

Introduction

Everything you read in the press is 100-percent true—except for those instances of which you have personal knowledge.

— Unknown

THERE ARE LITERALLY thousands of what are called “newsgroups” or “usergroups” on the Internet. Not to be confused with e-mail, most of them are meeting places where people with a common interest in any of a variety of subjects—history, a hobby, a recreation or almost anything—gather together electronically. Many of them are labeled “alternate” groups, one of which is “alt.smokers.” It is supposed to be a forum where people who smoke can exchange talk about what they smoke and why they do so and generally discuss matters involving their habit. Unfortunately, alt.smokers is regularly “flamed” by others with a contrary purpose, a “flame” being a nasty, rude and meanspirited message.

The following flames posted to alt.smokers by persons whose hatred of smoking is matched only by their unacquaintance with good English are cited by Joe Dawson on his Internet page, “Essays on the Anti-Smoking Movement.”¹

From rka@ix.netcom.com:

I am an invironmetal [*sic*] activist and would shove your fags up you [*sic*] ass in an [*sic*] heartbeat to save the ozone. I mean if it takes the ablation [*sic*] of and [*sic*] addictive drug to do so, then by myself(god) [*sic*] do it.

From rlm@interlog.com:

Die. Do it now. You are completely worthless. You have nothing to contribute to society. You are nothing but a drain on our resources. If I was as fucked up as you are I would buy a gun and blow my brains out. And I'd do it “right now.”

2 — Slow Burn

From hhh3@crux2.cit.cornell.edu):

I'd say that taking a dump in public would be more justified and less offensive than sucking on a cancer stick in public. Shitting cannot be avoided, but drug abuse can be. The smell of shit (with the exception of mine) although offensive, does not kill people. Take your drugs in private, it is the only logical option—besides quitting. Cigarettes are a very vile and repulsive drug delivery system.

From kendall@io.org:

Non-smokers are complaining, and being heard . . . hence the anti-smoking legislation of the past few years. And we're not done yet. Not until smokers are forced to congregate under disused railway bridges on the edge of town to indulge their horrid habit.

From sylvain@accent.net:

Smokers should be killed on sight!

From dcitron@gate.net:

No, it's not really a nasty habit. It's a feeble [sic], self-destructive, childish, inconsiderate, stupid, polluting, breathtaking, oxygen-depriving, Kevorkianistic, self-indulgent, polluting [sic], breath-fouling, addictive, brain-cell-killing, emphysema-inducing, peer-group-impressing, ozone-depleting, politically incorrect habit, laden with Freudian phallic symbolism.

"Dcitron," a frequent interloper at alt.smokers, also likes to append this "signature" to his messages: "Smokers! Don't kill yourself by inches—Get FAST-FAST-FAST relief! Call Dr. Kevorkian today!"

Out of morbid curiosity, I looked into alt.smokers myself and had no trouble finding other examples of the low regard, to put it mildly, in which smokers and smoking are held by some persons expressing themselves from the relative anonymity of their computer keyboards.

From rlm@intercom.com (again):

Smoking kills. If you smoke you are either a moron or a murderer or more likely both. And soon you will either be dead or be caged. And maybe in some states you will be executed. Hopefully it will be televised, although furiously sucking on that last cigarette may fuzz up the video somewhat.

From Steve.Jungersen@worldnet.att.net:

I know the mention of human excretion generates large numbers of denials from the smokers but many of us non-smokers

consider being around smokers to be just as bad as being around someone defecating. This is something we all do but we do it in private. I see very few people pissing in front of a restaurant simply because their [*sic*] is no non-pissing sign posted. This is what we want for smoking. Smoke only in designated areas. I would be happy to fight the battle to place smoking cubicles throughout the area.

From geoffm@netcom.com:

Good manners to a nonsmoker means refraining from dousing smokers with fire extinguisher efflux or buckets of stale dogpiss. Good manners to smokers means quitting now before you either make yourself a pariah in an increasingly sane and nonsmoking world or else die in screaming, writhing, cathetized [*sic*], cancerous agony that even morphine won't be able to block . . . The fact of the matter is that maintaining a habit of deliberately inhaling hot, chemically irritating smoke into one's formerly clean, pink lungs is fucking STUPID, and those who perish from doing so represent natural selection in action. You deserve to die, and when you're lying there helpless in your deathbeds, people like me will be pawing through your CD collections and slipping it to your twelve-year-old daughters. And you know something? I'm as serious as a spot on a chest X-ray.

Another from dcitron@gate.net:

Your right to smoke is like your right to masturbate. Do it at home with the doors and windows closed, where it won't adversely affect anyone who does not want to voluntarily participate, and you'll be fine. You DON'T have a right to smoke or a right to masturbate in a public place where it will affect others. Kill yourself with cancer—see if we care!

Another from Steve.Jungersen@worldnet.att.net:

As an employer, I don't have a complete ban on hiring smokers but their blatant display of stupidity is a definite [*sic*] consideration when deciding who [*sic*] to hire . . . [I]t's my business and I sure don't want to trust it to someone who doesn't know enough to stop killing himself.

And one more, whose e-mail handle I didn't catch:

The agonizing death in store for most smokers is deserved. Screw you and learn to pay your own medical bills you parasitic bastards.

One might hope that the kind of people who equate smoking with

excretion or masturbation are simply uneducated and lacking in taste, not to mention imagination. Yet the address of the third message cited by Dawson suggests that its writer was either a student at or was associated in some way with Cornell University. For another example of the intellectual benefits of higher education, consider the following excerpt from an article written by a lecturer at Massachusetts Institute of Technology:

I . . . have the misfortune to be a low-ranking academic working in a building named after a highly respected scientist who wanders through the building smoking a pipe. He's twice my age and I feel rather awkward about having to tell him that he stinks. I respect him myself, which makes it that much harder . . .

Walking into an office in which someone has just been smoking is like walking into a room which has just been tear-gassed . . . [I]f an MIT employee were to urinate on the floor of a public area, nobody would suggest that the other people who work in that area be required to bear the burden of negotiating about it. And yet tobacco is both more offensive in smell and more of a health hazard than urine . . .²

And this was written in 1985, before the antismokers* started getting *really* mean!

What priggish self-righteousness! Possibly its author is now a professor himself, imparting wisdom to a new generation. Maybe he'll even have a building named after him someday. (Entrance strictly limited to the pure of scent, and that includes pipe smokers like you, Albert Einstein, wherever you are.)

Such extreme, I would even say pathological, hatred of smoking as exhibited above is the product of the increasingly rabid antismoking propaganda of the past couple decades. One never heard such venomous characterizations of smokers before the antis latched onto the “secondhand smoke” issue.

The scatological nature of some of the messages above also suggests to me that there is a parallel between smoking and pornography.

*It is important to make a distinction between antismokers and nonsmokers. Every antismoker is a nonsmoker but not all nonsmokers are antismokers—though the antis are doing their best to change that and, unfortunately, seem to be succeeding.

