that each cigarette pack should contain a small brochure giving the 'other side' of the controversy. The campaigners must wonder why the industry has not mounted a strong counter campaign. This allows them to jeer that it is unable to answer their claims, which is of course quite ridiculous.

Smokers should actively support the pro-smoking organisations that are springing up everywhere to counter the absurd campaign.

It is high time that doctors, smokers or not, remembered their years of basic science and questioned this preposterous theory as scientifically trained men are bound to do.

Smokers should lobby their politicians into having the government set up an inquiry by eminent scientists into the whole smoking scare. Since medicos have shown they are not guided by scientific principles the inquiry should be by real scientists, not doctors. Their findings, without any doubt, would mean the death knell of the scare.

The present punitive tax on tobacco — which many antis want increased — is beyond all fairness and reason. Smokers should lobby towards a very substantial reduction.

In places where smoking is arbitrarily forbidden, it has been suggested that smokers might keep in their mouths an unlit pipe or cigarette as a token of identity of the camaraderie of the persecuted to show people where they stand. This could be one way of bringing smokers closer together with effective results.

It is said that out of every evil comes some good. One good thing that the anti-smoking campaign has done is to finally demonstrate very clearly tobacco's complete harmlessness. For the past twenty years or more frantic efforts have been made to prove it harmful, and, as these have failed totally, its harmlessness must now be accepted.

If smokers would only stir themselves they could have this ridiculous theory laughed into oblivion.

Chapter 21 CONCLUSION

Either there is proof of smoking harm or there is not. As we have seen there is no proof whatsoever. There are, of course, mountains of 'findings' against tobacco, but, even if these 'findings' had not been debunked by responsible scientists, this is not proof. For governments, in the absence of proof, to pass laws against smoking and to make it compulsory for cigarette packs to carry the apparent lie that smoking causes certain diseases must be the ultimate in political nonsense.

The success of the anti-smoking missionaries has been phenomenal with the powerful aid of the 'moral majority' and the backing of governments and industrialists anxious to hide the effects of radioactivity and other carcinogens. However to every action there is a reaction, and sooner or later people must see that the scare is one of the greatest hoaxes that has ever been perpetrated.

We have seen that the whole campaign is really an attack on smokers by smoking haters under the guise of a non-existent health danger — with not a shred of proof that smoking causes lung cancer or any other disease.

Since the anti-smokers have totally failed to produce lung cancer in animals from inhaling tobacco smoke, and since no substance in tobacco has been proven to cause any human illness, the campaign has to depend solely on statistics. We have seen how these have been shown to be worthless, the main weakness being that no one really knows how many lung cancers occur because of the lack of autopsies.

We have seen that radioactivity is a really proven cause of lung cancer, and we have seen the same regarding asbestos and some industrial products. We are exposed to such enormous amounts of these proven killers that even supposing for one moment that smoking caused any harm, it would have to be right down at the end of the queue.

With these obvious culprits it is mystifying that tobacco should ever have been blamed. It must be the most ridiculous campaign in history. It is as true to say today as it was twenty years ago that no component in tobacco smoke has been proved harmful.

I have quoted numerous scientists — all men of the highest professional repute — who have condemned or at least questioned the claims against smoking (a surprising number of them are non-smokers who could have no bias in favour of smoking). Is there any reason to think their opinions are not honest — in marked contrast to the deceit shown by certain of the anti-smokers?

Wouldn't it be more honest if the smoking controversy were stripped of the false health scare and treated purely on the basis of dislike of smoking? This appears to be what is now happening. The antis,

realising that the scare campaign has failed, are now mounting a massive drive to make smoking anti-social. They are realising that people are not going to give up smoking since in many countries smoking has increased in spite of the vast campaign.

QUITTING CAN BE A HEALTH HAZARD

If you quit smoking you can get:

- coronary heart attacks
- obesity
- high blood pressure
- nervous disorders
- worsening of a bronchitic condition

I have shown that smoking soothes the lungs and so probably checks bronchitis which many scientists believe could be a precursor of lung cancer. The mucus formation due to smoking probably acts as a protective coating which keeps cancer-causing particles from entering lung tissue, and I have shown that it keeps the heart and blood vessels in a healthy state, tending to prevent coronary heart disease.

If people who feel worried or depressed would, instead of taking sedatives and tranquilizers or stronger drugs, try smoking, I am sure they would feel better mentally and their overall health would improve.

My belief that smoking may prevent lung cancer and heart disease is borne out by the amazingly good health and longevity in communities that are heavy smokers. If this is the case one would be justified in charging the campaigners with killing thousands of smokers by scaring them into quitting.

Probably no substance on earth has been submitted to so much investigation for harmfulness as tobacco. In spite of the fabrication and fantasies of the smoking haters, decades of research costing millions of dollars have failed to produce proof of harm.

The recent massive surveys have shown that smokers in fact get less lung cancer and heart disease than non-smokers.

RESIST THE BRAINWASHING

Although this book has shown, I hope, that smoking is in no way harmful, be constantly on your guard against the never-ceasing propaganda. So when some impressive-sounding doctor, well paid by the puritans, of course, appears on television and tries to terrify you with the cowardly threat of lung cancer, which he probably doesn't believe himself, resist the brainwashing.

There are healthy signs that doctors will soon reject this nonsense. Let us hope the theory will be consigned in finality to the graveyard of medical fallacies and not, like Dracula, rise again.

Professor Sir Ronald Fisher's prediction that the smoking-lung cancer theory would eventually be regarded as a conspicuous and catastrophic howler has actually come true, with the debunking of the theory by so many scientists. But so powerful is the censorship of the medical and lay media that this is not allowed to be seen by the public.

This ridiculous campaign should be scotched without delay. Firstly, from a social viewpoint, it is evil in that it is obscurant and puritanical — a return to the Dark Ages. It promotes widespread hysterical hatred of smokers, dividing friends and even families, more intense than religious hatred.

The extensive brainwashing of politicians and doctors is a sad and serious thing. I think most decent citizens, whether they are smokers or not, must deplore this cancer of society.

Economically: Millions, perhaps billions of dollars have been wasted on the campaign, money that could have been usefully devoted to worthy causes.

Stark Injustice: By using smoking as a scapegoat governments and industrialists have been able to escape paying large amounts in compensation to service personnel and civilians affected by radioactivity and other carcinogen pollutants. To them the cost of the anti-smoking campaign is well worth while.

Health: Smokers, formerly kept in good physical and mental health by smoking, who have understandably although unwisely quit must now face a deterioration in health. The phony threats to health cannot fail to cause severe anxiety to millions who continue to smoke — perhaps enough to give them coronary heart disease.

Science: Science has been mocked by the pseudo-scientists who have been largely successful in shouting down the opinions of those eminent scientists who have shown the falseness of the scare. Research into other fields has suffered by the concentration on smoking.

Finally I want to again stress that I am not urging anyone to smoke. Before making a decision you should read the anti-smoking case — even though I think it is false — and weigh the pros and cons. You can then sanely decide whether smoking is deadly, as the campaigners claim, or is quite harmless, as I believe.

I wish you happy smoking.

**\$10,000 REWARD
FOR PROOF OF
SMOKING HARM
- UNCLAIMED!
READ ABOUT THIS.**

The author calls for punishment of those who have
scared the public by false propaganda.

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