The Evolving Case against Smoking: Lapse of Morals to Hazard to Health

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by Ronald D. Eckoff

Cigarette smoking is comparatively a recent habit in the United States, being introduced in the early [1870s],” explained J. M. Emmert, a doctor in Atlantic, Iowa, in the 1895 State Board of Health report. “Like many other crimes and filthy habits, it originated among the lower classes of Russia, Poland, and France, and for a long time was confined to the same classes in this country [and now is] adopted by the better class. . . . One of the most dangerous, degrading and demoralizing evils, [it] demands the early attention of our legislators.” If the U.S. government could not outlaw cigarette manufacture and sales, he railed, then “states should protect their young men and boys by enacting prohibitory laws. This is easier said than done, for there is an immense amount of money and influence that will be used freely to cripple or arrest any effort. . . . The Cigarette Trust has had lobbyists in swarms to buy, threaten and browbeat every officer who dared raise a voice against their nefarious business.”

Emmert was not done. He had been told that many cigarettes “contain material from old cigar stumps and quids of tobacco culled from the gutters and sidewalks and cuspidors.” Most were “impregnated with opium, arsenic, cocaine or some other enslaving drug.” Smoking affected internal organs and the nervous system (leading to insanity, epilepsy, or suicide). “The boy who smokes soon falls behind . . . ; his memory becomes impaired; his brain dull and sluggish.” He becomes “a street loafer or . . . a criminal, pauper or idiot, . . . a menace to society and a burden to the state.” Girls, too, Emmert noted, were smoking and likely to become addicted.

U.S. sale of cigarettes had catapulted from 1.5 million in 1869 to more than 4.5 billion in 1896, passing cigar sales. As historian Lee Anderson points out, “The Iowa legislature, in fact, prohibited the manufacture and sale of cigarettes in the state. On the other hand, few respectable Iowans would condemn the enjoyment of fine cigars by bankers, lawyers, and other solid, middle-class males. With issues of class, ethnicity, age, and gender so obviously underlying concerns about tobacco use, the chief objectionable effects of tobacco were behavioral rather than physiological.”

In the 1903 report, a doctor connected smoking and alcohol. “I have never known a confirmed inebriate that was not, or had not been, addicted to the use of tobacco.” A 1906 reprinted article cited smoking’s addictive nature and its “blasting and blighting effect . . . because it draws off energy, saps the vitality . . . blunts the sensibilities . . . and kills ambition.”

Attacking cigarette smoking as an issue of morality and character was not unique to Iowa health professionals in the late 19th and early 20th century. The connection to specific health problems took longer to firmly establish in the minds of the medical world (not until the 1950s), and then in the minds of the American public (when warning labels were required on cigarette packages, and television advertising was banned). Today anti-smoking campaigns also aim to educate individuals about choosing healthy behaviors and making lifestyle changes.

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