I mean their histories, not the connection between smoking and sex that I discuss in Chapter 9. That is, some people have always hated either or both. But there is a more interesting “antiparallel.” In this country, for most of the 19th and 20th centuries, aversion to pornography was institutionalized in laws ruthlessly suppressing it—not only the *real* stuff, the stuff we “know when we see it,” but also borderline material that doesn’t raise an eyebrow today. Yet in the past 30 years, although laws against it may remain on the books, hardcore pornography has become readily available to anyone who wants it, while in the same period smoking, which before was freely indulged in almost anywhere by anyone who wanted to indulge in it, has become the object of public condemnation and laws severely restricting it. Strange . . .

Fortunately, the so-called radical right or Christian right is so preoccupied with pornography, along with abortion, homosexuality, school prayer and the teaching of evolution in the schools, that it has been conspicuous by its nonparticipation in the antismoking crusade, yet it has largely escaped criticism for that.

One exception was an article in *Mother Jones* magazine. Even though smoking is (allegedly) responsible for 115,000 miscarriages a year, it noted, groups such as the Christian Coalition who are firmly against abortion rarely say anything about smoking.³ Another was in a column in *USA Today*. Averring “that smoking kills at least 100 times as many babies every year as ‘partial abortions,’” Susan Estrich asked the prolife movement, “How can you be against abortion and not against tobacco?”⁴

The hatred of, or certainly the *dislike* of, tobacco dates as far back as Western civilization’s first encounter with that noble plant in the New World. As early as 1604, only a generation after John Rolfe or Drake or Hawkins or other sea captains introduced the leaf to England and men like Sir Walter Raleigh had made it popular, King James I issued his famous *Counterblaste* in which he denounced “the Indian vice” in a much-quoted passage as “a custome lothsome to the eye, hatefull to the nose, harmefull to the braine, daungerous to the Lungs, and in the blacke stinking fumes thereof, nearest resembling the horrible Stigian smoke of the pit that is bottomeless.”

The king’s extravagant language differs from contemporary “flames” only in being more literate and expressive; the intemperance displayed in both are identical. Intemperance? Try paranoia.

How did the venerable use and enjoyment of tobacco fall to its

sorry state today in the brief span of three decades, in less than half my own lifetime? As a smoker for those three decades plus nearly two decades before them, I think about my background and life experiences and the reasons why I cannot, despite all the so-called evidence that has persuaded others, share in the universal fear and loathing and condemnation of smoking. And why—perhaps because of the skepticism about all medical authority the smoking issue has engendered in me—I am unable to join the general panic regarding environmental perils of any kind.

MY PEEP HOLE ON the world (to appropriate that felicitous conceit of Kurt Vonnegut's) opened in 1927 in the Borough of Avalon, Pennsylvania, a suburb about six miles from downtown Pittsburgh but actually a continuation of it because Avalon is, and always was in this century, solidly connected to the city by homes and buildings: first Pittsburgh, then the North Side (once the independent city of Allegheny), then Bellevue, then Avalon, then other boroughs farther down the Ohio River.

I was the third of four children: a boy, a girl, then two more boys. We lived on the corner of Elizabeth Avenue and the Ohio River Boulevard, overlooking the river of that name. A little-used road when my newly married parents settled there in 1920, the boulevard had during my babyhood been made into a four-lane highway leading directly to Pittsburgh by means of a series of bridges over ravines and was considered to be a triumph of engineering. Traffic to and from Pittsburgh was incessant and heavy even by today's standards. We lived not only with the constant noise of cars and trucks pounding on the brick pavement only a few feet from our house but with exhaust fumes from leaded gasoline and, no doubt, asbestos and rubber particles thrown into the air from brake linings and tires.

Across the boulevard, below a bluff, were four railroad tracks running alongside the river, the frequent trains contributing their own noise as well as coal smoke, which would billow up the bluff in clouds. The river itself was plied by coal-fueled steamboats, adding yet more smoke to the general pollution.

On the other side of the river, directly opposite our house, was Neville Island, an industrial complex where LSTs (landing ships for troops or tanks) were fabricated during World War II. Even before that,

despite lessened manufacturing activity during the Depression, Pittsburgh was heavily polluted by smoke and other emissions from its many steel mills, pollution we breathed every day of our lives.

Pittsburgh fully deserved its nickname of “The Smoky City” and its inhabitants knew that it did. I remember a gloomy picture on the front page of *The Pittsburgh Press* sometime in the 1930s taken at high noon on a winter day on Liberty Avenue in the heart of downtown. All the streetlights and car lights were on. It was as if it were midnight.

Everybody heated by coal in those days. I can remember as a child one time kneeling by the big window facing our front porch watching the soot collect on the outside sill (a phenomenon I was not to see again until many years later when I lived for a year on Manhattan Island). We took the dirt and pollution for granted.

A truckload of coal was dumped in our driveway a couple times each winter. After my older brother went off to the Army it was my job, and later that of my younger brother, to shovel the coal through a window into a bin under the front porch. We would periodically have to crawl into the bin to push the coal back from the window with our hands, of necessity breathing in its black dust and getting it all over ourselves. Inside the cellar proper we’d carry the coal from the bin to the furnace in a scuttle. More dirty work.

Near the end of our days in Avalon my father had an “Iron Fireman” installed on the furnace, which automatically fed coal into the fire pit from a hopper by means of an Archimedes screw. This required the use of pebble-size coal called pea coal. It was much easier shoveling pea coal into the bin instead of big lumps, but it was a no less dirty job. You also had to pick out pieces of shale, which could jam the screw, and frequently did.

One advantage of coal was that we never had to worry about negotiating our steep driveway or the hills of Avalon in wintertime; the borough always had plenty of ashes and cinders to spread on the streets when it snowed. The pea coal used by our Iron Fireman, however, did not turn into ashes but into hard, doughnut-shaped “clinkers.” We removed the red-hot clinkers with tongs and put them in a bucket to cool—where they must have emitted all kinds of fumes into the household air—then carried them across Elizabeth Avenue to the borough dump. This was a once-beautiful ravine adjoining several acres of woods where we played, until after World War II when what was left of the ravine

was filled in and the woods cut down and houses and new streets built on the land.

As I said, we Pittsburghers knew we lived in a filthy environment. One day in hygiene class we were told that the lungs of a native of Pittsburgh were black, while those of someone living in the clean countryside were a pristine pink. I for one took a rather perverse pride in knowing that. I'm not sure if we were shown a picture of a pair of black lungs but I do remember visualizing it in my mind. It didn't occur to me that if coal smoke could turn lungs black, as its dust apparently does with coal miners, it would be on the inside of the lungs, not the outside.

