‘Destructive but sweet’: cigarette smoking among women 1890 – 1990

Rosemary Elizabeth Elliot

A dissertation submitted in partial fulfilment of the degree of PhD

University of Glasgow
Centre for the History of Medicine
MRC Social and Public Health Sciences Unit

October, 2001

Volume 2 of 2

Chapter Five: Drop dead gorgeous: the changing face of smoking 1950 - 2000

By the end of the Second World War, the cigarette was ubiquitous in both public and private life. The experiences of war had once again brought to the fore the physiological and psychological benefits of tobacco, as both those at the front and those at home increasingly relied either on its stimulating or sedative powers. Moreover the centrality of the cigarette in the collective experience of war – both at a government and an individual level – served to consolidate the existing perception of tobacco as an essential part of social interaction at all levels. By 1945, annual per capita consumption had reached unprecedented levels for both men and women, although an obvious gender disparity remained.[1] The 1947 *Hulton Readership Survey*, an analysis for advertisers, suggested that 42% of women and 70% of men smoked cigarettes. Women still smoked considerably less than men. They were more likely to be light smokers, classified as smoking up to seven cigarettes a day, while men were most likely to be 'normal' smokers, which was between 8 and 22 cigarettes per day. Only 1% of women fell into the 'heavy' smoker category, compared to 10% of men.[2] Despite the difference in consumption levels, it was increasingly accepted that both sexes smoked when and where they liked and many of the gendered social and spatial conventions surrounding appropriate behaviour disappeared. Post-war fashion celebrated the cigarette as a symbol of pre-war elegance and style, while advertising made it synonymous with feminine achievement and equality.

The government reinforced the position of smoking by its commitment to re-establish supply and distribution as quickly as possible in the immediate post-war years, both for its own tax purposes and in recognition of the contribution the tobacco companies had made to the war effort. The fact that tobacco consumption dipped in 1947 and didn't regain parity until the late 1950s owed more to economic conditions than social reasons as high leaf prices, heavy taxation and general increases in the retail prices of all goods combined to make cigarettes a less attractive option for consumers. Despite such problems, per capita tobacco consumption in the decade following the Second World War did not fall below that of the pre-war years. This suggests that the war and

---

[1] N. Wald et al. *UK Smoking Statistics* (Oxford: Oxford University Press, 1988).
[2] J.W. Hobson, H. Henry and M.A. Abrams *The Hulton Readership Survey: an analysis for advertisers* (London: Hulton Press, 1947) p. 36 – 7.

ensuing economic dislocation served merely to exacerbate and then interrupt the existing trend towards increased cigarette consumption.

What is more significant for the purposes of this thesis is the fact that this trend was gendered, with female per capita consumption showing a proportionately larger increase during the war than male consumption (Fig. 1). Male per capita consumption showed a proportionately greater decrease in the immediate post-war period. Indeed, almost all of the post-war fall in tobacco consumption is accounted for by the decrease in consumption among men. Apart from a small decrease in the immediate post-war years, female per capita consumption continued a steady upward trend which did not plateau until the mid-1970s. On the other hand, male per capita consumption never regained the high levels it had reached during the Second World War, coming closest in the early 1960s before beginning a long term decrease which has as yet not been reversed. And although women smoked comparatively less than men for much of this period, the decrease in smoking rates among men combined with the increase and then comparatively slower decrease in smoking rates among women means that by the late 1980s and early 1990s, smoking rates among men and women were more-or-less equal.

The changing gender patterns of the smoking habit took place against the backdrop of much wider changes in the cultural significance of smoking. From the 1950s onwards, there was an increasing tension between the growing realisation of the health risks of smoking and the existing position of the cigarette as integral to modern life. This tension had medical, fiscal and cultural implications. It was not only a tension between the rights of the individual and the potential power of the state to restrict those rights, but also between scientific evidence, economic imperatives and moral duty, which, in the end, led to a redefinition of responsibility at both an individual and a governmental level. The economic importance of smoking to the Exchequer, the close connections between the Board of Trade and the tobacco companies and the pervasiveness of smoking in the semiotic fabric of everyday life all conspired to cloak the cigarette with a veneer of respectability, despite the epidemiological case which was being made against it. Neither the government nor the general public were particularly willing to view the cigarette as the villain, especially if such recognition involved curtailing individual liberty, either to indulge in or to manufacture and

supply tobacco. This reluctance, combined with the fact that the evidence against smoking was based on statistics rather than on proof of direct causation, explains why it took more than a decade for the medical findings about the health risks of smoking to be properly accepted and at least another decade for them to be properly acted upon. The former took the action of independent medical bodies, the latter was done piecemeal as was expedient. It was not until evidence accrued linking environmental tobacco smoke with disease that smoking could more comprehensively be seen as a public, rather than an individual, health problem. Moreover, as this conceptual shift changed the issue of smoking to a social and moral one rather than an individual medical one, it had implications for the way in which public and private space was delineated, and for the freedom, and responsibilities, of individuals in such spaces.

Drawing on the themes of the previous two chapters, this chapter will argue that just as the position of the cigarette in society had been gendered to reflect social mores, so too was the development of the epidemiological case against it. Despite the increasing number of women smoking by the end of the Second World War, the fact that more men smoked, they started smoking earlier in life, were likely to smoke more and had started smoking in large numbers at least a generation before women meant that the epidemic of tobacco related disease was more advanced and therefore more visible in men. As a result, in epidemiological terms at least, the group perceived to be most at risk from smoking related disease were men over 35, a conclusion which was echoed in the medical and mainstream press. This chapter will explore the way in which this affected not only the construction of the health risks of smoking, but the ways in which those risks were disseminated to the public.

The position of smoking at the end of the Second World War

As was shown in the previous chapter, the Second World War had a profound impact on tobacco consumption and, as in the First World War, tobacco was seen as essential to both soldiers and civilians. Providing tobacco for the troops continued to be a priority despite shortages of shipping space and, although civilians were urged to cut their consumption in the national interest, both the government and the industry took steps to ensure that shortages were never so acute as to impact drastically on

consumption.[3] When NAAFI supplies had to be reduced to create more money for war expenditure, questions were raised in parliament as to the impact on morale.[4] Similarly, it was noted in Parliament that some troops were getting no tobacco and very few cigarettes and that steps needed to be taken to ensure adequate supplies.[5] There were also questions raised about cigarette parcels going astray.[6] In other words, throughout the war, Parliament was concerned to ensure equitable and adequate distribution to the armed forces, and to maintain supplies for the civilian population. The general public were also kept aware of the situation through regular announcements and appeals.[7] At the close of the war, pensioners were given cigarettes as part of their Victory gift packs and steps were taken to restore supplies to the rest of the population as quickly and as smoothly as possible.[8] Regulations on leaf clearances from bond were eased almost immediately, and several of the major companies put into place plans to expand their production capacity to meet demand. In addition, advertising began to reappear, and more importantly, began to be backed up by detailed market research.[9]

In 1947, when the Chancellor of the Exchequer appealed for consumption to be reduced in order to help close the 'dollar gap' and added a huge tax increase to aid this reduction, [10] his appeal provoked a good deal of comment in the press, mostly negative.[11] Nonetheless, this measure, combined with the impact of the economic crisis leading up to the devaluation of the pound in 1949, did lead to a reduction in tobacco consumption.[12] The *Hulton Readership Survey* of 1948 suggests that this fall

---

[3] Parliamentary Debates, House of Commons, 1944 – 45 vol. 411 col. 63 – 4, 29 May 1945.
[4] Parliamentary Debates, House of Commons, 1944 – 45 vol. 410 col. 1231, 8 June 1945.
[5] Parliamentary Debates, House of Commons, 1944 – 45 vol. 410 col. 61, 17 April 1945.
[6] Parliamentary Debates, House of Commons, 1944 – 45 vol. 414 col. 1269, 30 June 1945.
[7] *The Times* 2 September 1944 p. 2 col. d; 1 June 1945 p. 2 col. g; 13 September 1945 p. 2 col. a. The black market on the Continent was also a focus.
[8] Parliamentary Debates, House of Commons, 1944 – 45 vol. 411 col. 702.
[9] B.W.E. Alford *H.D. & W.O. Wills* p. 405.
[10] In the budget of 1947 the tax on a pound of tobacco went up from 35s. 6d. to 54s. 10d. House of Commons Parliamentary Debates 1946 – 7 vol. 436 col. 87 – 89, 15 April 1947. The Chancellor stated that the whole of Britain's exports to the United States barely exceeded, in value, British consumption of American tobacco. 'This thing', he said, 'has become fantastic and must be stopped'.
[11] *The Times*, for example, received a heavy post-bag on the subject. Correspondents thought the measure was particularly hard on old age pensioners and those with a low income who were already deprived of luxuries in life. On the other hand there were those correspondents who viewed the measure positively, believing that this would lead to less smoke in public places. *The Times* April 16th p. 7 col. b; 18 April 1947 col. b, f and g.
[12] The knock-on effects felt by the tobacco companies were shortages of fuel, machinery and packaging materials. B.W.E. Alford *W.D. & H.O. Wills* pp. 405 – 7.

in consumption was due to people cutting the quantity they smoked, rather than stopping smoking altogether.[13] By 1950, the corollary to reduced tobacco consumption – the resultant shortfall in tobacco revenue - had become the focus of concern to the Chancellor of the Exchequer.[14] However, as Alford has noted, the post-war period of economic turbulence did provide the cigarette companies with a window of opportunity to re-assess their resources and markets to plan for the future.[15]

The measures taken by tobacco manufacturers in the late 1940s and early 1950s to combat economic conditions anticipated the two main trends which were to characterise smoking patterns in the second half of the century. First of all, the economic conditions of the immediate post-war period necessitated financial savings which could be passed on to the consumer. To this end, Wills, for example, introduced tipped versions of Woodbine, Capstan and Gold Flake, to rival Player's Bachelor, one of the most popular existing brands of tipped cigarettes. This was seen as a way of economising on supplies of tobacco, as less leaf was needed per cigarette. Secondly, the company noted the proportionately greater increase of cigarette consumption among women than among men during the war and marketed their products more specifically to the female market.[16] Advertising for Star cigarettes was the most prominent example, but adverts for Gold Flake also targeted women smokers. Such adverts played on pre-war ideas of sophistication and luxury, but recognised the contribution women had made in the war and the scope of opportunity which that had provided. The tie-in with health and fitness remained prominent. An advert for *Gold Flake* for example, promoted feminine achievement with a picture of an ice-skating instructress smoking. 'Keenness and vitality', ran the text, 'merit the solace of a quality cigarette. That is why many sportswomen relax with a GOLD FLAKE'.[17] Other companies, such as Player's, followed suit, while traditionally feminine brands such as Du Maurier and Craven 'A' continued to be marketed with adverts focussing on individuality and taste, also using images of sophistication and

---

[13] J.W. Hobson, H. Henry and M.A. Abrams *The Hulton Readership Survey: an analysis for advertisers* (London: Hulton Press, 1948) pp. 46 – 7.
[14] Parliamentary Debates, House of Commons, 1949 - 50 vol. 474 col. 54, 18 April 1950.
[15] B.W.E. Alford *W.D & H.O. Wills* pp. 405 – 409.
[16] B.W.E. Alford *W.D & H.O. Wills* p. 406. It should be noted, however, from my own survey of newspapers and magazines, there was markedly less advertising in the immediate post-war years than there was before the Second World War.

glamour (Illus. 27 and 28).[18] Nonetheless, while some advertisements may have promoted achievement, they remained gendered in conception. An advert for Sobranie American no. 50 eulogises about the fact that Sobranie make 'your office mail bearable and your secretary a new woman'.[19] Such advertising celebrated femininity rather than promoting equality. Advertising also continued to portray couples smoking together as a sign of intimacy and as a way of enjoying leisure time together.[20]

The cigarette continued to be used as a symbol of femininity in advertisements for other items, such as clothes and accessories.[21] However, the femininity such advertisements promoted was aspirational rather than realistic. The cigarette was seen as a symbol of elegance in a time of shortage and rationing. Fashion pages and advertisements alike harked back to a time of decadence and glamour and the cigarette was positioned at the centre of this. In January 1950, *Vogue* ran a feature on 'Half a century of fashion', which emphasised the glamour and sophistication of the cigarette holder and the Twenties style it has since become synonymous with (Illus. 29). Alongside fashion plates with models sporting long cigarette holders ran the text:

> the nineteen twenties – a restless, reckless decade of fortunes lost and made, of 'bright young things and noisy open sports cars. The chemise dress, round-necked, sleeveless, hanging straight from shoulder to hip, from hip to hem... long earrings, long cigarette holders, ropes of beads, sequins, fringes.[22]

In April 1950, a feature on the London fashion collections similarly focused on the cigarette holder as a symbol of a decade.

---

[17] *Vogue* November 1950 p. 145.
[18] *Vogue* January 1950 p. 38; November 1950 p. 121; *Daily Mail* 23 May 1950 p. 8; 23 June 1950 p. 7; 21 July 1950 p. 5; 10 August 1950 p. 3.
[19] *Vogue* November 1950 p. 149.
[20] *Daily Mail* 29 June 1950 p. 2 Player's advert showing a couple taking a break from their cycle ride. This advert continues the theme of interwar advertising with the slogan 'Whatever the pleasure'. Also *Daily Mail* 12 July 1950 p. 6.
[21] *Vogue* May 1950 p. 39.
[22] *Vogue* January 1950 pp. 32 – 35.

Illus. 27 (top left) Advert for Player's cigarettes *Vogue*, April 1950 p. 162.

Illus. 28 (bottom left) Advert for Du Maurier cigarettes. *Vogue*, April 1950, p. 83.

Illus. 29 (above) Fashion photograph. *Vogue*, January 1950, p. 32.

> The Twenties look stated at its strongest - The straight, hip-hugging jacket, straight skirt, floppy bow blouse, cloche hat, long cigarette holder and silken knees make the clearest and strongest of the many echoes of the Twenties.[23]

This image has remained synonymous with the Twenties to this day, although where women were pictured smoking in the interwar period, they were just as likely, if not more likely, to be smoking plain or filtered cigarettes and holding them in their hands. Nonetheless, even in 1950, some of the conventions surrounding smoking among women remained. Norman Parkinson's 1950 photograph of Enid Boutling with cropped hair and a cigarette in her mouth caused a sensation. The response of the editor-in-chief of Vogue to the photograph was a cable which read 'Smoking in Vogue, so tough, so unfeminine'. This suggests that women were still expected to be feminine when they smoked.

The developing epidemiological case against smoking

Despite the fact that smoking was so entrenched in society, there was some disquiet about the pervasiveness of the habit and its effect on health, though in the years preceding 1950 this was less than it had been 100 years earlier. As was shown in the previous chapter, much of the concern preceding 1950 was rationalised by attributing the health risks to excessive smoking. This placed the blame on the individual's lack of control over their habit rather than on the habit itself. More substantial evidence had been accruing in Germany that smoking was indeed a health risk during the 1930s, but for political reasons it was not expedient to follow up such research in Britain. Nonetheless, there had been concern about the number of excess deaths from cancer evident in mortality statistics and in particular, lung cancer and the imbalance between the sexes, with more males than females dying from the disease. The increase in deaths from lung cancer was first noticed in the 1930s when it became obvious that the increase in mortality from cancer could not be explained by improved detection through x-rays.[24] Among males over 45, there was a six-fold increase in

---

[23] *Vogue* April 1950 p. 100 – 1.
[24] P. Stocks *Studies on Medical and Population Subjects, No. 1. Regional and Local Differences in Cancer Death rates* (London, H.M.S.O., 1947).

mortality from lung cancer between 1930 and 1945. However, the war seems to have delayed any response to this and it is not until 1946 that the problem began to receive serious official attention. This was largely at the instigation of Percy Stocks, the Medical Statistical Officer at the General Register Office (GRO), and his colleagues in the Statistical Committee in the British Empire Cancer Campaign (BECC).[25] As Stocks wrote in 1946,

> it is evident that differing standards of diagnosis and death certification cannot explain the great divergences in lung cancer in males... (therefore) the factors responsible for it will have to be sought for.[26]

The suggestion that the rise in lung cancer might be connected with cigarettes was first made in a memo by Edward Mellanby, who was then Secretary of the Medical Research Council (MRC).[27] Anecdotal evidence suggests that he made the connection after noticing the difference between lung cancer figures in Leicester and Nottingham, the latter being the home of Player's and employing a large proportion of its inhabitants in the manufacture of cigarettes.[28] Whether this was true or not, Mellanby's suggestion that cigarettes be considered as a main causal factor was a

---

[25] PRO FD 1/1989 Letter from R.J.R. Farrow, RGO to J.E.E. Pater, Ministry of Health, 28 May 1946.

[26] PRO FD 1/1989 Letter from Percy Stocks to Dr. F.H.K. Green enclosing ten page brief on cancer of the lung, 21 November 1946.

[27] Memo from E. Mellanby, 18 June 1946.
'I am in favour of a statistical investigation being made on the question of cancer of the lung, although I am doubtful whether the information obtained will throw much light on the aetiology of this condition. ... It might be interesting to know not only the relative incidence of cancer of the lung in different trades, but also whether there is any difference between town and country dwellers, and whether smoking, especially cigarette smoking, is of any importance etc.'

[28] PRO FD 1/1992 Letter from Sir David Cuthbertson, Dept of Pathological Biochemistry, Royal Infirmary, Glasgow, to Lady Mellanby, 22 February 1966.
'I wonder if you can cast your mind back to the time when Sir Edward became interested in lung cancer and it's relation to smoking. I recollect him telling me that when he noticed the rising death rate from cancer of the lung, he looked round to see if it differed greatly between localities and found a difference between Nottingham with its greater incidence and Leicester which he took as a comparable city. He then looked into the difference in occupations and noted that the tobacco industry was a major one in Nottingham and that employees could obtain very cheap tobacco.
I imagine Dr. Percy Stocks provided the data for contrast but my hunch is that it was your husband who pinpointed tobacco. As this bit of history is quite unknown I think it should be brought to light as do others.'
Cuthbertson then went on to write up this aspect of the association of smoking with lung cancer in a short article in the *Journal of the Royal College of Physicians*. D. Cuthbertson 'Historical Note on the Origin of the Association between Lung Cancer and Smoking' *Journal of the Royal College of Physicians, London* 2: 2 (1968) pp. 191 – 196.

focus of preliminary investigation.[29] Smoking was initially considered with other factors such as occupation, geographical location, road transport and petroleum products, but after a detailed examination of death certificates in 1947, Ernest Kennaway concluded that 'the one obvious factor, to which the lung alone is exposed is tobacco smoke'.[30] After convening a conference on the subject in February 1947, the MRC was ready to propose a study to investigate the link between the rising number of cancer deaths and smoking habits.[31] The first results of the study were published in a report by Doll and Hill in 1950[32] and were the impetus behind a much larger prospective study by Doll and Hill, begun in 1951.[33] Doll and Hill's now classic paper of 1950 *Smoking and Carcinoma of the Lung* looked at the smoking histories of patients with lung cancer in the greater London area and compared them with a matched sample of patients with other diseases. After looking at sex differences in mortality, the time period between the introduction of cigarettes and the increase in cancer, and smoking habits, they concluded that there was a real association between smoking and lung cancer.[34]

The gendered nature of the epidemiological case against smoking

The gender nature of lung cancer deaths was evident from the start and indeed, the imbalance between the sexes was one of the factors which provided the impetus for the MRC research in the first place. Through the four interim reports written during

---

[29] PRO FD 1/1989 Confidential Memo 'The attached table gives such data as are available at present on tobacco consumption and the incidence of respiratory cancer in various countries... It must be emphasised that some of the figures are far from satisfactory as a basis for making accurate calculations of the degree of correlation between smoking and respiratory cancer... The comparison between tobacco consumption and mortality rates for respiratory cancer in the United States and the United Kingdom respectively is particularly striking.'

[30] E. Kennaway *24th Annual Report* (British Empire Cancer Campaign, 1947) p. 190.

[31] PRO FD 1/1989 Medical Research Council Memo 10 September 1947 states very clearly that the study was 'of the past smoking habits of those with cancer of the lung' as does the research proposal; Proposed investigation of cancer of the lung by A. Bradford Hill, E.L. Kennaway and P. Stocks
'1. The main problem at issue is the possible association between the incidence of cancer of the lung and tobacco smoking. At the same time if a statistical investigation can be carried out it would clearly be unwise to limit attention entirely to smoking. Other possible aetiological factors should be included in the inquiry.'

[32] R. Doll and A. Bradford Hill 'Smoking and Carcinoma of the lung: preliminary report' *British Medical Journal* 2 (1950) pp. 739 – 48; a follow-up report on this study was published in 1952 – R. Doll & A. Bradford Hill 'A study of the aetiology of carcinoma of the lung' *BMJ* 13 December 1952.

[33] PRO FD1/1992 Letter dated 9 September 1950 from Prof. A. Bradford Hill, London School of Hygiene and Tropical Medicine, Keppel St to Dr. Landsborough Thompson (second Secretary of the MRC); *British Medical Journal* 2 (1951) p.1160 and p.1470 letters from Bradford Hill requesting doctors help in study.

the study, it became increasingly obvious that most of the lung cancer patients were men between 45 and 65. The final numbers of lung cancer patients were 647 men and 41 women. When the research was written up and published in 1950, Doll and Hill noted that 'as was to be expected, smoking is shown to be a much less common habit among women', which suggests certain presumptions about the gender balance of smokers. In discussion of the findings, the report concluded that the risk of developing lung cancer was the same for men and women, apart from the influence of smoking. The extended study, looking at smoking in different parts of the country, again had an overwhelmingly male sample (1 357 men and 108 women). The findings, published in 1952, looked at the sex difference in mortality rates from lung cancer and concluded that the incidence of lung cancer among women was appreciably less, largely because women smoked less. In addition, there was, the report stated, a 'pronounced difference in the smoking habits of men and women...Some women – especially the light smokers among them- tend to hold their cigarettes in their mouth less continuously than men and not to smoke them to the end'. There was only one woman in his sample who smoked more than 15 a day, and she was among the lung cancer patients. Again, the report concluded that the sex ratio of the relatively few cases observed in non-smokers was compatible with a similar incidence in men and women in the absence of smoking. On the other hand, the report also said that differences in smoking behaviour between men and women was not enough to account wholly for the sex difference in lung cancer rates.[35]

In 1951, Bradford Hill was inspired, apparently while in the bath, to start up a prospective study collecting details of the smoking habits of over 40 000 doctors. Doctors were an attractive sample as they could be recruited through the *Medical Register*, they would be easy to follow and were more likely to be co-operative. Despite some cynicism about a piece of research which relied on waiting for one's colleagues to die,[36] over 40 000 responded to the initial questionnaire sent out about their smoking habits. However, the inspired idea was flawed in that only 6 158 (or 15%) of the 41 024 respondents were female. This was in spite of the fact that by 1950, at least half of the female population smoked and more than a fifth of all

---

[34] R. Doll & A. Bradford Hill 'Smoking and carcinoma of the lung' p. 739.
[35] R. Doll & A. Bradford Hill 'A Study of the aetiology of Carcinoma of the lung' p. 1271.
[36] Letter from D.W. Smithers, *BMJ* 21 March 1953 p. 677.

tobacco was smoked by women, compared to 2.5% in 1925 – a fact noted by Doll and Hill in 1953. So, while women may have smoked much less on average than men, they still smoked a substantial – and increasing – amount. However, given the small number of women in the sample, Doll and Hill chose in the first instance to 'confine (their) attention to men over 35', arguing in relation to women that 'useful figures (were) unlikely to be obtained for some years to come'.[37] In fact there was not sufficient evidence from the sample to publish results on women until 1980. The imbalance in the sample, the fact that women smoked less and the cultural assumption that women smoked differently from men, explains the peripheral nature of women to the lung cancer question for epidemiologists in the early 1950s. Thirty five years later, in a paper discussing the evidence that led to the risks associated with smoking, Doll referred to his sample as 'the men who provided the details', and the risks in terms of male mortality.[38] For them, the important question wasn't gender, but getting the findings accepted in the first place.

Official reaction to the health risks of smoking

The process by which the association between smoking and lung cancer, and increasingly with other diseases as well, was firstly accepted and secondly acted upon seems slow in retrospect. This was for several reasons. The number of different government departments who had an interest in the question of smoking and health mitigated against development of a coherent policy in the early 1950s as did the decision to devolve responsibility for health education on smoking to local authorities in the late 1950s. In addition, smoking was an entrenched social habit, among the medical profession as much as the general public. The government were reluctant to curtail individual liberty, especially given that medical findings were themselves controversial initially and the government had a huge vested interest in the form of taxation. It is perhaps not surprising then that it took until 1957 for the government to come out and support the findings of the MRC. However, a distinction has to be drawn between the risks of smoking being recognised and the way in which those risks were rationalised, both at individual and government level.

---

[37] R. Doll and A. Bradford Hill 'The Mortality of Doctors in Relation to their Smoking Habits: a preliminary report' *BMJ* 26 June 1954 p. 1452.
[38] R. Doll 'Uncovering the effects of smoking: historical perspective' p. 98.

Some of the reasons for this delay have been documented by Charles Webster.[39] He argues that reluctance to act on the smoking and health issue was as much to do with the structure of the NHS and it's interrelationship with various government departments, as to do with the medical imperative of the issue. In his analysis, the reluctance of the Ministry of Health to embark on a health education campaign against smoking in the early 1950s can be traced back to a decision made previously by the Cancer and Radiotherapy Standing Committee (Cancer SAC, one of the bodies set under the National Services Act of 1946 to advise the government on matters of health),[40] that no cancer education should be undertaken by the Ministry of Health. This was largely a question of funding as the Cancer SAC was concerned about creating a demand for a service which the fledgling NHS could not meet. As a result, it was left up to local authorities to deal with such issues as they might arise. The Ministry of Health's 1957 decision to devolve health education about smoking to local authorities can be seen in the light of this. That nothing was decided sooner can be traced to this reluctance to get involved in cancer education.

However, it was also true that the Cancer SAC, like some sections of public and medical opinion, was initially sceptical about the validity of the findings. The strongest criticism in the medical press was that no carcinogenic agent had been identified in tobacco and various other suggestions were made as to why lung cancer was increasing. These ranged from the use of 'increasingly fashionable' petrol lighters to the saltpetre used in cigarette paper.[41] Although these suggestions were refuted by Doll and Hill in a detailed report in 1952, the use of statistics to 'prove' causality was initially problematic.[42] In 1951, the Cancer SAC advised the Minister of Health that

---

[39] C. Webster 'Tobacco Smoking Addiction: a challenge to the National Health Service' *British Journal of Addiction* 79 (1984) pp. 7 – 16.
[40] PRO ACT/1/1254 Letter from J.A. Charles to George Maddex, 20 March 1953.
[41] *BMJ* 20 September 1952 p. 670.
[42] Although the associations between environmental factors and disease in populations had flourished in the 19th century with the work of Louis Rene Villerme in France and William Farr, John Snow and John Simon in Britain, this work had been overtaken by the development of microbiology and germ theory by the end of the century. This reduced the study of disease to the search for a causal agent in specific infections. However, the growing incidence of chronic diseases such as chronic heart disease and lung cancer moved the focus back to the health of populations, as it was obvious that such diseases were not only evident in ageing populations but also among the middle-aged, men in particular. The potential causes of such diseases were seen to be in the environment, rather than in specific bacteria. This gave new impetus to public health, as such causes were seen to be preventable, especially those

'the investigation so far carried out had not produced sufficient evidence of a direct connection between smoking and carcinoma of the lung to justify him any centrally directed publicity on the subject'.[43] This negative attitude was recorded in a memo a few days later, which attributed it to 'a reluctance by some of the members to condemn smoking for personal reasons, or because of a supposed possible adverse effect of a decrease in cigarette smoking upon the National Budget, through loss of taxation'.[44] The issue of loss of revenue from taxation was picked up by Horace Joules, a member of the Central Health Services Council (CHSC), the body which co-ordinated the health care system under the NHS, and later a member of the Cancer SAC. He argued in *The Lancet* that the interests of the tobacco companies, the government and the newspapers, who received advertising revenue, precluded any moves to restrict tobacco consumption.[45]

The fact that the Cancer SAC only met intermittently with a frequently changing panel also helped to block any substantial decision making. In 1953 the Ministry of Health set up an interdepartmental panel, the Statistical Advisory Panel, to look at the evidence pertaining to the relationship between smoking and health.[46] After studying the evidence, they concluded that, although there was a real association between smoking and cancer of the lung, they could not 'exclude the possibility that there is an indirect correlation due to some third factor common to smokers and to those who develop cancer of the lung'.[47] Following this report, the Minister of Health, Iain MacLeod, made a statement in 1954 accepting those conclusions. He noted that the

---

dependant on lifestyle behaviours. M. Susser 'Epidemiology in the United States after World War II: the evolution of technique' *Epidemiologic Reviews* 7 (1985) pp. 147 – 177.

[43] PRO FD 1/1992 Letter from J.A. Charles, Ministry of Health to H.P. Himsworth, 12 February 1951. This position was restated in a meeting in July of that year, despite representations on behalf of Doll and Hill. PRO FD 1/1992 *Extract from the Minutes of the Meeting of the Standing Cancer and radiotherapy Committee of the Central Health Services council held in the Ministry of Health*, 26 July, 1951.

[44] PRO FD 1/1992 Memo from Dr. Green to Dr. Himsworth 15 February 1951.

[45] *The Lancet* II (1952) p. 718. An unpublished 1951 government report had established that the government could not afford to do without the revenue from tobacco consumption. P. Taylor *Smoke Ring: the politics of tobacco* (London: Bodley Head, 1984); M. D. Read 'Policy Networks and Issue Networks: the politics of smoking' in D. Marsh and R.A.W. Rhodes *Policy Networks in British Government* (Oxford: Clarendon Press, 1992) pp. 124 – 148.

[46] PRO ACT/1/1254 Statistical Enquiry into Cancer of the Lung and Smoking – correspondence. The panel comprised members of the Ministry of Health, the General Registrars Office and the Government Actuary's Department and reviewed material from Doll and Hill, the Tobacco Manufacturers Standing Committee and other contributors to the British Medical Journal on the subject. They also interviewed Doll and Hill on various aspects of their research.

[47] PRO ACT/1/1255 Smoking and Cancer of the Lung: Statistical Advisory Panel. The panel met on 8 July 1953, 22 July 1953, 30 July 1953, 31 July 1953 and 27 August 1953.

tobacco companies had offered £250 000 for further research which he had recommended go to the MRC. In its report the Statistical Advisory Panel had concluded that 'as the development of lung cancer may be the result of factors operating many years before the disease becomes apparent, no dramatic fall in death rates could be expected for many years, even if the entire population ceased to smoke'.[48] Discussing this, MacLeod suggested that it was 'desirable that young people should be warned of the risks attendant on excessive smoking', but set up no official apparatus to do so.[49]

While the SAC and the Ministry of Health in turn accepted the association between smoking and lung cancer, they did so with so many caveats that it remained perfectly possible to dismiss the hazards of smoking. Not only did the possibility of a third, so far unnamed factor exist, but the hazards remained attendant to excessive smoking, and not smoking *per se*. There was no move to try to disseminate information about the risks of smoking on the part of the government. The Central Council for Health Education (CCHE) believed that the 'BBC and the Press were giving plenty of information' and that further information was not necessary since 'the CCHE did not propose to discourage smoking'.[50] Whether or not to smoke, and how much to smoke, remained a matter of individual choice. The public statements made on the subject were so hedged in ambiguity that it was perfectly possible to rationalise that decision. They were also infrequent and isolated, so that it was possible to dismiss anxieties about cancer as periodic 'scares' rather than a sustained and growing concern.[51]

It was largely the actions of Dr. Joules which kept the issue alive. His anti-smoking sentiments frequently made their way into the *BMJ*,[52] but did nothing to sway the attitudes of the Cancer SAC in their subsequent meetings in 1954, 1955 and 1956 to discuss the subject.[53] The Ministry of Health still argued that there was no need for extra publicity on the dangers of smoking as the main facts had been covered in the

---

[48] PRO ACT/1/1255 Report of the statistical advisory panel appointed by the chief Medical Officer of Health.
[49] Statement in Parliament reported in the *BMJ* 20 February 1954 p. 445. The statement itself was made in the House of Commons on 12 February 1954.
[50] PRO MH 55/960 Extract from a minute on Cancer education 5 March 1953.
[51] *Tobacco* November 1957 p. 40.
[52] *BMJ* 1 (1953) 17 January 1953 p. 161.
[53] Webster 'Tobacco Smoking Addiction: a challenge to the National Health Service' p. 13.

Press.[54] The Ministry of Education internally expressed concern about juvenile smoking, but the prevalent view, expressed in a Ministry minute, was that, even if it was in accordance with the Ministry of Health's wishes, 'a systematic campaign might do more harm than good in the present state of knowledge'. Many were sceptical about the association between smoking and lung cancer, the author of the Minute continued, and moreover, adolescent boys and girls could not be expected to be receptive to a scare campaign.[55] Even when the MRC issued a report backing the findings of Doll and Hill in May 1957[56] and the Minister of Health was consequently unable to avoid making a statement on the matter in Parliament, the response of the Ministry of Health was to place the matter of health education into local authority hands.[57] This did not help an already fragmented decision making process.

A follow up circular sent in 1958 to see what had been done elicited replies from 127 of the 129 local health authorities in England; 118 accepting the need for a programme of propaganda, 9 not.[58] Of these 118, 99 focused their attention on children and young people, with some of these also focusing on mothers' clubs, the parents of younger children and expectant mothers. A perusal of the responses suggests that many thought local initiatives were useless unless supported by some sort of central action, while others suggested that until there were the resources to equal the poster and media campaigns of the tobacco industry any efforts would be futile.[59] What material the government did provide local health and education authorities for education on the dangers of smoking was limited. Pamphlets and posters were produced – stark leaflets which did little more than outline the facts to be distributed in doctors' surgeries. While the need for more adequate material was recognised, both the funding and co-ordination between the various Ministries and Committees was lacking.[60] Moreover, the liberal ethos quashed any desire for state intervention on the matter. A *Manchester Guardian* headline following the MRC report summed up the prevailing attitude – 'One in eight heavy smokers doomed. Government leaves it up to the individual.' The article went on to quote the

---

[54] Parliamentary Debates, House of Commons, 7 May 1956 Vol. 552 No. 148 Col. 808.
[55] ED 50/695 *Health Education – dangers of smoking 1956 – 1962* Minute 11 May 1956.
[56] Published simultaneously in both the *BMJ* and the *Lancet* on 29 July 1957.
[57] PRO ED50/695 Ministry of Health circular 7/57 27th June 1957.
[58] PRO ED 50/695 Ministry of Health circular 17/58.
[59] PRO ED 50/695 Letter from Emery at the Ministry of Health to Browne at the Ministry of Education enclosing a summary of the responses received and quoting at length from others.

