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Highlights from our archives

tobacco advertising

After three editors in its first 63 years, the MJA had four different editors between 1977 and 1983 when Dr Alister Brass took over. His editorial, published below, caused a stir, with one letter writer describing it as “probably the most contemptible piece of commentary ever to have disgraced the pages of a medical journal with pretensions to responsibility”.



Smoke gets in your eyes

There is not a child or adult in Australia who does not know that smoking is bad.

The rising chorus of warnings that has poured from every medical, health, government and educational source since the first official pronouncement on the matter in 1964 by the American Surgeon General has ensured that the news is now ubiquitous.

Yet for all the sound and fury, and the dire pronouncements of the experts, kids still start to smoke, and adults (including doctors) still enjoy their tobacco, bad conscience or not. How can this be?

First the role of advertising ... in maintaining people's interest in cigarettes is much overrated. So is the alleged wickedness of capitalist tobacco companies.

Rather, the call to abstain is opposed by deep-seated propensities far more influential than a passing desire to ape an athlete or pop idol.

These are the basic human instincts (a) to be irresistibly attracted to the unknown or untried; (b) to grasp any remedy, even a potentially dangerous one like nicotine, to assuage the anxieties of the daily grind; and (c) to use the

sharing of tobacco as a means to easy, non-verbal communion.

The sociological subtext is clear: if you're lighting up, or actually smoking, then you are too busy to stab, shoot or otherwise attack the person you're smoking with.

Further, as the ABC's science expert, Robyn Williams, points out, the whole health movement, of which denouncing tobacco is just one facet, is a middle- and upper-class phenomenon, another fashion in the trend of “the fitness drives, the image of the slim jogger, the Balmain muesli-eaters, the fibre-conscious-stool-watchers”.

Reformers need to be very careful that they don't crush an individual's right (to be foolish, even) in the name of “higher truth”. So why not simply keep the medical facts on smoking in the public eye, but cut out the self-righteous wowserism?

Life itself, as many have remarked, is a terminal illness.

Anyone for a smoke?

Alister Brass, Editor

14 April 1984 (edited extract)

Smouldering on ...

To the Editor: This is not some sort of jolly after-dinner discussion you have joined: it is a very serious issue, with complexities far beyond the understanding shown by your offhand comments.

Please, read more about the issue; talk to some of the people who have fought with industry for years; think about the implications of your comments should your opinions prove to have been illfounded.

I believe that your position demands a more careful evaluation of volatile issues such as this before decorating the editorial pages with your otherwise lucid and entertaining writing style.

The point is that the smoking debate is not about entertainment, and to trivialise the arguments in the manner you have chosen is to give ammunition to the tobacco industry.

*Charles Watson, MD
Acting Director, Health Education Unit
Public Health Department, Perth, WA
7 July 1984*