Our teachers never said anything about tobacco smoke that I remember, but today we "know" that it also turns one's lungs black and have the pictures to prove it. For example, the "You Can with Beakman and Jax" feature for kids in the comics pages ran comparison pictures of the lungs of a dead nonsmoker and a dead smoker. The former were "healthy, pink and pretty." The latter, said the author of the strip, were full of "black chunks and clogs of gooey tar."⁵

To say it plainly, this was an outright lie, and those who foist such lies on trusting children should be ashamed. There are no such residues from tobacco smoke in a smoker's lungs, whatever he died from.

In May 1996, a group called the Natural Resources Defense Council, which is active in litigation allegedly on behalf of consumers, claimed that "particulate matter"—soot, dust, gaseous droplets and other fine matter emitted by smokestacks and car exhausts—was causing 64,000 Americans a year to die early of heart and lung maladies, even though the levels were far below what the U.S. Environmental Protection Agency (EPA) considers safe. I'd never heard of this organization, but have since come to know it as only one of a number of similar "public advocacy" groups whose *raison d'être* are to scare the pants off people with inflated statistics.

(The NRDC's figure of 64,000 pollution-caused deaths was substantially higher than the one EPA administrator Carol Browner cited the following year at a congressional hearing as justification for tougher standards. According to her, (only) as many as 20,000 elderly people were dying prematurely each year and thousands of other adults and children suffered respiratory ailments because of air pollution.⁶)

The NRDC reported that Los Angeles was number one among

the 15 worst cities, with 5,873 deaths. (Not “more than 5,000” or “nearly 6,000” but exactly 5,873.) Atlanta, in whose metro area I now live, was ranked almost at the bottom as 14th (good to know!), with an annual death total of (exactly) 946. My old hometown of Pittsburgh was still up there as eighth, with (exactly) 1,216 deaths.⁷

If 1,216 people died from pollution in modern-day, cleaned-up, rebuilt and beautiful Pittsburgh in 1996, I can only wonder how many thousands were succumbing when I was growing up there in the '30s and '40s. We didn't have a National Resources Defense Council or an Environmental Protection Agency to alarm us back then and I don't remember people dropping like flies in the street, but it stands to reason that the far worse pollution in those days must have affected a lot of people, especially older people, with various respiratory problems.

Yet all my family's relatives seemed, in my child's eyes, to live to fairly ripe ages before their peepholes closed. I don't remember any illnesses at all in my siblings, certainly no major ones. My sister, in fact, never missed a day of school and the only days my older brother missed were from playing hooky. The only health problem I had as a young child was “swollen glands” at the age of 5, followed by a tonsillectomy, a popular surgery in those days which my younger brother (who has been a smoker almost as long as I have) also underwent. And the only really serious disease I ever contracted was pneumonia at the age of 12, which was caused not by pollution but by a bacterium, the same one that carried off my maternal grandmother and many elderly people back then. (Incidentally, the best place to catch pneumonia today is in the hospital, where HAP—Hospital-Acquired Pneumonia—is the leading cause of morbidity and mortality among patients hospitalized for something else.⁸)

As if pollution were not enough to kill us all early, my family also indulged in a diet rich in fats (a diet I continue to enjoy today, as much as my wife will let me). Each morning Otto's Dairy would deliver two quarts of milk to our doorstep. They gave you the cream with the milk in those days and the bottles had a bulge at the top where it collected. On cold winter mornings the cream would freeze and expand and pop the paper cap off the bottle. My mother had a special curved spoon that fit into the bulge that she used to retrieve the cream by inserting the spoon into the bottle and turning it upside down. We had whipped cream with dessert nearly every day. Ignorant of the dangers of eating

meat, we had that nearly every day too, for my father was one of the fortunate ones who never missed a payday even during the Depression.

We lived and moved and had our beings amid other hazards I've forgotten, but my memories include helping my mother clean clothes with (later banned) carbon tetrachloride at an open basement window but still breathing in a lot of the fumes, helping my father paint the gutters with "red lead" paint (also banned today), riding my bike without a helmet (not yet federally mandated) on the streets of Avalon and shooting off firecrackers on the Fourth of July. No doubt there were many other "risk behaviors" we didn't know about and thus didn't worry about.

My father also smoked, throughout my childhood and that of my brothers and sister—first cigarettes, then, just as I was old enough to wish I could rescue butts from his ashtray, he switched to cigars and pipes, then in his last years to chewing tobacco. I can still see myself sitting next to him at the dining room table as he helped me with some homework and watching the smoke he blew from his pipe at the lamp in the center of the table rise out of the top of the shade.

My mother never smoked but her younger sister, whom I remember as something of a black sheep in the family, did smoke, as well as drink. She had married a former professional Canadian hockey player, who also smoked and who always smelled of alcohol when they came to visit. It was probably from him that my aunt learned these vices. Unfortunately, she died in her 30s from some illness shortly after the birth of a daughter, but she lived longer than two other siblings of my mother's, a sister who died in infancy and a brother who died in early childhood. Death was an all-too-familiar visitor to the nursery when my mother was a girl.

CIGARETTES AND cigarette smoke intrigued me as a youngster, particularly that from the end of a burning cigarette, the so-called "sidestream" smoke which is so terribly dangerous today. I liked to visit the kitchen of the house next door where a playmate of my own age lived and watch his stepmother, an attractive woman, as she smoked Lucky Strike after Lucky Strike. I was fascinated by the way the smoke would rise from the end of a cigarette resting in her ashtray in a smooth, layered, transparent ribbon until it suddenly broke into curling eddies—or as Richard Klein describes it in *Cigarettes Are Sublime*, "the intricate syntax

of its swirling articulations.”⁹ (I wouldn’t have understood those words as a child; I’m not sure I understand them now.)

I must have been about seven or eight when I first tried smoking myself. My father still smoked cigarettes at that time and I filched one from an ashtray in the living room and carried it down to the basement. There, sitting next to the washing machine, I lit it. I must have inadvertently inhaled, for I experienced the most delicious dizzy sensation. I guess you would call it a “high” or a nicotine “hit.” One or two subsequent puffs from the short butt, however, did not produce the same result, possibly because I didn’t inhale—or maybe because one puff had already made me a veteran smoker? In any case, I did not cough uncontrollably or become sickened, as conventional antismoking wisdom proclaims is the invariable reaction of a first-time smoker.

Nor would I then, nor can I now after 53 years of smoking, agree with Klein when he asserts that “[E]very smoker probably intuits the poison [of nicotine] from the instant of experiencing the first violent effects of lighting up, and probably confirms this understanding every day with the first puffs of the first cigarette.”¹⁰

His twice-use of the word “probably” is well-advised for I have never intuited any such thing. Klein writes as a man who loved and still loves cigarettes, or the memory of them, and who is trying to persuade himself that he’s glad he doesn’t use them anymore. Along with millions of others he has been brainwashed into quitting because, as he says more than once in his book, “Cigarettes are bad for your health.” He doesn’t say how long he smoked but one assumes cigarettes weren’t bad for *his* health, or surely he would have said so.