Parliamentary Secretary to the Minister of Health, Mr Vaughan Morgan, who dismissed the government's role in the matter - 'We cannot interfere with what is a matter for the individual'.[61]

Gendered press coverage of smoking and health

The government's line for much of the 1950s therefore was that smoking was an individual choice and that the smoker had enough of the facts from the national press to make his or her own decision. This ethos also informed much of the coverage in the media, who consistently printed both the case against smoking and the response of the tobacco industry when covering the smoking and health controversy. So while the Ministry of Health was correct to argue that the facts about smoking and lung cancer had been covered in the press, the extent to which such arguments would be acted on, or even believed, was checked by advertising and counter arguments. Doll and Hill's ground-breaking report of 1950 made little impact on the public consciousness and a letter in the *BMJ* about this raises two possible reasons why editors were reluctant to comment on the issue.

> Do newspaper editors fear that their public may resent being disillusioned about the 'harmlessness' of the tobacco habit, or are they a little unwilling to risk the displeasure of some of their major advertisers?[62]

Public enthusiasm about smoking and the economic might of the tobacco industry, both as a source of revenue to the press and the government, were two plausible reasons why neither the government nor the press seemed eager to pick up the issue. Despite the increasing number of medical papers on the subject and the coverage which the topic received in the medical press, there was relatively little comment on the subject in the mainstream press until the later 1950s. Even where such evidence was published it was followed by a response from the tobacco industry. The most comment on the matter seems to appear in the trade press, who, quoting from the

---

[60] PRO ED 50/695 *Special Services: general files Health Education – dangers of smoking 1956 - 1962*
[61] *Manchester Guardian* 28 June 1957 front page.
[62] *British Medical Journal* 25 August 1951 p. 498; 6 October 1951 p. 862; 20 September 1952 p. 670.

Economist, traced the 'first alarm about cancer' to 1953.[63] Although criticism had been refuted by Doll and Hill in 1952, doubt about the validity of the evidence and suggestions of other possible causes of the association between smoking and lung cancer frequently found their way into the mainstream press.[64] A speech made by Alexander Haddow of the British Empire Cancer Campaign (BECC) in 1953, for example, questioning the validity of the statistical findings was reported in several of the large daily papers.[65] A discussion on the matter at the annual congress of the Royal Society of Health in 1957 was also reported, with prominence given to a heated exchange between Dr Joules and a medical colleague, Dr Brook, who – the *Manchester Guardian* reported – had been chain-smoking. Dr Brook was reported to have dismissed Dr Joules' 'propaganda' as 'poppycock'.[66] In the same year, the retiring president of the National Union of Retail Tobacconists linked smoking related disease to the sale of tobacco in 'contaminated sources' such as fish and chip shops, fishing tackle dealers and even butchers. This implied that if people bought their tobacco from retail tobacconists there would be no problem.[67]

Therefore, while the general public may have been aware of the cancer 'scare' surrounding smoking, they were also aware of the counter-arguments. From 1956, the Tobacco Manufacturers Standing Committee (TMSC) was concerned to put forward its own reports, which, according to the trade paper *Tobacco*, 'received gratifying press publicity... in that (they) produced headlines that were reassuring to the smoker'.[68] Nonetheless, as the *Manchester Guardian* noted in 1957, sales of newly introduced filter-tipped cigarettes were rising steadily, although whether this was for reasons of fashion or health is a moot point. The *Manchester Guardian* certainly made the health connection, going on to discuss the forthcoming MRC report on lung cancer and 'heavy smoking'.[69] It is interesting to note that here, and in other discussions of the matter, the threat of disease was still linked primarily with heavy or excessive smoking. The trade press similarly noted the rise in filter tip sales, although

---

[63] *Tobacco* 919 (July 1957) p. 34.
[64] For example, *Daily Express* 8 May 1956 p. 1.
[65] *Manchester Guardian* 8 July 1953 p. 5; *The Times* 8 July 1953 p. 3; *Daily Express* 8 July 1953 p. 5.
[66] *Manchester Gua*rdian May 1 1957 p. 3.
[67] *Manchester Guardian* May 28 1957 p. 5.
[68] *Tobacco* 919 (July 1957) p. 34.
[69] *Manchester Guardian* May 28 1957 p. 5; Select Committee on Health Minutes of Evidence *Memorandum by the Ministry of Health* notes the introduction of filter tipped cigarettes in 1957.

they also admit that 'there is little medical evidence to suggest that they are in fact safer than ordinary cigarettes'.[70]

The 1957 report by the MRC and the subsequent parliamentary statement was the first time that the issue was treated as anything more than a scare. Nonetheless, much of the coverage focused on the statistical probability of death or disease rather than on the implications of smoking related disease itself. 'Smoker's risk is 40 to 1' as the headline of the *Daily Mail* put it. Moreover, those at risk were defined as 'lifelong, heavy cigarette smokers', a classification which Sir Harold Himsworth of the MRC defined as someone who smoked 25 or more cigarettes a day'.[71] The risks of smoking were therefore related to the amount smoked, rather than the habit itself, and heavy smokers were predominantly men. Moreover, the report went on to note that the highest mortalities were among men between 45 to 64 age group. This fact was given prominence in newspaper coverage of the MRC report.

> The disease (lung cancer) is now responsible for about one in 18 male deaths at all ages and up to one in nine among those aged 45 to 64... the corresponding figures for women are one in 103 and one in 42.[72]

The fact that cigars and pipes were arguably a safer smoke was also noted. The *Manchester Guardian*, for example, quoted from *The Lancet* on this matter and suggested that the amount of tobacco used was also a factor. Its leader on the subject argued that, while serious, the risks of tobacco were 'relatively mild' in comparison to those of other narcotic drugs. It urged that 'doctors and nurses must be on the watch to see that tobacco is not replaced by worse evils'.[73]

In most cases, the MRC evidence was followed by the counter-arguments put out by the TMSC, although the latter were given less prominence.[74] The Government's reluctance to act on the matter was also noted, as was the fact that local authorities not only had to take responsibility for health education campaigns on smoking, but also to

---

[70] *Tobacco* 919 (July 1957) p. 35.
[71] *Daily Mail* June 28 1957 front page.
[72] *Daily Mail* June 28 1957 p. 9.
[73] *Manchester Guardian* June 28 1957 front page.

bear 50% of the costs of any campaigns they did carry out. This was interpreted by both the *Mail* and the *Express* as an indication that the government did not consider the matter to be as serious as it might seem. The *Manchester Guardian* pointed out the 'profound social changes' which would occur as the habit was checked, but none of the media coverage suggests that there was any serious desire to check the habit. The prevailing ethos was that it was up to the individual to manage his or her own habit and the job of the media was merely to inform the individual of the arguments and counter-arguments.

It is impossible to guess how such press coverage was interpreted by the lay public, but the trade press suggested that the impact of the report was muted. It had little effect on cigarette consumption, aside from providing an added impetus for the sales of filter tips. An editorial in *Tobacco* in August summed up the damage done by the report as 'so slight as to be negligible'.

> In most instances, reports show that any temporary fall in sales was soon made good either by smokers taking up other methods of tobacco consumption, or by force of habit and inclination returning to their old love, the cigarette. Hence sales of filter tips have been given a new fillip – one multiple reporting that they now constitute as much as 30 per cent of its total sales; and the pipe has in some degree gained in popularity.[75]

The journal also carried reports from different areas of the country. The general attitude seemed to be sanguine – as one retailer in Shrewsbury reported 'The general attitude seems to be 'if I am going to die, I will die smoking.' Another in Buckinghamshire noted that his customers were all coming in with the same joke – 'Twenty lung killers, please!'. Whether the decision to continue to smoke was a sign of sang-froid or bravado is anyone's guess, but there is a certain amount of irony in

---

[74] The *Guardian*, for example, devoted two thirds of the space it gave to the topic to the MRC report and one-third to the TMSC. *Manchester Guardian* June 28 1957 front page

[75] *Tobacco* August 1957 p. 31; The TMSC had been set up by the tobacco industries in order to 'assist research into smoking and health questions, to keep in touch with scientists and others working on this subject in the UK and abroad, and to make information available to scientific workers and the public'. Tobacco Manufacturers Standing Committee *First Annual Report Year Ended May 31* (1957) p. 4.

the published picture of a Ministry of Health steward laying out ash-trays in preparation for the conference on smoking and health.[76]

Smokers, it seemed, either continued smoking as before, or else modified their habit in some way in order to minimise the perceived risk. A retailer in Barrow-in Furness recorded that young women, in particular, did not seem to scare easily, although another in North Wales noted that,

> many women are now buying filtered cigarettes and cork-tipped cigarettes and cigarette holders have again had a demand.[77]

One way in which the perceived risk could be minimised was to switch to filter tips and the increasing demand for this type of cigarette continued to be noted – in November 1957, *Tobacco* attributed it to

> first the need for economy in the face of rising prices of other goods; secondly, repeated 'scares', which though they may not scare unduly, nevertheless can induce a 'safety first' tendency in smoking.[78]

Manufacturers responded to the demand by launching several new brands of filter tips, and by introducing a new style of cigarette, the King Size. Although filters were traditionally seen as feminine – an article in *The Observer* in 1959 about the introduction of King Size cigarettes noted that most men preferred their cigarettes plain as filters were perceived as feminine[79] – the new King Size cigarettes were aggressively marketed as a masculine smoke. As a spokesman from the tobacco industry acknowledged in an interview,

---

[76] *Daily Mail* 28 June 1957 p. 9.
[77] *Tobacco* August 1957 pp. 37 – 38.
[78] *Tobacco* November 1957 p. 40.
[79] 'Smoking South African – King of the King Size' *The Observer* September 6 1959; Alford also notes that Wills' own market research found that many men perceived tips to be feminine B.W.E. Alford *H.D. and W.O. Wills* p. 446.

> because a filter tip used to be a woman's cigarette, we're all working madly to break down this image and replace it with one of masculine virility.[80]

Five new brands were launched within weeks of each other in 1960,[81] four of which were a tipped product. They were given masculine names – Nelson, Admiral, Woodbine Export and Viscount - and military or naval imagery. When a journalist enquired from a Rothman's spokesman 'why women merited such minority consideration in almost all of the cigarette manufacturers campaigns', the spokesman replied that,

> the cigarette habit is mainly a masculine one. Men basically resent women smoking. They will never follow a woman's taste in cigarettes, but a woman, for fairly obvious psychological reasons, will always follow a man's habit in smoking. [82]

Thus filter tips were freed from the feminine associations of earlier corked tips by being lengthened and re-marketed to appeal to men. By 1968, the cigarette market was dominated by filter tips, which accounted for over 70% of sales.[83]

The 1962 RCP Report

In 1959, the Royal College of Physicians (RCP) set up a committee with the following terms of reference:

> to report on the question of smoking and atmospheric pollution in relation to carcinoma of the lung and other illnesses.

The primary aim of the committee was to provide physicians with the facts, so that they could decide what action they should take themselves, how to advise their patients and on a wider scale, what policy the medical profession as a whole should

---

[80] Undated newspaper cutting DD PL 7/19/4 – filed with material from 1959/60.
[81] *Daily Mail* 8 August 1960.
[82] Undated newspaper cutting DD PL 7/19/4 – filed with material from 1959/60.

advocate in terms of public health in relation to smoking. This latter was an implicit recognition that existing policy was woefully inadequate. The Committee soon realised that the hazards of smoking and of atmospheric pollution were too different to be considered concurrently and as a result, the reports were published separately. The report on *Smoking and Health* was published on Ash Wednesday in March 1962 and presented a resounding case against smoking, although a pre-emptive leak to the press meant that the findings lost some of their impact.[84] Nonetheless, the report received a large amount of media coverage, with most commentators agreeing that the case against smoking was now proven beyond reasonable doubt.

Press coverage of the 1962 RCP Report

The report based many of its conclusions on the epidemiological work of Doll and Hill, and other recent work, which had focused largely on the health outcomes of male smokers. As a result the report echoed the findings of that work, constructing its risk group as men over 35.

> The risks of smoking to the individual are calculated from death rates in relation to smoking habits among British doctors. The chances of dying in the next ten years for a man aged 35 who is a heavy smoker is 1 in 23, whereas the risk for a non-smoker is only 1 in 90. Only 15% (one in six) of men this age who are non-smokers but 33% of heavy smokers will die before the age of 65…[85]

This part of the report was most often highlighted in the press, along with the fact that in the previous year, 20 000 men had died in Britain from lung cancer. The implications of the corresponding figure for women, 3 000, were hardly addressed. The *Daily Mail*, for example, notes that while lung cancer was increasing in women, only 3 000 died from it in 1959 compared to 20 000 men. It went onto to say that smoking was increasing among schoolchildren, especially boys, and noted that more

---

[83] *British Industry Week* 8 November 1968 p. 8.
[84] *Tobacco* March 1962 p. 29.
[85] The Royal College of Physicians *Smoking and Health: a report of The Royal College of Physicians on smoking in relation to cancer of the lung and other diseases* (London: Pitman Medical Publishing Co. Ltd 1962)

of the male than the female population in general smoked.[86] The *Daily Express* similarly quoted the probabilities of dying for male smokers and the figures of 20 000 male deaths compared to 3 000 female deaths.[87] Although smoking was both a male and a female habit by the 1960s, the affected smoker was seen to be male. This was both a reflection of social reality a generation earlier, when smoking had been predominantly a masculine habit, and an artefact of the original research, but it misrepresented the future risks to the increasing number of female smokers. Only the *Guardian* went as far as to extrapolate the risks of smoking for men given in the report to women, talking about people rather than men who smoke.

> The risk of death from lung cancer among adult men appears to be in simple proportion with the number of cigarettes smoked every day. The chances are that the same simple rule applies to women who smoke.[88]

Nonetheless, it was not until the Royal College of Physicians' report in 1983 that the risks to women were considered.

Despite largely accepting the findings of the 1962 report, the prevailing ethos among certain sections of the press remained to leave the decision whether to smoke or not up to the individual. The *Mail* began their front page article with the comment that,

> men and women must decide for themselves whether to continue smoking or not. For the Government to do it for them would be an interference with individual liberty.

Although the article then goes on to argue that the evidence was 'too overwhelming to be explained away', it also states that 'the cause of lung cancer is still unknown', 'that there may be contributory factors' and that 'smoking (was) a necessity for millions of people'.[89] The *Express* similarly notes that 'cigarette smoking is not the ONLY cause

---

[86] *Daily Mail* 8 March 1962 front page and page 13.
[87] *Daily Express* 8 March 1962.
[88] *The Guardian* 8 March 1962 p. 10 leader.
[89] *Daily Mail* 8 March 1962.

of lung cancer. Other factors are air pollution and various industrial hazards'.[90] Both the *Mail* and the *Express* printed the TMSC's response to the RCP report alongside their summaries of it. The *Guardian* took a more anti-smoking line, which both condemned previous government inaction and urged that steps now be taken. In doing so, however, it acknowledged the power of the liberal ethos hindering that.

> The report on smoking by the Royal College of Physicians cannot be brushed aside either by those who smoke or by the Government. In the last decade there has been a steady accumulation of scientific evidence that smoking is harmful, and in particular the predominant case of lung cancer. (The report) presents a powerful argument that steps should be taken by public authorities to persuade smokers to abandon their habit and to dissuade non-smokers from taking it up... (But) to recognise the risk is one thing. To ask that society at large should do something about it is another. For even though 22 000 people may have died last year of lung cancer, something more than the belief that smoking is dangerous is needed to justify public interference with the liberty of people to smoke as they wish.[91]

Individual media commentators also urged the government to take action on the issue of smoking and health. When one smoker asserted that his life was in God's hands, not those of the cigarette companies, Bernard Braden, a Canadian actor and comedian, said that the comment was

> tantamount to saying 'I'm going to start off on the M1 with my foot down on the accelerator and my eyes closed'... I don't think people are going to do much about it and I think the government should.[92]

A random survey of responses to the RCP report conducted by the *Guardian* on the day of its publication suggests that he was correct in his assertion that most people would ignore the findings and continue to smoke. The survey also gave an insight into

---

[90] *Daily Express* 8 March 1962.
[91] *The Guardian* 8 March 1962 p. 10 leader.
[92] Bernard Braden quoted in *Tobacco* (April 1962) p. 81.

some the ways in which individuals rationalised that decision. None of the smokers questioned intended to stop smoking or cut their consumption in light of the findings of the report. Those over 60 adopted the attitude that they had smoked all their life, so 'they may as well carry on', while those in the group perceived to be most at risk, those between 35 and 45, 'console(d) themselves with the thought that if they don't die of lung cancer, something else will get them'. The report quoted one woman in particular,

> one woman in this group said she would continue to smoke between 20 and 30 cigarettes a day. Life with a houseful of children would be insupportable without cigarettes, she implied. She admitted she was 'pretty shaken' by the report, but 'I am a philosopher and we'll die one way or another'.

Those under 30 adopted the attitude that they weren't in the danger area. All of the respondents therefore wrote themselves out of the risk group, or rationalised that risk in terms of their life choices and the demands on them. However, the *Guardian* also noted that most of the respondents agreed that advertising should be restricted in some way and that measures should be taken to dissuade children from taking up the habit. 'There was', the article concluded, 'a strong hint from all that they wished they had never started'.[93]

Response of the tobacco industry to the 1962 RCP Report

While such comment suggested that the tobacco industry had little to worry about in the aftermath of the RCP report, the trade paper *Tobacco* was less assured about the long term effects on public opinion.[94] While it also promoted the rights of the individual over and above government or medical interference, it did sound a warning about potential advertising restrictions.

---

[93] *The Guardian* 9 March 1962 p. 12.

[94] It reviewed a number of the programmes which had addressed the smoking and health issues on television following the report and noted that equal space was given on the news to both sides of the argument. Nonetheless, it believed that news coverage and other discussion programmes (of which it

> One likely reaction to the report has made itself perfectly clear in advance. The parliamentary opposition has already plainly indicated that its attack will follow the clearly charted course of an onslaught on cigarette advertising, particularly in so far as the young consumer is concerned.[95]

The tobacco industry as a whole responded to the report through TMSC. Their statement refuted the argument that there was a causal association between smoking and lung cancer and suggested that the RCP report was incomplete.[96] The TMSC pointed out that they had supported the research and that smoking had positive pharmacological and psychological effects on health. The editorial in *Tobacco* pursued the line of argument that 'only a minority of even heavy smokers contract lung cancer or chronic bronchitis, and there may well be pre-disposing factors in both smokers and non-smokers who contract these diseases'. Air pollution was again suggested as a factor. By July, they were referring to reports of the health risks as 'rumour' and relying on the enduring popularity of the cigarette and the reputation of its manufacturers in order to ride the effects of the RCP report.

> Physicians reports may come and go... but Sobranie – with the brothers David and Isaiah Redstone between them having chalked up over a century in command - continue on their chosen independent path, unruffled save by the fact that any sort of unfavourable rumour should have dared attach itself to the name of which they are so justifiably proud.[97]

In a paper given to a conference convened at Southampton in 1962 to discuss the foundation of a research facility at Harrogate, Charles Ellis, a research executive at BAT, similarly suggested that the case against smoking and health was not yet proven.

---

said there were six hours worth in five days) meant that 'anti-smokers' were now getting their publicity free'.

[95] *Tobacco* March 1962 p. 29.

[96] *Daily Mail* 8 March 1962.

[97] 'Sobranie still going strong' *Tobacco* July 1962 p. 27.

> This report (Smoking and Health) produced no new facts, no new arguments, indeed except for the contribution of an emotional gloss, left the subject untouched. We know only too well that there are no conclusive proofs, that there are few, if any scientific facts.[98]

Nonetheless, the association of smoking with lung cancer and the surrounding publicity gave the industry cause for concern. Mr Ellis continued,

> however, emotional conclusions cannot be disregarded. They may not be right, but they are not necessarily wrong... The most important (component in this emotion) is the dread word 'cancer'. Most people seem to cease to be able to reason once it is mentioned... lung cancer also shares with it some on the dread connected with tuberculosis.[99]

Having dismissed concerns about smoking and health as irrational and emotional, Ellis went on to suggest that the motivating factor behind fears about smoking was a puritan, moral objection to pleasure.

> Lastly, smoking is a habit of addiction that is pleasurable; many people therefore find themselves subconsciously prepared to believe that it is wrong.[100]

However irrational Ellis suggested anxiety about smoking and health was, the purpose of the conference he was speaking at indicates the industry's own concerns about the impact of such anxiety on sales. The conference was convened to discuss setting up a research facility at Harrogate where the industry could conduct their own medical research on the origin of lung cancer and the biological effects of smoke and where

---

[98] Brown and Williamson Collection 'Research Conference, Southampton 1962, Smoking and Health: Policy of Research' Document 1167.01 p. 6.
[99] 'Research Conference' p.6 – 7.
[100] The industry's knowledge of the addictive properties of nicotine have been documented by S.A. Glantz and others 'Looking through a keyhole at the tobacco industry: the Brown and Williamson documents' *Journal of the American Association of Medicine* 274 (1995) pp. 219 – 224. In 1963, for example a report for BAT noted 'Chronic intake of nicotine tends to restore the normal physiological functioning of the endocrine system, so that ever-increasing dose levels of nicotine are necessary to maintain the desired action... this unconscious desire explains the addiction of the individual to nicotine'.

the composition of smoke and the possibility of modifying it could also be studied.[101] This research programme was funded jointly by the UK tobacco manufacturers and in light of their new remit, the TMSC changed their name to the Tobacco Research Council (TRC) in January 1963. A report of the Council's activities in 1963 indicated that it was not only the chemical properties and biological effects of tobacco smoke which were being investigated, but also the demographic profile and psychology of smokers. They were also conducting their own epidemiological and medical research.[102] In addition, British American Tobacco (BAT) were conducting their own research into nicotine absorption into the human respiratory system. One of the projects included working with filter additives which selectively increased nicotine delivery, while another was looking at so-called 'extractable nicotine', nicotine which could be readily absorbed in the mouth and nose.[103] What this suggests is that while tobacco companies were publicly disparaging the risks of smoking related disease, they were privately anticipating restrictive legislation and product restrictions and developing ways to get round them. At the same time, tobacco advertising continued to depict images of healthy young people enjoying a cigarette while fashion pages in women's magazines continued to use the cigarette as a symbol of glamour and luxury.[104]

Health education in the 1960s

Although the prevailing ethos that smoking was a matter of individual choice and the extent to which smoking was entrenched in society provided a powerful impediment to implementing any of the recommendations of the RCP, the report does mark the turning point in both government and public attitudes towards smoking. In the years after 1962, there was at least an official recognition that smoking was a health problem. This manifested itself in an increased commitment to health education and in new restrictions on advertising. The focus of both was primarily children, as it was felt that they did not have the maturity to make informed and responsible decisions

---

[101] 'Research Conference' p.8.
[102] 'The Tobacco Manufacturers Association *Memorandum: The tobacco industry and the health risks of smoking* The Health Committee Second Report: Minutes of Evidence p. 269 – 70.
[103] Brown and Williamson Collection Document 1201.01.
[104] *Vogue* April 7, 1962 p. 37.

about their smoking in the way that adults did.[105] Moreover, the question of juvenile smoking had been an emotive one ever since smoking had begun to grow in popularity in the late 19th century and it was the area where there was already legislation in force. The immediate response of the tobacco industry to the report was to pledge to remind traders of the law prohibiting sales to those under 16 and to stop running cigarette advertising on television before the 9pm watershed. The industry also agreed to discuss the question of outdoor slot machines with the government.[106] Carreras Rothman made its own decision to withdraw vending machines from public places 'where children have unlimited access to them'.[107]

The focus on children

What health education there was through the Sixties focused mostly on children. Despite the construction of a risk group in epidemiological terms which was primarily made up of men over 35, the prevailing notion that the government should not interfere in individual lifestyle decisions prevented any more than the bare facts being made available to adults. Health education material therefore focused on two concerns: firstly the role of parent, as exemplar, and secondly, on stopping juvenile smoking among both sexes. The latter emphasised fitness and appearance as gains to be had from giving up smoking, and both employed a moral discourse of 'good' and 'bad' behaviour which had much in common with turn of the century concerns about juvenile smoking. A third, and lesser, strand stressed not smoking where food is being prepared or eaten, which echoed NSN-S concerns about smoke-free restaurants and cafes. However, the lack of co-ordination between departments and the overall budgetary constraints which resulted in fragmented and ineffective health education pre-ceding the 1962 RCP report on smoking and health also impaired that which followed it. Justified concern to spend resources effectively resulted in extensive survey work in the mid-1960s, but interdepartmental conflict, political concerns and lack of available money meant that further research and campaigning initiatives did

---

[105] In a statement, Carreras Rothman characterised the existing laws as 'designed to stop them (children) from indulging in an adult habit until they are of a proper age to decide for themselves'. *Tobacco* (May 1962) p. 32.
[106] 'Policy Statement on Smoking and Children from Imperial, Ardath, Gallaher, Wix and Godfrey Phillip' *Tobacco* (May 1962) p. 32.
[107] 'Statement by Carreras Rothman' *Tobacco* (May 1962) p. 32.

not focus on the group which that survey had identified as the fastest growing group of smokers – teenage girls and young women.

Although the RCP report did provide the impetus to campaign more seriously against smoking, the responsibility for this was again devolved onto local authority shoulders. There was no co-ordinated campaign and any strategy was hampered by the fact that research was done by the Registrar General's Office, decisions and discussions took place between the Ministry of Health and the Ministry of Education, with the Board of Trade pitching in its tuppence, material was produced by the Central Office of Information, and it was then distributed by local authorities as they saw fit. All of this resulted in a quagmire of bureaucracy and indecision, which was further hampered by financial constraints. Both at least agreed to emphasise the need to educate schoolchildren and young people against smoking, but again believed that it was up to adults to make their own decision. Publicity material produced by the Ministry of Health in 1962 aimed 'to draw the attention of adults to the dangers of health to cigarette smoking, and to discourage smoking among the young'.[108] It was fairly general in nature - posters were not aimed at either sex particularly – the only one showing a person smoking was produced in two forms, one with a man, the other with a woman.[109] Material produced in the next couple of years was similar in style but focused more explicitly on smoking among children and young people and on the role of parents as exemplar, emphasising the responsibility parents had to their children. Both the campaigns towards children and towards parents were more gendered in nature. The first reflected concerns about health and physical well-being among boys, the second about the position of woman as moral guardian. Neither of these were influenced primarily by the epidemiological evidence against smoking (which saw the risk group as men over 35), but by underlying attitudes about smoking among both juveniles and women which had been prevalent throughout the century.

---

[108] PRO MH 151/18 Minute 31st December 1962.

[109] Of the ten designs produced after the 1962 RCP report, three issued in March 1962 set out statements about smoking and health taken from the report, with the heading 'Danger: You have been warned'. The next two, issued in May 1962, showed graphs to draw attention to the rising mortality from lung cancer since 1941 in Britain and the corresponding increase in smoking since 1920. Two posters produced in July showing people about to light up (one a man, the other a woman) had the strapline 'Before you smoke, THINK – Cigarettes cause lung cancer'. The last three showed a sheep smoking, a pound note being smoked and the letter C with a cigarette between its lips with the heading 'Cigarettes cause lung cancer'.

The gendered nature of health education material

Gendering of publicity material itself was apparent in the material aimed at children and young people. The distinction was made between juveniles and teenagers – juveniles being between 9 and 12, teenagers being from 13 up to school-leaving age. A 1967 review of the past four years' material noted that juvenile campaigns were directed solely at boys, and that the teenager campaign was weighted in favour of girls. Part of the reason for this was that the medium chosen to present the material was magazines and 'juvenile and teenage magazines covered respectively boys and girls rather than age groups'. Moreover, it was agreed that 'this media strategy conformed to research findings, in respect of the initial smoking habits of both sexes. Generally speaking, boys "try" their first cigarettes in the 11/12 bracket, whereas girls' first experience is a year or two later – at 13/14 years of age'.[110] It further noted that there was a 'relative weakness of media availability for reaching boys in the upper teenage bracket'.[111] The juvenile material was predominantly in the form of strip cartoons, and played on images of strength and fitness, while the teenage material was more explicitly feminine, emphasising the fact that the money saved could be better spent on clothes and going out to discos.

Adverts aimed at parents were not so explicitly gendered, with versions of the posters showing both men and women in the parental role. However, the placing of anti-smoking advertisements in national newspapers *and* women's magazines suggests a desire to target women additionally in their role as mothers. The question of publishing in women's magazines and the targeting of women in that context was dealt with separately in meetings and memos.[112] The role of women as exemplar to both men and children was picked up again in discussion of the use of anti-smoking propaganda in women's organisations and women's institutes and was shown in the decision by some such groups to ban smoking in meetings and on the premises.

---

[110] PRO MH/151/20 Minutes from meeting between Smith Warden (advertising agency) and the Central Office of Information 11 May 1967.
[111] PRO MH/151/20 Minutes from meeting between Smith Warden (advertising agency) and the Central Office of Information.
[112] PRO MH 151/18 Minute 31 December 1962.

> It was regarded as only 'common sense and courtesy' to refrain from smoking at the Blenchley Institute, where it was said that the dangers of smoking were well known and as wives and mothers the members would be setting a good example by banning smoking at meetings.[113]

In such discussions, it is interesting to note that men, as husbands and fathers, are notable by their absence. The role of exemplar falls on a woman's shoulders, the exceptions being teachers, who also come into contact with children. A 1964 memo discussing the use of mass media publicity argues that

> if there is to be an extension to press advertising it would be most usefully undertaken in the magazines read by adolescents (e.g. "pop" music and film magazines) and by girls and women whose influence whether as women or mothers, if it could be turned against cigarettes, would be great.[114]

Attempting to discourage children and encouraging parents, especially mothers, in their role as exemplar were part and parcel of the same aim. The main focus of concern was children, and it was believed that discouraging smoking among them would prevent future generations growing up with the health problems of their elders. It was acknowledged that 'the fundamental difficulty of any campaign of health education is that smoking is generally accepted as a social habit. The majority of adults are still smokers'.[115] A similar point had been made in 1957 in *Tobacco* following the MRC report of that year.

> The reaction of a child, warned in school (against smoking) is to ask: "Why can't I, if mum and dad do it?" – and so to a secret puff behind the school wall.[116]

---

[113] PRO MH 151/18 Progress since last meeting 8 July 1963
[114] PRO MH 151/18 31 December 1964 Smoking and Health Campaign – Note on the use of the Mass Media of Publicity in the further development of the campaign.
[115] PRO MH 151/19 Memo on The Anti-Smoking Campaign May 1965.
[116] *Tobacco* (August 1957) p. 31.

A large part of the reason for focusing so heavily on children was the financial restrictions on campaigning of any sort, and the merits of any approach rested in the final instance on budgetary considerations.

The implications of financial restrictions are best illustrated by considering the case of smoking among young people, and especially young women. In 1965, the Registrar General's Office made the unilateral decision to remove girls from a proposed survey of smoking among the young on grounds of field time and expense.[117] The Ministry of Health wrote a strongly worded letter of complaint, arguing that,

> not only do girls form just under half of the school population but there is ample evidence that many of them smoke. We do not know how far their smoking habits and attitudes may be different from boys and we hope that your survey may produce information on this. We certainly could not agree to such a major change in the study without full discussion in which the Department of Education would wish to take part.[118]

In response, Mr McKennell of the RGO, who was co-ordinating the survey, argued that the pilot data for the survey suggested a degree of overlap between boys and girls, although it admitted that the sample size was insufficient to analyse in detail. Nonetheless, McKennell did draw some general conclusions which he used to justify confining the sample to boys. These are worth quoting in full to explain the concentration on the male smoker, both in this survey and in later health education material.

> (a) Boys set the pace and girls tended to smoke because of their influence. If one could prevent boys smoking, it should have the effect of influencing girls
>
> (b) Boys' early smoking was much more influenced by parents' smoking than girls' whose home influences tended to oppose smoking

---

[117] PRO RG 40/286 letter from Dr. McKennell, RGO to Miss Headley, Ministry of Health, 13 September 1965.
[118] PRO RG 40/286 letter from Miss Headley to Dr. McKennell 28 September 1965.

> (c) Boys were more likely to become heavy smokers than girls and a proportion of boys had been shown to have reached a stage amounting almost to addiction. They tended to smoke alone in order to relieve tension.

It was unlikely, McKennell went on to argue, that a full-scale survey into girls' attitudes would alter these conclusions.[119] Another report on the pilot data noted that girls smoked less and later than boys and to a greater extent because their boyfriends smoked, which supported the idea that they followed boys' lead. However, this report also noted that girls were less likely than boys to smoke alone or in order to relieve tension.[120] This suggests that smoking among girls and boys were different phenomena and that they were smoking for different reasons. However, a meeting with representatives of the Ministries of Health and Education and the RGO about including girls in the full study reached an impasse. The decision was left as it stood, with the possibility of surveying girls at a later date.[121] Needless to say this was never done, for financial and administrative reasons, and the survey was completed and published in 1969 entitled *Smoking and the Young*, with a sample exclusively of boys.[122]

Nonetheless the results of the pilot survey did suggest that many young girls were smoking, albeit in smaller numbers than boys. A Ministry of Health memo in 1967 noted that,

> young women were having their first smoke at an earlier age and in greater numbers than did their mothers. This (meant) that there might eventually be as much smoking among women as among men.[123]

This shifting demographic caused a certain amount of concern in the Ministry of Health, particularly in light of increased advertising aimed at women, and the amount

---

[119] PRO RG 40/286 Notes of a meeting held at the Ministry of Health, 16 December 1965.
[120] PRO RG 40/287 Research on schoolchildren's smoking: general impressions.
[121] PRO RG 40/286 Notes of a meeting held at the Ministry of Health, 16 December 1965.
[122] H. Bynner *Smoking and the Young* (HMSO, London, 1969).
[123] PRO MH 151/20 Ministry of Health memo 21 June 1967.

which the industry was spending on this.[124] The issue was discussed, and the suggestion was put forward that the publicity campaign might be further extended in women's magazines. The aims of this would again be twofold – 'to check the number of women smokers as such and secondly to check the bad effect this will have on children'.[125] It was, however, appreciated that these aims might not be mutually inclusive.

