

taxation gives official sanction to this deception. Tobacco is no more a luxury than, say, phenobarbitone. . . .” The R.C.P., in supporting the taxation of tobacco, concurs in the deception that tobacco is a luxury.

The Report frequently refers to smoking as a habit. But anyone who repeatedly self-administers a drug, whether by chewing, swallowing, snuffing, or injecting it, except for medicinal purposes, is clearly addicted to that drug. Tobacco smokers are clearly, therefore, drug addicts, and smoking, a drug addiction. Smokers suffer from chronic nicotine poisoning (the Report suggests that a dose of 0.1 to 2.7 mg. may be administered when a cigarette is inhaled), and nicotine poisoning is just as much a disease as, say, lead-poisoning. It is a non-killing, painless, long-lasting, highly communicable disease (hence the present pandemic), whose symptoms are insidious. It is the complications of this disease—mainly infective bronchitis and lung cancer—which kill.

Smoking is not a habit. There is a habit *factor* in smoking—just as there is in eating and defaecating—but it is *relatively* unimportant. Not habituation, but a pharmacological craving for nicotine is the main urge to smoke, and is responsible for withdrawal symptoms, just as appetite for food, and not habituation, is the primary urge to eat.

It is clear, therefore, that tobacco should be treated in the same way as other drugs of addiction—not taxed, but placed under the provisions of the Dangerous Drugs Act; also that tobacco-smoking is primarily *our* concern. This disease, like opium- and hashish-smoking, is wholly preventable, and it is up to us to see that it is wholly prevented. Adequate preparation of this sick nation, psychotherapeutic and economic, would, of course, be necessary before final withdrawal of tobacco, but individuals can be cured of nicotine, so also therefore can nations.—I am, etc.,

Wallasey, Cheshire.

LENNOX JOHNSTON.

SIR,—The medical members of the National Society of Non-smokers would have been well advised to take the advice of Lord Horder that every medical student should read Jevons's *Primer of Logic*. If they had done so, they would not have demanded that “where smoking is a cause of death, the death certificate shall no longer conceal the fact” (March 17, p. 810), because smoking is never *per se* the cause of death. There is no doubt that cigarettes are a most important factor in the genesis of carcinoma of the bronchus—the clinical and statistical evidence is overwhelming—but some people who have never smoked develop the disease. It is clear, therefore, that cigarettes are not the only *cause* of bronchial carcinoma, and it is conceivable that some smokers who develop this disease might have done so if they had been non-smokers. Hence it is not possible to make such a statement on a death certificate. It would seem that even the medical members of the above society are still hypnotized by a mediaeval concept of causation and have not taken Julian Huxley's teaching to heart—viz., that this concept must be replaced by that of multiple correlation.

Doctors and statisticians can do a great deal to discourage smoking if they stress the validity of the evidence, but they will only weaken their case by being melodramatic and illogical.—I am, etc.,

London W.1

A. PINEY.

### The Young Smoker

SIR,—Adolescents earn good money to-day as soon as they leave school, and so they have become the chief consumers of tobacco, which explains why the adverts on smoking are cleverly linked with sex. Imagine then the loss of herd prestige the pimply youth or shaggy maiden must face who dares to say, “Sorry, but I do not smoke”!

These surely are the people who need most help from preventive medicine; and in giving this help one hopes we will not get bogged down in arguments about taxation, differential or otherwise, nor that we will seek to cover ourselves with “impartiality” (expert A and expert B laid on to state diametrically opposing points of view), for this is not democracy but the modern replica of the Tower of Babel.

Rather let us hope that “smoking” will be included in the campaign of smoke abatement, and take its place in the clinic and hospital poster alongside the advice about polio, smallpox, and cleaner foods.—I am, etc.,

Buxted, Sussex.

W. R. E. HARRISON.

### Discouraging Smoking

SIR,—Should the well-meaning reformers who advocate various forms of compulsion to reduce cigarette-smoking succeed, they may well be responsible for abuses worse than the vice they aspire to prohibit, as were the advocates of prohibition in the United States.

They will inevitably fail to gain popular support, for most of us average mortals act consciously or unconsciously in our own interests. Cigarette-addicts will never enthusiastically support a campaign to make their addiction wholly or partially illegal. Those of us fortunate enough to be indifferent whether we smoke another cigarette or not will never wholeheartedly support a campaign which would eliminate our opportunity to opt out of paying the first £50 or more of our share of the national tax.

But even the tobacco companies might co-operate in a campaign to substitute pipe-addiction for cigarettes. *Vive Maigret!*—I am, etc.,

Peterborough, Northants.

G. A. BECK.

### Cigarette-smoking and Lung Cancer

SIR,—Already the report of the Royal College of Physicians (March 10, p. 703) on smoking seems to have taken effect, and there seems to be a trend towards pipe-smoking. As a non-smoker, I view this trend with alarm and despondency. Hitherto tolerant of cigarette smoke I find that of pipes very hard to bear and wonder whether the ratio of non-smoker in the lung cancer statistics will not rise, if the trend continues, due to non-smokers having to breathe the foul effluvia. After all, it was not of cigarettes but of pipes that King James wrote: “Have you not reason then to be ashamed, and to forbear this filthy noveltie, custome loathesome to the lungs, harmful to the braine, and in the stinking fume thereof nearest resembling the horrible Stygian smoke of the pit that is bottomlesse?”—I am, etc.,

Shoreham-by-Sea, Sussex.

RICHARD G. MCGOWN.