(Klein has since written a book called *Eat Fat* in which he extols the delights of fat-laden gourmet food but, according to a review of it I read, expresses no concerns about the possible health consequences of such an indulgence.¹¹)

Strangely enough, enjoyable as that first experience with a cigarette was, I never thought about smoking again for years (nor, alas, was I ever again to get that same “high,” even with inhaling). I vaguely remember trying cornsilk one time but don’t know whether I attempted to make a cigarette out of it or how I intended to smoke it. In any case I couldn’t get it lit. There also were some trees in the neighborhood that had long, thin pods hanging down from the branches that we called Indian stogies. If you held a match to one end of a pod and sucked

hard enough on the other end you could sort of “smoke” it. It wasn’t until I was in my early teens, however, that I started seriously experimenting with cigarettes. Another boyhood chum, Johnnie Z., had a little shack in his backyard where we would smoke them. Where he or I got them, I don’t recall, but they were whole cigarettes, not butts, and unfiltered of course, which left yellow stains on the index and middle fingers. After smoking I would sniff the stains, until they were washed off.

When I was a little older and when nobody was looking (for kids weren’t supposed to smoke, even in those unenlightened days), I got my cigarettes from a vending machine in the Colonial, a restaurant/dancehall/bowling alley on the boulevard, where I worked as a pinboy. They were a quarter a pack, with two cents change enclosed in the cellophane wrapper. But I still didn’t know how to inhale. A fellow pinboy disdainfully mocked me one time for my prissy manner of smoking. He showed me how it was done.

I loved cigarettes. Either in my friend’s shack or upstairs in my third-floor bedroom I loved looking at and handling a package before opening it, then smelling the aroma of fresh tobacco (even tobacco-haters concede it’s pleasant), admiring the way the cigarettes themselves were formed, marveling at how they were packed so tightly in the package—two rows of seven, one of six in the middle. I became intimately acquainted with the visage of De Witt Clinton, early 19th-century governor of New York and promoter of the Erie Canal, whose portrait was on the blue federal excise tax strip for some reason. (“20 Class A Cigarettes,” it said. I’ve always wondered if there were other classes. The tax strip was discontinued years ago, I don’t know why.) I loved looking at and handling cigarettes almost as much as smoking them, almost as much as blowing out huge clouds of smoke at the open bedroom window, almost as much as watching the ribbon of smoke curl up from the end.

My parents never knew about my smoking at the bedroom window (at least I don’t think so), but some years earlier my mother had found a pack of Camels my older brother, who was probably about 14 at the time, had carelessly left in the pocket of a pair of pants due to be washed, and she was rather upset. I was only caught once myself, when I was also about 14. I was on the street with some friends when my father, walking down the hill from the streetcar stop on California Avenue, spotted me with a cigarette in my hand. He said nothing until I

got home, and then merely told me he wished I would wait until I was at least 16 and preferably 18, and then if I wanted to smoke it was all right with him. He didn't exact a promise from me, however, nor did I make one.

I tried all the brands available from the vending machine in the bowling alley: Camel, Chesterfield, Lucky Strike, Pall Mall, Philip Morris, Raleigh, even Kools. I liked Chesterfields because of their elegant name and package design. In fact, it was package design more than anything else that governed my choices. An exception was Pall Malls, which I came to prefer because of their extra length, even though I thought the red package rather garish. Conversely, I disdained Philip Morris because of their dull tan package. As for Kools, only in desperation would I smoke menthols. Otherwise, all the brands seemed essentially the same. The parents of one of my friends smoked Raleighs exclusively because each pack had a coupon on it redeemable for various items from a catalog—if you accumulated a few thousand or so of them.

I adored cigarettes. While other guys may have fantasized about girls (which I did too) I fantasized about having my own cigarette company. I saw an ad one time for a brand called English Ovals which, as the name indicated, were not round but oval-shaped. I wondered how they made them that way. It would be neat, I thought, to bring out my own brand of cigarettes. Another brand I don't believe I ever tried but which interested me was called Vogue, if memory serves. These came in a variety of pastel colors.

I experimented with rolling my own cigarettes with Bugler tobacco and papers. Not very satisfactory and far inferior to tailor-mades. I never mastered forming them with two hands, much less one-handedly as cowboys could do sitting on their horses, but they were a good-tasting if messy and too-brief smoke. I wished I had a cigarette rolling machine like a friend of my older brother who lived on Elizabeth Avenue had and whom I often watched making them.

(That wish was to be granted in the 1970s when Brown & Williamson introduced Laredo. The tobacco came loose in a three-ounce can to be used with paper tubes that had filters on the ends. You made the cigarettes one at a time with a little machine that used a plunger to insert the tobacco into the tubes, a great advance over the Bugler machine that rolled the cigarettes. I later purchased a similar machine and

tubes and bulk tobacco from a company in Kentucky. My wife and I both smoked homemade cigarettes for a year or so until the novelty wore off and it became too much bother to make them. Anyway, not only were tailor-mades pretty cheap but you got *double* green stamps on Tuesdays at the cigarette counter at the May Company department store in Cleveland, where we then lived.)

Another teenage memory is of buying a pack of Players during a family trip to Canada to visit my widowed uncle and saving them until we got back home. (The legal age for buying cigarettes in Canada in those benighted days was 15, I believe. Not any more, of course.) They were in a cardboard box instead of a paper package. Sitting in a chair before the third-floor window, my feet up on the radiator, I smoked one each day until they were gone. They were excellent, better than American brands, I thought. Some years later I found a brand called Dunhill that had that Canadian or English taste—\$1.75 a carton, plus green stamps!—but they eventually disappeared from the market. The next time I smoked a Canadian cigarette wasn't until 1997, when on a trip to see my cousin I bought a carton of Craven "A" at the duty-free shop at the border. To my disappointment, they didn't have that taste I remembered.

The medical establishment would disagree, but I was not "addicted" to smoking at this stage in my life. It was a sometime, secretive thing, very much associated with budding sexuality, for either smoking made me horny or natural adolescent horniness made me want to smoke. (Don't miss Chapter 9!) Nor was I yet enslaved by nicotine even later when, in 1945, I graduated from high school and spent a year at Carnegie Institute of Technology, now Carnegie Mellon Institute, where I studied music, and smoked daily. We smokers would indulge in this vile behavior freely in the halls of the Fine Arts building and even in the small practice rooms. And no nonsmokers, of whom there were many, ever complained or gave the slightest indication of discomfort or disapproval or suggested they would rather we urinated on the floor instead. But as I said, those were unenlightened times.

(This has nothing to do with smoking, but another memory of those halcyon days at Carnegie Tech is of a heavy wooden table in the second-floor hall of the Fine Arts building next to a huge statue of, I think, Silenus holding the infant Bacchus, or one of those gods. Anyway, someone had discovered—we were music students, after all—

that if several of us would hum a certain low note in unison we could make the huge table vibrate and even jump on the marble floor. Another example of the benefits of higher education.)