> At this point, I think we must decide whether to intensify the drive to stop older teenage and young adolescent women from becoming regular smokers or whether to go for the parental influence angle or both. I do not think that these aims and audiences can be treated as one, except to a very limited extent.[126]

The issue was investigated further, and the question whether to extend the campaign to target young women in particular was considered by the Ministry of Health and the Central Office of Information over the course of the rest of 1967 and the beginning of 1968. The cost of extending the campaign permanently was prohibitive and the preferred option was a three month test campaign focussing on women up to the age of 25.[127] It was agreed that a new creative approach was needed 'as many of the 20 – 25 age group will be married and the appeal will therefore not necessarily rest on 'more money, more clothes, more fun'.[128] However, political developments prevented the new campaign strategy from being developed, let alone implemented. The establishment of the Health Education Council (HEC), due to come into operation in 1969, meant that health education would come under its auspices. The Ministry of Health was reluctant to start developing a new campaign which it would have to hand over half-finished.

---

[124] PRO MH 151/20 Memo to Miss Pease from Mr Dodman 13 October 1967 refers to a full page colour advertisement in *Women's Own* with the comment that 'It may be that it signifies the beginning of a cigarette advertising onslaught aimed specifically at the married woman'. The advert itself showed a married woman with a number of gifts gained from collecting cigarette coupons. The text ran 'See what you get for smoking Sterling'. *Women's Own* 14 October 1967 p. 79.
[125] PRO MH 151/20 Ministry of Health memo 16 June 1967.
[126] PRO MH 151/20 Ministry of Health memo 21 June 1967.
[127] PRO MH 151/20 Ministry of Health memo 22nd September, 6 October 1967.
[128] PRO MH 151/20 Letter from Vera Thorne in COI to Mr Dodman 22 September 1967.

Even if the money was available, major development could not be brought to fruition before the Health Education Council was operational. To start a project and to hand it over half completed would not be in our best interests or those of the Council. Not least, the Council would lose the services of the COI (Central Office of Information) and would have to work directly with the ancillary services it would require in the production and research fields. This meant that the Council would be involved in a fair amount of detailed production work itself and that it was desirable not to overburden it with creative work, particularly in its early days.[129]

As a result, no further action was undertaken as regards smoking among women, although the Ministry of Health did note that the proportionate increase of lung cancer cases was twice as large for women than men (7% as opposed to 3.5%) between 1965 and 1968, and it was an issue which concerned them.[130]

Nonetheless, the health education which was produced in the Sixties was piecemeal and largely ineffective in getting the message against smoking across. The emphasis on male smokers in both the original research studies and the reports which reviewed them was replicated not only in the press coverage of the issue but also in the health education material which was produced consequently. Whether directly or indirectly, this created noticeable gender differences in smoking adoption and smoking cessation. In the decade which followed publication of the RCP report, annual per capita consumption of cigarettes among men decreased by 8%. The decrease was most noticeable in men in social classes one and two.[131] It has been argued that this decrease can be attributed to the fact that men were turning in greater numbers to pipes and cigars.[132] The RCP report had stressed that such forms of tobacco consumption were safer and this point had been stressed in the press. At the same time as men's annual

---

[129] PRO MH 151/20 Report of meeting held November 1967.
[130] PRO MH 151/20 Memo from J. Perry to Miss Pease 26 March 1968. This quotes figures from the Registrar General's Statistical Review of England and Wales – part III Commentary p. 102.
[131] N. Wald and A. Nicolaides Bouman *UK Smoking Statistics* (Oxford: Oxford University Press 1991) p. 66.
[132] Ingrid Waldron 'Patterns and Causes of Gender Differences in Smoking' *Social Science and Medicine* Vol. 32 No. 9 (1991) pp. 989 – 1005. The extent to which this is true is debatable - it is not really borne out by consumption statistics which suggest that overall tobacco consumption among men also fell.

tobacco consumption was falling, women's was continuing to increase. By 1971, it was 29% more than it had been before the RCP report. Moreover, whereas women may previously have started smoking in their twenties or later in life, they were now starting to smoke in their late teens.[133] There was also an apparent class pattern – the increase was accounted for by women in lower social groups; among women in social classes one and two there was a decrease in the numbers smoking.[134]

Marketing cigarettes to women

The fact that women smokers were increasingly making up the market for cigarettes was something which the tobacco industry did not fail to appreciate. A report written for BAT in 1976 noted that,

> in many countries, the number of female smokers are increasing, often at a faster rate than are the male smokers. This fact, and the increasing number of brands aimed at female smokers, has prompted a review of the evidence that the smoking behaviour (i.e. number of cigarettes smoked, the way they are smoked etc.) of female smokers is different from that of male smokers. It is concluded that there are a number of differences and, somewhat surprisingly, that there is some evidence that women are more highly motivated to smoke than men and find it harder to quit smoking.[135]

For the first time in its history, the focus of industry efforts to research smoking habits and promote cigarettes was predominantly on the female, rather than on the male market. From the late 1960s onwards, there was an unprecedented amount of marketing and advertising targeted at women. This was partly motivated by two phenomena in the cigarette market – firstly, the growing popularity of menthol flavoured cigarettes and secondly, the introduction of a longer, thinner style cigarette.

---

[133] McKennel A.C. and Thomas R.K. *Adults and Adolescents Smoking Habits and Attitudes* (HMSO, London 1967).
[134] Wald et al. *U.K. Smoking Statistics* p. 66.
[135] R.E. Thornton *The Smoking Behaviour of Women* Report No. RD1410 Restricted 11 December 1976 British American Tobacco Guildford Archive B31383-6 p. 2-3.

Menthol cigarettes had first been developed in the 1930s in America. The menthol served both to hide the harsher taste of nicotine by numbing the throat and to make the smoke taste more medicinal, and therefore, more healthy.[136] Menthol cigarettes enjoyed a renaissance in the late 1960s and early 1970s and were marketed with images of freshness and health, although there was no medical evidence that they were actually less harmful. Such adverts were in some ways a development of earlier adverts which promised to be kind and soothing to the throat. They were targeted at women, who were traditionally seen to prefer a milder cigarette.[137] A series of adverts for Consulate, a menthol cigarette, showed pairs of couples in lush, green, hillside settings with the slogan 'Consulate: cool as a mountain stream' (Illus. 30).[138] With menthol cigarettes, an added benefit was taste. An advert for Solent menthol, for example, a brand produced by Wills, was advertised with the slogan 'Tastes fresh as the morning'. The associations with glamour and luxury remained - an advert for St. Moritz, for example, proclaimed 'Sheer luxury from Rothman's of Pall Mall. St Moritz - the luxury length Virginia cigarette enhanced with a touch of menthol. Longer, richer, cooler'.[139]

In addition, new cigarettes, known as slimsize cigarettes, were developed in America in 1967 to particularly appeal to women. This was a response to the number of women switching to the King size cigarette brands and to filter cigarettes, which were perceived as more stylish, tidier to smoke and healthier.[140] As the above mentioned report for BAT noted 'cigarettes aimed at women have tended to be longer as well as slimmer than more traditional brands'. American Tobacco were the first to introduce a specifically women's cigarette with the name of Silva Thins, which it intended to market with a specifically feminist appeal. Unfortunately, as Richard Kluger has noted, the strategy rather misfired as the chosen copy in the early adverts did more to

---

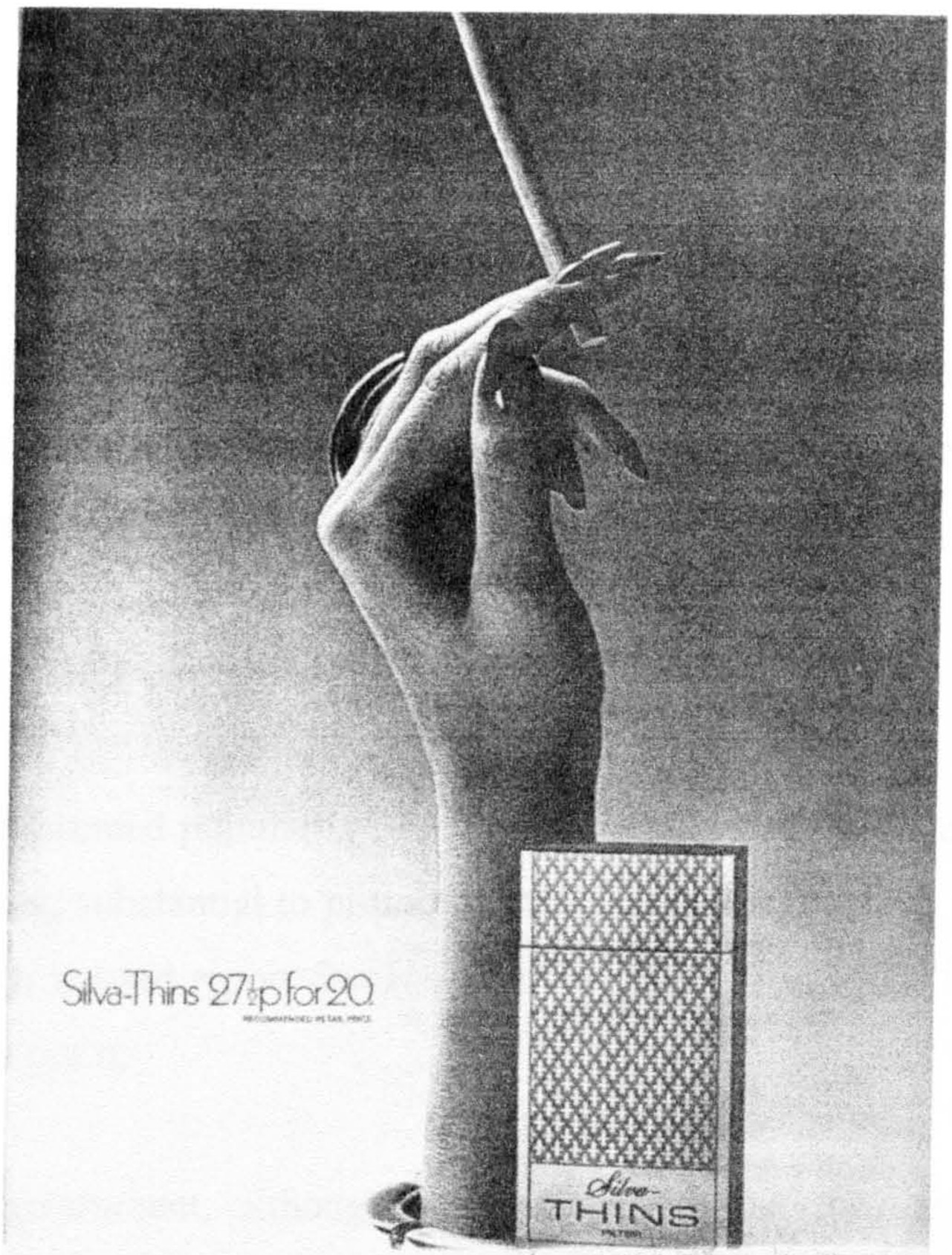
[136] Kluger *Ashes to Ashes* p. 93.
[137] A 1982 report from British American Tobacco noted that the biggest switch to menthol cigarettes occurred among female smokers and also that women 'looked for aesthetic properties in their cigarettes'. British American Tobacco Menthol (March 1982) pp. 2 – 3. From http://www.library.ucsf.edu.tobacco/batco/html.
[138] *Vogue* July 1971 back cover.
[139] *Vogue* May 1971 p. 67.
[140] Kluger *Ashes to Ashes* p. 315; Alford also notes that while the switch to filter tips was more rapid and extensive in the United States, it was also apparent in Britain, especially in London, where trends in smoking habits were always ahead of the rest of the country. Alford notes that an active element in Wills considerations was 'the growing demand from women smokers in non-manual occupations'. B.W.E Alford *H.D & W.O. Wills* pp. 420 - 421.

offend than to appeal. To quote one early advert 'Cigarettes are like girls. The best ones are thin and rich'.[141] It is perhaps not surprising that when the brand was launched in Britain, the adverts relied on simple images, such as an elegant hand holding the cigarette aloft (Illus. 31).[142] Kim, a brand which caused a furore when it was advertised by Martina Navratilova in the 1980s, was designed with certain pre-requisites to reflect feminine tastes – 'namely a light tasting low nicotine cigarette with a small circumference (23-25mm)'. Advertising was aimed at 'young women in the 20 – 28 age group', reflecting the fact that young female smokers were the largest growing part of the tobacco market at the time of its launch.[143]

However, although Philip Morris successfully developed the idea in the United States, launching Virginia Slims with it's classic slogan 'You've come a long way, Baby',[144] slim brands remained a negligible part of the British market. Regular and King Size filtered brands, such as Benson and Hedges and John Player Special, were much more popular, a fact which the industry recognised and responded to by giving the marketing image specifically female elements, such as associations of glamour and luxury, and running targeted campaigns in women's magazines.[145] Player's, for example, ran a series of adverts for their JPS brand, which showed various luxury items such as pearls, porcelain, and diamonds, with a variation of the slogan 'Porcelain by Meissen, Cigarettes by John Player'.[146] Wills similarly promoted their Sotheby's brand alongside works of art and antiques.[147] There was also an attempt by Benson and Hedges to get women to smoke cigarillos. They ran a four page advertising feature for their Pure Gold brand, showing two women in Guadeloupe.[148] The choice of an exotic location and an unusual form of tobacco served to remove smoking from the associations of the second RCP report, but there is little evidence to suggest that the smoking of small cigarillos took off among women as anything more than a novelty. Cigarettes continued to be used to symbolise luxury in adverts for other products.[149] Such images of sophistication and luxury were reflected in the fashion and society

---

[141] Kluger *Ashes to Ashes* p. 315.
[142] *Vogue* January 1971 p. 17; August 1971 p. 2; September 1971 p. 35.
[143] Thornton *The Smoking Behaviour of Women* p. 11.
[144] Kluger *Ashes to Ashes* p. 316 – 7.
[145] Thornton *The Smoking Behaviour of Women* p 11.
[146] *Vogue* September 1971 p. 51.
[147] *Vogue* October 1971 p. 89.
[148] *Vogue* September 1971 p. 16 – 18.
[149] *Vogue* September 1971 p. 40; p. 33.



Illus. 30 Advert for Silva Thins cigarettes. *Vogue*, August 1971, p. 2.

Illus. 31 Advert for Consulate cigarettes. *Vogue*, July 1971, back cover.

pages as models and celebrities alike were pictured smoking cigarettes.[150] That it was increasingly a women's market was recognised by J. Bowling, the Group Vice President of Philip Morris in the mid-1970s.

> The Ladies have led every major cigarette trend in the past 15 years. Our studies show that they were the first to embrace King Size cigarettes, menthol, and filters.[151]

The second RCP report

It was the continued popularity of smoking socially and the failure of the government to do anything substantial to promote the health message which prompted the RCP to produce their second report *Smoking and Health Now* in 1971.[152] As the introduction to the report put it,

> the Government, although stating in 1962 that they accepted the evidence on the dangers of cigarette smoking, have taken no effective action to curtail the habit. Promotion of cigarette sales continues unabated, and the problem of preventing smoking has attracted little research.[153]

Political agenda and recommendations

While this report again produced a comprehensive and updated summary of the research evidence against smoking, it also set out its political agenda criticising the government's reluctance to act on the matter and linking this to the fiscal implications of a coherent anti-smoking policy at national level. The report summarised the steps which had been taken by the government since publication of the first report, charting the shift in focus from health education to discussions about differential taxation, neither of which had been effectively employed to reduce

---

[150] *Vogue* 7 April 1962 p. 37; *Vogue* September 1971.
[151] J. Bowling, quoted by Thornton *The Smoking Behaviour of Women* p. 13.
[152] The Royal College of Physicians *Smoking and Health Now: a report of the Royal College of Physicians* (Pitman Medical and Scientific Publishing Co. Ltd 1971).
[153] The Royal College of Physicians *Smoking and Health Now* p. 9.

smoking prevalence. Few, if any, of the 1962 recommendations had been acted upon. Health education measures had received poor funding – the newly formed HEC, for example, had £100 000 a year to spend on smoking education material compared to the £52 million which the tobacco industry spent. Moreover, the report noted, the voluntary code on advertising which the tobacco industry had put in place had broken down in 1967 as a result of competition between manufacturers, especially in relation to gift coupon schemes.[154] The report was heavily critical of the government on both of these points, arguing that this failure or reluctance to act decisively on the matter resulted from the fact that the government saw tobacco as an essential source of revenue.[155] This point was illustrated by a telling quote from Iain MacLeod, the former Minister of Health, who wrote in the *Daily Mail* in 1966,

> Smokers, mainly cigarette smokers, contribute some £1 000 million yearly to the Exchequer – and no-one knows better than the Government (that) they simply can't afford to lose so much.[156]

The point was made even more starkly in correspondence between a Labour Minister and a colleague.

> The introduction of a meaningful differential tax on cigarettes would be bound to have a seriously detrimental effect on the total revenue obtainable from tobacco. The object of such a tax would be to reduce cigarette smoking and pipes and cigars would not be acceptable alternatives for many cigarette smokers. Furthermore, apart from those who gave up smoking altogether, cigarette smokers who switched to cigars would consume less tobacco in proportion to their expenditure and those who switched to pipe tobacco would consume less tobacco in proportion to the time spent smoking. Thus the capacity of tobacco duty to produce revenue would be eroded.[157]

---

[154] The Royal College of Physicians *Smoking and Health Now* p. 17.
[155] The Royal College of Physicians *Smoking and Health Now* p. 21.
[156] *Daily Mail* December 13 1966 quoted in The Royal College of Physicians *Smoking and Health Now* p. 21.
[157] Letter quoted in The Royal College of Physicians *Smoking and Health Now* p. 21.

'And I implore you all to put smoking behind you. . . .'

Illus. 32
The issue of smoking and health was often given a light-hearted touch, as this cartoon from the *Daily Mail* illustrates.
Daily Mail, 6 January 1971, front cover.

However, another reason for the government's reluctance to act was public opinion. This was most evident in discussion of the lack of restrictions on smoking in public places, even hospitals, although the subject had been discussed intermittently since 1962. The report quoted the Minister of Health answering a parliamentary question on the subject in January 1967.

> It would not be appropriate to take powers for compulsory restrictions on smoking in such places.

Pressed on the subject again in November of that year, the Minister cited public opinion as the reason for the decision.

> There is some reluctance to impose further restrictions on smoking which may prove unpopular with the public.[158]

In its 1971 report, the Royal College of Physicians laid out a set of recommendations which were far more stringent than those of 1962, including not only measures on marketing, sales and health education but also suggestions for smoking restrictions, differential taxation and product modification. As regards sales and marketing, it recommended a total ban on advertising and coupon schemes, that warning labels be put on packets and that all automatic vending machines be removed from public places. It also recommended more thorough health education through doctors, medical staff and a concerted effort by the Government and the BBC to put an anti-smoking message across. Smoking restrictions at work and the establishment of smoking control clinics were suggested. However, the strong anti-smoking message of the report was diluted by its pragmatic realisation that there would be those who would continue to smoke. In order to minimise harm, it suggested that smokers should

- smoke fewer cigarettes
- inhale less
- smoke less of each cigarette
- take fewer puffs of each cigarette

---

[158] The Royal College of Physicians *Smoking and Health Now* p. 20.

- take the cigarette out of the mouth between puffs
- smoke brands with lower tar and nicotine content

In addition, the report suggested that the government should seek to impose upper limits on tar and nicotine content and that manufacturers should try to make a less hazardous product.

These latter recommendations were to form the main plank of the government's smoking policy for the next two decades. Health education focused on lessening the hazards from smoking, while the toxicity of cigarettes was reduced through a series of measures which were agreed between the tobacco industry and the government on a quid pro quo basis. Cigarette advertising and promotion were similarly subject to a series of agreed measures. For as long as the industry made concessions to health concerns in this way, the problems of prohibitive or restrictive legislation were avoided.

Feminising the physical properties of the cigarette

Through the Seventies and much of the 1980s, the health education message and the policies of the tobacco companies and government can be seen to coalesce. In 1971 the government formed a Standing Liaison Committee on the Scientific Aspects of Smoking and Health (SSLC) which was made up of both industry and government officials. Their immediate remit was to consider the publication of tar and nicotine yields on cigarettes. The Committee recommended that the tar and nicotine yields of cigarettes be published biannually, classifications (low, middle, high tar) be printed on packets and that smokers choose the lower tar cigarettes. It's advice was as follows: 'Stop smoking. If you cannot, then smoke a lower tar cigarette, take fewer puffs, do not inhale, leave a longer stub and take the cigarette out of your mouth between puffs'.[159] The predominant message of the HEC was also to stop smoking, but if smokers could not do so, the HEC again advised that they switched to smoking lower tar cigarettes.[160] In 1974, for example, the HEC followed up the government's

[159] *Standing Scientific Liaison Committee Report* (1972) p. 4.
[160] Memorandum by the Health Education Authority House of Commons Select Committee on Health Minutes of Evidence January 2000 p. 14.

publication of the tar/nicotine yields with a campaign using both press and TV advertising advising smokers to choose lower tar brands.[161] A similar campaign in 1975 stated 'If you can't stop smoking choose brands with the least tar and nicotine. Remember the quicker you change to a low tar cigarette, the better your chances'.[162] In 1980, an article on the dangers of smoking in *Health Education News*, the newspaper of the HEC, similarly suggested that it was 'prudent' to choose a lower tar brand.[163] Although there was some disquiet about whether indeed lower tar cigarettes were any safer, the HEC continued to advise people to switch to lower tar cigarettes if they could not give up.[164]

At the same time, the tobacco industry, encouraged by government policy, was developing and actively marketing lower tar cigarettes, which became known as 'light' or 'mild' cigarettes. There was also a financial incentive to do so. Prior to 1970, the tobacco industry had argued that they could not produce lower tar cigarettes without the use of additives and substitutes which were prohibited for tax reasons.[165] In 1970, the Finance Act (section 4) provided for tobacco duty to be charged on such additives, which meant that not only could manufacturers use them but that the Exchequer benefited from them doing so.[166]

In 1973 the government appointed the Independent Scientific Committee on Smoking and Health (ISCSH) to replace the SSLC and to report on tobacco additives and substitutes and to review research into less dangerous smoking material.[167] The Committee, often known as the Hunter Committee after its chairman Dr. Robert Hunter, published guidelines on additives and substitutes in 1975 and in the same year, the industry began to publish tar ratings (low, middle, high) on cigarette packets. The ISCSH monitored two particular initiatives as part of its remit to develop what

---

[161] Tar Yield Advertising Campaign: Report on the Fourth Yield of the Research prepared by Research Surveys of Great Britain Ltd, January 1976, Wellcome Contemporary Medical Archives (hereafter identified by SA ASH, which is the reference for the ASH files there) SA ASH F.8/1 HEC.
[162] Health Education Authority *Memorandum: The Tobacco Industry and the Health Risks of Smoking (TB20)* Select Committee on Health: Minutes of Evidence p. 14.
[163] *Health Education News* No. 26 Sept/Oct 1980 front page.
[164] Health Education Authority *Memorandum* p. 12.
[165] *Customs and Excise Act* 1952 Section 176.
[166] *Tobacco Substitutes Regulations* Statute no. 1018 1970 vol. II p. 3165.
[167] First Report of the Independent Scientific Committee on Smoking and Health *Tobacco Substitutes and Additives in Tobacco Products: their testing and marketing in the United Kingdom* (London: HMSO 1975).

were defined as 'less dangerous cigarettes'. The first was the development of tobacco substitutes such as Cytrel and New Smoking Material(NSM), the second was the promotion of 'lower risk' cigarettes. The underlying ethos was to make cigarette smoking less harmful, rather than to try to erase the habit completely. This was to safeguard the interests of the Exchequer and the tobacco industry, but also to preserve the illusion of freedom of choice for the smoker. The ISCSH recognised the tension between the safety imperatives and the demands of the market and tried to strike a balance between the two. In its 1979 report, it acknowledged that 'no cigarette (could) ever be regarded as completely safe' but it believed that cigarettes could be developed which gave 'less concern' than many current brands'. The Committee also recognised however that 'the tobacco manufacturers are engaged in a commercial enterprise which depends greatly on the acceptability of their products to the consumer'. It is worth noting that by the time of the publication of its 1979 report, the terms of reference of the ISCSH had been expanded to indicate that the committee advised both the government and the tobacco industry.

By the end of the 1970s the ISCSH noted that considerable progress had been made by the tobacco industry to lower tar levels (from 31.4mg per cigarette in 1965 to 17.4mg in 1977). In the same period nicotine levels had fallen from 2.2g in a plain cigarette to 2.1 mg and from 2.0 to 1.3mg in filter cigarettes.[168] The ISCSH suggested that this trend towards 'lower risk' cigarettes could be further encouraged if, in the health education programme, greater emphasis could be given to persuading those who feel they must smoke, to smoke less dangerously.[169] In 1980, the tobacco industry and the government concluded a voluntary agreement to reduce the sales weighted average target (SWAT) for tar to 15mg by the end of 1983. This was followed by a further agreement in 1983 following the third ISCSH report which set a target of 13mg by the end of 1987.[170] In other words, both the HEC and the series of voluntary agreements on 'product modification' served to promote the idea that there were safer ways to smoke and it was up to the individual to make that choice.

---

[168] Second Report of the Independent Scientific Committee on Smoking and Health *Developments in Tobacco Products and the Possibility of "Lower-Risk" Cigarettes* (London: HMSO 1978).
[169] Independent Scientific Committee on Smoking and Health *Developments in Tobacco Products* para. 22.

Lower tar cigarettes were actively promoted by the cigarette companies, although documents now show that they were aware by the mid-1970s that the smoker merely 'compensated' for the lack of nicotine in lower tar cigarettes by inhaling more deeply, puffing more frequently and smoking more cigarettes. As the vice-president of Brown and Williamson, a subsidiary of BAT, noted in 1976,

> in most cases, however, the smoker of a filter cigarette was getting as much or more nicotine and tar than he would have gotten from a regular cigarette.[171]

However, what is also true is that 'mild', or 'light' cigarettes as they became known, were traditionally the type of cigarettes which had been attractive to women. The HEC's analysis of its 1974 tar yield advertising campaign found that women were more receptive to messages about tar yield than men, while a much more recent survey found that so-called 'light' cigarettes were more popular among women, particularly women in non-manual social groups.[172] It also noted that most smokers of light cigarettes had switched because they saw them as less harmful than regular cigarettes. As the Health Education Authority (HEA), as the HEC became in 1986, noted in an official memo in September 1999,

> the use of the term 'light' in other contexts connotes 'low in fat' and low in sugar, and therefore healthier.[173]

Through the late 1970s and much of the Eighties therefore, measures by the HEC, the government and the tobacco industry served to promote a product which was culturally constructed as feminine and which was recognised by the industry to be more attractive to female smokers. In addition, the construction of a risk group in epidemiological terms, its dissemination in the medical and mainstream press and

---

[170] Third Report of the Independent Scientific Committee on Smoking and Health (London: HMSO 1983) The Committee was now chaired by Peter Froggart and known as the Froggart Committee.
[171] S.A.Glantz and others *The Cigarette Papers (Online)* Berkeley: California, 1996) http://www.library.uscf.edu/tobacco/cigpapers/book/chapter1/table1.html.
[172] Health Education Authority *Consumers and the Changing Cigarette* (London: health Education Authority, 1999).
[173] Memorandum by the Health Education Authority Select Committee on Health House of Commons Minutes of Evidence September 1999 p. 17. Switching to 'light' cigarettes was also seen as a step towards quitting.

financial and administrative constraints on what health education material was available served to curtail the development of any programmes aimed at women smokers. As a former head of the Scottish Health Education Group noted when I interviewed him, anti-smoking campaigns became very masculine in origin.

> We'd concentrated at the start on men because they were obviously apparently smoking much more than women, you see, so all our messages on health education and smoking were aimed at the men, not at the women at all, so for example when I came to work here in Scotland as the director of the Health Education Unit, we allied our anti-smoking messages to sport and men, like you wouldn't be as fit at football if you smoked, that you wouldn't be as good an athlete if you smoked, appealing to their macho attitudes,... it was male dominated because it was the males that were smoking.[174]

The formation of ASH

One of the other consequences of the 1971 RCP report was the formation of Action for Smoking and Health (ASH) a pressure group set up under the auspices of the Royal College of Physicians. ASH Scotland and Northern Ireland were set up in 1973 with a similar remit. The aim of all groups was to persuade the government to take the necessary action to reduce smoking related disease, to increase awareness of the health risks of smoking and to protect, and extend, the freedom of non-smokers to breathe smoke-free air.[175] They campaigned against sports and other forms of sponsorship by the tobacco industry and monitored breaches in the voluntary agreements on advertising, as well as liasing with the relevant health education authorities as regards public campaigns against smoking.[176] ASH also campaigned consistently against the idea of a 'safer' cigarette and the idea that any kind of smoking could be regarded as less of a risk, arguing in a letter to *The Times* in 1977 that 'all cigarettes are dangerous'. They suggested that smokers would increase the

---

[174] Interview with Dr. David Player, 24 February 1999.
[175] SA/ASH/E.5/1 Scottish ASH 1978 – 80 Letter from Alison Hillhouse to Mr Soper 15 October 1980.
[176] SA/ASH/E.5/1 Scottish ASH 1978 – 80 Various documents. Circumvention of the advertising code included the specific targeting of advertising towards women, the household distribution of money-off

number of cigarettes they would smoke or the amount they inhaled. This argument was supported in 1980 by an article published in the *BMJ* by Martin Jarvis and Michael Russell. Their work supported what the tobacco industry had already realised in private: that low tar and low nicotine cigarettes could actually be more dangerous as smokers 'compensated' by increasing their cigarette consumption, inhaling more deeply and puffing more frequently.[177] One of the main focuses of ASH, and ASH Scotland in particular, in the late 1970s and early 1980s, however, was the question of smoking among women and it is this area which the rest of this chapter will concentrate on.

Bringing women into the health education picture

Smoking and pregnancy

The fact that much of the research on smoking and health and subsequent health education focused on men was shown earlier in this chapter. It was not until epidemiological evidence was published suggesting that there was a link between maternal smoking and low foetal birth weight in the 1960s that women were specifically targeted in anti-smoking campaigns.[178] There was a time delay before these results filtered through to public discourse and they didn't affect public health policy until the mid- 1970s. Possibly the most well known, and most controversial, illustration of this was advertising featuring a naked pregnant woman smoking with the text 'Is it fair to force your baby to smoke cigarettes?'.[179] Thus when women did begin to feature in anti-smoking campaigns, it was once again in the role of mother and with the responsibility of producing healthy offspring, echoing earlier rhetoric about women's reproductive role and her duty to protect her children. Such material was not uncontroversial – the naked woman poster, for example, sparked a discussion in the letters pages of the *BMJ*. It was argued that the image was 'in bad taste..(and) brought the pregnant woman into contempt', despite the fact that the ends were

---

coupons and the use of cigarettes as loss-leaders in supermarkets. From a list by Eileen Crofton, 7 August 1979.

[177] M.J. Jarvis and M.A.H. Russell 'Comment on the Hunter Committee's second report' *BMJ* 280 (1980) pp. 994 – 5.

[178] A. Oakley 'Smoking in pregnancy: smokescreen or risk factor? Towards a materialist analysis' *Sociology of Health and Illness* 11 (1989) pp. 316.

admirable.[180] The Director General of the HEC responded that such graphic images were necessary to counter the material produced by the tobacco industry. He also stressed that HEC research had suggested that 'the naked woman would not only not give offence (but) she would bring home the simple medical points that our leaflet makes far more effectively than an anatomical drawing'.[181]

The rationale behind such campaigns was two-fold, assuming firstly that by educating the mother about the facts, such material could influence her behaviour and secondly, that by taking a moral position stressing her responsibility, the expectant mother would be persuaded to do what was considered best for her child, regardless of her own wishes. In other words, the aim of the stark images and medical evidence used in health education material was to stop women being irrational and irresponsible for the sake of their unborn child. Women responded to such material with mixed feelings. The HEC's own research suggested that the majority of women interviewed agreed after the campaign that smoking harmed their baby and that some modified their behaviour accordingly.[182] However, as Alison Hillhouse suggested, further research by the HEC showed that those women often went back to smoking once their pregnancy was over.[183]

A separate study conducted by Hilary Graham for her PhD at the time of the campaign, recording women's experiences of pregnancy, suggested that the women she interviewed found the representation of the pregnant body in anti-smoking material 'deeply distressing'. This was both because it was a personal violation and because they were being presented as irresponsible.[184] For them, the campaign had a negative impact, leaving them feeling stigmatised and guilty. As one woman put it,

> it's the cigarettes really that made me worry. I knew if anything were wrong with her, I'd blame the cigarettes and I'd know I'd done it

---

[179] SA/ASH/F.7/1 Scottish Health Education Unit 1976 – 7 This particular image was discussed in the *BMJ* in May and June 1974.
[180] Letter from R.P. Ryan, South Tyneside Area Health Authority, *BMJ* 18 May 1974 p. 386.
[181] Letter from A.C.L. Mackie, Director General, Health Education Council, 6 June 1974.
[182] Interpretative Summary, Health Education (Smoking Habits) Campaign 1974. Para 2.5 – a photocopy of this report was kindly supplied to me by Professor Hilary Graham, University of Lancaster.
[183] Interview with Alison Hillhouse. 13 July 1999, page 4 – 5.
[184] Interview with Professor Hilary Graham, University of Lancaster, 12 April 2000, p. 4.

> myself, and my husband would know I'd done it. Knowing that, afterwards, that's what frightened me.[185]

Moreover, as Graham has also established, many of her interviewees faced a personal dilemma. Although they were aware of the risks, smoking was seen as a way of maintaining mental and physical equilibrium in order to deal with the everyday stresses of looking after a houseful of children at home all day. Cigarettes were integrated into their existing familial routine to signify both emotional and physical space and to provide temporal delineation.[186] Neither smoking status outside pregnancy, nor the smoking status of the partner were mentioned in the interviews.[187] In other words the particular issue was that they smoked in pregnancy, not the fact that they smoked, and it was this which caused the feelings of guilt. As one woman said,

> if you must know, I'm worried sick about it. I just can't stop and there's an end to it. I wish I could just be left alone, my husband goes on, and my mother, and every time I open a magazine, I'm told I'm killing my baby, and now its even on the telly. What are they trying to do?.. They don't need to tell me, I know I'm harming him, don't they think I've got any feelings and worry myself sick over it?[188]

Fortuitously, Graham then applied for a job at the HEC in order to finish her PhD and brought up the smoking in pregnancy issue at her interview. Her interview panel were surprised at the negative impact which their advertising was having, as they had only done quite basic follow-up.

