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CIGARETTE HUCKSTERISM AND THE A. M. A.

The unauthorized and medically unethical use of the prestige and reputation of the American Medical Association and THE JOURNAL in Kent cigarette advertisements currently appearing in the American press and other channels of mass communication constitutes an outrageous example of commercial exploitation of the American medical profession. The implication in these advertisements that the American Medical Association authorizes, supports, or approves any particular brand of cigarettes or combination of claims made in their behalf—whether pygmy-sized or king-sized, with or without filters, nicotinized or denicotinized—provides a most reprehensible instance of hucksterism. The manner in which the P. Lorillard Company has extolled its particular brand of cigarettes by reference in its advertisements to the American Medical Association and THE JOURNAL is to be strongly condemned.

On the basis of only one factor isolated from many, the P. Lorillard Company blatantly implies that the efficiency of their brand of filter tip solves the health problems associated with cigarette smoking. This approach to a vital problem is ill-conceived and lacks factual medical support. The inference that any type of filter has the approval of the American Medical Association is equally without foundation. Until the clinical relationship between the amount of nicotine and tars and their effect on the individual smoker is conclusively established, no filter can offer a panacea except one that possesses 100% efficiency. The hard facts of the matter are that a completely efficient filter would permit the smoker to inhale nothing but hot air!

Certainly there is no adequate evidence to prove conclusively that the reduction of nicotine and tars by means of a filter that is 60% inefficient has any physiological significance. The amount of nicotine and tars that reach the smoker's oral cavity is the one factor of fundamental importance. This cannot be determined merely by establishing the efficiency of a filter. The presentation of one fact and the exclusion of all other pertinent facts can

1. Lucchesi, P. F., and LaBocchetta, A. C.: Relationship of Tonsils and Adenoids to the Type of Poliomyelitis, *Am. J. Dis. Child.* 68:1 (July) 1944.

2. Top, F. H.: Occurrence of Poliomyelitis in Relation to Tonsillectomies at Various Intervals, *J. A. M. A.* 150:534 (Oct. 11) 1952.

3. Weinstein, L.; Vogel, M. L., and Weinstein, N.: A Study of the Relationship of the Absence of Tonsils to the Incidence of Bulbar Poliomyelitis, *J. Pediat.* 44:14 (Jan) 1954.

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result in a serious misrepresentation of the true status of health in relation to the smoking problem. Smokers who are misled are likely to obtain a false sense of security without real protection.

RELATION OF ABSENCE OF TONSILS TO BULBAR POLIOMYELITIS

Data have been provided over a period of years to suggest that mere absence of tonsils and adenoids, regardless of the time of their removal, leads to increased susceptibility to bulbar poliomyelitis. In a study of 432 patients with acute anterior poliomyelitis, Lucchesi and LaBocchetta¹ found that in 61% of patients whose tonsils were absent at the time the infection occurred the bulbospinal form of the disease developed while in 76% the bulbar type developed. A much higher incidence of bulbar involvement took place in these persons than in patients who still had tonsils and adenoids, the difference being apparent in all age groups. Seventy-eight per cent of the patients who died of poliomyelitis had neither tonsils nor adenoids when they became ill.

In 1952, Top² investigated 1,947 patients who had been admitted to the Herman Kiefer Hospital in Detroit over a 10 year period because of poliomyelitis. In this group, 51.9% of the patients had neither tonsils nor adenoids at the time the disease was contracted; 85.1% of the patients afflicted by bulbar poliomyelitis had previously been subjected to the tonsillectomy procedure, while 68.7% of the patients attacked by bulbospinal poliomyelitis had previously undergone tonsillectomy. Of the patients with nonparalytic forms 45.6%, and of the patients with spinal paralytic forms 43.1% had neither tonsils nor adenoids. Of the patients afflicted by bulbar poliomyelitis who had previously been subjected to tonsillectomy 93.5% died, as compared to 56.9% of patients with bulbospinal poliomyelitis who died.

Weinstein, Vogel, and Weinstein³ recently repeated the investigations of Lucchesi, LaBocchetta, and Top to determine whether the relation of absence of tonsils and adenoids to increased susceptibility to bulbar poliomyelitis applied to their own patients. Records at Haynes Memorial Hospital, Boston, of 800 patients with poliomyelitis, 500 of whom had been subjected to tonsillectomy and adenoidectomy at some time and 300 of whom had not been operated on, were studied. All patients had a clinical history pointing to poliomyelitis; physical findings to indicate infection of the central nervous system; and sterile spinal fluid that contained more than 10 white blood cells per cubic millimeter, an increased quantity of protein, and a normal sugar content.

Analysis of the data suggested that the absence of tonsils and adenoids, regardless of the time of their removal in relation to the onset of poliomyelitis, increased the risk that the bulbar form of the disease would develop. Of 85 patients in whom bulbar poliomyelitis developed, 85.9% had previously been subjected to tonsillectomy; of those in whom tonsils were still present, bulbar poliomyelitis developed in only 14.1%. A similar relationship was observed in the case of patients attacked by bulbospinal poliomyelitis, the disease occurring about five times more frequently in patients subjected to ton-

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