It was not until my 19th year, however, on a troopship bound for Japan, that I made the conscious decision to smoke fulltime. Why I did, I don't know; I'd really only been an occasional smoker up until then. There was of course not much else to do during a 21-day voyage on a hellship called the *S.S. General Black* in November 1946. There was also not much to eat. After the first few days, when many of my fellow soldiers were seasick and I could clean up the plates they suddenly abandoned in the mess hall, we virtually starved. There was, however, a flourishing black market in food stolen from the galley by crew members who worked there. I eventually became desperate enough to pay \$5 for a few inches of smoked sausage. I lost 21 pounds during that voyage, a pound for each day of it. In any case, I started smoking cigarettes regularly then. Today, more than half a century later, I still do.

UNTIL 1952 I smoked king-size unfiltered brands, mostly Pall Mall. Why I did is another thing I can't explain because filtered cigarettes were available and with unfiltered I was always annoyed by the bits of tobacco that would get on your tongue and the way the cigarette would stick to your lips. You had to be careful to keep your lips moistened enough to prevent that, but not so moist as to make the end soggy. (Making the end soggy was described by an offensive racist term that cannot be repeated here.) It used to irritate my father when I tapped the end of a cigarette against something to pack the tobacco down. He thought it was pretentious and effete, something actresses did in the movies.

Then in 1952, amid much ballyhoo, Lorillard brought out Kent cigarettes with the "Micronite" filter. I paid no attention to advertising claims regarding the supposed health advantages of this "revolutionary" filter but tried Kents on the recommendation of a friend. I liked them, not knowing that the filters contained a type of asbestos called crocidilite that was used in shipbuilding in World War II and, I have read, is the only form of the mineral that is dangerous, unlike the asbestos once used in brake linings and insulation and fireproofing and which is ubiquitous in the environment.¹² (Nevertheless, despite its relative harmlessness, the more familiar kind of asbestos was to become

the object of a vast and costly health scare engineered by the EPA (see Chapter 11). According to the Dana Farber Cancer Research Institute in Boston, 27 out of 33 men employed in making Micronite filters died prematurely from lung cancer or other “asbestos-related” diseases.¹³ I smoked nothing but Kents for the four years crocidilite was used in the filter and after that stayed with Kents almost exclusively for another 30 or so years, until the cigarette companies started jacking up the prices of name brands and I switched to cheaper generics. I never developed lung cancer from the crocidilite and so am unable to sue the company as a number of people have done, successfully in at least three cases.¹⁴

When I started writing this book I decided to try an unfiltered cigarette for the first time in more than 40 years and bought a pack of regular Camels and a whole carton of Pall Malls because I’d received a \$2 coupon in the mail. Both packages were the same as they had been since before I was born. I was so used to “lights” that they seemed a little strong to me, although by the time I finished the carton of Pall Malls I was pretty used to them. But again there was that problem of tobacco bits in the mouth and the paper sticking to the lips. I am surprised that some people still smoke such short little things as regular Camels, which are good for only few drags before they burn down. I also decided to try a couple name brands for the first time in 10 years to see if I was missing anything and bought a carton of Marlboro Lites and one pack of Benson & Hedges Lites. They were very smooth, but not so great that I am willing to spend the money they ask for them.

Today, I confess that I don’t enjoy smoking as much as I used to. Maybe I’ve outgrown it, or maybe I’m tired of being lectured by my ex-smoker wife, or maybe because incessant antismoking propaganda has taken a lot of the pleasure out of it. Although I smoke constantly while sitting alone at my computer, I smoke very little or not at all at other times. I can’t remember the last time I smoked in a social setting. While I have never manifested “typical smoker’s cough,” honesty compels me to admit that since undertaking this book, smoking heavily at the word processor, I have started bringing up small globs of phlegm occasionally. (Do I hear a chorus of “*A-ha/s*”?) But this just means that the cilia in my tracheobronchial tree are doing their thing, though they supposedly should have been destroyed years ago. As long as they keep on doing what they’re designed to do, I won’t worry about it.

I might very well have quit smoking some time ago, except that I

don't want to do anything to encourage the antismoking establishment—which by the way is a true establishment, battering on taxpayer subsidies, and in California and Massachusetts is supported by money extorted exclusively from smokers. I also want to set an example for younger people.

TO SUM UP, THAT'S where I am “coming from” regarding smoking, as well as environmental pollution and unhealthy habits in general. I am not a doctor, I have only a layman's acquaintance with medicine. All I really know about smoking derives from personal experience and from observing other people, plus whatever common sense I flatter myself as possessing. After 53 years of steady smoking, I remain not merely in good health but in *robust* good health. I have known but two people who could reasonably be said to have been injured by smoking—my wife's older sister, who died in her late 60s of what we were told was emphysema, and my wife, who suffered a minor stroke and light heart attack shortly afterward. But in the 23 years I knew my sister-in-law, she was a painfully thin woman with no substance to her. As for my wife, she had been under severe emotional stress during her sister's final days.

Not that I would even attempt to argue with a doctor that factors other than, or in addition to, smoking might possibly have been involved in these cases. The fact remains, however, that everyone else I personally know or have known who has had serious medical problems is or was a lifelong *nonsmoker*.

Personal experience and observation are limited, of course, and “common sense” can often be dead wrong. Primitive common sense tells us that the earth is flat and that the sun revolves around it; only thanks to verifiable scientific observation do we know what is really going on. (And then the scientific explanation becomes common sense.) Common sense also suggests that drawing the fumes from burning vegetable matter into your lungs hundreds of times a day for years on end cannot be a very healthy thing to do. But because I personally have seen such little evidence of harm to anyone who does it, while observing so many health problems in others who don't do it, the claims of medical science regarding the dangers of smoking simply underwhelm my experience-informed common sense.

(Writer Michael Fumento suggests that the term “common knowledge” is more meaningful than “common sense” because it implies

something “known by most people.”¹⁵ But common knowledge would be no help to me in writing this book because today the common—indeed, the universal—knowledge is that smoking causes disease and death. It’s been conclusively proven, hasn’t it? Yet it was also once common knowledge among doctors that bloodletting was good for just about anything that ailed you.)

Any doctor reading this far would consider me either very lucky or willfully ignorant or an idiot or, if not one of those, would assume I must be getting a payoff from the tobacco industry. A psychotherapist would say that I am obviously “in denial” about the dangers of smoking. But the shrinks say that about anybody who disagrees with them. In fact, I’m waiting for the American Psychiatric Association to add smoking to its list of mental “disorders” in its Diagnostic and Statistical Manual (DSM).*

Maybe if I were a doctor or had anything to do with medical care I would think differently. I’m sure doctors could tell me all kinds of stories about the dire effects of smoking in patients they’ve treated. But these days, any history of smoking in a patient is *prima facie* evidence that his illness was caused by smoking. Anyway, doctors usually treat only sick people—that’s their job; healthy people have no urgent reason to come to them, whether they smoke or not.