> The fact that it (*the advertising campaign*) could have a negative impact, that women could find it offensive to have pregnant women displayed as naked, that women could find it distressing to be represented as irresponsible with respect to their child's well-being and to be so fickle in their disregard for their child – do you want a

---

[185] Hilary Graham 'Smoking in Pregnancy: the attitudes of expectant mothers' *Social Science and Medicine* (1976) vol. 10 p. 401.
[186] Hilary Graham 'Smoking in Pregnancy' p. 403.
[187] Interview with Professor Hilary Graham p. 5.
[188] Hilary Graham 'Smoking in Pregnancy' p. 401.

> cigarette more than you want a baby? The whole moral labelling, the stigmatising of woman.[189]

For a number of anti-smoking campaigners, the fact that such advertising was aimed at pregnant women rather than all women was seen to have implications for the way in which smoking among women was perceived. As Yvonne Bostock put it when I interviewed her,

> I remember being at a staff meeting and saying I wasn't particularly happy about the fact that the only female focus campaigns we had were when women were pregnant. And first of all there was something to me that implied that we didn't value women, except when they were pregnant and secondly, a campaign that was explicitly targeted at women implied that it was okay to smoke when you're not pregnant.[190]

This was also pointed out by Bobbie Jacobson in her hard-hitting book *The Ladykillers*, who argued that such campaigns indicated that women were only valued as 'receptacles for future generations'.[191] Jacobson argued that anti-smoking advertising aimed at women during pregnancy, for the sake of the baby, ignored the motivations of the individual women to smoke. She also pointed out that, for many women, smoking could be a response to the conditions of their lives and that as a result, they did not, and would not, respond well to anti-smoking messages aimed at men.

Epidemiological evidence on women and smoking

However, it was precisely the fact that the focus of such advertising was perceived to be so narrow which provided the impetus to campaign more widely against smoking among all women. During the late 1970s and early 1980s there was increasing recognition that the fastest growing segment of the smoking population was young

---

[189] Interview with Professor Hilary Graham p. 4.
[190] Interview with Yvonne Bostock – 30 March, 1999; This was also recalled by Alison Hillhouse, who worked at worked at ASH Scotland at the time. Interview with Alison Hillhouse p. 5

women aged between 16 and 19 and that schoolgirls were beginning to smoke more than boys.[192] This was especially marked in Scotland and among semi-skilled and unskilled manual workers.[193] In addition, epidemiological evidence was beginning to show that smoking was affecting women just as much as men. Moreover, whereas the mortality rate from smoking had begun to fall among men, it was continuing to rise amongst women.[194] In 1981, Doll warned that, even if there were no increase in smoking by women, the effects of smoking were going to be seen much more quickly and would equate the earlier situation among men.[195] As a result, women smokers became a primary focus of research and anti-smoking action in the early 1980s, rather than just the secondary consideration or a cause of concern when pregnant as they had been previously.

The reason it took so long for women's smoking to be recognised as an issue in its own right was, in the minds of epidemiologists and health campaigners alike, largely due to the fact that the tobacco epidemic took about a generation to become apparent. When I interviewed Richard Peto, he explained this in terms of 'the difference between the past and the future'. Medical statistics related to smoking prevalence in the past, not only because smoking related disease took time to become apparent, but also because it took time for research findings to be accepted and disseminated into public awareness.[196] And although epidemiologists may have been aware of the logical progression of their material, they were reluctant to make any claims without enough evidence. As Richard Doll explained when I interviewed him,

> I thought from the very beginning that women would have the same risk of lung cancer if they smoked in the same way (as men),

---

[191] B. Jacobson *The Ladykillers: why smoking is a feminist issue* (London: Pluto, 1981).
[192] Letter from Eileen Crofton to R. MacDonald, Deputy Chief Executive, Scottish Sports Council 1978; Press Release 29 March 1882 Smoking in Schools in Lothian Region. SA/ASH/E5/2 Scottish Ash 1981 – 1983.
[193] A. Bridgewood et al. *Living in Britain: results from the 1998 General Household Survey* (London: The stationery Office, 2000) p. ; E. Goddard and V. Higgins Smoking, drinking and drug use among young teenagers in 1998 (London: The Stationery Office, 1999) Vol. 1: England p. 18, Vol. 2: Scotland, p. 22.
[194] Richard Doll quoted in *The Scotsman* 6 February 1998.
[195] *ibid*; also see *The Daily Mail* 6 February 1981.
[196] Interview with Richard Peto, 17 May 1999, p. 7.

> there was enough evidence to suggest that, but to obtain substantial major evidence took some years. [197]

That evidence was published in the *BMJ* in 1980 and showed conclusively that the death rate among women increased with the number of cigarettes smoked.[198]

The publication of epidemiological evidence concerning smoking related disease among women coincided with a push for greater recognition of gendered inequalities in health. More specifically there was a movement within ASH and ASH Scotland to address the issue of smoking among women. There was a recognition that campaigns addressed to men were missing the point. As Eileen Crofton, then director of ASH Scotland, wrote in 1981,

> one of the most distressing features of the current epidemic of smoking related disease in the United Kingdom today is the lack of awareness of the implications of smoking for women. Their problems tend to be overlooked while we congratulate ourselves on the sustained decline in lung cancer deaths (among men).[199]

There was a very real concern that the effects of smoking on women's health were just beginning to emerge and that if the situation was not addressed, health professionals were looking at 'the start of a new epidemic'.[200] It was this concern which prompted a group of women, already involved in anti-smoking issues to push for greater recognition of the problems and for action to address it.

In addition, the US Surgeon General had published a report entirely devoted to the problem of smoking among women in 1980 and in 1983, and the issue of smoking among women was addressed by the Royal College of Physicians in their fourth

---

[197] Interview with Richard Doll, 5 February 1999, p. 6.
[198] R. Doll, R. Gray, B. Hafner and R. Peto 'Mortality in relation to smoking: 22 years' observations in female British doctors' *British Medical Journal* 1 (1980) pp. 967 – 971.
[199] Letter from Eileen Crofton to the Marchioness of Lothian 4 November 1981 SA/ASH/E5/2 Scottish Ash 1981 – 1983 SA/ASH/E5/2 Scottish Ash 1981 – 1983.
[200] ASH Press Release, 29 March 1982 .

report on smoking and health.[201] This report noted that the health risks to women had been ignored until relatively recently.

> In recent years women have taken up smoking in increasing numbers and have begun to smoke more heavily. The recognition that smoking in women is an important issue is perhaps one of the major developments in smoking research over the last decade. Although women smokers are liable to the same smoking related diseases as are men, the magnitude of the ill-effects appeared until recently to be less definite in women. This led to the mistaken impression that women were relatively immune to the effects of smoking and many earlier investigations on smoking and health excluded women.[202]

The RCP devoted a chapter to the issue, highlighting the increasing class gradient among female smokers and the social, economic and emotional reasons such women were more likely to smoke. The risks from heart disease and lung cancer were stressed as were the implications for fertility and the health of the unborn child. In addition, the increased risk which female smokers faced if they took oral contraceptives was stressed. Nonetheless, they made no strong recommendations on the subject, concluding only that 'more attention needs to be given to smoking by women'.[203]

Addressing the issue of smoking among women

In the early 1980s there was a concerted push by health education professionals and anti-smoking campaigners to get the issue of smoking among women onto the political agenda.[204] Although the immediate impetus was the rising number of young female smokers and increasing female morbidity from smoking, the focus on women and smoking was also part of a wider movement to address women's health issues at both a lay and a professional level and to tackle the economic and social conditions

---

[201] US Surgeon General *The Health Consequences of Smoking for Women* (Washington, D.C.: US Department of Health and Human Services, 1980); The Royal College of Physicians *Smoking and Health: a follow up report of the Royal College of Physicians* (London: Pitman Publishing Ltd 1983).
[202] The Royal College of Physicians *Smoking and Health: a follow up report* p. 61.
[203] The Royal College of Physicians *Smoking and Health: a follow up report* p. 69.
[204] SA/ASH/F.7/1 Scottish Health Education Unit 7; SA/ASH/P.1/27 Women and Smoking.

affecting those issues.[205] A women's health conference held in November 1981 highlighted the fact that little health education had been directed towards persuading women to give up smoking, apart from campaigns aimed at pregnant women. In a general discussion, it was suggested that women were reluctant to give up smoking because of fears of being fat and not being able to cope without cigarettes. The amount of money spent by the tobacco industry in persuading women to smoke was also noted.[206] In 1982, the Scottish Health Education Group (SHEG) began 'a re-assessment of their position regarding smoking policy – in particular in relation to the incidence and pattern of smoking among women'. This reassessment was 'provoked by the activities of BAT in launching a new cigarette aimed specifically at young women and the advertising and promotion strategies they are currently employing'. SHEG and ASH Scotland commissioned research, which emphasised the differences between male and female smokers and the perceived benefits which women gained from smoking. These again included weight control and being able to cope and to control stress reactions. Also included were the need 'to partition the day' if one was at home all day, to ward off boredom, to be in control of feelings of apprehension, tension and depression and to be like others.[207] For the first time, SHEG, in conjunction with ASH and ASH Scotland, set out a coherent policy for addressing the issue of women and smoking.

The time frame was set by a large WHO conference on Women's Health which took place in March 1983 and the 5th World Conference on Smoking and Health in Winnipeg in July of that year, both of which provided an ideal opportunity to discuss the issues. An informal seminar held in February 1983 to prepare for the Women's Health conference highlighted both the broad range of socio-economic and cultural issues which were seen to affect women's health status and the diverse range of health issues being addressed.[208] After the World Conference on Smoking and Health, SHEG and ASH Scotland organised a seminar specifically on women and smoking

---

[205] SA/ASH/P.1/27 *Women and Smoking: Report on Women's Health Conference* 28 November 1981; *Report on an informal seminar for Women and Health Conference* 27 February 1983.
[206] SA/ASH/P.1/27 *Report on Women's Health Conference* 28 November 1981.
[207] SA/ASH/P.1/27 *Scottish Health Education Group Advisory meeting: minutes* 6 January 1983. Much of this research echoed work done by Hilary Graham, in particular.
[208] SA/ASH/P.1/27 *Report on an informal seminar for Women and Health Conference* Specific issues included abortion, breast-feeding, mental health, retirement proposals, alcohol, tobacco and drug use, sexuality, domestic violence, pre-menstrual tension, the over-prescription of tranquillisers to women and the impact of poverty and unemployment on women's health.

which was held in November 1983.[209] This was facilitated by the existence of a network of women advocating action against smoking which included Alison Hillhouse, Patti White, Bobbie Jacobson, Yvonne Bostock and Eileen Crofton. This network was formalised into the ASH Women and Smoking Committee.[210] As Eileen Crofton, former director of ASH Scotland noted in her account of events, there was a strong Scottish element in the Committee.[211] That it was the Health Education Council in London who were ultimately much more interested in pursuing the issue was largely due to the fact that Dr David Player, the former head of the Scottish Health Education Group moved to take the Directorship at the HEC in 1982 after nine years at SHEG and he had a great personal interest in anti-smoking advocacy.

For much of the 1980s the Committee pressed for a strategy on smoking among women which emphasised a woman's own health rather than her responsibility to others and for the appointment of a woman to have overall responsibility for women's health. They established a working relationship with the Health Education Council, the practical outcome of which was the publication of an investigation into the impact of cigarette advertisements on women's smoking behaviour 'When Smoke Gets in Your Eyes' by two members of the Committee, Amanda Amos and Bobbie Jacobson.[212] This was followed by a book 'Women and Smoking: a Handbook for Action', which was supplemented by a poster display in Tokyo at the 6th World Conference on Smoking and Health. The Committee on Women and Smoking grew as women who worked in the field were invited to get involved and in 1989, the group undertook to write a series of expert papers on particular issues to do with smoking among women, including smoking among teenage girls, women on low income and older women. At the 7th World Conference on Smoking and Health in Perth, an international network was established, The International Network of Women against Tobacco (INWAT). By this time there was a growing body of research looking at the impact of smoking among women and a complex web of issues had arisen

---

[209] SA/ASH/P.1/27 Letter from Bobbie Jacobson to Patti White, 12 October 1983.
[210] E. Crofton *Some Notes on the Women's Committee of Action on Smoking and Health: a personal account.* Unpublished. I was given a copy by Eileen Crofton when I interviewed her on 22 September, 1999.
[211] E. Crofton *Some Notes on the Women's Committee* p. 2.
[212] A. Amos and B. Jacobson *When Smoke Gets in your eyes* (London: British Medical Association, 1985).

surrounding taxation, low income and smoking advocacy, which are in themselves worthy of a thesis.

By the 1990s therefore, a considerable amount of effort had gone into putting the issue of smoking among women onto the political agenda. Despite this, where the government's 1992 white paper 'The Health of the Nation' focused on women and smoking, it was again in their status as mothers, aiming to reduce smoking prevalence at the start of pregnancy by 33% by the year 2000.[213] The 1998 White Paper, *Smoking Kills*, similarly focused on pregnant women, making them a priority target group.[214] In other words, at the end of the twentieth century, despite decades of social and economic change, women were still seen primarily as reproductive vessels and the focus of concern was the unborn child.

Passive Smoking

However, it was the question of passive smoking which, for both sexes, brought the issue of responsibility to the fore. As has been shown in the previous two chapters, concern over the effects of inhaling others people's tobacco smoke had been voiced for as long as smoking was prevalent in public places. However, for much of the late 19th century and early 20th century, this was as much a question of etiquette and social graces as of health and physical discomfort. Moreover, voices against smoking were swamped by the tide of agreement for the habit. Even when epidemiological evidence accrued linking smoking to chronic disease, the decision to smoke was still seen largely as one which primarily affected the individual. Although ASH had been campaigning for non-smoking restaurants and for more non-smoking space on public transport since its inception in 1971 with some success,[215] this was largely based on the grounds that the habit was anti-social and could cause physical discomfort to non-smokers. However, by the 1980s a substantial body of evidence was beginning to accumulate suggesting that tobacco smoke might have an adverse effect on the health of those around them as well as affecting the smoker him or herself. The first evidence noted the effects of passive smoking on non-smoking wives and children of

---

[213] *The Health of the Nation: a strategy for health* July 1992 Cmd. 1986 Section 2.17, B. 19 – 21.
[214] *Smoking Kills: a white paper on tobacco* (London: The Stationery Office 1998).
[215] Interview with Alison Hillhouse – see also *http://www.ash.org.uk.*

smokers and it was this which caused the US Surgeon General to address the issue in 1979 and again in 1982.[216] This was followed in Britain by the ISCSH and the RCP, who both addressed the issue in 1983 in their reports.[217]

Despite the mounting evidence surrounding the issue, the question of whether to introduce smoking policies was largely left up to individual companies and groups. However, by the time passive smoking became an issue, the health effects of smoking and the epidemiological premise upon which they had been established had long been accepted and a network of health education and anti-smoking groups existed with an established means of disseminating information and lobbying for change. The issue of passive smoking provided such groups with an ideal campaigning tool in their fight against smoking, as secondary smoke affected not only the individual but those around him or her. This fact largely negated the arguments of individual rights which had been the mainstay of the tobacco industry and undermined the liberal ethos which had predicated the government's stance on smoking policy. In 1985, the Department of Health and Social Security issued guidelines asking health authorities to introduce smoking policies in all health premises, a move which anti-smoking campaigners had been campaigning for decades for.[218]

However, it was the 1988 ISCSH report, also known as the Froggart report after its chairman, Sir Peter Froggart, which provided the real impetus for a widespread change in public attitudes towards smoking. It concluded unequivocally that there was an increased risk of lung cancer from sidestream smoke to the order of 10 – 30%.[219] The report also recommended that non-smokers be separated from smokers in work places, public transport and other public spaces. To this end, ASH launched Workplace Services, a consultancy to

---

[216] *The health consequences of smoking: cancer: a report of the Surgeon General* (Washington, DC: US Dept. of Health and Human Services, Public Health Service, Office on Smoking and Health, 1982).
[217] *Third report of the Independent Scientific Committee on Smoking and Health* (London: HMSO 1983); *Smoking or Health: a follow-up report of the Royal College of Physicians* (London: Pitman publishing Ltd 1983).
[218] *http://www.ash.org.uk.*
[219] *Fourth Report of the Scientific committee on Smoking and Health* (London: HMSO 1988) This was also known as the Froggart report after its chairman, Sir Peter Froggart.

> help organisations achieve a smoking policy for their workplace that would guarantee the right of non-smokers to breathe smoke-free air while also taking account of the needs of those who smoke.[220]

Two years later, the Institute of Environmental Health Officers also issued a set of guidelines on passive smoking.[221] They legitimated their policy under section 2(2) e of the *Health and Safety at Work Act 1974*[222] and the *Control of Substances Hazardous to Health Regulations 1988,*[223] under which they argued tobacco smoke could be construed as a significant hazard requiring the elimination of the hazard or significant control measures. In the same year the HEA, in conjunction with ASH, the BMA, the Health Education Board Scotland (HEBS), as SHEG had become, the Health Promotion Authority for Wales and QUIT published a pamphlet designed to make the public aware of the dangers of passive smoking. While it focused on the effects on children and unborn babies, the pamphlet also pointed out the risks to adults. It too cited the *Health and Safety Act*, advising employees to request a smoking policy and employers to implement one.[224] Despite efforts by the tobacco industry to discredit the findings,[225] by the early 1990s most people seemed to accept the dangers of passive smoking to health. As more evidence accumulated in the years which followed,[226] companies increasingly took measures to protect their staff and customers from the effects of passive smoking by introducing smoking policies and smoke free areas.[227] In 1997, the hospitality industry launched the Atmosphere Improves Results Initiative, a move which was supported by the tobacco industry.[228] In 1998, the Scientific Committee on Tobacco and Health (SCOTH) commissioned meta-analyses on ETS (environmental tobacco smoke, as 'passive' smoking became known) and lung cancer, ischaemic heart disease and childhood diseases. The report was unequivocal in its conclusion.

---

[220] *ASH Workplace Services manual* (London: ASH 1989).
[221] *Passive Smoking: a checklist for action* (London: Institute of Environmental Health Officers 1991).
[222] Statutory Instrument 1439 1974 Part II p. 5534.
[223] Statutory Instrument 1657 1988 Part III p. 4337.
[224] *Passive Smoking: Questions and Answers* (London: Health Education Authority, 1991).
[225] FOREST Information Sheet no. 1 *A response to passive smoking* (London: Freedom Organisation for the Right to Enjoy Smoking Tobacco 1991).
[226] US Environmental Protection Agency Respiratory Effects of Passive Smoking: Lung cancer and other disorders (Washington, DC: National Academy Press, 1992).
[227] *http:www.ash.org.uk.*
[228] *Tobacco Manufacturers Association Memorandum* prepared for the Select Committee on Smoking and Health 20 January 2000 para 85 – 6.

> Exposure to environmental tobacco smoke is a cause of lung cancer, and in those with long term exposure, the increased risk is in the order of 20 – 30 per cent. Exposure to ETS is a cause of ischaemic heart diseases and … such exposure represents a public health hazard. Smoking in the presence of infants and children is a cause of serious respiratory illness and asthmatic attacks. Sudden infant death syndrome, the main cause of post neo-natal death in the first year of life, is associated with exposure to ETS. The association is judged to be one of cause and effect.[229]

The 1998 SCOTH report is currently the subject of judicial review proceedings brought by the UK tobacco companies in response to two passages in the report questioning the commercial morality of the tobacco companies. They argue that their view ought to have been sought before publication, that they were not consulted regarding their advertising and marketing activities and that as a result the report contained unsubstantiated assumptions and sweeping conclusions.[230]

In keeping with the voluntary ethos which had characterised much official smoking policy, the government stated in its 1998 White Paper *Smoking Kills* that it did not believe a ban on smoking in public places was the way forward, when it could 'make fast and substantial progress in partnership with industry'.[231] While the report still held onto the notion of the rights of the individual, it also drew on the notion of collective responsibility to motivate changes in smoking practice and policy.

> Whether to smoke or not is a matter of individual choice but in deciding whether to continue to smoke current smokers need to consider the potentially devastating consequences of their habit both

---

[229] Department of Health, Department of Health and Social Services, Northern Ireland, the Scottish Office Department of Health, Welsh Office *The report of the Scientific Committee on Tobacco and Health* (London: The Stationery Office, 1998) *http://open.gov.uk/doh/public/scoth.htm*

[230] Department of Health Memorandum prepared for the Select Committee on Smoking and Health 14th January 2000 para 21; Tobacco Manufacturers Association memorandum prepared for the Select Committee on Smoking and Health 14 January 2000 para 91 – 92.

[231] Department of Health *Smoking Kills: a white paper on tobacco* (London: The Stationery Office 1998).

> for themselves, their loved ones and others who are forced to inhale the smoke they produce...
> It is the responsibility of us all, as individuals, employees, consumers and employers to drive a change in public policy.[232]

To this end, the government introduced the Public Places Charter, a voluntary agreement with representatives of the licensed hospitality trade. The opening sentence of the charter was indicative in the widespread change in public attitudes towards smoking in response to the health risks of smoking.

> The signatories of this charter recognise that non-smoking is the general norm and that there should be increasing provision of facilities for non-smokers and the availability of clean air.

This acceptance that non-smoking was the general norm has brought with it a corresponding stigmatisation of smokers which is reflected in the restrictions now placed upon them in public and shared spaces.[233]

As medical knowledge has established a relationship between passive smoking and smoking-related diseases such as lung cancer and coronary heart disease, smokers have been forced out of shared space and into smoking enclaves, such as pubs or clubs or their own private space. As Blake Poland has pointed out in a recent paper, there is a strong class element to the spatial coverage of tobacco regulation. He has argued that tobacco regulation reflects the social norms of the middle classes, but impacts predominantly on the working classes. Because fewer of the middle classes smoke, the issue of secondary smoke has become relatively more important for them than for the working classes, who tend to work in more oppressive and unhealthy conditions anyway. What Poland argues is that restrictions on smoking in public places affect those of a lower social status more, not only because they smoke comparatively more, but also because they have less private space available to them and rely on cafes, shopping malls and parks as social meeting places. Moreover as smokers now tend to

---

[232] *Smoking Kills: a white paper on tobacco* (London: the Stationery Office 1998) .
[233] Blake Poland *Smoking, Stigma and the Purification of Public Space* in Robin A. Kearns and Wilbert M. Gesler (Syracuse, New York: Syracuse University Press 1998) pp. 208 – 225.

come disproportionately from groups of a lower socio-economic status, smoking has become a marker of lower social standing. It is therefore not only the behaviour but the person who is stigmatised. In other words, in Poland's thesis, the issue of smoking control becomes one of class norms and prejudices, played out in public spaces. It is my contention that this is not only a class, but a gender issue. As smoking becomes increasingly associated with women of a low economic status,[234] most particularly with single mothers'[235] such women are not only stigmatised as smokers, but as smoking mothers.

[234] *GHS* p. 127
[235] A. Marsh and S. McKay *Poor Smokers* (London: Policy Studies Institute 1994) p. 25.

Part Three

Women's own interpretations of smoking

Chapter Six: 'Because everybody did it then' - or did they?: gender differences in collective explanations of smoking behaviour

What I have shown in my thesis so far is the extent to which smoking was constructed predominantly as a masculine habit, by both contemporary actors and historical commentators for much of the late nineteenth and early twentieth centuries and that, until the late 1970s at least, women smokers appeared as an after thought or as an adjunct to their male counterparts. From the beginning of the 1980s, however, the focus shifted onto women smokers as a result of sustained campaigning from advocacy groups and wider shifts towards rectifying inequalities in health. Much of the work has been sociological in origin, focusing on such issues as the class gradient of women smokers and the domestic pressures which they face or the impact of advertising material. With the exception of Mass Observation in the late 1930s and 40s, there is little dealing explicitly with the experiences of women smokers prior to the late 1970s and early 1980s.

However, without the perspective of women smokers, one cannot begin to explore the impact of public discourses surrounding smoking on private attitudes towards smoking or the ways in which dominant ideologies of gender shaped individual decisions to smoke or not to smoke. This section of my thesis aims to allow women smokers, and non-smokers, to give expression to their experiences of smoking and the ways in which they viewed their smoking behaviour from the 1930s until now. It is based on the interviews detailed in the second part of chapter two. This chapter focuses more on the experiences of the older women, although there is some discussion of the experiences of the younger women towards the end. Chapter Seven focuses more on the experiences of the younger women interviewed.

The first part of this thesis has shown the diverse social meanings which smoking gained over the course of the twentieth century and the resulting ambiguities which the cigarette had as an expression of gender. The meaning of smoking for women was dependent on both the social position of cigarette smoking in general, as it moved from being a popular social habit to one which was seen to be the cause of widespread death and disease, and the discourses which surrounded smoking among women in particular, which were both multiple and contradictory and closely aligned to

gendered understandings of social roles. The women interviewed also positioned their smoking experiences within these two contexts, seeing their behaviour and attitudes towards smoking firstly in terms of the wider social position of smoking and secondly as an expression of gender in a changing social world. Their narratives were very much affected by the changing public discourses surrounding smoking and the need to explain their own behaviour within that context. As a result, interviewees reconstructed their smoking careers in a variety of ways, drawing as much on the prevailing discourses surrounding smoking as on their personal experiences.

'Everybody did it': the widespread acceptance paradigm

The overriding factor which shaped interviewees' discussion of their experiences of smoking was the fact that the social meaning of smoking at the time of interview was so different from what it had been when they were growing up (i.e. during the period they were initially asked to talk about in the interview). This led interviewees to emphasise both the perceived widespread acceptance of smoking when they were growing up and the fact that they, and those around them, were largely ignorant of the health risks at that time. I have called this the widespread acceptance paradigm. This is a product of discourses surrounding smoking at the time of interview just as much as it is a reflection of the social reality in the period in the past being discussed. This is because interviewees may have sought to over-emphasise the extent to which smoking was perceived as acceptable in the past in order to justify a behaviour which is now considered unacceptable by many.

We now live in a culture which is predominantly anti-smoking, despite the efforts of the tobacco industry and certain sections of the media to maintain the 'smoking is cool' ethos. There are restrictions placed on smokers in public and social spaces, with smokers being forced into smoking enclaves, such as pubs and bars, or ostracised onto the fringes of social interaction – the steps of workplaces or the gardens at parties.[1] There is frequent media coverage of the health risks of smoking.[2] During the period

---

[1] B. Poland 'Smoking, Stigma, and the Purification of Public Spaces', in R. Kearns and W.M. Gesler *Putting Health into Place* (Syracuse, New York: Syracuse University Press, 1998) pp. 208 – 225.

[2] For example, a search on Reuters Health e-line yielded over 3 500 news stories concerning smoking and health – around a thousand which related to the last twelve months. A headline search on the Guardian Archive yielded 30 hits over the period when the interviews were being carried out and The

of interviewing, this focused on plans to make Nicotine Replacement Therapy available on the NHS, EU plans to introduce stark warnings on cigarette packets, allegations of tobacco smuggling involving BAT and various aspects of research into tobacco related disease. Two reports published in August 2000 – before the main body of interviewing was done – received extensive coverage on the television news bulletins and in the press at the time. The first was a report in the *BMJ* which suggested that lung cancer deaths in Britain had halved since 1965,[3] while the second, published in *Thorax*, repeated that women were now more likely to be the victims of smoking related disease than men.[4] The latter suggested that women under 45 now smoked more than men and that the full effects of smoking-related disease had yet to be seen in women. Although the *BMJ* report did focus on the gender-specific nature of the decrease in smoking related disease, this aspect of the report did not tend to be covered in the press. Other reports looked specifically at the health effects of smoking to women, in particular the risks of passive smoking to fertility and the effects of smoking on respiratory disease in women. Therefore there had been a substantial amount of press coverage about the health risks of smoking during the interview period. However, given that knowledge of the health risks of smoking had been in the public domain for at least four decades and awareness of the risks of passive smoking for at least two, it was assumed that interviewees were aware of the health risks surrounding smoking in a general, if not a detailed sense.

Interviewees positioned their own experiences of smoking within the dominant anti-smoking discourses of the late twentieth century. This was used as the point of comparison for experiences in the past. Every interviewee, without exception, referred to the sea-change in social attitudes towards smoking which had taken place in her lifetime. The fact that in the past 'it wasn't like it is now' was stressed and re-stressed.

> (Elizabeth, b. 1926) I mean, it wasn't like it is now. I mean, everybody was at it, smoking... there was nobody that had the attitude 'oh, don't smoke, it's bad for your health' like there is nowadays.

Times archive showed a similar number. A search on BBC News Online also showed a substantial number of stories on tobacco use and the tobacco industry.

[3] R. Peto and others 'Smoking, smoking cessation and lung cancer in the UK since 1950: combination of national statistics with two case control studies' *BMJ* 321 (2000) pp. 323 – 329.

(Anna, b. 1925) There was no, nobody told you that it was harmful or anything like that I mean, it wasn't a thing that was looked down on socially or anything like that, in fact it had a certain type of sophistication about it that made you want to smoke. I think everybody in my generation smoked... they may have given up subsequently, but I think most of the people in my generation (smoked).

(Rosemary) So what did people think about smoking generally at the time?

(Janet, b. 1933) I suppose they all thought it was trendy really. Nobody ever thought about health. Not in my group anyway.... It was just a normal thing to do... Basically it was just a way of life

The implicit understanding today that smoking is a wrong lifestyle choice for health reasons seemed to impel interviewees to justify smoking behaviour in the past in terms of lack of medical knowledge. In other words, the discourses which surround smoking today shaped the way in which interviewees recalled the position of smoking in the past. However, interviewees also appeared to detach themselves from the decision to smoke by stressing the cultural context of the time, particularly the general social acceptance and the need to conform.

(Bell, b.1935) Everywhere you went it was the done thing, all my friends smoked, you went to work, you smoked, you used to have a cigarette break, you know, you never thought twice about it.

(Jess, b. 1916) It was the done thing, you thought it was the right thing to do, everybody seemed to do it... I don't know any of my friends that didn't smoke – not heavy smokers, but they did smoke. I was never a heavy smoker but I did enjoy a puff now and then... I suppose you could say it was a fashion, you just had to do it, you

---

[4] J.B. Soriano and others 'Recent trends in physician diagnosed COPD in women and men in the UK' *Thorax* 55 (2000) pp. 789 – 794.

> couldn't be out of fashion, you had to smoke or you might as well stay at home.

Smoking was positioned as the norm, and non-smokers were seen as the exception rather than the rule. As one interviewee put it,

> (Maggie, b. 1934) but everybody did or so many people did, you didn't stand much chance if you didn't like smoking... the attitudes were on the whole that people who didn't smoke had no right to object to other people's smoke.

This overriding acceptance of smoking was reinforced by images of smoking in contemporary discourses. A number of interviewees referred to being 'surrounded' by advertising on billboards, in newspapers and magazines and at the pictures.

> (May, b. 1926) You were just surrounded by them (*cigarette adverts*)... it was everywhere and very glamorous and film stars with their cigarettes, very glamorous advertising. It was big stuff.

It is interesting that she does not distinguish between cigarette advertising itself and the images of glamorous movie stars with their cigarettes. Such images were all part of a wider discourse linking smoking with sophistication and glamour, which has resonance with the images of smoking from advertising and media portrayals of smoking examined in the first part of the thesis. Several interviewees referred to these portrayals of smoking and the influence they had on people's smoking behaviour, while others linked their own behaviour more directly to such images.

> (Gail, b. 1954) On Sunday afternoons when I was very young, we would sit and watch the Sunday matinee which was the movie that was on. I do remember how good the screen idols looked smoking, Bette Davis. I remember looking at them and thinking that looks so good. But they never coughed. You just didn't think they would smell. I remember watching that and thinking how nice it looked.

Other interviewees refer to the influence of the media indirectly by using it as a frame of reference for their own experiences.

> (May, b. 1926) You see, you can still see the image of yourself with the cigarette and your drink or your cocktail and it looks good. It was Hollywood as we were into Hollywood when we were young.

> (Janet, b. 1933) … I don't think women offered men cigarettes, it's just a bit like men used to do all the paying long ago… you thought they should be the gentleman and offer you … a wee bit like on the pictures, you know, when the man comes up and lights your cigarette and things… you would go to the café and then you would have a cigarette and they would maybe light your cigarette and that kind of thing. It's all different now.

The picture which builds up is one of a culture saturated by images of smoking and smoking, which pervades all levels of social interaction. Even in non-smoking houses, cigarettes were often made available for guests. May, a non-smoker, remembers this in her parents' house.

> (May, b. 1926) The cigarettes used to sit in the house, in round cardboard containers, you got them and they would just be sitting there, and matches beside them for anyone to help themselves… (for) visitors and stuff, you just passed them round. Although I didn't smoke and nobody smoked cigarettes in the house, they were there.

A younger interviewee recalls how cigarettes were also an integral part of corporate hospitality.

> (Christine, b. 1959) At that time as well if you went to a function of any sorts, cigarettes would be on the table. We used to work for a record company and there was a lot of record company junkets. There were bowls of cigarettes on the table and you helped yourself. At that time, it was an integral part of corporate

hospitality. When I started work I had a facility on my expense account to pay for my cigarettes and for cigarettes for my clients in effect. It was regarded as a hospitable, social thing right through until my mid-twenties, it was regarded as a hospitable thing you catered for rather than ostracised people for doing. It was regarded as a relaxing thing to do. It's quite strange that thought now.

What is noticeable about many of the quotes I have used above is the way in which past behaviour and attitudes are continually expressed in light of the prevailing anti-smoking ethos today. Interviewees feel the need to explain their thoughts and attitudes towards smoking in the past and to deprecate them. In this quote, for example, the interviewee is self-consciously locating her account in the past, distancing herself not only chronologically, but also intellectually - 'It's quite strange that thought now'.

The over-riding impression given by interviewees was that they were aware that smoking was perceived as wrong for health reasons. This was seen as a stark contrast to the way in which things would have been before. As one interviewee, Alice, put it,

> (Alice, b. 1933) it was just an accepted habit, and a health hazard was never mentioned, you know, that wasn't mentioned at all in those days.

Smoking as a signifier of gender

The concept of 'the past' or 'those days' was a blurred one. It was a term which seemed to be used to indicate a recognition of the changing social meaning of smoking during interviewees' lives rather than to express a concrete period in time. It was only when interviewees discussed their own experiences that a more exact chronology emerged. Asked about smoking during the Second World War, May, a teenager at the onset of the war, initially drew on the widespread acceptance explanation of smoking

> (May, b. 1926) I don't remember much about it – it was just always there, everybody did it.

However, she then went on

> (May, b. 1926) well, men did it, women didn't... I never knew any woman who smoked at all. None of our (*female*) acquaintances smoked in those days.