My sister’s husband, a reformed smoker (the worst kind of ex-smoker), has done voluntary work in a hospital and says, every time he talks to me, “If you could see what I’ve seen, you’d quit those stupid cigarettes.” Yeah, well, what he thinks he’s seen in some unfortunate sick persons in the hospital and what actually put them there may be

*Believe it or not, the hundreds of disorders in the DSM—some of which, if diagnosed in a patient by a therapist, can be used to deprive a person of his livelihood, his home, his children and his freedom—are there by virtue of having been *voted* on by panels of psychiatrists, with each disorder subject to revision or deletion in the next edition. For many years, homosexuality, for example, was listed as a psychiatric “disorder” until the gays achieved enough political clout to force it to be removed. Imagine real scientists, physicists, say, deciding on the boiling point of water by means of a ballot.

Today, therapists can keep up to date on changes in the DSM through computer programs such as one called Therascribe™ 3.0. By pointing and clicking with their mouse at a list of problems, they can let the computer come up with appropriate diagnoses and treatment plans for their patients.

two entirely different matters. Again, it's sick people, not healthy people, who check into hospitals, whether they smoke or not.

What about the fact that smokers who get lung cancer or emphysema or any of a host of other diseases outnumber by far nonsmokers so afflicted? All I will say at this point is that those numbers we commonly hear about do not necessarily represent actual people but are extrapolations from epidemiological studies, which are far from unassailable. For a fuller answer I urge the reader to progress further into this book.

But consider lung cancer for a minute, or any other kind of cancer for that matter. A cancer is a cancer and the most experienced oncologist in the world, let alone my brother-in-law, cannot even *guess* what may have caused it without a knowledge of a patient's lifestyle, habits and medical and family history, which can only be obtained from the patient himself or, in many cases, the recollections of other people. And when the doctor does learn these things, his attribution of the cause of the cancer becomes an informed guess, but still a guess. By the same token, the most skilled physician in the world has no way of knowing whether a healthy person who comes in for a routine checkup is or is not a smoker or has ever smoked unless that person tells him.*

It may be a different matter with more detailed examination. When my wife had a chest X-ray at age 78, the radiologist said he saw evidence in her lungs that she had been a smoker, even though she'd quit 15 years before. However, she isn't sure if he said this before or after she told him she used to smoke. Whatever the evidence was, 47 years of heavy smoking had caused no impairment in the *function* of her lungs.

On the other hand, the previous year I had both a regular chest X-ray and a CAT scan of my lungs and nothing was said about any evidence of a smoking history, although that could be because the doctor was already aware that I smoked—which was in fact why he ordered the unnecessary CAT scan in the first place.

*This may not be true in the future. The Food and Drug Administration has approved a new urine test called "NicCheck" which enables a physician to determine whether and how much a person smokes.¹⁶ I would think that it could be defeated simply by a smoker's refraining from smoking for a day or two until the nicotine, or rather its derivative, cotinine, cleared his urine. But it raises the possibility that those companies that refuse to employ smokers, even if they only smoke away from the job, could conduct random, unannounced urine tests to ferret out the violators.

To complicate matters, many smokers are becoming increasingly reluctant to tell doctors about their habit, lest they set themselves up for a lecture. That is why the American Medical Association urges doctors to be “aggressive” in identifying patients who smoke. According to the U.S. Agency for Health Care Policy and Research (AHCPR), an arm of the U.S. Department of Health and Human Services, “only about half of current smokers report having ever been asked about their smoking status.”¹⁷

To remedy that situation, the AHCPR has issued guidelines, among which are:

- Ask every patient at every visit if they [*sic*] smoke.
- Write a patient’s smoking status in the medical chart under vital signs.
- Motivate patients reluctant to quit.

Note the use of “asked” and “ask.” The knowledge that a patient is or was a smoker, which knowledge can only be imparted by the patient himself,* greatly simplifies a doctor’s work, for once smoking has been implicated in the etiology of a given disease, no further investigation into other possible factors need be undertaken.

Indeed, by way of making things simpler for medical personnel, the government actually provides “alert” stickers to be put on a patient’s hospital chart if he’s a smoker. I sent for some from the Centers for Disease Control and Prevention (CDC) in Atlanta and received a sheet of 35 stickers, each an inch-and-a-half-square. Printed on them in dark blue ink are stripes at the top, like the markings on the pavement

*The observant reader will notice that throughout this book I use third-person masculine pronouns—he, him, his, himself—when referring to no one in particular or everyone in general. This should not be construed as a put-down of the female sex or a want of “gender sensitivity” on my part; it is simply that, as I remain unregenerate regarding smoking, so I am when it comes to the politically correct use of language. Some writers, mostly male, probably, give equal time to both sexes: “he and she,” “her and him,” etc. But this becomes repetitious and only draws attention to itself. Others have thrown in the towel all the way and employ the feminine pronouns exclusively, a practice I find both condescending and distracting and sometimes confusing. (“Is the writer talking about a woman? What woman? Where did she come from?”)

of a no-parking area; on the right side is a curling wisp of smoke, and on the bottom the word SMOKER. According to a U.S. Government Printing Office catalog where I learned about them, the stickers are to placed “in a conspicuous location on the outside or inside of the patient chart to remind clinicians and staff of specific ongoing preventive care needs.”¹⁸

Just what is the purpose of this? Is the disease a smoker is suffering from different from the same disease in a nonsmoker? Is the treatment different? Is the patient’s doctor helped in any way? I don’t think so. Maybe “preventive care” means keeping an eye on a patient to see that he doesn’t sneak a smoke out on the balcony or in the bathroom or a closet. But in that case, making him wear a badge or a sign around his neck saying SMOKER would be a more useful “alert” to clinicians and staff than a sticker on a chart. I can’t believe any doctor would actually brand a patient in this gratuitously humiliating way. All the doctors I’ve known have been pretty compassionate people. But the fact that the government makes the stickers available and encourages their use is another indication of the hysteria concerning smoking that infects society today.

Actually, “preventive care” probably means “intervention” (to save smokers from themselves) and the government is not only encouraging it but paying for it. In 1996 three hospitals in Minnesota were the beneficiaries of a \$2.5-million grant from the National Heart and Lung Institute of the National Institutes of Health to fund a project to test “methods to promote long-term smoking cessation in hospital patients.” Key components of this “intervention” included: (1) organized identification of all smokers as part of the normal admittance procedure; (2) clear labeling of charts of both smokers and nonsmokers—red dot for nonsmokers and black dot for smokers (to match the color of their lungs?); (3) a smoking card clipped to the outside of the chart by office staff at the time of the visit; (4) brief physician counseling about smoking, and (5) follow-up counseling for a year after discharge.¹⁹

And how can you tell a smoker from a nonsmoker, both of whom are ill enough to be admitted to a hospital? At risk of boring the reader, I have to say it again: only by *asking* them.

On a funnier, but still rather sad, note, there is, or was until somebody stole it, a sign on the wall at the San Francisco Department of

Public Health which said NO SMOKING, and below it repeated the same message—in *Braille*.²⁰ I'm sure there are some blind smokers, even though a great deal of the enjoyment of smoking is derived from seeing the smoke. But it seems rather unlikely that an unsighted visitor to the department would grope along the wall to find out if smoking was permitted. Possibly the Braille warning was required by the Americans With Disabilities Act, or somebody's interpretation of it. After all, Big Brother is looking out for the welfare of all of us.

(Which reminds me of an evangelist named Herbert W. Armstrong, whom I used to listen to years ago on the radio and who liked to point out that nobody smokes in the dark. He somehow thought this was a good argument against smoking. It was, if he had meant smoking in bed. Otherwise he was wrong, for people do sometimes smoke in the dark, either because they are desperate for a nicotine fix or maybe simply because they like to smoke. It's possible, too, that some people still indulge in the proverbial postcoital cigarette.)

ONE NEED NOT be a hospital patient or cruise alt.smokers to encounter gratuitous slaps at smokers; they pop up all the time on television shows, even if they have nothing to do with the story line, and usually they don't.

For instance, in one episode of "Seinfeld," a man asked Jerry if he minded if he smoked and Jerry replied, "No, I secondhand smoke two packs of cigarettes a day." In another episode, Jerry, George and Elaine were sitting down at their favorite table in Monk's Café and Elaine spotted an ashtray on the table. "Ugh," she said most vehemently, moving the ashtray to another table. "Cigarettes—I *hate them*." (When I saw this I thought, "Hmm, I wonder what this bit of business is going to lead to." But cigarettes were never mentioned again. In a later episode, smoking was no longer permitted in the restaurant.)

On the other hand, both Jerry and Elaine, as well as Kramer, sometimes smoked cigars. For some reason, though, cigars seem to be exempt from the opprobrium society (excluding the antis who hate tobacco in all forms) heaps on cigarettes. Indeed, there is even a certain cachet attached to cigar smoking these days and cigar consumption is soaring. Go figure.

On "Cybill," a nun(!) lit a cigarette in Cybill's house and one of her

daughters asked her to take it outside, saying, “If you want to kill yourself that’s your business, but please don’t take us with you.”

On “Touched By An Angel,” the angels worked to save the soul of a young lawyer defending a cigarette company in a product-liability lawsuit. (The angel named Monica said she was allergic to cigarette smoke, which seems a little odd in a being that can materialize and dematerialize at will.) The company was a real baddie. Not only had it been killing people but it actually tried to bribe the sovereign government of these United States of America not to release the surgeon general’s 1964 report linking smoking to lung cancer.

On an episode of “Northern Exposure,” that pipsqueak Dr. Joel Whatshisname and some of the other regulars were sitting in the restaurant and for some reason got on the subject of cannibalism. The doctor indicated a couple guys at another table who were smoking and said you wouldn’t want to eat *them*, what with their diseased organs.

In the series “The Practice,” a small, struggling law firm representing the widower of a woman who smoked herself to death humbled the arrogant attorney for a heartless cigarette company.

At least “Dr. Quinn, Medicine Woman” never had an episode dramatizing the effects of smoking or chewing tobacco, unless I missed it. This is surprising since she was pretty advanced for her time.

Movies, on the other hand, are raising the ire of the antis because of the frequency of smoking in some of them, especially when it is not intrinsic to the character of the actor who is smoking (that is, he’s not a villain) and does not serve the plot development of the film (if there is any).^{*} Since the only movies I see are those that eventually turn up on television, I can’t comment authoritatively on the prevalence of smoking in the movies. However, in two I have seen, smoking was hardly portrayed as glamorous.

In “Jurassic Park,” a technician in the park’s computer room constantly had a lighted cigarette between his lips, which he let burn down to the filter. It had nothing to do with the plot or the character and was

^{*}Hollywood, of course, is notorious for planting commercial products or commercial names in movies. In 1983, Sylvester Stallone signed a letter of agreement with Brown & Williamson guaranteeing that he would use B&W products in five of his films for a fee of \$500,000.²¹ It’s not clear whether Stallone got that all that money or even if B&W got anything for it.

quite distracting to me and I couldn't decide whether this was an anti-smoking message or a subtle prosmoking one.

In the Steven Seagal action film, "The Glimmer Man," a police detective starts to light a cigarette outside the station and another detective pulls it out of his mouth and tosses it on the ground. The first man doesn't protest; he knows that his partner only did it out of concern for his health. Later in the film, Seagal pulls a cigarette (again unlighted) out of the mouth of another character and throws it to the floor. On "Diagnosis Murder," Dick Van Dyke as Dr. Mark Sloan also frequently extracts cigarettes from between people's fingers or lips, but he places them carefully in an ashtray.

Then there is Steve Martin's clever quip: "Do you mind if I smoke? No, do you mind if I fart?" Which takes us back to the antismokers' fixation on the scatological.

Alarmed at surging cigar sales, health officials in San Francisco launched a campaign (paid for by smokers) featuring advertisements likening cigar butts to dog droppings. Posters were put up near popular nightspots reading: "Cigars: They Look Like What They Smell Like. Don't Put Them in Your Mouth!" Ads on several local cable TV stations showed a dog sniffing at a discarded cigar before its owner swept it up with a pooper scooper.²²

"We see this as a public health problem," said Alyonik Hrushow, director of San Francisco's Tobacco-Free Project.

Cigars, I'm sure she meant, not dog droppings.

The so-called funny pages of the newspaper are also doing their bit to get the antismoking message across. In "Curtis," for instance, the boy of that name is constantly nagging his father to quit smoking. Garry Trudeau's Mr. Butts puts in frequent appearances in "Doonesbury," but he is such an engaging character that I wonder if Trudeau's satire doesn't sometimes go over the heads of the young people the propaganda is aimed at.

On television, bad news about smoking is a stock in trade. Whenever there is a report about the "latest finding" against smoking, which seems to be every other day, it is invariably accompanied by extreme closeups of unattractive people desperately sucking on cigarettes. In the newspaper, stories about premature wrinkles allegedly caused by smoking are usually illustrated by a photograph of actress Bette Davis in her last years.

Speaking of wrinkles, even in fiction I came across a wholly irrelevant knock against smoking. This was in an anthology of articles and stories dealing with, of all things, dinosaurs. In one story, a woman is having a drink with a doctor in a wine bar:

His eyes were on her as they settled on the round cushioned stools across from a fake hogshead table, and she took out and lit a cigarette.

“How many of those a day?”

“Five or six.” Julia took one puff and laid down the burning cigarette in the ashtray. “Except I’m like every other person who smokes five—a pack lasts me a day and a half.”