The distinction is important because it reflects a pattern in responses. Another interviewee, Edith, recalled that when she was growing up, it was the men who smoked in her family.

> (Edith, b. 1934) Within my own family, the females didn't smoke. I don't remember my aunts smoking, but most of the males within my family did smoke... within my own family I certainly wasn't conscious of the females smoking, it was more the male population.

This suggests that the apparent blanket acceptance of smoking suggested by interviewees masked both the extent to which smoking was a gendered behaviour when they were growing up – i.e. in the years before and during the Second World War – and the extent to which they saw their own behaviour as gendered. Interviewees' recollections of smoking in this period presented a picture of smoking in which the predominant image of the smoker was a man. The fact that 'men did it, women didn't' was reflected in interviewees' recollections of their parents' smoking behaviour and in discussions of their own marital situations. Many of the interviewees recalled that their father smoked and had quite vivid recollections of this. One interviewee, Joyce, recalled the difference in her parents' smoking behaviour.

> (Joyce, b. 1931) I can remember my father (smoking), not so much my mother because I didn't really see my mother smoking, just with the odd cup of tea, but my father, the first thing he did in the morning, I can remember that, was light a cigarette.

Edith similarly recalled that her father used to light up first thing in the morning.

> (Edith, b. 1934) The first thing my father did when he got out of bed in the morning was light a cigarette before he did anything else. He would have porridge, cups of tea and more cigarettes before he went to work. Mostly when I think of my father it is nearly always seeing him with a cigarette in his hand.

Maggie recalled that her father smoked and associated this with his professional role as a way of facilitating communication.

> (Maggie, b. 1934) I know my father smoked, he smoked quite a lot actually, it sort of went with business, you know, when somebody came in, then you offered your cigarette packet and gave them a cigarette, it was like a cup of tea… I was trying to remember today if my mother smoked at all, she certainly didn't smoke much, but my father smoked quite a lot.

Anna similarly recalled her father smoking more at work.

> (Anna, b. 1925) My father smoked, but not my mother… he smoked cigarettes and sometimes a pipe, I don't really remember, he was just there smoking…I think he smoked more at work, he was an office manager and he smoked, he used to say it helped him concentrate.

Interviewees' recollections of their fathers suggest that smoking was an important part of their lives, even if it was one which they didn't particularly think about. As Joyce put it 'they didn't think about having a cigarette, they just did it automatically'. However, in contrast to the prevalence of the habit among their fathers, most interviewees remember that their mothers either didn't smoke, smoked very little or else started smoking later in life, often for social reasons. One interviewee, Janet, recalled that her mother started smoking socially when she was fifty – 'she would maybe just have a couple of cigarettes a day, socially'.

Several interviewees remembered that their father's smoking was a source of domestic discord, as their mother didn't smoke.

(Morag, b. 1932) My mother, as far as I know, never, ever smoked. My father smoked to his dying day, but he used to roll his own quite a lot, he referred to 'tailor mades' which were the bought ones, but em, he would roll his own,... my mother wanted him to stop smoking, she didn't like it at all

(Rosemary) Do you know why your mother didn't like it?

(Morag, b. 1932) Well, it used up money, I expect, and that was pretty tight and she was worried for him at the end, you know, just as he went on, and em, she didn't like the smell, really and yes, she didn't like it.

Edith similarly noted that her mother didn't like smoking.

(Edith, b. 1934) My father was an extremely heavy smoker. My mother, cigarettes and alcohol never touched her lips... (She) was always getting on to my father about smoking, even in the days when people weren't so conscious of the health hazards of smoking she was still quite anti-smoking. We were brought up in a two room and kitchen in a tenement building so it wasn't an enormous house as you can imagine. I don't think it was from the health hazard or the money point of view because my father was quite a family man and I would say that his only vice was his smoking. I think it was just the fuggy atmosphere that this continual smoking created in the house that she didn't like.

Objections to smoking, where they occurred, seemed to come, as the quotes above suggest, on grounds of cost or smell and usually from interviewees' mothers, who, one would imagine, had to balance the house-keeping and keep the house clean. Smoking therefore could become a focal point for domestic tension.

Interviewees' recollections of smoking among their parents seem to suggest on the whole that, while they were growing up, smoking remained predominantly a

masculine habit. One of the younger respondents notes that, even as late as the Sixties, this was the case.

> *(Rosemary) Do you remember if any of your family smoked when you were a child?*
>
> (Amy, b. 1956) Oh, u-hu, always the men smoked and they smoked quite heavily. My mum didn't smoke when I was a child, my gran did smoke, apparently she didn't until the war… but it was a kind of male dominated thing at that time, I'm trying to think if other men around smoked. I don't actually remember any of the women smoking, but they must have done. I'm trying to think of my aunts. Certainly my uncle smoked, the men certainly smoked. I do remember that.

She was talking about the late 1950s and early Sixties and her comments suggest that even by this time, in her social circle at least, male smokers were more visible than their female counterparts.

Some explanation for this gendered difference in smoking prevalence can be found in interviewees' discussions of their own smoking behaviour, why and when they began to smoke and the places and situations where they would smoke. Despite the increased presence of women smokers in advertising and the media as evident in archival material, the interview material from the older interviewees suggests that smoking among women was neither widespread nor open in the interwar period. For ordinary women, smoking was still seen to hold connotations of indecency and was not viewed as appropriate behaviour in respectable circles. May, the interviewee quoted above discussing the fact that smoking was not common among her female relatives and acquaintances, explained this by defining smoking as being something outwith the boundaries of respectable society.

> (May, b. 1926) It was sort of looked down upon, it was only a certain type of woman smoked at that time. It got quite common as the years went by , but it wasn't quite the done thing.

(Rosemary) Why do you think that was?

(May, b. 1926) I don't know. Snobbery? (laughs) It was only a certain type of woman who smoked, cheap, cheap, cheap class of woman.

A younger interviewee, Gail, made a more direct link with prostitution.

One interviewee in particular, Jess, born in 1916, spoke at length on changing social mores during and immediately after the Second World War. She recalled the disapprobation which women smokers faced in the interwar period, making a clear distinction between what was portrayed in the media and the reality of the strictures which women faced.

(Jess, b. 1916) ... it was just frowned upon, it wasn't thought to be very respectable if you smoked, and yet I don't know why, because I mean, all those jazzy kids that were in those days, the Charleston and that, they all had their long cigarette holder and their cigarettes. Why it was frowned upon for girls to smoke, I don't know, but our - what would you say, our standards? - It wasn't, it just wasn't done for girls to smoke.

Earlier in the interview, she had noted that if a woman smoked prior to the war, 'she more or less had to do it where she wasn't seen' and later she reasserted that 'before (the war), you were sort of hiding things'. This suggests that while smoking among women may have been frowned upon in public, there was room for individuals to challenge such social strictures, providing they did so in private. Asked if more women started smoking after the war, she drew the distinction between women smoking, and women doing so more openly.

(Jess, b. 1916) Oh, I would say so, yes, or more openly maybe, I don't know how many people smoked before the war. I suppose quite a number of women did smoke, but it wasn't done openly.

Her comments illustrate the difficulty of getting an accurate perception of smoking among women in the interwar period. Despite the increased media portrayal of the habit, the interviewees who could recall this period suggested that smoking remained a censured behaviour for women. However, Jess also recounted a story about her sister-in-law which suggests that such restrictions were subjective, dependent on individual circumstances. Beginning a theme which ran through her interview, she talked about her sister-in-law, Isobel, who had been a friend of the family from a very early age, and the way in which her father was prepared to sanction behaviour by Isobel which he would not allow his own daughter.

> (Jess, b. 1916) Well, my brother's – his wife now, she smoked, she started smoking when she was at school and that was just frowned upon – smoking was, women's smoking was frowned upon, never mind a girl at school… and she used to sit with him *(Jess's father)* and exchange fags … and I used to get really mad because if I mentioned cigarettes – what? No! oh no, that what was not allowed. Of course she was four years younger than me and she was sitting in our house puffing away and the mere thought if I had taken out a cigarette, that was , well, they would have hit the roof – it was alright for Isobel to smoke but not for me.

However, what becomes apparent later in the interview is that Isobel's own parents did not know she smoked – 'she managed to keep it from them, but she did it quite openly in our house'. The fact that Isobel was allowed to smoke in her house obviously rankled as Jess returned to the point later in the interview – 'Now that was the only thing which really annoyed me was my father, he was the only person that I really got annoyed with, why should he accept her and she still smokes to this day?'. It seems as if smoking became the focal point for other tensions caused by the perceived unfairness of her father's actions. Moreover, her brothers did not face such censure, and, as will become apparent later in this chapter, Jess was acutely aware of wider gender inequalities and the position of smoking as a signifier of opportunity and independence. Later in the interview, she situated Isobel's smoking more completely within the framework of masculine behaviour, and as something she was excluded from, when she was talking about smoking restrictions on public transport.

> (Jess, b. 1916) ...you weren't allowed to smoke downstairs on a bus, well, it wasn't a bus, it was a tramcar, you had to go upstairs if you wanted a cigarette, and of course, my sister in law, she used to go upstairs with the men and I sat downstairs on my own.

For another interviewee, Gabrielle, growing up in wartime France, smoking was also seen as a masculine prerogative. Speaking of her parents' generation, she says that she could not remember a single woman that smoked – 'generally speaking the men smoked, but the women didn't. Of my mother's generation, I cannot think of a single lady that smoked, not one, but all the men (did).' For Gabrielle, smoking as an adolescent was a way of challenging such conventions.

> (Gabrielle, b. 1925[5]) My mother didn't smoke at all. I started. I was a teenager, of course during the war, and even then I started smoking the odd cigarette, which was ghastly – I don't know what they were made of, but it wasn't real tobacco. Simply for show, because it was a way of – you know – very grown up and so on and at that time, women didn't smoke, very few women smoked really, not in my circle anyway, so this was a sign of rebellion, as one does as an adolescent.

.

The association of smoking with adolescent rebellion is indicative of the fact that it was also seen as an adult behaviour. Gabrielle saw her smoking not only as a way to challenge gendered social codes but as a way of asserting her own (adult) identity. She later went on to stress that she never smoked in public as this was regarded as a 'counter-indicator' for a woman. She also said that it was practically unknown among her own female friends, leading her to surmise that it must have been a boy who had given her her first cigarette.

Given that both Jess and Gabrielle were talking about smoking when they were growing up, it is difficult to know how much the censure was directed at the fact that

[5] Gabrielle said that she was almost 75 in the interview. I do not have her exact date of birth.

they were not yet adult and how much it was gender specific. However, another interviewee, Elizabeth, also posited the notion that smoking for women could be construed as a sign of rebellion when she was talking about her smoking experiences in the company of a female colleague, again during the Second World War.

> (Elizabeth, b. 1926) When my boss was away we had a locum in and she used to bring in Du Maurier and her and I had a wee puff... in the back shop. I don't think this woman smoked either much, her husband was a very strict person, you know (and) she sort of blew her top when she was on her own.

The interviewee then went on to stress that she didn't actually buy cigarettes herself and she didn't ever inhale, although it is difficult to say whether this reflected contemporary social mores or the desire to present herself as a non-smoker at the time of interview.

What the interview material in general suggests is that women were not seen to smoke as much as men up to and during the Second World War, as smoking was still viewed as an inappropriate behaviour for women. This is not to say that women's smoking did not occur in respectable circles, just that it took place beyond the public gaze. One interviewee, Joanne, a lifelong smoker who would have been a child during the war, remembered women smoking in the bomb shelters, a behaviour which was sanctioned because of the stress of war.

> (Joanne, b. 1933) It was the latter end of the war... I can remember bits about that because we had to go down to the shelters and that, and there was quite a few women smoked then, but just because they were all worked up and nervous because of all the bombs – if you are going to die anyway, have a cigarette and die happy (laughs).

This quote is interesting because it mirrors the findings of a Mass Observation report printed in 1941, which suggested that women turned to smoking in the air raid shelters to quell anxiety or out of sheer boredom.[6]

However, even after the war, smoking retained negative associations for some interviewees. Morag, who was sixteen in 1948, noted that

> (Morag, b. 1932) nice middle class girls on the whole would not have smoked… it wasn't the done thing, where the girls came from. I would think their fathers probably very many did.

The censure on smoking was not only confined to 'nice, middle class girls'. Joanne, who grew up in a Glasgow tenement, recalled smoking surreptitiously when she was thirteen, when she went for her grandmother's cigarettes. Her mother didn't find out she smoked until a few years later.

> (Joanne, b. 1933) I have smoked since 13 but my mum never knew until I was a good age the family kept the secret from her.
>
> *(Rosemary) Why was that?*
>
> (Joanne, b. 1933) She didn't like it you know but the brothers she couldn't do nothing about them you know then I went into a hotel working and then I started smoking then.

By the time she was working she could not only provide her own cigarettes, but also had the opportunity to smoke away from her mother's eye. Her brother's behaviour was not disapproved of in this way.

The impact of the Second World War

While interviewees' recollections of smoking seem to suggest that smoking among women remained censured up to and during the Second World War, their experiences

---

[6] Mass Observation File Report 520 *Women and Morale* (1941) pp. 9-10.

also suggest that the war provided some opportunity to challenge such censure. The experience of the bomb shelter was one occasion when women's smoking was sanctioned in the conditions of war. However, the economic and social dislocation and blurring of gender boundaries caused by the war also provided opportunities to take up male roles and habits. Both Gabrielle and Jess started smoking during the war. Both connected this to work-related contact with male smokers, despite the fact that they lived and worked in different countries and had different opportunities. Jess began to smoke when she was fire-watching during the war in Dundee.

> (Jess, b. 1916) Each building used to have their own firewatchers and you had to take turn about of nights on duty, and of course during the night it was a case of sitting waiting for something to happen, and it being in Dundee, nothing ever did and that's when I started smoking first... The other half *(of the building)* was taken over by Ramsey the Jeweller who used to be up on Bank Street, their shop, well they had workshops and of course the men that were in there when we were watching, we joined forces for meal times and of course all the men smoked, so I used to smoke with them.

Gabrielle similarly explains her own behaviour in terms of smoking among male colleagues.

> (Gabrielle, b. 1925) At the end of the war, I went to work for a year in Austria, but then I worked with a lot of men... and it was an environment where everybody smoked and there I started... I had a job where I worked in the office... in the exchange control, where it was business men that came... and if they smoked they offered... and my boss was a man and he smoked so it was very conducive, if you like, to smoking more.

Although Jess's experiences on the firewatch were more mundane than Gabrielle's in Austria, both locate starting smoking within the framework of wider social change brought about by the war and the subsequent increase in opportunities for women.

Jess went on to relate women's smoking in general explicitly to the fact that they took on male roles.

> (Jess, b. 1916) But once they *(women)* got into the munitions and the land army and the army and the navy and things like that I suppose it just became a habit, the men smoked and so they, they were treated like men, so they just did.

In discussing when she noticed more women smoking, Gabrielle referred to the larger shift in attitudes which she believed always accompanied war and the fact that economic and social dislocation provided opportunities which may not otherwise have arisen.

> (Gabrielle, b. 1925) After the Second World War there had been this tremendous change in attitudes, well war always brings that. It seemed to make people think again and women started being better educated and moving more, you know, leaving their hometown and seeking work elsewhere and … quite a number of women had had extraordinary adventures during the war because they had been exposed to great danger or because they had been in the Resistance, I mean I knew a lot of women who had left France and worked for de Gaulle so they had a completely different attitude to life, and in a way, I suppose it was a way of saying, well, we are equal to men, you know.

Another interviewee, May, also tied in the increase in women smoking to the fact that they had more freedom during the war, although she suggested that there were generational differences as more younger than older women smoked. What this material suggests is that those interviewees who could recall smoking during the war saw it very much as a masculine habit which women adopted as they assumed male roles and responsibilities. This was drawn in contrast to the interwar period where the predominant picture of the smoker was a man.

Retrospective awareness of the way in which smoking among women developed and the fact that more women now smoked than men led some interviewees to view this change as inevitable. Later in her interview, Jess recalled that her first cigarette wasn't actually on the fire-watching, it was with her female boss.

> (Jess, b. 1916) My first cigarette *(was)* with my boss, and it was, funnily enough it wasn't at the firewatching, it was one morning we were having coffee and she offered me a cigarette and I said 'I don't smoke'. She says 'why not? Do you want one?' she said, 'I don't know, I've never tried it'. 'Well, try one of these'. And of course the way things got off it was going to happen.

In the last sentence of this extract, it is almost as if she views her own starting to smoke as inevitable – 'the way things got off it was going to happen'. The fact that Jess's first cigarette was actually with a female colleague and not in the masculine environment initially suggested raises the question as to how much her interpretations of smoking among women were influenced by retrospective reconstruction of the war as an opportunity for women to take on male roles. However, her boss was a woman in what was, at that time, normally a male role. Certainly her comments that starting smoking was inevitable seem to have been influenced by retrospective knowledge of the increase in her own smoking, and that of women around her, in the post-war years. She seemed to perceive the growth in smoking after the war as the result of two factors, both of which were dependent on masculine influence. Firstly, she focused on smoking at social functions and linked her increased presence at such events to her husband coming out of the army and going back to work. She stressed that it was fashionable to smoke in such circumstances.

> *(Rosemary) Did many of your friends smoke at that time? (during the war)*
> (Jess, b. 1916) No, not until later on, you know, once the – men came out of the army – I don't know, I never smoked an awful lot, even in those days when the men were away… and then when my husband came out of the army of course there was all the back to work and there was each firm held dinner dances… and I think there was an awful lot of drinking and smoking went on there,

> anytime you went to any of these things you were more or less kippered by the time you came out... I suppose you would say it was a fashion, you just had to do it, you had to smoke (laugh). Or you might as well stay at home.

Later in the interview, she relates the escalation in her smoking more directly to the return of her husband and the fact that he was a smoker.

> (Jess, b. 1916) I couldn't tell you when I actually bought cigarettes, I don't suppose I did buy cigarettes and it was just an odd occasion when I did smoke and then when my husband came out of the army, went back to work, he started me up again, have a cigarette at suppertime, when we were on our own... I had one cigarette a day then and I think I started buying a packet then because I knew I was smoking his (laughs). I had to replace them, because there wasn't much money in those days. But I never spent – I never had money to spend on cigarettes and then they were rationed of course.

While this extract illustrates a shift in perception – from viewing smoking among women as a consequence of the dislocation of war to seeing it as part of social interaction more generally - it also shows the complexity of the factors driving that shift. In Jess's account, participating in social functions, the dictates of fashion and the influence of her husband all contributed to an increase in her smoking. However, her account can also be seen as contradictory. She suggested that women started smoking when they went into the munitions and the land army 'and things like that', but went on to say that none of her own friends smoked during the war. This illustrates not only the difficulty of establishing motives retrospectively for something as ambiguous as smoking, but also the way in which public discourses also feed into an individual's account of their past. The idea that women started smoking when they went into the munitions came from somewhere, but it was not Jess's own experience. Part of the explanation for this uncertainty can be found in the fact that interviewees' smoking careers were seldom uniform, and followed a trajectory dependent on both their own personal situation and the social position of smoking among women more

generally. The next part of this chapter will explore the interaction of wider social influences, economic opportunity and personal circumstances which interviewees said motivated them to start and continue smoking a product which had previously been seen as a masculine prerogative.

Smoking as a social style

Most of the older interviewees explained their decision to start smoking and the maintenance of the habit in the post-war period in terms of both wider social influences and personal circumstances. However, the idea that starting to smoke was inevitable was common and a number fell back on the paradigm of acceptability to explain their behaviour, despite their individual situations. To a certain extent, such arguments were coloured by retrospective awareness of the fact that smoking became more and more popular among women during the following decades and that their own smoking had increased correspondingly. Moreover, the idea that smoking was just a fashion to be followed in the absence of any awareness of the health dangers was a strong and recurrent one. Interviewees described a culture where cigarettes became a form of social currency, both symbolically and literally, validating their memories with references from contemporary media. Cigarettes in general could be used to signify glamour and sophistication, which could be appropriated in certain situations to imbue the smoker with a confidence she may not feel. There was also the suggestion that the type of cigarette smoked had a gendered significance. Throughout there was the impression that smoking in social situations was not only becoming more common but almost obligatory for women, in stark contrast to the situation which prevailed prior to the war. Even as smoking increased on a personal level, most of the interviewees continued to view it as a social phenomenon, rather than relating it to the pharmacological effects of the cigarette. This section relates primarily to the experiences of the older group of interviewees in the 1950s.

Jess's experience of social smoking, described above, was typical of a number of the interviewees who followed a similar pattern of starting to smoke the occasional cigarette and finding that their smoking developed into a more frequent social habit. Joyce, for example, described how she started smoking aged 25 with a girlfriend when they went to the cinema. She remembers the surroundings and her thoughts

about the cigarette, but not the film they were watching or the brand, which seem to be incidental to her experience of smoking.

> *(Rosemary) And so do you remember when you actually had your first cigarette?*
>
> (Joyce, b. 1931) Yes, I do and I can't remember the movie, but it was in the pictures one night, and my friend, the nurse from the Vicky (*Victoria Infirmary*), bought five cigarettes and I couldn't even tell you what kind they were and she said to me, I'm going to have one of these … would you like to try one and I said, oh I don't really know, and I sort of took one and I went (inhales) and I sort of coughed all the time and I said, oh, I don't know whether I really liked that or not, but every Monday or a Friday, when I saw her…and we went to the pictures, you know, it got to the stage that after a few weeks of this, right, I thought I had better buy her five cigarettes because she didn't have all that much money. So I bought her five and that is how it started. If it hadn't been for that…(laughs)

She also recalled that her first thought about smoking was that it was something her father did - 'All I could think of was my dad in the morning, cup of tea and a cigarette before he had his breakfast'. She went on to say that she did not really enjoy smoking, that 'it was more something to do'. For Joyce, smoking seems to have filled a social function, with an element of being fashionable as well. She remembered smoking with her group of friends when they went out for coffee, saying that it was 'the thing' to do'. Her habit later escalated when she started smoking with colleagues during her coffee break at work and on the way home from work, though she stressed that she never smoked more than ten cigarettes a day.

For Maggie, who began smoking in the early 1950s when she was at university aged nineteen or twenty, smoking provided something to do with her hands when she was out socialising. At Saturday night dances in particular, smoking filled the dual function of being a diversion while one was waiting to be asked to dance and being an elegant prop to lend one an air of sophistication in order to attract the invitation to dance.

> (Maggie, b. 1934) The place I probably remember smoking the most was at the Saturday night hops, because you stood around and waited to be asked to dance and all the girls stood at the side near the stage and all the boys stood up to the side at right angles to that and the door you came in was between the two. And they would come over and sort of eye up the girls and pick the pretty ones and take them off to dance and me not being a pretty one got parked there rather a long time… and it was a great help to pretend you were far too busy smoking a cigarette to do anything else… and I suppose being a little sophisticated when it came to the holders you know.

As suggested in Chapter Five, the cigarette holder was commonly used in fashion pictures to depict elegance and glamour and Maggie was one of a number of interviewees who made this reference. She went on to describe her smoking very much as a social habit – 'I wouldn't have bothered smoking when I was on my own' – to be enjoyed with friends or after a meal.

Anna, who lived in Canada until she was 25, similarly remembered smoking in her late teens as a way of gaining confidence.

> (Anna, b. 1925) I always smoked at dances and things like that because I was nervous and self-conscious and afraid I wouldn't be sophisticated I think more, not so much at home, in fact I wouldn't have smoked at home until I was well-grown, it was always outside somewhere, in a café or at a dance or maybe just getting together.

It is interesting to note that she makes a clear delineation between smoking when she was out socialising with her peers and her behaviour at home. When asked to elaborate on this, she continued,

> (Anna, b. 1925) I don't think anybody said you can't smoke at home but it did make, we didn't have much money so that it would be expensive, I would be saving it for the times when I felt both in need of growing up and being more adult.

The cigarette was seen as an object to confer confidence and sophistication, rather than something she actually liked smoking. Asked whether she enjoyed smoking at the time, she replied – 'not at that time no. It was the thing you did and you had something to do with your fingers, you felt it gave you a bit of poise'.

May similarly remember smoking on social occasions in her late twenties and early thirties (mid 1950s), although she described herself as a non-smoker.

> (May, b. 1926) Of course, I smoked, but it didn't do anything for me. I remember having a cigarette holder though, you know for having a meal out, you know, or going to company dos, and you would have a cigarette holder, but that was gimmicky. I mean I would have someone else's cigarette, but it did nothing for me at all, I just didn't particularly enjoy it obviously…

Nonetheless, she saw the cigarette and holder as an integral part of a glamorous image.

> (May, b. 1926) At the company dos where you were all out, then you had your cigarette holder and your evening dress and it was all part of the image… it was just part of the image having this thing going, you know… out would come the cigarette holder when you were still at your coffee, and the cigarette holder, well, that's much nicer than just a cigarette.

While certainly the images of women in evening gowns with cigarette holders were part of media construction of sophisticated and glamorous femininity, May equally sees male smokers as portraying a similar image. In her discussion of this, she also gives an insight into the ways in which non-smokers also became involved in the

purchase and promotion of cigarettes as an essential, and attractive, accompaniment to everyday life.

> (May, b. 1926) Smoking and cigarettes were a great thing for Christmas presents. Now that was simple. The men all smoked, so everybody got cigarettes for their Christmas, that was easy. How to give boxes of cigarettes, well, you'd go out and buy them and there they were, all these lovely boxes with the tissue paper inside them and stuff, yes that was a great thing. And lighters and em, all the accoutrements that went with cigarettes, it's all part of the image again, isn't it? You'd get cigarette cases and lighters all to match, and the men you'd give them their slimline and their lighter on top – it had to be done right or not at all, none of this flip top pack that they have now.

Her recollections of giving cigarettes as gifts tie in with advertising which appeared regularly at Christmas encouraging people to give cigarettes as presents. Specially packed cartons were common and tobacconists also provided a good selection of paraphernalia such as cases and lighters. Although May's recollection focuses largely on giving cigarettes and accoutrements to her male relatives, manufacturers also catered to the female market. An advert in *Tobacco* in October 1962 for Ladylite lighters stresses the fact that its product has been researched and marketed especially for women. The advert ran the text 'Why Ronson made this new Ladylite gas lighter as pretty as a lipstick'. It was designed 'as slim and easy to hold as a lipstick'.[7] The market for smoking paraphernalia therefore accommodated smokers of both sexes.

For a number of the interviewees, smoking seemed to be just as much about image as about enjoying the cigarette – a distinction which interviewees often seemed to be conscious of themselves.

> (Jess, b. 1915) They were very mild cigarettes, they had these great big, I think half of them were filter and it was just a case of puff!

[7] *Tobacco* October 1962 p. S9.

> Sucking it in and puffing it out. I think that's all I did all my life when I smoked. I don't think I ever inhaled as some people do, I think that's when you just can't give it up, when you start, I mean I could stop and start just when I felt like it, but no, it was, I suppose you would say it was a fashion.

Maggie, quoted above about her experiences of smoking at dances, seemed also to be conscious of the fact that she smoked for appearance rather than effect. She described the cigarettes she smoked as 'so mild you could hardly tell you were smoking' (Abdulla No. 10's) and went into some detail about the appearance of the box and the ritual of transferring them into her case.

> (Maggie, b. 1934) They came in a very fancy box... it was red and white and it opened like this (demonstrates) – instead of taking the cigarettes out of the end it opened on a hinge... and very elegant because we used to buy them in tens, so it wasn't fat at all, it was this slim flat box with your fags side by side it in, rather than two chunks of five... So it was really not worth transferring them to one's cigarette case, but of course one did.

She went on to say that some of the more 'macho' men wouldn't have smoked their Abdulla's, indicating that brands often had a gendered identity. Discussions of brands smoked by other interviewees also suggested this.

> (Janet, b. 1933) I never ever smoked Woodbine. Men tended to smoke that, older men, and then there was always Capstan and some men used to smoke that. I think Player's No. 6 was the one I settled on and I think that was a smaller cigarette... it was popular with the girls, ladies, women.

Jess similarly recalled Player's as being a milder cigarette.

> *(Rosemary) Can you remember any of the brands you smoked?*

(Jess, b. 1916) Well, there was Woodbine and Player's, Capstan, gosh, well there was Du Maurier, that was a ladies cigarette of course, but at one time, it was the only cigarette that had a filter in it, before, because up to that time it was Player's full strength and Player's medium strength and I can remember that because my older brother he smoked Player's Full Strength – I can't remember some of the other names, gosh there were loads of them too

(Rosemary) Do you remember any of the brands you used to smoke yourself?

(Jess, b. 1916) Yes, there was Player's No. 10. That was supposed to be a mild cigarette.

Alice also remarked on the mildness of Player's as being the reason she liked them.

(Rosemary) Do you remember what brands you smoked?

(Alice, b. 1933) Player's it would have been then. Player's all the time actually.

(Rosemary) Was there any reason for that?

(Alice, b. 1933) It was a milder cigarette than the others… Capstan, I think, were more of a man's cigarette. Player's seemed to be milder.

There seemed to be a link with gender and mildness, with mild cigarettes being perceived as women's cigarettes. This echoes advertising aimed at women, for example, Craven 'A' and certain brands of Player's, which stressed the mildness and smoothness of their cigarettes.

While these extracts suggest that smoking was becoming more common among women, on social occasions at least, other interviewees who were non-smokers gave the impression that the 'fashion' for smoking passed them by. Elizabeth felt compelled to apologise because she hadn't paid much attention to smoking, not having been into it herself. Another interviewee, Connie, similarly said that things to

do with smoking went 'over her head' as she was a non-smoker. On the other hand, Edith, also a non-smoker, recalled being offered cigarettes occasionally at parties or out for meals, although the habit did not appeal to her.

> (Edith, b. 1925) If we were at a party or had gone out for a meal and were at the coffee stage and people would say 'have a cigarette with your coffee'. If we went to a dance people would say 'have a cigarette'. I suppose eventually people just realised I didn't want to smoke and people who knew me just stopped offering. Most of the time I really wasn't interested. I had the odd one or two and it didn't appeal to me and that was it.

In this extract, Edith positions herself at odds with a society where smoking was the norm by turning down the cigarettes repeatedly offered to her at social gatherings. Her extract implies that people who did not know her offered her cigarettes on social occasions as a matter of course. This suggests that by the 1950s smoking was an acceptable behaviour for women on such occasions. It is interesting to note that the interviewees who recalled their mothers starting to smoke later in life also placed this in the early 1950s. Janet recalled that her mother's smoking was also predominantly a social thing, tying it in with media portrayals of women smoking.

> (Janet, b. 1933) You saw it on films, the filmstars smoked and it was just fashion and I think her age group did it, you know, if they went out... she didn't smoke a lot, it was just quite a social thing.

What these extracts suggest is that by the 1950s at least, cigarettes had become a form of social currency for women, symbolising glamour and sophistication and the opportunity to participate on an equal level in social interaction.

Smoking as an integral part of the self

However, what is apparent throughout the interviews is that in the decades following the Second World War, smoking among women grew from being what a number of interviewees described as a fashion or a gimmick, to being a central part of women's lives and the way in which they defined themselves and others. For the most part, this can be related to a corresponding increase in responsibilities and opportunities at both a personal and a social level, as interviewees increasingly entered the workplace or got married. Smoking appeared to be a common part of the working environment, even for interviewees who did not smoke, and a number of interviewees related the increase in their smoking to starting work. This also had financial implications, as they could then afford to smoke. A number of interviewees suggested there was a hierarchy of brands which indicated the smokers' position on the social scale. Several connected the increase in their smoking to the fact that they married smokers, as the opportunity to share a cigarette then became constant. However, the idea that smoking filled a social, rather than a pharmacological function remained strong, as a number of the older interviewees continued to locate their smoking within the framework of social experience and interaction, as opposed to personal dependency.

Jess, for example, who continued to smoke until she was in her early seventies, located her smoking within the framework of work and social events through her whole life. When her husband bought a pub in the mid-1960s she remembered smoking at licence trade dinners and other social functions. However, the way she remembers smoking by this stage is far less congenial than her earlier memories.

> (Jess, b. 1916) I think I smoked more in the years we were up there (*at the pub*) than I smoked the rest of my life, because of the atmosphere, not – I didn't smoke behind the bar or anything like that but then you had to be in the ladies dart club, you had to be in this and you had to be in that, you were going out here and out there and of course they were all smoking
>
> *(Rosemary) Did you used to smoke regularly?*

> (Jess, b. 1916) Just when I was out. I used to say I got enough smoke in the bar without lighting up (laughs) the atmosphere in that place... the painter would come in and paint it a light bright colour and within weeks you saw it starting to just go and by the end it was like tobacco, it didn't matter what colour you put on, you ended up with tobacco.

She views her smoking as something she had to do rather than as something she chose to do, and her discussion of smoking by this stage stresses the trouble it caused her in terms of the atmosphere it created. However, halfway through a discussion about the social events where she would smoke, her voice breaks and she reveals the real source of her disaffection.

> (Jess, b. 1916) There was all the licence trade dinners and things like that you were going to plus all the entertainment you were trying to have in the - I hated it, hated it – I used to hate pubs anyway, but it was my husband's idea anyway – the jute trade just collapsed and he had to do something, so rather than look for another job, he decided we would have a pub and sold the house and – I was quite happy in the house down there and objected to being shot out into a pub up in B--------- of all places.

In her discussion of this period of her life, smoking and smokers became the focus of her dissatisfaction, another thing she had to put up with against her will. To a certain extent this was not very different from her earlier assertion that smoking was a fashion she kept up with rather than something she chose to do. She located her smoking behaviour outwith the realm of personal choice, although she did say towards the end of the interview that she found it relaxing and she thought it helped her unwind. Nonetheless, once the social imperative to smoke was removed, she was indifferent to it. Indeed, after her husband died, she went on holiday regularly but her allowance of duty-free cigarettes lay unopened in the cupboard.

Maggie, who had initially started smoking as a way of appearing more confident at dances, similarly preferred to see smoking as to play a social role, facilitating her work as a social worker in the first instance and providing 'natural breaks' in her

domestic arrangements in the second. She began to smoke more when she began work as a medical social worker and continued to smoke ten to fifteen cigarettes a day until the birth of her second son. However, she never described herself as a heavy smoker. In her professional capacity, she saw smoking as a way of relaxing and calming her nerves. She recounted one particularly bad case, concluding that when she escaped back to her office, the cigarette she had was her salvation. She also noted that smoking was common among her colleagues – 'It was quite an acknowledged thing that you'd dash back to the office for a fag'. Later in her career, cigarettes were often used as a form of social currency with disadvantaged families as a way of striking a rapport and creating an atmosphere of confidentiality. When she gave up work to have children, she described her smoking in terms of having a break from domestic duties, reflecting much current sociological work on the role of smoking in childcare.[8]

> (Maggie, b. 1934) You know, you get the kids off to bed, phew! – have a coffee and a cigarette... there'd be at least four natural breaks in the day, elevenses, after lunch, after tea and one in the evening, so that's four before you start offering them around or going out or anything else really.