“You’re going to regret it. It’s murder on your skin. Another ten years and you’ll look like a prune.”²³

Why would a doctor believe that? (Or the author, expressing his own prejudice?) Well, common sense again, which tells us that because nicotine can constrict the tiny blood vessels called capillaries this must have some effect on the skin, and the facial skin is the most obvious part of the body. But again my own experience and observation tell me otherwise. My wife, who smoked heavily from age 16 to 63, has always looked at least 20 years younger than her actual age. But she also always avoided unnecessary exposure to the sun, unlike her younger sister, a never-smoker but a dedicated sun-worshipper who devoped a serious case of skin cancer on her nose and on at least one occasion has been mistaken for my wife’s mother. I have been told I look younger than my age. (Unfortunately, the camera doesn’t see it that way.) The next-door playmate whose stepmother’s cigarette smoke I used to gaze at told me that when she died at 82 there wasn’t a wrinkle on her face.

These may be trivial anecdotes to posit against the “common knowledge” of the medical profession regarding smoking and wrinkles, but they are no less valid, and maybe have even more basis in fact, than some of the outlandish claims put forward by the antismokers in this and other areas. It is this kind of personal observation that has led me to view with a jaundiced eye just about everything the experts claim about smoking.

Novels have become another rich source of antismoking propaganda in which tobacco companies are the new villains. For example, in Christopher Buckley’s satire, *Thank You For Smoking*, Nick Naylor, a public relations man working for the “Academy of Tobacco Studies,” an in-

dustry front group, listens as the woman who fields telephone calls “began to cough . . . ‘Academy of—*harrg*—Tobacco—*kuhhhh*—Studies.’ Nick wondered if having a receptionist who couldn’t get through ‘hello’ without having a bronchospasm was a plus.”²⁴

Buckley’s “Academy” is fictional. So is the receptionist. So is her bronchospasm. No matter; the point is made.

In Arthur Freudberg’s *GASP!* an embittered wire service editor, told that he is dying of lung cancer, decides to take the tobacco industry down with him and launches a plan to poison hundreds of packages of cigarettes with cyanide crystals and plant them in stores, restaurants, offices, factories and bars across America. Why not? Smokers are going to die anyway, aren’t they? Cyanide will be quicker, better than a lingering, painful death.

In John Grisham’s *The Runaway Jury*, poison is also used to remove one waffling member of a jury deciding a lawsuit against a tobacco company. Another suspect member of the panel is eliminated by other means. But it’s okay; the poison is nonlethal and it’s all in a good cause: simply to help justice along by ensuring a well-deserved verdict against the company. After all, the parents of the wife of the man manipulating the jury both died painfully from lung cancer that she *knows* was caused by smoking the cigarettes to which the rotten, conscienceless manufacturer had deliberately addicted them. Right is right.

Unfortunately, not only in fiction but in real life, some people consider the end—the elimination of smoking—so desirable that it justifies any means to bring it about.

IT CAN BE ARGUED that everything I have said in this Introduction questioning the health dangers of smoking, as well as much of what I say throughout the book, is purely “anecdotal” and proves nothing. That is true. But it is also true that much of the evidence against smoking is also anecdotal. I don’t mean the cautionary examples of famous people who smoked and died of lung cancer. The fact is that the thousands upon thousands of epidemiological studies reporting the effects of smoking on the human body are themselves based on, or have as their starting point, anecdotal evidence. That is, the researchers who conduct these studies are wholly dependent upon what people tell them about their lifestyles, health histories and their exposure to cigarette smoke, whether firsthand or secondhand—and even sometimes what a

third party, perhaps a surviving spouse, recalls about the smoking habits of someone now dead.

To repeat it one more time, researchers have no way of knowing whether a person smokes or has smoked and how much and for how long unless the person *tells* them, and then, of course, if that person has developed some disease, it's obviously "linked" to smoking. This does not necessarily invalidate such studies, of course. The point is that the findings of epidemiological studies are *suggestive* only and thus must be treated with extreme caution. Regrettably, far too often they are not so treated, especially when reporting them to the lay public.

Epidemiology—the study of the sources and causes of infectious diseases—has a long and glorious history. But that was back when it had to do with things like typhoid or tuberculosis or malaria. As Elizabeth M. Whelan, president of the American Council on Science and Health, says, "No longer are we locked in a mammoth struggle with infectious, communicable disease . . . Today, the major preventable killers present themselves in the form of 'lifestyle factors'—specific behaviors that promote premature disease and death."²⁵

A sign of this change from the original mission of epidemiology, thanks to medical science's conquest of the "traditional" diseases, is the fact that only one of the seven centers of the Centers for Disease Control and Prevention is still involved with infectious diseases.

But "lifestyle factors" are infinitely complex. They are the "confounders" that plague modern epidemiology. Also today, the terms "disease" and "epidemic," which once pertained only to germ- or virus-caused communicable infections, mean anything antismokers and professional healthists want them to mean. Smoking, for example, is a "global epidemic," according to the World Health Organization.²⁶

IN THE MIDDLE AGES, the Church promulgated what were politely called "pious falsehoods"—fabricated stories about miracles wrought by prayers to the saints or by the relics of saints. They were not *really* lies because they had a noble purpose and were simply the means to achieve a worthwhile end: to fortify the faith of the faithful, convert the pagan and confound the unbeliever.

Modern versions of pious falsehoods fuel the antismoking crusade today. They are frequently called by the term "The LaLonde Effect," named after Marc LaLonde, a former Canadian minister of Na-

tional Health and Welfare, who maintained that antismoking studies, no matter how flawed or unsupported by real scientific evidence, should nevertheless be promoted to the public. Since we already *know* that smoking is deadly, he reasoned, anything that serves to strengthen that knowledge is justified. Again, the end is all-important; that the means to that end may be scientifically or ethically questionable is inconsequential.

Human beings are in many ways still as credulous as they were in the Middle Ages. For that reason I prefer the term “pious falsehoods,” and there are a lot of them about smoking in this book.

Notes

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11. Richard Klein, *Eat Fat* (New York: Vintage, 1998). Reviewed by Jacob Sullum in *Reason* magazine, February 1998, p. 52.

12. Dixy Lee Ray, *Environmental Overkill* (New York: HarperCollins paperback edition, 1993) p. 152.

13. *Loc. cit.*

14. Scott Solomo, “Lorillard to Pay \$140,000 to Estate.” *Greensboro* (North Carolina) *News & Record*, March 19, 1996, p. B7. Courtesy of The Advocacy Institute. In this case a San Francisco jury found Lorillard liable in the death of a California man who had smoked Kent cigarettes during the 1960s when the asbestos filter was used. According to the same AI report, in September 1994 Lorillard was ordered to pay \$1.8 million to another Kent smoker who sued (apparently he was still alive). A September 3, 1995 item in *The Atlanta Journal-Constitution* reported that a Los Angeles jury had awarded \$1.3 million to one Milton Horowitz, 70, who claimed he got cancer from asbestos in cigarette filters, presumably Kents. Whether or not the company appealed these decisions or ever paid the damages, I don’t know.

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