In addition to this, she recalled smoking on social occasions, especially when drink was present - 'and then you'd smoke too much of course'. However, at no stage, did she regard herself as addicted, preferring to locate her smoking within the paradigm of a socially accepted habit.

On the other hand, another interviewee, Morag, who similarly started smoking when she was a student on a work placement in a social work department in London, drew the distinction between social smoking and addictive smoking. At first she smoked with colleagues or friends, but stated that at first it was 'in no way an addictive thing'. She noted that all the other students at her placement smoked, but also added that although sophistication was a factor, in her work placement she was coping with

---

[8] H. Graham 'Women's Smoking and Family Health' *Social Science and Medicine* 25:1 (1987) pp. 47 – 56.

more problems than she would have normally done. Her references to her earlier smoking being in no way addictive can be understood both in the light of wider public discourses surrounding smoking and addiction today and the fact that later in her life she was conscious of being dependent on cigarettes and smoking a lot more. Her smoking career was intermittent for the rest of her life, with periods of quite heavy smoking, followed by times where she gave up for different reasons.

In 1958, she started smoking 'in earnest' when she got her first real job and tied this in with financial independence and also the fact that she worked in an office with a heavy smoker.

> (Morag, b. 1932) When I was really conscious of being a smoker in a big way was when I actually started at the job I'd been aiming at in the past, which was in 1958... because I'd got the money now, I was single and I had quite good money (and) there were two of us in this room, a much older man, who smoked like a chimney and I smoked like a chimney, I could light a cigarette with one hand without stopping what I was doing.

Nonetheless, while she then went on to locate her smoking within the discourse of addictive smoking, she was quite specific about the boundaries of her smoking behaviour. In her narrative, what was appropriate behaviour in shared or personal space assumed a lot of importance in her own view of herself as a smoker. She variously defined herself as a 'selfish' smoker, for inflicting her smoke on her secretary, and as 'unselfish' in that she always asked permission to smoke in private houses. This reflects an underlying discourse of power – being in a superior position to her secretary, she did not feel the need to ask her permission to smoke, but once in someone else's home, she considered that to be their space and deferred to their notions of appropriate behaviour. Given the social context of the time, she went on to admit that it was 'pretty difficult' for people to say 'no, you may not smoke' at that stage. However, what she viewed as appropriate behaviour in public places reflected earlier social mores about women smokers.

(Morag, b. 1932) I would never have smoked in the street, never, I would never smoke in a shop or in what I regard as an open public place, but I would certainly have smoked everywhere else.

(Rosemary) So why wouldn't you smoke in a public place?
(Morag, b. 1932) em, it's difficult to put that into words, em, it's probably a bit common, probably, yes, I think that would have been what it was.. I know I wouldn't have smoked on the street.

She also drew similar boundaries in her own home, stating that she wouldn't have smoked in her bedroom. In other words, while she described a herself as a heavy, and indeed an addicted, smoker at stages in her life, her smoking was circumscribed by both self-imposed and socially constructed boundaries concerning what constituted appropriate behaviour.

Alice, who started smoking in her late teens (in the late 1940s/early 1950s) 'to be upsides with the people (she) went out with' and did not define herself as a heavy smoker at this stage, also indicated the boundaries governing women's smoking at the time.

(Alice, b. 1933) You didn't smoke in the street, ladies, women didn't do that, you didn't smoke in the street, you'd have to be sitting down maybe having a coffee or after your meal, you know an occasional one.

(Rosemary) Do you know why that was?
(Alice, b. 1932) It just wasn't sort of ladylike, it just wasn't accepted, just the same as women didn't go into pubs in these days.

Carol, who had started smoking as a teenager in the 1960s and still smoked at the time of interview, remembered that this was possibly something her mother had instilled into her. She also made the connection with women not going into pubs.

(Carol, b. 1954) One thing I hate, although I do it myself now but only in the last 5 or 6 years is smoking in the street. I hate seeing women smoking in the street.

(Rosemary) Why is that?

(Carol, b. 1954) I don't know. It wasn't the done thing when I was 18/19. A woman just didn't smoke in the street… probably going back to the 1920s/30s when women didn't go into pubs. In A------- I had an old-fashioned upbringing and that wasn't the done thing. Probably I heard my mum saying you don't do that or she never did it. I may have followed in her footsteps.

This suggests that although more women did smoke, the social spaces and circumstances where female smoking was acceptable remained censured. Smoking among women seems to have been acceptable in enclosed social spaces, (excluding pubs, which were still viewed as male domains) but not outside. Such censure was made more apparent by the widespread acceptance of smoking everywhere else. Later in her interview, Alice made the distinction between restrictions imposed on her smoking at work and the comparative freedom to smoke in other social situations.

(Alice, b. 1933) I was in the police and obviously that curtailed smoking because we were not allowed to smoke in uniform in public, that was out, but that was the only restrictions… everyone was allowed to smoke on buses and trams… you were allowed to smoke in cinemas and theatres, there were really no restrictions.

However, the fact that she didn't smoke in public as a uniformed police officer had nothing to do with her gender, but more to do with the moral position of the police force. When she joined the CID five years later, there were no such restrictions on smoking, as her work was removed from the public gaze. It was this she saw as the pivotal point in her starting to smoke more.

> (Alice, b. 1933) I found CID possibly a lot more stressful, we worked much longer hours and the cases we were dealing with were probably a bit more .... horrendous.
> ... and because we had the freedom, we were allowed to smoke anytime. But as I say, at that time, most of my colleagues smoked, not many of them didn't, only a few of them were non-smokers.

She explained her smoking in terms of the pressures of the job, describing smoking as a coping mechanism, but stressed that it was an accepted coping mechanism – 'most of my colleagues smoked'. Smoking was therefore situated again within the framework of socially accepted behaviour, but this time as a means of coping with stress at work. However, there was an interesting postscript to her comments, in the fact that she noted that in interview situations, she and her colleagues would not smoke.

> (Alice, b. 1933) Not in front of (the public). Probably psychology more than, you know, if anybody was under stress it had to be the one you were interviewing, not yourself.

Again, there is an underlying discourse of power here, which was also evident in the fact that uniformed police officers were not allowed to smoke in public more generally. This is shown on two levels. Firstly, in a work environment where smoking is connected with stress, the dominant position is shown by not smoking. Secondly, much of the material has suggested that offering and accepting a cigarette can be seen as a social gesture, implying a desire to fraternise on equal terms. Not smoking denies that imperative. In that context, in a society where smoking is the norm, this suggests that not smoking could be used as a way of consciously marking distinction, and therefore moral authority.

Another interviewee, Anna, who was a teacher also found her smoking circumscribed by where she worked. For much of her career, teachers were only allowed to smoke in the staffroom, because 'obviously we didn't smoke in front of the children'. Anna related the growth in her smoking to the time she met her husband, but also linked it

to work-related stress. She made a qualitative distinction between her earlier social smoking and what she described as 'smoking seriously'.

> (Anna, b. 1925) Well, I met my husband on holiday, actually on a train going to Venice, it sounds very exotic, doesn't it... he was with a group of Rover Scouts and I was with my friend just travelling round the continent... and they were all smoking like mad because they got the Duty Free cigarettes and we smoked with them, but that was really once I met him was when I started to smoke seriously and I got addicted after that and I couldn't stop, in fact I didn't stop until I was retired and started to relax.

In this view, the interviewee saw herself as powerless. As she expressed it later in the interview, smoking became bound up with the stresses of work, something she could not stop until she stopped work. The next chapter will go into further details about the way in which interviewees discuss dependency and the way in which addiction is understood, but the point I want to make here is that Anna saw smoking as something that was bound up with her social role as wife and teacher, rather than as something she chose to do for herself. However, she also said that if she was worried about something and was on her own she would smoke more. In this context, the cigarette filled the social gap.

While smoking was seen as something that developed as interviewees' responsibilities and opportunities increased at both a personal and a social level, employment and the relative financial well-being which ensued provided the opportunity to continue, and increase, smoking. This circular relationship seemed to lead to increased smoking among interviewees. Janet, who had started smoking in secret with a friend whose aunt owned a tobacconist, recalled that money was a factor in her smoking behaviour.

> (Janet, b. 1933) In the evening if we went to the ice-rink, we would smoke there, you know, but then... you never even had a whole cigarette, you maybe just shared a cigarette... that was until I started buying them when I was earning and as I say that was when I left

> school, I started earning and so you started buying them you know… I was a telegraphist with British Rail and em, you smoked while you were working. I never smoked any more than twenty a day, but that was later. I don't think I smoked as much as that when I was starting.

Another interviewee, Joanne, recalled that the brands she smoked reflected her increased earning potential when she started work. When she was smoking cigarettes from her grandmother, it was Woodbine, but by the time she started work -

> (Joanne, b.1933) it was Piccadilly I used to smoke then because I was making good money so it was the best of cigarettes (laughs).

The ability to purchase certain more expensive brands seems to have become connected to the fact that smoking those brands could be seen as a signifier of social status. Morag, for example, remarked that she smoked Senior Service because 'it had a nice clean packet, it looked a little more respectable'. She went on to say that there was no way she would have smoked Woodbines or Capstan, presumably because those brands had masculine and working class associations. Similarly, Bell talked about 'graduating' from one brand to another as her financial circumstances improved, associating more expensive cigarettes with the image of well-being she wanted to portray.

> (Bell, b. 1935) I smoked (Player's) Weights. I graduated from them on to the stronger ones, never ever smoked a filter tip in my life, never, and then I got quite posh you know by that time I'd started to get clothes and a new coat and started to look grown up and started smoking Du Maurier, you know, it used to be a red square pack, really quite posh you know, and I thought I've got to try and improve my image so I started smoking those.

Bell was unusual, however, in that she was the only older interviewee who discussed her smoking behaviour primarily in terms of a personal need for cigarettes, rather than focussing on wider social influences. Through the first part of the interview, she spoke at length about her unhappy childhood and her strained relationship with a

mother who inflicted both mental and physical cruelty on her. She then described smoking as both a way of escaping reality and as an emotional support. She smoked her first cigarette after a row with her mother when her sister had told her it would make her feel better. She continued smoking during the day and to give herself 'Dutch courage' before she went home at nights. She continued to associate smoking with something which would make her feel better, describing it as 'her crutch'. When she was at home she used to keep one cigarette hidden

> (Bell, b. 1935) in case my mother started on me and I could go and hide somewhere and you've got your cigarette to sort of save you, you know, because that didn't answer me back and that wasn't nasty to me, at the time, you know. There was no doubt about it, it was my crutch, it was my crutch.

In her account, she was both physically and emotionally dependent on cigarettes. When she married, she married a smoker who encouraged her to smoke.

> (Bell, b. 1935) The man I married was a smoker as well, you know. It was him that used to, he used to buy me packets of twenty… he always lit two cigarettes and then he'd pass one to me.

Despite the close association Bell made between her personal circumstances and her smoking, she did however draw on the fact that smoking was so widely accepted to justify this.

> (Bell, b. 1935) It was socially acceptable, there was no stigma about it, as far as I was concerned everybody did it.

What this chapter has shown so far is the way in which older interviewees commonly located their smoking experiences within the framework of social expectations. From being something which was rarely done among women, the increasing use of the cigarette on social occasions was seen as a fashion to be kept up with. For interviewees, the cigarette became symbolic of social and economic maturity as it was used to convey confidence and sophistication and also, financial independence. It

was also seen to fulfil a social role in so far as it enabled interviewees to cope with the pressures of work and to be companionable with their husbands. Smoking was also seen as a break from domestic pressures and seen as an adult thing 'to be done when the children were off in bed' (Alice). Some interviewees expressed an awareness of dependency and notions of addiction, but for the most part, discussions of smoking seemed to concentrate on the social function it filled, both in terms of what it conveyed to others and the way in which it enabled interviewees to fulfil their perceived social role, either as wife and mother or as a working person.

Smoking as a signifier of adult status

By the time the younger interviewees were growing up, it seems to have been largely accepted that women could and would smoke. This was reflected in the fact that, for the younger interviewees, the boundaries to be negotiated had become age, rather than gender-specific. Aspects of this were already apparent in interviews with older smokers, as smoking was clearly associated with adulthood. As Anna, who grew up in Canada recalled,

> (Anna, b. 1925) I thought it was an adult thing to do… it had a sort of sophistication that made you want to smoke.

However, for the older interviewees, the issue of age was mostly subsumed by that of gender. As Jess put it, discussing the interwar period,

> (Jess, b. 1916) Well, women's smoking was frowned upon, never mind a girl at school.

Most of the older women interviewed started smoking in their late teens or twenties so the question of age was largely irrelevant. The interviewees growing up in the post-war period, however, started smoking at a younger age. For them, smoking had become something which was equally a way of asserting one's adult identity as well as one's gender equality. For all the interviewees, there was an acceptance, which largely went unquestioned, that there was an acceptable age to smoke. This tended to be connected to leaving home or starting work, when the individual had the social and

financial independence to support such decisions. For those who had not yet reached that stage, smoking was pushed to the fringes of social interaction and imbued with hues of rebellion. This was more apparent in the younger generation interviewed, who were at school until a later age and were therefore under parental jurisdiction for longer. Smoking was often done outwith the boundaries of parental authority. Carol, who was a teenager in the late 1960s, recalled experimenting with cinnamon sticks and progressing to real cigarettes.

> (Carol, b. 1954) It was dares I suppose, pinch a couple out of your mum's packet. At the time, people under 16 were allowed to buy cigarettes so the shopkeeper wouldn't know whether they were for you or your mum and dad. I was about 13 or 14 when I was sent for my parents' cigarettes. I'm sure that they must have known that some of them weren't for my mum.

This was done behind her parents back, either outside the house or 'out the bathroom window' - and she didn't smoke openly in front of them until she was sixteen, when she realised that they already knew she smoked.

Another interviewee, Gail, recalled skipping school to smoke with friends at the railway station as a teenager.

> (Gail, b. 1954) I remember taking time off school and going to the ladies toilet at H------ railway station and sitting there with a crowd of friends in there smoking. I would have been about fifteen then. We used to go to a disco thing on a Saturday night but you weren't allowed to smoke at it but it was alright to smoke outside. That was cool to smoke outside this disco.

The need to smoke in secret echoes earlier discussion of women having to smoke behind closed doors. However, it is interesting to note that for teenagers with no private space outside the parental home, it was outdoor environments, hidden from those with authority to forbid it but not from one's peers, which provided the opportunity to smoke without censure. Smoking was imbued with a sense of daring

and rebellion as it was a way of making one's own choices despite social disapproval. Christine, who grew up in a non-smoking environment, saw smoking as something brave. She used smoking as a delineator between her position as her parents' daughter and her independent self.

> (Christine, b. 1959) Outside my household I started smoking part-time when I was eleven years old because smoking was regarded as cool, tough and was almost quite pressure from your peer group to be brave enough to smoke.

Despite the fact that her smoking was being done outwith the boundaries of accepted adult society, she nonetheless went on to describe her decision to smoke in terms of social pressures to conform to the mores of her own peer group.

> (Christine, b. 1959) I started because I was regarded as a snob, therefore my two ways were to break down the barrier and be accepted by my peer group was 1) to smoke and 2) to dog school. If you were cool and you were tough you smoked so therefore to ingratiate myself with my peer group rather than to be rejected I took up smoking.

By the time she was fifteen, she was smoking at home. She retrospectively saw this as a way of establishing her own space and (adult) identity in her parents' home. In doing so, her behaviour lost its illicit overtones, as she sought and gained adult approval.

> (Christine, b. 1959) Again, it was part of me establishing my own space and rights, coming through adolescence into adulthood. The cigarette smoking is almost a symbolic thing… it was my way of expressing my own personal space.

Both Gail and Christine emphasised the secretive nature of teenage smoking. While Christine saw this as part of the attraction – 'it was a furtive, illicit thing, that was the

attraction' – Gail recalled that she did not enjoy it until she was smoking in a place where she felt her behaviour was sanctioned.

> (Gail, b. 1954) I didn't enjoy smoking in the park or the railway toilets. I didn't particularly enjoy smoking outside the discos. I probably didn't really start to enjoy it until I started to associate it with alcohol. A drink and a cigarette, which would have been about when I was 17 and a half. Those years it would have been on and off, not constant.

(Rosemary) Why did you enjoy it more when you could have a drink?

(Gail, b.1954) The surroundings. You would be sitting surrounded by other smokers in comfortable surroundings and it was safe and nice. It wasn't rushed. You could see it as you were doing it. I think a lot of the pleasure of smoking is actually watching. When you take the puff and you see the red glow, it's a visual thing as well.

Gail's comments emphasise the social aspects of smoking and stress that smoking was a sanctioned behaviour, not only in the place where it was being done, but by the group of people doing it. It was her age rather than her gender which was the important factor. By this time, the late 1960s and early 1970s, the interview material suggests that smoking was seen as an acceptable habit for women, as well as men.

Chapter Seven: 'Sacrificing everything for a cigarette': the reconstruction of smoking as a risk behaviour

As was shown at the beginning of the previous chapter, the fact that we now live in what is perceived to be a predominantly anti-smoking culture was used by interviewees as a frame of reference for their experiences in the past as they used the situation today to provide a point of comparison. The phrase 'I mean, it wasn't like it is now' can be seen to encompass the way in which interviewees perceived an about turn in attitudes towards smoking over their lifetimes. They portrayed a widespread acceptance of smoking in the past which was posited in contrast to awareness of the health risks today. Past behaviour was explained in terms of ignorance of the medical implications of smoking and the obligation to smoke in a society which not only condoned but indeed was seen to encourage smoking through a mixture of advertising, social pressure and convention. Indeed, the impetus to smoke was seen to be primarily social. Although this perceived blanket acceptance of smoking masked gender-specific conventions surrounding smoking and the extent to which personal circumstances impacted on smoking behaviour, it was the explanatory framework which practically every interviewee used to frame her experiences. This appeared to fulfil two functions – firstly, to express the way in which attitudes towards smoking had changed during their lifetime and secondly to remove personal responsibility for a behaviour which is now known to be harmful. However, the potency of this explanation of smoking depended on the interviewees' comparisons with the widespread awareness of the health risks today. It also assumed behavioural, or at least attitudinal, change consistent with increased medical knowledge of the health hazards – i.e. that people had a different view of smoking today as a result of their awareness of the health risks involved. This chapter will explore the extent to which this reflected interviewees' smoking experiences. In doing so, it will examine what interviewees understood by the health risks of smoking, the ways in which interviewees became aware that smoking was hazardous and the impact this had on their own smoking behaviour and on their attitudes towards smokers.

Awareness of the health risks of smoking

The first point to consider is what interviewees understood by the health risks of smoking. This was never posed as a direct question, as I didn't want the interview to be perceived as a test of interviewees' medical knowledge. I was interested to see whether and how awareness of the health hazards of smoking emerged spontaneously through discussion of smoking behaviour more generally. I was also keen to see how that awareness was expressed. Although I asked interviewees how they had become aware of the health risks of smoking, this was only done once they already mentioned the health risks of smoking and smoking-related disease themselves.

On the whole, interviewees referred to the health hazards of smoking initially in very general terms, without feeling the need to explain what they were talking about. The fact that smoking was now understood to be unhealthy was taken as read. Interviewees referred to 'the hazards of smoking' or to 'the dangers and risks'. Smoking was seen as a 'bad thing', 'bad for your health and other people's health' and something which 'killed people'. Such generalised references occurred most often in reference to lack of awareness of the health risks in the past.

> (Maggie, b. 1934) And you know, it wasn't a thing, do you smoke? because it wasn't considered harmful anyway, at least I hadn't caught up with that news.

There was no consistency between the interviewees' accounts as to when they had become aware of the health risks of smoking with some placing this in the late 1950s and others suggesting that it was within the last five years (i.e. late 1990s). To a certain extent this can be seen as an artefact of memory, but it was also a manifestation of the different degrees of awareness which many of the interviewees seemed to indicate, depending on their own situations, the ways in which they defined knowledge and the way in which they responded to such knowledge. While the majority of the interviews gave the impression that there was a period in which they had no knowledge of the health risks, a few suggested that they had always had some awareness that smoking could not be good for you. Professing little or no knowledge of the health risks was consistent with the widespread acceptance paradigm of

smoking behaviour which relied on ignorance of the health risks to justify smoking behaviour in the past. However, the suggestion that some level of risk was realised indicates that the situation was more complex. Even when interviewees became aware of the connection between smoking and disease, a number drew the distinction between being aware of the risks and actually being confronted by the reality of smoking-related disease. It was in discussion of their own experiences of smoking related disease that those hazards and risks mentioned in very general terms for much of the time were specified in more detail.

Interviewees' recollections of awareness of the health risks of smoking were positioned within two contexts. They were located firstly within the changing discourses which surrounded smoking more generally as it was increasingly linked to chronic and fatal disease. Secondly, a number of interviewees focussed more particularly on the gender-specific health risks of smoking and their position as women within that, in particular in relation to smoking in pregnancy. In the first more general context, the majority of the older interviewees portrayed a situation where there had been little or no awareness that smoking was dangerous to health and suggested that this knowledge was something which came later in their lives. Several recalled that they became aware of the health risks of smoking from media exposure – as Elizabeth put it 'all this lung cancer thing'. She said she became aware of the risks of smoking 'just through listening to television and reading the papers, you know'. Another interviewee, Eleanor, who considered herself a social smoker at the time of interview, recalled that she had similarly become aware through constant publicity.

> *(Rosemary) Do you know how you became aware of the health risks?*
> (Eleanor, b. 1931) I suppose just the publicity about it, the reports and studies that were done. The repeated media and the media repeating how bad it was.

> *(Rosemary) Do you remember any particular campaigns against smoking?*
> (Eleanor, b. 1931) No, I don't remember any in particular. I just remember that continual pounding in.

One of the younger interviewees similarly recalled that she had become aware of the health risks through 'general information... reading the papers and what was on television'. However, she also situated this within her growing awareness of health issues in general.

> (Susan, b. 1955) And becoming more aware of, I think as you get older you become more aware of what you eat and what you do.

One of the younger interviewees, Amy, was more specific about the aspects of the media publicity which drew the issue to her attention. Asked if she remembered when she actually became aware of the health risks of smoking, she recalled,

> (Amy, b.1956) Probably when they started the campaign, the government health warnings and they started putting them on the billboards, and on the side of packets and things like that... and it being used at budget time to justify (laughs) you shouldn't be doing it and you are costing the national health x amount of money and whatever.

However, recollection of any particular health campaigns was weak. Most interviewees did not recall health education and anti-smoking material in detail, although some were aware that children and grandchildren were being shown much more graphic anti-smoking material than they themselves had ever seen. There was also some vagueness about when such material had appeared. Gabrielle showed an awareness that there was a time-delay between the epidemiological case against smoking being established and such information filtering through into the public domain.

> (Gabrielle, b. 1925) I think it (*general awareness of the health risks*) was in the late Seventies. I am sure in the.. in a medical environment, say, had I been married to a doctor, probably I would have been made aware of this much earlier, but just like that, in the general public, my memory it seems that it really started about that time and then the newspapers were full of it and also on the radio and so on.

However, another interviewee, Joyce, suggested that by the early 1980s she had still been unaware of the health risks of smoking, saying that it was the death of her father from lung cancer had made her aware of the risks.

> (Joyce, b. 1931) It (*smoking*) started bothering me when my father took ill, which is actually nineteen years ago… and I would say visiting the hospital when he was ill really opened my eyes a bit to smoking, that was the first inclination I had of thinking 'oh (draws breath) maybe that caused his problem'.
>
> *(Rosemary) Had you been aware of anything like that before?*
> (Joyce, b. 1931) No, no, no, no, no (pauses) no.

When I returned to the point later and asked her if she remembered any public health campaigns against smoking when she was younger, she was emphatic in her denial.

> (Joyce, b. 1931) No, absolutely not. No, I don't remember anything. I don't remember anything saying, oh, this cigarette is not good for you and all this sort of carry on. No, definitely not.

However, while these were more general comments about smoking and health, the context in which some interviewees located their growing awareness of the health risks was more gender-specific. For example, two of the interviewees specifically discussed this in terms of their smoking behaviour when pregnant, reflecting current knowledge of the dangers of smoking to the unborn child. One interviewee reinforced her view that nothing was known about the dangers of smoking by referring to her lack of awareness that smoking could be harmful when she was pregnant.

> (Alice, b. 1933) It was just an accepted habit, and a health hazard was never mentioned, you now that was never mentioned in those days.
>
> *(Rosemary) So when do you think it started to be mentioned?*

> (Alice, b. 1933) Um, well, now, I was expecting my children in the 1960s, even then pregnant women weren't warned to stop smoking, I didn't stop during pregnancy, none of our friends who were smokers stopped because they were pregnant, so it must have been about the Seventies before I think the health (campaigns) started...

However, another interviewee, Maggie recalled that she became aware of the health risks precisely because 'of this thing that you shouldn't smoke when you were pregnant'. She recalled that she was still smoking when she had her first son in 1962, but became aware that it was harmful before she had her second in 1964. In her account of this, she picked up the incongruity of the anti-smoking message to mothers, namely the inference that it was okay for women who weren't pregnant to go on smoking.

> (Maggie, b. 1934) I was still smoking when I had M----, so that was November '62 and all that stuff said that pregnant women shouldn't smoke, that was the first thing – ordinary women could go on smoking, but pregnant women shouldn't because it would make your children much smaller and weedier and so on, so I gave up before I had my second son, maybe as soon as I knew I was pregnant, and had my second son, now my first son was six foot two, my second son was five foot four.

The difference in when these two interviewees locate awareness of the effects of maternal smoking on infant health could be explained by the fact that, while the first studies on the effects of maternal smoking on infants were beginning to be published in the 1960s, there was not widespread health education on the matter until the 1970s. Maggie later goes on to explain that she had 'always been fairly well aware of the health issues, so (she) would have been reasonably up-to-date on what people were saying'. A university educated woman, she was liable to seek out the articles on health in magazines, an interest which was reflected in her later involvement in medical training at Ninewells hospital as a voluntary 'patient'. Nonetheless, the way

she uses the height of her sons to counter the received wisdom suggests that she does not necessarily give the health education messages total credence.[1]

In contrast to those interviewees who had suggested a period when they had never been aware of the health risks, a number of interviewees suggested that they had always had some awareness that smoking was not good for people. These interviewees drew on their own personal circumstances and the experiences of those around them to shape their accounts, in comparison to most of the interviewees quoted above who drew on wider discourses surrounding smoking. When Jess complained about the atmosphere smoking caused in the pub she and her husband owned, for example, her complaints focused on the damage this did to the interior decoration but also, implicitly, about the fact that she had to inhale it all day – 'I used to say I got enough smoke in the bar without lighting up (laughs) the atmosphere in that place'. Another interviewee, Edith, a non-smoker, similarly suggested earlier concerns about inhaling tobacco smoke.

> (Edith, b. 1934) I didn't think it was a healthy thing because I didn't see how inhaling all that smoke could be good for you.

Other interviewees referred more specifically to their experiences of the negative effects of smoking on those around them, suggesting that they had always been aware of the health risks. Gabrielle recalled that the health of both her husband and her father had been affected by smoking.

> *(Rosemary) When do you remember becoming aware of the health risks of smoking?*
> (Gabrielle, b. 1925) Well, I became very aware of it when my husband started coughing in the morning and if he got a cold for example, he took three times as long to recover from the cold as I would. And I realise that certainly it wasn't very good for him, and also after – he got a research job in Caltech *(in the US)* and so we applied for an immigrant visa, ... and among other, among various papers we had to

[1] K. Hunt and C. Emslie 'The prevention paradox in lay epidemiology. Rose revisited: sick individuals or sick populations' *International Journal of Epidemiology* 30 (2001) pp. 442 – 446.

produce we had to have our chest X-rayed, because they were very frightened to allow people with tuberculosis which was still prevalent in some countries in Europe at that time and they asked us to have an x-ray of our lungs and his lungs were absolutely – well, I don't know, he had emphysema or something like that already at the time.

(Rosemary) And what year was this?
(Gabrielle, b. 1925) This was in 19.. 1957, late 1957 –

(Rosemary) Were you surprised by this?
(Gabrielle, b. 1925) Not particularly surprised. Because well, I had the experience of my father who coughed as well, you know he had emphysema and I knew it was through smoking and well, I could see, obviously that he, although as a young man he was a strong, very healthy man, I could see that he didn't have the.. the breath that he should have had and it could only have been the smoking. So, yes, I was concerned and he agreed with me – he said, yes, it's a very silly habit, it's a very bad habit, it's also very expensive, but I can't stop it.

Her father had been discharged from the army because of his chest and the fact that he was bothered with bronchitis. Although he gave up smoking when he came home from the war, he subsequently died of emphysema. Another interviewee, Janet, similarly recalled that she had been aware that smoking wasn't healthy because of her father's experience.

(Rosemary) You said that you saw things on the television about health – do you remember when you
(Janet, b. 1933) Became aware of it?

(Rosemary) Yes
(Janet, b.1933) (pauses) Well, I think it could have been around about that time that my mother died that I became aware of it. About 1975 because I knew it would endanger my health, so there must have been something making me – on the other hand, I'd always known that

> smoking wasn't good because of my dad's condition... I'd always known that was partly due to that, although he'd stopped smoking quite young.

Jess similarly recalled that she had always thought that smoking wasn't very healthy because of the effect it had on her husband's chest.

> *(Rosemary) So, when did you become aware of the health risks of smoking?*
>
> (Jess, b. 1916) Well, I suppose deep inside I always knew it wasn't doing you any good, because I used to listen to my husband coughing – it was never a smoker's cough with him, of course (laughs) it was always catarrh, but I suppose you always knew that it wasn't really doing you any good, but you never thought about it doing a great deal of harm, but then when you come to think about it there was people smoking forty and fifty a day. It was bound to do them harm, but you just don't think about these things until they are brought up in front of you and you see just what damage can be done.

She made the distinction between thinking that smoking was not necessarily healthy and knowing that it caused positive harm. She returned to the point later in the interview.

> *(Rosemary) Do you remember much about the health risks on television or in the press?*
>
> (Jess, b. 1916) Well, in our days of course, it was a radio, you didn't get any, nobody bothered whether you smoked or didn't smoke, it was up to yourself. It was very – I don't know, when did they start all this about all this risks with cigarettes? I can't remember when they started, but I always knew that there was a certain amount of risk where cigarette smoke was concerned. But I used to think it was just you know chest troubles, coughs and bronchitis and things like that – it never went any deeper, there was never any research into as

> far as lung cancer and that sort of thing was concerned, nobody thought about things like that, just the same as people didn't speak about diseases like that, that was all taboo, you didn't talk about tuberculosis or anything like that.

Her comments are interesting because she distinguished between ill-health which was not necessarily life-threatening – 'chest troubles, coughs and bronchitis' – and that which was seen to be fatal – 'lung cancer and disease like that'. For her, it was not only the fact that there was no research into such diseases but that discussion of such things was seen to be taboo. The comments of another interviewee, Alice, similarly suggest that fatal disease was not brought into the public eye.

> (Alice, b. 1933) No everybody seemed to smoke but I don't remember in my young days people dying of cancer, through smoking, I mean that was never mentioned, you know, you just thought they were, in fact I don't remember people dying of cancer.

In contrast to those interviewees who saw their relatives' ill-health as a sign that smoking was bad for you, one of the younger interviewees, Fiona, saw the fact that her father kept smoking despite being ill as a sign of their approval of the habit. Her interview suggests that the idea that smoking was widely accepted among the older generation (those growing up in the interwar and immediate post-war period) was not only confined to those who had lived through it, but had gained currency among those born later.

> (Fiona, b. 1958) They (*her parents*) were brought up in a generation where smoking was cool, it was sort of everywhere you looked, so I think they just thought it was okay, I mean Dad was ill in his later years and he still kept smoking, he had heart disease but he still kept smoking so em I think they thought it was perfectly fine.

What is interesting about all of the above comments is that the comment relates to male members of the family. This suggests not only that it was the men who smoked more, but that concomitant to this, they were more likely to suffer the effects of

smoking. Earlier in the interview Jess had been discussing those who smoked in her social group and those who had had to give up for health reasons. It is obvious in her list that these are all men, reflecting the fact that more men smoked. The exception to the rule is of course, her sister-in-law, Isobel, who had previously been seen to defy convention by smoking as a woman. In Jess's account, she is now seen to defy convention by not succumbing to smoking related disease.

(Jess, b. 1916) All the people, most of the people I am talking about are dead now, well, no, my two sister in laws are alive, but all the men had to give smoking because, well my brother he took a massive heart attack and had to stop smoking, but Isobel didn't stop, she just carried on. Whereas my husband's sister, her husband, I don't know what happened to him, it wasn't his heart, but he eventually lost his leg, they lived down in – outside Liverpool, and he had to stop smoking, but B--- smoked really heavy, he was really a heavy smoker because he worked with the CPR railways, well the shipping people actually, and he used to go cruises on the, and that was, in those days a cruise was something that was only for the rich and the – but he had been cruising from the time he was twenty one and of course cigarettes and things were quite cheap and he was a heavy, heavy smoker, but he had to stop… she *(Isobel)* still smokes quite a lot and it hasn't affected her, I mean you know people, well my husband had emphysema and it was due to smoking and things like that, although he wasn't a very heavy smoker, but he had emphysema, but it doesn't seem to affect her at all, and yet, she's been smoking all that time, since she was 12, and she's now 79.

In this account, Isobel was positioned in contrast to those around her who have suffered the effects of smoking.

The idea that more men smoked and were more likely to succumb to smoking related disease was reflected in another way by Alice, who recalled that men were more likely to give up smoking than women, at least in the Fifties and Sixties. Discussing her experiences in the police force at the time, she noted that,

> (Alice, b. 1933) the majority of my colleagues smoked then, in the Fifties, probably in the Sixties it started to drift off, you see, more men stopped than women.

She returns to the point later discussing smoking in her social circle. At the start of the extract, she is saying that she mostly smoked in the evening.

> (Alice, b. 1933) You know, probably an evening thing, but once again all my friends smoked, but I think most of the men stopped before the women did actually.... Of all the couples I know, the men stopped first and then some of them, the women have stopped since.

This trend was reflected in some interviewees' comments about the prevalence of smoking today. Elizabeth voiced the opinion that women now formed the majority of the smoking population, a change which Jess also remarked on.

> (Elizabeth, b. 1926) Well, there's a lot more women smoking than... I mean, I believe that the majority are women, a lot more women than men smoke I would say now.

> (Jess, b. 1916) Women didn't smoke in my day, they were frowned upon, they weren't thought very nice if they sat and smoked. And then it was accepted but nowadays I would say that more women smoke than men. You know I have one two three grandsons and a grand- well, Jill's husband and Margaret's husband and none of them smoke. And yet long ago it was the reverse, you automatically expected a man to smoke.

Through the interviews it was obvious that awareness of the risks of smoking was informed mostly by publicity in the media and by personal experience of smoking-related illness in those around them. However, some interviewees suggested that their personal experiences of smoking and health were counter to the public health message about smoking portrayed in the media. As a result, those interviewees became

involved in a process of reconstructing the dominant discourses surrounding smoking and health in line with their personal experiences. The next sections of this chapter will explore the subjective nature of understandings of smoking and health and the dissonance between knowledge of the health risks and behavioural change in line with such knowledge.

Subjective understandings of smoking and health

As Ewald has argued, the concept of risk is integral to a rationalist understanding of society.[2] This understanding presumes that if one is aware of the risks one faces, one will be willing to act rationally to avoid becoming a casualty of those risks. In his analysis what are perceived as risks are culturally constructed, 'for nothing is a risk in itself until it is judged to be a risk'. What emerged through the 1950s and 1960s was the categorisation of smoking by epidemiologists, and later by public health bodies, as a risk behaviour. Moreover, it was seen as a risk which individuals were seen to have control over. Health promotion material, as described by the interviewees above, sought to inform individuals of the dangers of smoking. It also assumed that individuals would act responsibly to protect themselves from disease, an understanding which concords with the wider ethos of health promotion in general. As Deborah Lupton has argued 'the shared project of biomedicine and public health to improve health status, to rid the body (both individual and social) of disease and to promote the perception of disease and illness as irrational, chaotic, (and) a failure of human control...(has led to) the logic and discourse of public health continu(ing) to reproduce the ideal of the highly rationalised body dominated by the conscious will.'[3] In this understanding, individuals are held to be responsible for their own health by regulating their 'lifestyle' according to the dictates of 'healthy living'. In doing so, they are perceived to reduce their risk of succumbing to lifestyle related diseases.

However, much of my material showed a more complicated relationship between the public health paradigm and behaviour modification, as knowledge about the health risks of smoking was incorporated into lay understandings of health and disease. The

---

[2] F. Ewald 'Insurance and risk' in G. Burchell, C. Gordon, and P. Miller (eds.) *The Foucault Effect: Studies in Governmentality* (Hemel Hempstead: Harvester Wheatsheaf, 1991) pp. 197 – 210.

way in which awareness of the health risks of smoking was incorporated into individuals' belief systems involved a process of assessment and rationalisation of risk which was dependent both on individual circumstances, personal experience and on the way in which risks of smoking were understood. Interviewees' understandings of the health risks of smoking were influenced not only by media information as described above but also by personal experience of the health risks of smoking. However, it was also shaped by awareness that there were anomalies in the public health paradigm and the idea that the link between smoking and disease was not necessarily one of cause and effect.

This last point was evident in the example of Isobel, given above by Jess. Isobel was positioned in contrast to Jess's other relatives, all male, who had suffered the effects of smoking. Another interviewee, May, more explicitly used her own experience to dispute the public health message about smoking and health when she was discussing a friend who had smoked all her life. Despite this, in May's opinion, she had not been affected by this. May also remarked on her friend's diet to emphasise the fact that this woman had not followed the received wisdom on a healthy lifestyle.

(Rosemary) So what about your friends? Did any of them smoke?
(May, b. 1926) Yes, they smoked. In fact there might be one in this afternoon. We've been friends for sixty odd years and she's smoked all her life and at one point, just a few years ago, I mean she has no intention of ever stopping either, no intention of it, and she smoked and she doesn't eat fruit and she eats biscuits and doesn't exercise and she was the healthiest of us all, but not now, now she can hardly walk with arthritis, but I don't think that's anything to do with smoking. But she smoked all her days.

May's example is interesting because of her reluctance to relate her friend's ill-health to smoking. Indeed, she had earlier drawn on the contradictions she saw between perceived medical knowledge on smoking and her own experience to challenge the causal association between smoking and health.

---

[3] Deborah Lupton *The Imperative of Health: Public Health and the Regulated Body* (London: Sage Publications, 1995) p. 75.

(Rosemary) So, when do you think you became aware of the health risks of smoking?

(May, b. 1925) (laughs) Now when did it all start? A long, long time ago. It's a long time ago, since you became conscious of it was supposedly not good for you. I personally have had no experience of that. Anyone I know who smoked has had healthwise comparable with anyone who hasn't... I mean, my husband dropped dead of a heart attack and he hadn't smoked in twenty odd years. And he was 59. I've had other friends who've died with heart conditions ... Other friends who've never smoked in their lives at all and they have died of heart conditions but I don't know anyone who has smoked who has died through the smoking, or with a smoking related disease. And I personally, well, since I came back to Glasgow, and I came back to Glasgow about ten years ago, and I have developed asthma and that again is something they keep saying, and you never smoked, you know, no, I never smoked.

Her discussion of her husband and other friends who had followed the prescription for a healthy lifestyle by not smoking or giving up smoking is also consistent with recent work on lay epidemiology.[4] What May's extract shows is that despite the existence of those who Davison et al. have termed 'candidates' for cancer or heart disease, as identified through lifestyle or hereditary factors, there are always exceptions to those rules. May drew specifically on the examples of her husband's death, the experiences of her friends and her own experience to counter ideas of 'candidacy'. These experiences had more weight in her analysis than the public health messages surrounding smoking and health. Indeed, she dismissed the public health message precisely because of her own experiences. This is consistent with work done by Hunt and Emslie which has developed Rose's 'prevention paradox' to incorporate lay epidemiology. Hunt and Emslie have argued that it is within the family, rather than the media at large, that people gain their closest experiences of life and death and that those experiences are key in shaping an individual's understanding of risk factors.

---

[4] C. Davison, G. Davey-Smith, & S.N Frankel, 'Lay Epidemiology and the prevention paradox: the implications of coronary candidacy for health education' *Sociology of Health and Illness* 13: 1 (1991).

> If a *family member* (their italics) is an unwarranted survivor or more particularly an 'anomalous death' this has particular power in undermining the acceptance of well-established epidemiological facts about 'risk factors' for major disease.[5]

Interviewees also drew on the idea of luck and fate to explain anomalies in the public health paradigm. As Alice put it when she was discussing her own awareness of the health risks of smoking,

> (Alice, b. 1933) but I don't know, in our day, the elders got into their nineties and they smoked all their days. You're either lucky or your unlucky, you know.

This is again consistent with recent sociological work which has looked at the ways in which the explanations of fate, luck and destiny which exist in many aspects of popular culture are often used to explain unexpected illness and disease.[6]

Ideas of 'candidacy' and the corresponding anomalies were not only drawn on in relation to interviewees' own experiences of death and disease in relation to smoking. They were also used to rationalise continued smoking. Ideas of luck and fate were also used to justify continuing to smoke in the face of knowledge about the health risks. As one younger interviewee put it, remembering the way that some people had reacted to the association between smoking and disease,

> (Amy, b. 1956) I do remember hardened smokers saying my so-and-so smoked and they were 70 and they were fine and they lived and things like that.

Such comments were a way in which smokers could justify their behaviour. Two other younger interviewees suggested that the fact that knowledge of people who had made

---

[5] Hunt and Emslie 'The prevention paradox in lay epidemiology. Rose revisited' p. 445.
[6] C. Davison, S. Frankel and G. Davey-Smith, 'The Limits of Lifestyle: Reassessing fatalism in the popular culture of illness prevention' *Social Science and Medicine* 34 (1992) pp. 675 – 685.

the 'correct' lifestyle choices and suffered nonetheless, could also be employed in a similar way.

> (Deirdre, b. 1950) But then you say to people about smoking and they'll say, you can get cancer or heart disease or strokes without smoking, so they're talking a lot of tripe on the telly.

One interviewee, a smoker who was desperate to give up, recalled this from her own experience.

> (Carol, b. 1954) I think cancer is bothering me and that is why I want to stop.
>
> *(Rosemary) Do you think it bothered you before?*
> (Carol, b. 1954) No because I probably kidded myself on by saying my grandfather died of lung cancer and he never smoked in his life. Someone else had died and they never smoked either so I used that when I was younger as my excuse for not stopping smoking.

Another interviewee, Fiona, similarly drew on perceived anomalies in the epidemiological case against smoking to rationalise her smoking behaviour. She was aware that it was a process of weighing up what was acceptable levels of risk and that this was often biased by exceptions to the rule.

> (Fiona, b. 1958) I think I was always aware of it *(that smoking was dangerous to health)* really, but I always just ignored them *(the risks)*. I mean, I always knew there was a possibility of smoking leading to lung cancer but it was that word possibility you know was it definitely? If they said definitely, if you smoke 20 cigarettes for ten years you are definitely going to die of lung cancer, it would have been like, hmmmm, not sure about this one, but possibility, you know I think I might be, and then you read of people of 108 still smoking and you think, oh well, which one am I going to be, you know it's sort of roulette, it's almost, you know, I can get my head round it.

She then went on to say that such rationalisations were harder when she saw the effects on her own health. It was eventually her own ill-health and the fact that she was approaching forty which made her decide to give up smoking.

> (Fiona, b. 1958) As soon as I started to cough I was aware of it (that it was down to smoking). Probably why I stopped was I had a virus a couple of years ago and I just couldn't get better and I was off work for about three months with post-viral syndrome... smoking you know, that delays the recovery process but three months, this is getting a bit ridiculous you now ... and it was the first time I had been ill and I think that really sobered me up, by that time I was forty and I just thought no, physically I'm not infallible you know, and it was easy I think because I was worried about my physical health, that was what made me really come to.

For Carol, it was the fact that her friend had died two years previously of lung and breast cancer that which changed her attitude to the health risks of smoking.

> (Carol, b. 1954) Over the past two years it has really bothered me. My friend died and she was a year younger than me and it was breast and lung cancer. It bothered me before but it really started bothering me *(then).*

Both Carol and Fiona made the distinction between being aware of the health risks - and able to rationalise them by drawing on ambiguities in popular understandings of the epidemiological evidence - and actually being confronted with the evidence of the health risks in their own health or that of others. It was the personal experiences of being confronted with the health risks which had the most salience in changing their attitudes to smoking and health, although at the time of interview, Carol had not managed to give up smoking, despite many attempts. In both accounts age was a factor. Carol later remarked specifically on the fact that it was her age which was making her worry.

> (Carol, b. 1954) Because I am getting older, it is frightening me. I don't think I could cope with something like that knowing I'd brought it on myself. I could have stopped when I was sixteen, 30 years ago

However, the dissonance between knowledge and behaviour could also be related to age. Another interviewee, Christine suggested that it was difficult as a young person to appreciate health hazards which might only become apparent later in life. An ex-smoker at the time of interview, Christine had smoked for much of her life and she gave a sophisticated analysis of the way in which the marketing of cigarettes as cool and sophisticated in her youth had helped to override any concerns about health.

> (Christine, b. 1959) We grew up with glamorous black and white movie stars who smoked, had cigarette holders … As I got older it was glamorous as in rock chick wasted, tough girl glamorous. There was always glamour associated with cigarettes – with the advertising, its presentation in the media, with role models and the fact that they smoked on TV… Having this image of tough guys smoke, tough girls smoke, cool guys smoke, in control people smoke so therefore you do … The whole way through it had a false picture that it makes some kind of statement about yourself to others, whereas its really a nasty dirty habit that speeds your heart rate up, tars your arteries and stains your teeth.

> *(Rosemary) So when did you become aware of the health risks of smoking?*
>
> (Christine, b. 1959) Possibly only when I started doing bio-sciences. You are aware that your lungs are black, but you don't understand the implications of that. Its very difficult to understand the implications of what you are doing now, which doesn't seem to affect you or your future health – emphysema, cancer etc… Although you read about things associated with smoking it is very difficult when you are a healthy 30 year old and you don't have a cough or a problem and it is very difficult to take on board that you are doing unseen damage that can manifest itself further down the line… Its very difficult unless you

> are confronted with a disease that is immediately apparent and it is undermining your lifestyle, I don't think its possible to appreciate it.

As Christine suggested, a further reason for the dissonance between knowledge and behaviour was the ambiguous position of the cigarette as earlier discourses emphasising the benefits of smoking were still perceived to have an effect. This related not only to those which portrayed smoking as glamorous and sophisticated, or in Christine's words, cool, but those which suggested that smoking could also have a positive impact on an individuals' psychological and physiological well-being.

> (Christine, b. 1959) I think you are looking for something from cigarette smoking which doesn't exist. You still think it gives you something. It's this kind of feeling that somehow or other a cigarette is going to calm me down when in fact the cigarette's not going to calm me down, it's going to stress me out because it's a stimulant not a sedative. I think our society has this feeling that something can be gained or sought from cigarette smoking. I think I grew up with the idea that cigarettes gave you something, they had a positive role in your life or they were a reward.

This tension between what she perceived as the benefits of smoking and the knowledge of the harm it was doing her was something which ran thorough her interview and was echoed in her feelings about the actual act of smoking.

> (Christine, b. 1959) The ritual of smoking a cigarette is enjoyable. However, the cigarette itself tastes foul and makes you feel crap but there is something about the ritual of sitting down with a cigarette and lighting a cigarette's up and smoking it. If you could find something that was not addictive, didn't create as much stress in terms of not being a stimulant and a poison to your body, and didn't taste foul, I'd happily smoke the rest of my days away.

Another interviewee, Gail, recalled the positive images she gained of smoking as a child and the paradox she saw between this seemingly glamorous habit and the

damage it caused. In her account, she used the glamour associated with smoking in her childhood as a way of removing the responsibility for starting to smoke from herself.

> (Gail, b. 1954) She (*her grandmother*) would come over if she was baby-sitting with her friend Pat and the pair of them would sit and smoke and drink. They would never get drunk but they would sit there smoking and drinking and it actually looked quite nice because they were having such fun.

> *(later in the interview discussing the health risks of smoking)*... My grandmother, the one who smoked and drank, as she was lighting up she'd be telling me how awful it was, but it looked so good. She looked as if she had a great time with this cigarette hanging from her mouth. She looked perfectly happy with it. Plus the Sunday matinee... I do remember how good the screen idols looked smoking... you just didn't think they would smell. I remember watching that and thinking how nice it looked and then I would watch my granny and it looked as good with her, so it really wasn't my fault I started smoking at all.

Interviewees' discussion of the health risks of smoking therefore suggested that awareness of the health risks of smoking was subjective, open to rationalisation and influenced by personal experience. The multiple discourses which had surrounded smoking in interviewees' lifetimes also meant that it retained some of its earlier ambiguity. Despite this however, there was a widespread recognition that the social meaning of smoking had changed during their lifetimes. From being an accepted part of social interaction, the cigarette was reconstructed as a threat to both the health of the individual and more recently, to the health of society as a whole. As a result, smoking was seen as something which necessitated control on both a personal and social level.

Harm reduction/behaviour modification

Integral to the idea of control was the desire to maintain a healthy body by reducing the risks to which it was exposed. One of the ways which interviewees' first tried to control their smoking habits was to switch to filter tipped or lower tar cigarettes. As I have shown in my archival research (Chapter Five in particular) smokers were encouraged to switch to filtered or lower tar cigarettes throughout the 1960s and 1970s in order to reduce the harm they faced. This was reflected in the accounts of a number of interviewees, who recalled that awareness of the health risks of smoking was accompanied by physical changes in the cigarette – firstly in the fact that filters were added and secondly that tar and nicotine levels were reduced. There was a strong perception that this would make smoking safer. By switching to such cigarettes, interviewees believed that they were not only controlling their habit but reducing the risk they ran from smoking.

The first two interviewees quoted below discussing filter tips were talking about a period before they themselves considered smoking to be dangerous to health, which suggests firstly that there was some underlying consciousness that smoking was not entirely good for you and secondly that filter tips would reduce whatever harm smoking did. Discussing her parents' reaction to her smoking as a young woman, Maggie recalled that they can't really have complained, as smoking wasn't considered a health hazard.

> (Maggie, b. 1934) I suppose my parents can't really have complained, if my father smoked, and it still wasn't considered a health hazard. There was certainly something about filter tips which were more or less coming in, you'd know when filter tips came in probably, but it must have been a little later, yes, but the holder was supposed to prevent any deleterious effects... because the smoke was cooled down, I think rather than warm, it wasn't going to get too warm in your throat. I mean, that was all I remember knowing of the health hazards at all.

Jess similarly remembered the advent of filtered cigarettes, which she placed in the immediate post-war period. In a discussion about the brands she used to smoke herself, she recalled the rationale behind them and the fact that she preferred smoking filtered cigarettes.

> (Jess, b. 1916) And then they all came out, all the different filters and things like that to try and keep you away from smoking, you weren't supposed to get as much nicotine into you.
>
> *(Rosemary) Do you remember when they were introduced?*
> It would have been just after the war. Because up until then, I think that was the one thing which made me shy off cigarettes, the mere fact that you got bits of tobacco on your lips and that - euch. But then they sort of – it used to be just the little filters and then they got bigger and bigger.

Another interviewee similarly recalls filter tips being promoted after the Second World War.

> (Joanne, b. 1933) They encouraged us to smoke the filter tips then, I would say that was in the forties, 1949/50, they advertised the tip ones then. I think that is when I went on to the tip ones. Yes it would be yes, oh well, all the stuff coming out of the cigarettes is going into the filter bit, you know, you didn't think you were doing any harm, you know.

The advent of lower tar cigarettes was similarly seen to make smoking safer. By this time, most interviewees were aware of the associations of smoking with disease and chose to switch to lower tar because they believed that this would reduce harm. When discussing the different brands she used to smoke, Gail, for example, recalled that she switched to lower tar when she realised smoking wasn't good for her and that she ought to cut down. She returned to this later in the interview when discussing cigarette advertising.

(Gail, b. 1954) I just remember Silk Cut advertising low tar. There was ordinary Silk Cut and they brought in Silk Cut Ultra which was ultra low tar. I remember this emphasis on the tar content and Silk Cut were so much lower in tar than your average cigarette.

(Rosemary) Why did this seem important?

(Gail, b. 1954) I figured then that you were lessening the risk of illness. If you were going to take in less tar your risk was greatly reduced. It was OK to smoke them almost.

Another interviewee, Janet, similarly recalled when discussing cigarette brands that switching to lower tar cigarettes was seen to reduce the health risks of smoking.

(Janet, b. 1933) You did get the lighter tar when I stopped smoking and that's when a lot of people changed their brand because this tar, lighter tar or medium or whatever and people thought, oh well, if I cut that down, I'm helping myself.

Alice, a smoker at the time of interview, remembered that she had started smoking filter tipped cigarettes when she became aware that smoking was a health hazard.

(Alice, b. 1933) The filter tips reduced the risk. Prior to that you would only get ladies, if anyone used them, it would only be women. You didn't ever see men with them. Until they brought in the, that it would cut down the hazard of smoking. And gradually everyone started onto filter tips.

She later emphasised the fact that only women had smoked filter tips by saying that it was an 'unmanly' thing. Fiona made a similar comment about Silk Cut cigarettes, terming it a woman's cigarette – 'I think the lowest a man can stoop to is Benson and Hedges you know after that his masculinity is definitely drawn into question'. Such comments suggest that what were perceived as 'healthier' cigarettes were also perceived, by these women at least, as feminine in both their appearance and content.

Discourses of addiction

Another way in which interviewees drew on ideas of control was in their discussion of smoking and addiction. This related mostly to more recent periods in interviewees' lives and to attempts to give up smoking. For those who wanted to stop completely, trying to give up became a question of who was in control, the smoker or the cigarette. It was in this context that interviewees drew on discourses surrounding the addictive nature of smoking (out of control) and notions of willpower (in control). Smoking was constructed not only as a threat to health, but also to self-control and consequently, to self-esteem.

The fact the discussions of addiction related largely to more recent periods in interviewees' lives is consistent with wider public discourses which have imbued smoking with negative connotations of drug addiction and dependency. There has also been prominent litigation in the United States about the extent to which the tobacco companies were aware of the addictive properties of tobacco. While there are no comparable legal measures extant in Britain, the process has been closely covered in the media. There have also been fiction and non-fiction representations of the issue. In other words, the fact that tobacco is now widely viewed as an addictive drug in medical, legal and industrial circles has been widely covered in the public domain. While none of the interviewees referred to tobacco litigation or medical reports directly, they did show an awareness of changing discourses surrounding tobacco and they framed their experiences accordingly. As one interviewee put it,

> (Anna, b. 1925) in the fifties and sixties people took it for granted that if you wanted to smoke, you smoked, there was no stigma attached to it and we didn't even have health, nobody said in those days, it wasn't till I can't remember when they began to say it was bad for your health and em you would be better off without smoking. It was never pointed out I would say until the Seventies before it began to be pointed out that it wasn't good for you... by that time we were all addicted.

In this context, addiction is used to excuse a behaviour – either in themselves or in others - which interviewees know to be harmful. One interviewee, Joanne, explained her own smoking as something she was brought up on, drawing on notions of social conformity discussed in the previous chapter. Even although she had begun to suffer the effects of smoking, she used the notion of addiction to explain why she continued to smoke.

> (Joanne, b. 1933) If I find something to do all day I can forget the cigarettes... because I know I shouldn't be smoking as much... because I get sore throats and I get a cough and chest infections when this weather comes in[7]... every year I always take a chest infection the doctor always (asks) are you still smoking? Yet when I take a real bad infection in the chest I can't smoke but as soon as I know I can smoke again and my chest infection is lifted so I'm right back onto it again, it's an addiction isn't it? ... You see I was brought up on it and that's it.

Two other interviews used this idea more generally to explain why people who had been smoking for long periods before they were aware that it was dangerous found it difficult to stop smoking.

> (Edith, b. 1934) Around the late 1960s the health warnings came in and they began to talk about banning advertising and trying not to promote cigarette smoking... I think a lot of people did try to give up but people who had been smoking since 15/16 found it extremely hard to even try and cut down.

> (Jess, b. 1916) I think if a person has been smoking most of their life, I don't think you'll get them to stop.

Another interviewee, Gail, who had made several attempts to stop smoking, described the difficulty she had in doing so and her realisation that she was addicted to smoking.

---

[7] The interview was carried out on a cold and rainy day in November.

(Rosemary) How did you find giving up?

(Gail, b. 1954) I found it so difficult, absolute torture. I was short tempered and became deceitful because I would borrow a cigarette from the next door neighbour and I would go into the bedroom and hang out the window smoking. I hated myself because I knew I should have had the will power and I was being deceitful but I wasn't really deceiving anybody, I was just feeling really guilty.

(Rosemary) Why did you feel bad for not having the willpower?

(Gail, b. 1954) Because if I didn't have the willpower it meant that I was addicted to this drug. I wanted it to be a case of I wanted to stop therefore I would. I wanted it to be very simple, just to stop and that was it. But it wasn't like that, I would crave cigarette and it was awful.

Although Gail did eventually stop at this point, she restarted seven years later. She described this as a gradual thing, influenced by a friend who also smoked. Her portrayal of this friend mirrors the way she described her grandmother and filmstars previously, as she was seen to be unaffected by the negative effects of smoking.

(Gail, b. 1954) I had a friend who smokes Benson and Hedges and still does, and she has really white teeth. When she smokes it looks really good but its because she has really white teeth and never smells of cigarettes.

Gail restarted by taking the odd puff of this friend's cigarette, but she didn't consider herself to be smoking again until she actually paid for a packet of cigarettes herself, an action which was surrounded by subterfuge and feelings of guilt.

(Gail, b. 1954) We were going to another wedding and we were getting a taxi. I said to my friend we'll stop at the off-sales and asked if she could get me 20 cigarettes and handed her the money. She then bought the cigarettes and I realised that I'd actually bought a packet... I didn't consider myself to be smoking again until I actually gave her

the money and I knew I was going to smoke that night. I didn't tell my husband.

... I was angry with myself for starting again... for being so weak because I perceive it as a weakness and I had given in. Because I knew it was bad and how much better I had felt when I had stopped smoking.

As smoking was seen as an addictive behaviour, much of the rhetoric surrounding it relied on ideas of control. Gail's account above equates her addiction to being unable to stop when she wanted to – that is, she was no longer in control of her behaviour. Smoking was therefore constructed as a threat to her self-control. This was accompanied by feelings of guilt at not being strong enough to stick to what she believed was the better lifestyle choice. Another younger interviewee, Fiona, an ex-smoker, more explicitly drew on ideas of control, or lack of it, to describe her smoking behaviour. She recalled that it was the fact that she was dependent on cigarettes which she hated most. She viewed the need to smoke as being a controlling factor in her life, influencing everything she did.

(Fiona, b. 1958) I think just depending on it was what I eventually hated the most about it, you're absolutely sacrificing everything for a cigarette, it would really come down to that, you know, but at the end of the day I looked what was the most important thing, you know a decent meal or a cigarette, you know, I'd go for a cigarette, you know. I would think this is just crazy, you know, I'm destroying my health you know, and I'm doing it willingly, you know, so that's the sort of control that it has. I was just obsessed, you know.

As she also explained, it wasn't just the physical dependency she disliked, but the fact that ethically she didn't agree with the politics of the tobacco industry.

(Fiona, b. 1958) (I didn't like) spending that amount of money and (I'm) very green politically you now, so I read a lot about these cigarette companies, as far as I am concerned (they) are the scum of

> the earth, you know and I am giving these guys money, but that wasn't enough, that wasn't enough to stop it.

Fiona therefore constructed smoking as a threat to her political and ethical beliefs. Much of her narrative is framed in terms of her own struggle to regain control of her identity, a goal which she eloquently expressed in terms of liberation and independence. Discussing how she felt about having given up smoking, she said,

> (Fiona, b. 1958) it's the best thing I've probably done in many years, I feel much better physically... (and) there was no doubt about it, it affects your self-esteem... I had a substance I had no control over you know and I was addicted to it, you know, I knew that and that's not a nice way to feel about yourself and it's nice not to have to live with that.

Christine, who had given up smoking when she was 24 and had re-started during a time of personal trauma, similarly framed her narrative predominantly in terms of addiction and dependency. This again was in contrast to the notion of social smoking she had previously drawn on in her discussions of corporate and personal hospitality.[8]

> (Christine, b. 1959) When I was 24 I just decided that I was fed up of them (cigarettes) and they didn't do anything for me and put them down. I left them for a year then had a slightly stressful period when my husband had an accident in the USA and I had nothing to do for a few days except watch him come round and I started smoking again. It's an addiction that doesn't go away, I don't know if it doesn't go away or its probably more that as soon as you smoke again you set it up again, more than anything else... It was habitual, it was addictive habitual smoking, not just social smoking.

Despite the fact that she started smoking again, she constantly struggled to limit her habit.

---

[8] Chapter Six, p. 295.

> (Christine, b. 1959) I was trying not to smoke until about 3 or 4pm to try and cut down my intake… You smoke because it is an addiction and habit but I detested ashtrays, the smell of smoke off my clothes, so although I was obeying a chemical urge in my body by the same token my head was saying I don't like this.

For much of her smoking life, this interviewee struggled with this tension between the perceived benefits of smoking, outlined on page 350, and knowledge of the harm it was doing to her. This tension was also apparent in the account of Carol, who had smoked since she was a teenager and was desperate to give up at the time of interview. She had described smoking when she was growing up as a normal thing to do – 'It wasn't peer pressure in those days because everybody did it so you just followed suit' – but by the time of interview, she was seriously concerned about the health implications and aware of the fact that she couldn't give up. Her narrative was structured in terms of the internal struggle she was constantly feeling between her addiction to cigarettes and her desire to conquer that addiction, a desire she expresses in terms of being able 'to break the habit'. She blamed the fact that she couldn't give up on the stress of her job, saying that she turned to cigarettes as a way of coping with that stress.

> (Carol, b. 1954) Every so often I don't take them (cigarettes) into work and take the inhalator thing but its quite a stressful job I have and when you are screaming you just get up, take your bag and go outside to have a cigarette and calm down.

She referred frequently to her attempts to give up and the guilt and low self-esteem she felt at being unable to.

> (Carol, b. 1954) It's horrible… I'm beginning to think this is disgusting, why can't I stop this. I hate myself when I'm coughing and choking. I really would like to stop but I don't think I have the will power.

Conversely, however, smoking could also be seen as a way of exerting control over one's body. Several interviewees, Carol included, referred to the way in which smoking could be used as a way of maintaining control over their body shape in order to conform to dominant ideals of femininity. Gail, for example, discussing starting smoking again after having given it up for seven years, used her weight as her public justification for taking it up again. She had in fact been smoking occasionally in private before this point.

> (Gail, b. 1954) When I did stop I had put on so much weight. I was still off the cigarettes officially but unofficially I was still smoking and I was on a diet to try and lose weight. My mum used to go to the slimming club as well and I had two pounds to lose to get to my target weight and for three weeks I went to the club and hadn't lost any weight at all. I said to my mum, I'm going to smoke again, but I was smoking anyway but I had never owned up. I smoked in front of her that week and when I went back I'd lost the two pounds and that was what I used to justify smoking again... Then it was OK because I smoked to keep my weight down.

Carol also saw smoking as a way of helping her diet, but expressed the tension she felt between using cigarettes to get to a healthy weight and the health implications of smoking too much.

> (Carol, b. 1954) Last week, for instance, I had a bad head cold and I smoked quite a bit because I wasn't tasting anything and I was bored and trying to diet again. I did smoke more than normal but I wasn't at work for a couple of days so I had nothing better to do than smoke and if not, I would have eaten. It's a vicious circle.

Throughout the interviews there was the idea that cigarettes were seen as a double-edged sword, not only because they were seen to confer benefits at the same time as being harmful, but also because knowledge of the harmfulness was seen to come after the interviewees had started smoking, either because they chose to ignore the risks until they were confronted by them or were not aware of them. Prior to this,

there had been the idea that smoking had a social significance, marking out the boundaries of adulthood, economic and social maturity and the idea that one was in control of one's life. Paradoxically, smoking then came to be seen not as a symbol of control and maturity, but as something which induced dependence, from which the interviewee once again had to struggle for independence.

The impact of passive smoking

Despite awareness of the health risks, however, a number of the interviewees voiced the opinion that smoking was a matter of individual choice as smokers were aware of the risks they were taking. One interviewee, Deirdre, a life-long non-smoker, had taken the former attitude for much of her life, despite the fact that she viewed smoking as 'a disgusting habit'. She remembered that people had smoked in the toilets at her secondary school and expressed her indifference to this.

> (Deirdre, b. 1950) I mean, that was up to them whether they wanted to, if they wanted to get cancer

Later in her interview she referred to her friends who smoked today in a similar fashion.

> (Deirdre, b. 1950) I don't agree with it, but what can you do? You can't turn round and well, I've got a few friends who smoke and they know how I feel about smoking, but if they want to ruin their life, that's up to them.

Her attitude is resigned to people around her smoking, despite the fact that she doesn't like it and explicitly says it affects her contacts lenses and she doesn't like sitting in a smoky atmosphere. Another interviewee, also a non-smoker, similarly viewed smoking as a matter of personal choice.

> (Amy, b. 1956) (Smoking) didn't bother me and I think it's a choice if people smoke or they don't smoke, I think it's a personal choice and I still don't get very het up about it...

However, despite acknowledgement that smoking was a question of individual choice, several interviewees recognised the tension between one person's liberty and the effect on those around them. May, for example, summed up the argument.

> (May, b. 1933) Some people say it's harmful, others say it's a civil liberty.

For her, the key issue was passive smoking. This was recognised to be an issue which had entered public consciousness relatively recently, with most interviewees locating it within the previous decade. Much of the discussion on passive smoking was couched in the same terms as discussion of the health risks of smoking more generally as it was again seen as something which people had not been aware of previously.

> (Anna, b. 1925) People not only say its bad for your health but its bad for other people's health, that was never mentioned, that was never a thing that it's bad for other people's health.

> (Alice, b. 1933) And then in the Eighties and Nineties they started talking about passive smoking. And the hazards of that. But that was never heard of, as I say, in our young day, if someone was a non-smoker they would never ever complain about someone smoking. It must have been about the Eighties before that happened.

Most awareness of the issue of passive smoking was expressed in the context of smoking in public places. For example, the second interviewee quoted immediately above, Alice contrasted the widespread acceptance of smoking and its prevalence in public places with the restrictions placed on smokers now.

> (Alice, b. 1933) You were allowed to smoke in cinemas and theatres, you know, so there really weren't any restrictions on where and when you smoked, but em, ... there are so many restrictions on smoking now but there were none, and you didn't have smokeless zones, like in restaurants or cafes, you know and no-smoking areas, there was

> nothing like that... a health hazard was never mentioned, you know that wasn't mentioned at all in those days.

Such restrictions were seen to be a relatively recent phenomenon and were remarked on by several other interviewees.

> (Joyce, b. 1931) Say two or three years ago, they stopped smoking in planes, that's one of the things I became aware of which is very good.

> (Christine, b. 1959) Through to the early 1980s trying to find a non-smoking place was the problem... If you smoked it wasn't a problem at all. It would be if you were trying to get away from the smoke that would be a problem because restaurants, clubs, bars, pubs, I think even in gym changing rooms you could smoke... whereas now we are full circle, it's trying to find a smoking space.

This segregation was reflected in the workplace and was compounded by the fact that smokers were given the inferior accommodation, reflecting their status. Those interviewees who had worked recalled the implementation of smoking policies which removed smoking from the workplace itself and located it out of sight, either in small smokers rooms or on the steps of buildings.[9] Nonetheless, as one interviewee suggested, smoking restrictions could be subjectively interpreted, depending on the smoking status of those in charge.

> (Susan, b. 1955) When I started working as a social worker, it was still acceptable for people to smoke in the offices and where I worked the area manager was a smoker, so even after Strathclyde Regional Council bought in policies about trying to discourage people from smoking, people still smoked, whereas now it is much more stringently enforced.

[9] Gabrielle, b. 1925; Edith, b. 1934, Gail, b. 1954.

One interviewee, a teacher, noted that the smokers' rooms were always the most obscure places. She then went on to say that the council No Smoking policy removed the obligation to provide a designated space for smokers completely.

> (Amy, b. 1956) The room could be anywhere... the most obscure place at the top of the building... in prior years you had to provide a designated space but now you don't have to provide a space. And the restrictions on the space, you know if it opens onto a corridor and the child passes through and things like that then you can't have it.

The contrast was also seen to be at a social level, with smokers placed on the fringes of social interaction rather than at the centre. A number of interviewees recounted that either they or their friends and relatives who still smoked did so outside, usually in the garden or on the street.

> (Gabrielle, b. 1925) What in the Seventies, early or late Seventies was the norm, that is, smoking was completely accepted. And what is the norm now is not to smoke. And you get the impression that people are, very often smokers are very embarrassed to say they smoke and could they smoke. I don't know very many smokers among my friends but the few I know will do as my daughter and her husband do and go outside and smoke or else, you know, if they become totally desperate they will say look, do you mind terribly much if I have a cigarette, I can go to the window, or you can open the window or something like that. They are very apologetic about their smoking – well, fifteen years ago they didn't ask, they would just light up, light up a cigarette. I think now... the smokers are a bit treated like pariahs, you know.

Awareness of the risks of passive smoking and the resultant restrictions on smoking in public places were seen by some interviewees to have impacted on attitudes towards smoking more generally as non-smokers had stronger grounds to assert their right to a smoke free environment. This was compared with the situation prior to widespread awareness of the health risks.

(Fiona, b. 1958) There's a lot more no smoking places to go to like in the South Side (*of Glasgow*) ... and no smoking on the buses and on transport more em I think it being outlawed more in public places definitely... and you know people saying 'I don't want you to smoke' much more readily without feeling guilty about it you know its like they were made to feel bad about it before but I think with the public attitude changing I see that they feel perfectly justified in saying 'actually I don't want you to smoke here' you know rather than that's a really more in cool thing to say you know, an infringement on somebody's right I think you know non smokers are much more aware of passive smoking of their rights and willing to assert those.

(Janet, b. 1933) You didn't really have No Smoking areas... you went into a bar, you just sat and you were in this fog. You were creating it as well. And nobody complained. Non-smokers didn't sort of complain. I don't remember people complaining about, oh, that smoke, which you get nowadays. I don't remember that.

The physical removal of smokers from collective social space was seen as the embodiment of a cultural shift towards non-smoking as the social norm, as society in general embraced the move towards healthier lifestyles in general. What shifted the question of smoking from a matter of individual choice, where the emphasis was on self-control, to a matter which itself required controlling through legislation, was awareness that secondary smoke posed an external risk to others. Moreover, it was a visible risk. As a result, the physical separation of smokers was also seen to be accompanied by social stigmatisation. One interviewee voiced the notion of stigma today in her comparison of attitudes towards smoking during her childhood in the Sixties and today.

(Amy, b. 1956) I don't think people were aware of the risks and the dangers and I think the advertising then it was quite a natural thing to do wasn't it, men smoke and things like that. And... there weren't no smoking areas and there was no stigma and there was nothing about passive smoking.

Other interviewees, who smoked at the time of interview, drew more directly from their own experiences. One interviewee, Morag, who had smoked on and off for long periods in her life, finally gave up smoking in the mid-80's. She recalled that this was not only for health reasons, but also because she increasingly felt under pressure to do so.

> (Morag, b. 1932) The main influences in making me give up were latterly health. I mean, not that my health in fact was suffering at all, em, dignity, largely dignity, it's so demeaning to be dependent on a cigarette when other people aren't, it's socially unacceptable amongst.. I mean, hardly any of my friends smoke now. I can't think of any friend who smokes consistently and any friend who does smoke is giving up and starting again and giving up and desperately wants to give up.

She went on to describe the way in which smoking had become a stigmatised behaviour in her eyes.

> (Morag, b. 1932) I think probably socially it hasn't been acceptable generally probably since about 1980, in fact, amongst my colleagues I felt quite guilty.
>
> *RE: Why was that?*
>
> (Morag, b. 1932) I think you are aware, two things really, I think, one, you are aware of the unpleasantness of the smell and the influence of, you know, secondary smoking and the anxiety for one's own health, I think, and I think the other thing socially, almost was I can give up, you can't. But I mean, I think there's a certain element of that, 'oh you poor thing', I remember this GP, I was on the health council at one stage and there was this GP who was smoking, who couldn't not smoke and I thought, 'you poor soul, I mean there are you, a GP, and the minute you get outside you light a cigarette', and I think it was almost pity/contempt now for people who can't stop.

Carol described the way in which she felt her smoking was being judged by other people when she smoked in public.

> (Carol, b. 1954) If you are in a pub and you light up, you can see people looking at you. If I've lit a cigarette at the bus stop and somebody is standing coughing, one of these days I will turn round and say this is my air as well as yours. I think I start feeling guilty and uncomfortable and I will put it out and that is a waste of money.

In her opinion, the disapproval of smoking was not only reflected in the division of social space and disapproving looks, but also at a material level, as she feared she would be penalised by differential medical treatment.

> (Carol, b. 1954) Apart from that I'm getting older and I don't want to go to the doctor , and I think that probably will come at some point, and they'll ask if you are a smoker and say tough, away you go. I don't think that will happen but it could and I don't want that happening to me if I'm not well.

..

One interviewee, Joanne, a lifelong smoker, noted that restrictions on smoking in certain public places circumscribed the choices she made about going out. She also posits the restrictions today in contrast to the prevalence of smoking in public places when she was younger.

> (Joanne, b. 1933) All the hotels I worked in you got smoking, you know, everybody else did in the dining room and in the lounge, never stopped. You know there is certain parts of lounges and what not that you can smoke or don't smoke. But there is lots of places where you don't even get smoking. I make sure I don't go out now because if I'm going for a meal I like a cigarette and I like one when I finish my meal.

Her choice of places to go for coffee was similarly limited because of the restrictions placed on smoking in some of the cafes in her area.

> (Joanne, b. 1933) Certain cafes round here even, you go in for a coffee and you don't go in that one because hardly anyone goes in there that smokes you know. Or there is no tables left to smoke.

Another interviewee, Joyce, noted that restrictions on smoking in aeroplanes limited the journeys that smokers felt able make, citing the example of a friend who would not travel to America because he could not have a cigarette. A smoker herself, she added that she thought this was crazy. One of the younger interviewees, Fiona, a smoker who had given up smoking prior to the time of interview recalled that the question of smoking or non-smoking spaces had not only determined where she and friends would go, but had been a source of tension. She went on to describe how the issue of passive smoking had contributed to her decision to give up smoking.

> (Fiona, b. 1958) I would get annoyed … if I went with friends who deliberately went into non smoking places before you know as now I wouldn't notice if it was non smoking or not I mean I went with one of my friends in town and we went into a place and she said 'oh we can't', she's a smoker, 'we can't go in there its non smoking', I thought oh I never realised that you know em so before I got annoyed with people doing that I thought there was a lack of consideration… if people didn't want me smoking in the house later on, I got better with that one definitely, but initially I was a bit shocked I thought that's a bit dictatorial you know… but I was becoming more and more aware you know that a lot of people are not happy around smoke.

> *(Rosemary) And what do you think sort of influenced this change in your own attitude?*
>
> (Fiona, b. 1958) The change in public attitude really and people's attitudes towards it you know that non smokers should a right to clean air if they wanted it you know and that there was a danger of passive smoking you know that you weren't just endangering your own life

> you are causing possible health problems for other people as well so I think as I became more aware of that ... I think its just gone with the public awareness though you know a change in attitude towards smoking itself you know.

This change in attitudes towards smoking and its effect on smoking behaviour was summed up by May.

> (May, b. 1926) I mean, if you are sitting round a table and the cigarettes are going round, at one time almost everyone was having one, and gradually became less and less and you know, you are looked at now, if you take a cigarette, it's just not thought about passing them round now, you are the exception rather than the rule ... I mean, you don't want to be the odd one out, do you, or thinking that there is something wrong with you because you smoke. A lesser person because you smoke.

In contrast to the picture of the widespread acceptance of smoking which the interviewees painted when talking about the decades immediately after the Second World War and up to the 1960s at least, their discussion of smoking today presents a behaviour which is both restricted and stigmatised. Public awareness of the epidemiological case against smoking has affected both the moral and medical judgements made about smokers, as smokers began to be seen as putting their own life and that of others at risk. Smokers are increasingly seen as not in control of their habit and as the victims of an addiction, in sharp contrast to the earlier portrayal of glamour, sophistication and independence which had prevailed. Over the course of interviewees' lifetimes, smoking has been reconstructed as a threat to health, self-esteem and dignity and, despite some lingering attachment to more positive discourses surrounding smoking, interviewees portrayed a situation where smoking was predominantly seen as something which had to be controlled at both a personal and social level.

Conclusion

One of the things which prompted me to start researching this thesis was the gendered disparity in tobacco consumption over the last one hundred years, particularly the fact that, from having been a negligible part of the smoking population at the beginning of the twentieth century, women were the fastest growing group of smokers towards the end of it. At the start of the twenty first century, that trend continues. It is reflected in the most recent set of health education adverts by the Health Education Board for Scotland (HEBS) which focus on smoking among girls and young women. One commercial features a fictional all-girl band, 'Stinx', who scare off potential suitors by the fact that they smoke and then can't chase after them because they run out of breath. Drawing on contemporary discourses of 'girl power', the advert attempts to subvert industry images of the cigarette as a tool of seduction.

The most recent advert in the series depicts an alien coming down from outer space. He/she/it is a reporter for the fictional TV series *Mysteries of the Universe* and he/she/it is reporting on the very strange behaviour of human beings who smoke. Citing the 4 000 harmful chemicals in cigarettes, the alien reporter goes on to show how smoking undermines fitness and affects a human being's chances of finding a mate. One scene shows teenage boys running for a bus and the one who misses it is the one who smokes. This last part of the advertisement shows a boy approaching an attractive girl at a party and turning away as she raises a cigarette to her lips and is surrounded by a haze of smoke. This echoes the theme of the 'Stinx' commercial and again recognises that girls are the fastest growing group of smokers. In launching the advert, the chairman of HEBS, David Campbell remarked that if an alien did land on earth it would be 'baffled' by smoking. The advert is part of a series of health education messages which urge the viewer to 'Think about it'.

The HEBS commercials seek to counter the positive images of sophistication which the tobacco industry has promoted for decades. However, in doing so, they reflect the same discourses of femininity suggesting that women should be attractive to the opposite sex which the tobacco industry have employed for decades. The difference is that HEBS seek to place not smoking, as opposed to smoking, as the way of achieving this. Nonetheless, their portrayal retains gendered dimensions. As in early twentieth

century material and much of that during the second half the twentieth century, anti-smoking for boys emphasises the threat smoking poses to physical fitness and health. In the 'Stinx' commercial, the girl band are also shown out of breath, after chasing something they can't get. But it is a group of young men they are chasing, not a bus. In other words, the girls are depicted in their relationship to the opposite sex, not in and of themselves. The boys have the ultimate say in who they choose as a mate and it is up to the girls to make themselves desirable. The cigarette, or lack of it, is positioned at the centre of this and smoking, or not smoking, remains an expression of gendered social norms.

Despite the warning over the chemical composition of tobacco smoke and the impact smoking is shown to have on fitness, the message which the current HEBS commercials give to women is little different from the message of Lynn Linton in the 1890s or the NSN-S in the 1930s. Smoking among women is shown to be offensive to men and to affect women's aesthetic presence. An advertising series by the HEA in 1998-9 similarly focused on the effect of smoking on a woman's external appearance. For women at the beginning of the twenty-first century, the question whether or not to smoke is still portrayed as one which is as much to do with gendered social expectations as about individual choice. Smoking is not, and never has been, seen as a gender neutral practice.

Indeed, as I have shown in this thesis, the association of smoking with gender has been present throughout its history. This is evident in the spatial delineation of smoking along gendered lines in the 19th century and in the repositioning of the cigarette at the heart of sophisticated femininity in the twentieth. It is also obvious in the resistance to the spread of smoking among women at various stages, particularly in the 1890s, the interwar period and from the 1970s onwards. The association of smoking with gender can also be seen in my interviewees' discussions of their own smoking experiences and in the popular discourses they draw on.

However, the growth of smoking among women to equal that among men is a relatively recent phenomenon. Although tobacco use has been surrounded by controversy at various stages in its history, until the end of the 19th century, this centred on the medical, moral and economic arguments surrounding tobacco use

rather than the gender of the smoker. For the most part, it was assumed that the smoker was male. This assumption has shaped much historical writing on tobacco use both in the 19th and 20th centuries. As a result, one of the objectives of this thesis was to integrate the history of smoking among women into the history of tobacco more generally. In doing so, I have shown that there is a degree of continuity in the arguments which have surrounded tobacco use in the past which provide the framework in which to locate debates surrounding smoking among women from the late 19th century onwards. I have then gone on to show that developments in the tobacco industry, from the advent of the cigarette in the late 19th century through to changes in its physical form in the latter part of the 20th, have been crucial in increasing the number of female smokers. I have also argued that the changing meaning of smoking more generally - as a result of changes in marketing and advertising practice and as a result of growing awareness of the health risks of smoking - has also been key in shaping the social meaning of smoking among women.

My research into the past controversies surrounding smoking suggests that arguments over tobacco use can be seen as a trade-off between the social costs and the social benefits of smoking. This is apparent throughout tobacco's history, from James I's pragmatic acceptance that tobacco, although despised by him and seen as conducive to medical and social ills, brought in substantial revenue, through to New Labour's vacillation on the question of tobacco advertising. Arguments against tobacco use since the sixteenth century until the mid-twentieth century have followed similar lines, being medical, moral and to a lesser extent, economic in nature. From the sixteenth century through to the twentieth, those opposing tobacco use have variously suggested that tobacco is the 'devil's weed', that it induces dependency and pollutes the air of those around the smoker. They have also criticised tobacco on the grounds that it leads to drinking and immorality and that it erodes the desire of the individual, for the most part seen as male, to improve their lot. Tobacco use has also been seen as a waste of resources. While much anti-smoking campaigning today is motivated by awareness of the health risks of smoking, the underlying moral message remains, whether in relation to the economic or bodily cost of smoking.

However, despite the consistency in rhetoric, specific controversies have been the product of particular historical circumstances and the arguments surrounding tobacco

can be seen to reflect wider social tensions, from the religious imperative of James I to the self-improvement ethic of the Temperance movement in the nineteenth century. The campaigns against juvenile smoking at the turn of the last century similarly reflect broader concerns about physical deterioration and the future of the race. The emergence of the epidemiological case against smoking similarly did not emerge in a cultural vacuum but was reflective of a changing understanding of, and approach to, medicine. Government responses to tobacco use, from James I to New Labour, reflect the political imperatives of the government, particularly in relation to fiscal policy and trade.

In addition, opposition to tobacco and the historical context of such opposition also reflected changes in the social position of tobacco from the bourgeois liberal context of the gentleman smoker to the temporal and spatial expansion of the habit brought about by the advent of the cigarette. The anti-smoking movement in the nineteenth century was motivated by the re-emergence of smoking as the most popular form of tobacco use after decades of snuff use; the movement against juvenile smoking was the result of the growing popularity and availability of the cigarette to young boys and men. Similarly, current awareness of the health risks of smoking today is a direct result of the increased prevalence of cigarette smoking in particular and subsequent associations with death and disease which have led to a reassessment of the acceptability of the cigarette. This has been reinforced by the dangers which smoking is now seen to pose to those around the smoker. The sheer scale of the epidemiological case against tobacco in the latter half of the twentieth century makes it different from the medical arguments against tobacco, largely based on individual cases and clinical impression, which had gone previously.

The history of smoking among women is similarly a product of particular historical circumstances and wider social tensions as well as the changing social position of tobacco. However, what is different about smoking among women in a historical context is that it has itself been seen as a social question in a way which smoking among men largely has not. This was precisely because the wider social tensions reflected in the question of smoking among women were those which surrounded women's position in society, while this was not the case for men. This is one of the

main reasons why the question of gender in relation to smoking has been so important.

One of the objectives of this thesis was to explore why smoking had gained such gendered connotations by the end of the 19th century and how, if at all, these changed in the 20th. What my research has suggested is that while the prevalence of smoking may not have been so starkly delineated along gendered lines in the 20th century as it was in the 19th, the social meaning of smoking has nonetheless been redefined in a way that has assumed gendered dimensions. Through an analysis of 19th and early 20th century literature, I have shown that tobacco use was predominantly a masculine habit for much of this period and that this was rooted in a gendered ordering of society. For men at least, the medical, moral and economic arguments which surrounded tobacco use at various stages in its history were largely subsumed by a discourse of moderation. This discourse of moderation in smoking relied on the rational individual who could make his own decisions about tobacco intake. In the late nineteenth century and early twentieth century, this framework of the rational individual did not include women or children, who were seen as physically and mentally weaker and therefore more likely to both be harmed by smoking and to indulge the habit to excess. Contemporary commentators saw women as biologically and intellectually different from men. Critics of tobacco use among women suggested that smoking undermined a woman's physical and mental purity and her position as wife and mother. Anti-smoking material at the beginning of the twentieth century similarly suggested that the idea that smoking was the province of the rational individual precluded smoking among boys. This can also be linked to the association of smoking with maturity and adulthood which has remained throughout the twentieth century.

From the late 19th century onwards, smoking among women has been constructed as a social and moral question in a way which smoking among men has not. This stemmed from the fact that women were seen primarily as wives and mothers with a responsibility for the health and well-being of their offspring. To a certain extent, smoking among men also had a social dimension as a result of economic concerns and early anxieties about passive smoking, but the overwhelming paradigm for male smoking in the nineteenth and much of the twentieth century was the individual making a rational and informed choice about smoking behaviour. Apart from anti-

smoking tracts bemoaning the effect of his smoking on his wife and children, there was little question of social and moral responsibility when it came to male smoking. On the other hand, the 1890s debate surrounding smoking among women was predominantly about women's social and moral responsibility. This was a thread which continued through discussions surrounding smoking among women for much of the twentieth century, resurfacing particularly in the material of the NSN-S and others who opposed women smoking in the interwar period and in the health education campaigns of the 1970s which focused on the harm which maternal smoking did to the unborn child.

Moreover, when women began to smoke in polite society in the late nineteenth century, the most prominent interpretation of their behaviour was that it challenged the patriarchal status quo and threatened dominant notions of femininity. Such women were decried as unfeminine and seen to threaten social cohesion. The potency of the cigarette as a challenge to the status quo stemmed from the fact that, for much of its history, smoking had been seen predominantly as a masculine habit symbolising male power and privilege. Smoking among educated and affluent women reflected the challenge to that power and privilege which such women themselves presented. Although this was not the only contemporary interpretation of smoking among women at that time, it has been the most enduring. This interpretation also made smoking a social, rather than an individual, question.

However, while smoking among women may have posed a challenge in the late nineteenth century, it was one which was incorporated into the status quo in the twentieth. The social meaning of smoking was redefined along gendered lines in a way which removed much of the potency of that challenge. As the cigarette grew in popularity among men, particularly with the experience of the First World War, smoking was redefined as a necessity, rather than a recreational luxury. It was a redefinition which related predominantly to the cigarette and to a lesser degree to pipe tobaccos, and primarily to smoking among men. The growing popularity of the cigarette led to the spatial and temporal expansion of the smoking into every sphere of life. At the same time, smoking was repositioned as something which could be shared between the sexes, as opposed to something which was predominantly masculine. For women, smoking or not smoking became allied with different constructions of

femininity, rather a marker of gender difference. However, the discourses in which women were invited to situate their own smoking experiences were gendered, as advertising and the media positioned the cigarette at the heart of a wider range of femininities which complemented, rather than threatened, the existing masculine associations of smoking.

Although women smokers had a far greater presence in public discourses surrounding smoking in the interwar period than they had done in decades previously, the meanings attached to smoking were ambiguous, reliant on different representations of femininity and acceptable female behaviour. The association of the cigarette with the outgoing flapper, for example, symbolised women's new-found independence and the challenge that independence posed to the patriarchal status quo in political, economic and social terms. It was a response to the gender dislocation of the First World War. The glamorous movie star presented an image of sophisticated chic and seductive femininity, but it was one which remained imbued with overtones of wantonness and immorality, in the 1920s at least. Neither the flapper nor the movie star were necessarily positive role models, but this does not mean that they would not have been attractive to female smokers seeking to assert their own identity. Images of the cigarette in advertising were multi-faceted, symbolising both women's independence and her role as man's partner. In advertising, women were portrayed as glamorous or athletic, self-sufficient or dependent, but never, ever masculine. Advertising emphasised the femininity of the woman and the feminine nature of the cigarette. The rhetoric and imagery employed by the anti-smoking campaigners, on the other hand, focused on the deviation from idealised notions of womanhood and woman's role as wife and mother. To a certain extent, the contradictory representations of smoking among women in various media reflected the prevailing social and cultural milieu as more women moved out of the home and found an increasing role in public life. Women in this position were increasingly faced with contrasting life choices. Criticism of both the cigarette and the independence which it signified reflect the challenge which such women, and their smoking, was seen to pose to society in general.

While the position of the cigarette remained ambiguous in the interwar period, it was an ambiguity which reflected divergent ideals of femininity and the relative increase

in women's social choices, rather than one which was perceived as a reaction to women's social position as it had been in the late 19th century. However, despite the multiple images of smoking in the media prior to the Second World War, consumption figures, contemporary literature and my own oral history material suggest that smoking among women remained relatively low until during and particularly after the war.

The question as to when and why women started smoking in larger numbers was another focus of my research. Both archival research and oral history has suggested that the experience of the Second World War was crucial in establishing smoking among women as more than a minority habit. These sources suggest that smoking among women increased in the Second World War as a result of both social and economic opportunity and a reaction to the stress and anxiety caused by war. However, it is unlikely that this would have occurred without the increases in smoking among women and the increased presence of women in public discourses which had occurred prior to the war. The growth in smoking among women during and immediately after the Second World War was also arguably a result of more than a decade of marketing which had positioned smoking within the context of glamorous femininity and social interaction. The cigarette could therefore be construed as a substitute when such things were in short supply. The position of smoking for both sexes was also influenced by the priority given to tobacco supplies by the government and the importance attached to gaining cigarettes by the smoking public. However, the question of smoking in the Second World War, particularly in relation to gender and the increasing number of women smokers is a question for further research, both archival and from oral history sources.

Nonetheless, my oral history material has already provided some insight into attitudes towards smoking among women prior to the Second World War and the reasons why this began to change during and immediately after it. Interviewees' testimony supported the contention that smoking was predominantly a masculine habit until the Second World War. Those who recalled smoking during the war saw it as a way of mixing with male colleagues on equal terms and as a result of, and way of coping with, the dislocation of war. Implicit was the recognition that financial and social independence and geographical distance meant that interviewees could behave in

ways which might not otherwise be sanctioned by their parents. These themes were more obvious in interviewees' discussions of their smoking experiences in the decade following the Second World War, as many of my older interviewees suggested that it was in this period that they had started, and continued to, smoke.

My interview material was particularly interesting because of the way in which interviewees sought to reconcile their awareness of the changing discourses surrounding smoking during their lifetimes with their own personal experiences of smoking over that period. The most prominent discourse shaping interviewees' narratives seemed to be the predominantly anti-smoking culture they saw around them at the time of interview. This was positioned in contrast to the widespread acceptance of smoking which interviewees suggested had existed when they were younger. However, deconstructing this idea of widespread acceptance revealed a situation which was more complicated as interviewees' reconstructions of their smoking careers were multi-faceted. Interviewees' recollections of smoking and their own experiences in the past suggested that the apparent widespread acceptance of smoking was gendered. Those who could recall smoking before the Second World War suggested that it was rarely done among women, while recollections of smoking among male relatives and friends at that time suggested that men's smoking was seen as an integral part of their life, from getting up in the morning, through to business meetings and social occasions. For most of the older women interviewed, smoking was seen as something primarily suitable for social occasions, marking out leisure time, at dances, on dates or spent with female friends. Nonetheless, the widespread acceptance framework served to explain smoking behaviour in the past which would now be seen as medically and morally wrong given the prevailing anti-smoking climate, despite the obviously gendered patterns of smoking behaviour which it concealed.

The relationship between smoking and the social roles of women was palpable throughout the interviews. While each interviewee had their own personal experience of smoking, almost all of them situated it within wider expectations they faced as women. They also drew on popular discourses surrounding smoking in general, and smoking among women in particular, to explain the ways in which smoking was seen to be compatible with these roles. Those who had smoked as young women suggested

that it was part of the social milieu of dances, the cinema, ice-skating and companionship with both male and female friends. Smoking was seen as something slightly apart from the everyday routine, which could symbolise glamour and sophistication and be used to portray confidence. The significance of the cigarette in such situations was explained in reference to images in popular discourses, through advertising and the movies, and more generally in terms of social expectations. When they entered the world of work, smoking became a symbol of economic maturity and independence. For some, it was a way of coping with the pressures of the job and of fraternising with colleagues of both sexes. In matrimony and motherhood, smoking was both a way of expressing companionship with their husbands and marking out time for themselves. The attraction of the cigarette seemed to lie in its adaptibility: it was something which could be shared with men, with women, used to facilitate business, to create an atmosphere of confidentiality with clients, to express friendship or to signify distance.

However, while some interviewees may have seen their smoking careers as inevitable given the social milieu, the non-smokers interviewed lend weight to the idea that inevitability is a retrospective concept. In other words, while interviewees who smoked may have located their smoking outwith the realm of personal choice, the fact that smoking was not the inevitable outcome of the social context they were growing up in suggests that individuals also gained something at a personal level from smoking. As interviewees' recollections of smoking mostly placed it within the social context, this suggests that personal gain came in the form of the perceived social benefits of smoking, either in interaction with others or in coping with one's own social role. It is also possible that explanations of social pressure and inevitability are another way of justifying behaviour in the past which may be perceived as anti-social now.

The position of smoking within multiple feminine roles became increasingly problematic as interviewees began to consider the health risks of smoking in relation to their own experiences and attitudes towards smoking. Indeed, as I have already suggested, it was this tension which underpinned most of the interviews. Many of the interviewees reconstructed smoking as a threat, not only to their own health and that of others, but to self-control and self-esteem. For several smokers, the fact that they

still smoked and could not give up appeared to undermine their sense of self. Many interviewees portrayed smoking as a stigmatised behaviour at the time of interview, which took place on the edges of social interaction and which was disapproved of. This was in stark contrast to earlier portrayals of smoking as a socially acceptable, even desirable, behaviour.

Despite the overwhelmingly negative view of smoking suggested in many of the interviewees' discussions of smoking today, the material in the interviews as a whole attested to the multi-faceted nature of the cigarette and to the positive aspects which smoking has been seen to have in the past. The legacy of these positive aspects continued to a certain degree. This was apparent both in the recollections of sophistication and glamour and in the social facilitation which smoking was seen to have provided in the past and in interviewees' own experiences of smoking today. There was an unresolved tension, in smokers' narratives particularly, between the social costs and the social benefits of smoking.

However, what my interview material also suggested was that negative public discourses alone were not enough to outweigh the positive aspects of smoking which interviewees who had smoked had experienced in the past. It was only when the negative effects of smoking were seen or felt at a personal level that attitudes towards smoking were seen to change and even this did not necessarily result in behavioural change. This dissonance between behaviour and knowledge was and remains apparent at government as well as individual level. For much of the 1950s through to the 1970s the government fell back on a discourse of individual choice in order to rationalise continued fiscal gain from tobacco consumption. When it became harder to reconcile the costs of smoking with the social benefits, smoking was rationalised through the product modification programme and advertising restrictions. My interviewees also suggested a similar pattern of rationalisation and measures perceived to reduce the harm which cigarettes were recognised to cause in their own interpretations and recollections of smoking behaviour. These aimed to minimise social and individual cost while maintaining the benefits which smoking was seen to provide.

The extent to which smoking, or not smoking, was a way in which women could define themselves within a shifting set of social ideals was another question which my

research sought to address. This is probably the most difficult question to answer. Certainly, my research has shown that the social meaning of smoking among women has been tied up with the social position of women in what it has been seen to symbolise economically, socially and politically. This has been the creation of the media and advertising as much as it has been representative of women's own experiences of smoking. The meaning attached to smoking among women has been multiple, and often contradictory, depending on the historical circumstances and social context – as such it has been, and remains, ambiguous. The discourses which my interviewees drew on to explain their smoking behaviour were those which best suited both their sense of self and societal expectations of them as women. They drew on their understandings of the social position of smoking, as represented in advertising, the media, health education and government policy, and on their own experiences as women to create a coherent narrative about the role of smoking in their lives. The extent to which this was gender-specific is something which can only be addressed by interviewing a similar sample of men. Nonetheless, what my interviews have shown is the way in which these women incorporated both smoking into their lives and changing discourses surrounding smoking into their worldview. The extent to which these women used smoking to define themselves was subjective, dependent both on what they wished to portray and how society interpreted that. For a number of my interviewees, the question had become not how, indeed if at all, smoking was something they could use to define themselves, but how, as smokers, society defined them.

It is this emphasis on society's definition of smokers and smoking which is crucial in considering the rise of smoking among young women today. The underlying dynamic of the HEBS advert discussed previously relies, like the majority of health education, on the rational individual to make an informed and sensible choice. However, while the alien commercial is valuable in its attempts to change the social meaning of smoking, it is based on a misnomer. The alien, having landed from outer space, is completely isolated both from the cultural and historical context of smoking: the young person who takes up smoking and the adult who continues is not. For every anti-smoking commercial, today's teenager, and adult, will also be open to fashion pages and movies showing cigarettes, tobacco advertising and the examples of older friends, siblings and parents. While my research has not looked at this age group, both

the historical and cultural context of smoking among women can help to explain why there should be such a dissonance between behaviour and knowledge, particularly among girls and young women. What my interviews suggest in relation to smoking among women in past decades is that the social context which smoking takes place in and the public discourses which surround it are a crucial part of starting and maintaining smoking. My interviews also suggest the ways in which smoking can be rationalised by the individual, despite awareness of, and concern about, the health risks. For as long as positive discourses around smoking remain and the meaning of the cigarette remains ambiguous, this will help provide the arguments to rationalise tobacco use.

Appendix I: Letter sent to interviewees' inviting them to participate in the oral history research.

[GP headed notepaper]

Interviewees address

Date

Dear [name],

We are writing to ask you to take part in an oral history project being done in this practice together with the Wellcome Unit for the History of Medicine, University of Glasgow.

The project is for a PhD thesis looking at smoking among women in Britain in the twentieth century. We have selected a small number of women from different age groups within the practice. We are interested in their experiences and their recollections of smoking from both a personal and a social point of view.

We would like to interview you as part of this project. The interview will be fairly informal, discussing general background questions about family and early life, school and work experiences, social life, popular culture and health issues throughout different periods in your life and will focus on your experiences of smoking within that.

The interview will be carried out by Rosemary Elliot from the Wellcome Unit for the History of Medicine. She will only know your name and address and will have no knowledge of your medical history. The contents of the interview will remain confidential and will be seen only be her. Personal details will be removed when the research is written up and no person will be identifiable. [Name of GP] will only see the research when it has been written up and he will not see the contents of the interviews.

If you are willing to take part, the interview will be carried out at your convenience over the next few months. We would be grateful if you could contact Rosemary Elliot on [telephone number] to arrange a suitable time. There is an answering machine at this number, so if there is no-one there, please leave your name and telephone number and Rosemary will call you back.

Thank you for taking the time to read this letter. We very much hope that you will choose to participate in this project and look forward to hearing from you.

Yours sincerely,

Signature of GP

Rosemary Elliot

Appendix II: Interview Guide

This was intended as a guide for the interview rather than as a questionnaire.

Ask for name, date and place of birth for purposes of tape.

Can you tell me something about your family background
- Parents (occupations)
- Number of siblings
- Where you grew up

Do you remember your grandparents?
- whether they smoked, what, on what occasions?

Do you remember anything about smoking in general when you were a child?

Do you remember whether your parents smoked?
- where, brands, what you remember about their smoking
- what was their attitude towards smoking

Did your brothers and sisters smoke?

Can you tell me something about the school you went to?
- who smoked, where, what do you think people thought about this?

Have you ever smoked?

Do you remember your first cigarette?
- where, why, who with, feelings, reactions of others

Did you continue to smoke? Can you tell me something about that?

Do you remember any of the brands you smoked?

Did many of your peer group smoke?

How did your parents react?

Did you enjoy smoking?
- what in particular did you like about it?
- were there any things you disliked about smoking?
- did you inhale?

Were there any places where you weren't allowed to smoke?

Do you remember any tobacco or cigarette advertising?

How long did you continue to smoke for?

Can you tell me something about the day-to-day aspects of your smoking?

any particular times when you would be likely to smoke more or less?

Where did you buy your cigarettes? Were you ever conscious of the cost of smoking?

If interviewee has worked or still works -

Can you tell me something about smoking where you work(ed)?

After mention of the health risks by interviewee –

How did you become aware of the health risks of smoking?

Do you remember any particular advertising campaigns against smoking?

If interviewee has children –

Do your children smoke?

Can you remember how you found out about this? What did you think?

What do you think about smoking nowadays?

Appendix III: Summary of interviewees

Name	Year of birth	Place of residence at time of interview	Interview date	Smoking status at time of interview*
Alice	1933	Glasgow	7 August 2000	Smoker
Anna	1925	Glasgow; grew up in Canada	17 November 2000	Ex-smoker
Bell	1935	Glasgow	5 September 2000	Ex-smoker
Elizabeth	1926	Glasgow	12 September 2000	Non-smoker
Connie	1925	Glasgow	15 November 2000	Non-smoker
Edith	1934	Glasgow	13 November 2000	Non-smoker
Eleanor	1931	Glasgow	29 November 2000	Smoker
Gabrielle	1935	Dundee; grew up in France	16 June 2000	Ex-smoker
Janet	1933	Dundee	26 June 2000	Smoker
Jess	1916	Dundee	4 July 2000	Ex-smoker
Joanne	1925	Glasgow	13 November 2000	Smoker
Joyce	1931	Glasgow	24 November 2000	Smoker
Lou	1927	Glasgow	11 September 2000	Non-smoker
Maggie	1934	Dundee	4 July 2000	Ex-smoker
May	1926	Glasgow	13 November 2000	Non-smoker
Morag	1932	Dundee	5 September 2000	Ex-smoker
Sarah	1928	Glasgow	5 September 2000	Non-smoker
Amy	1956	Glasgow	13 November 2000	Non-smoker
Carol	1954	Glasgow	9 November 2000	Smoker
Christine	1956	Glasgow	21 September 2000	Ex-smoker
Deirdre	1950	Glasgow	11 September 2000	Non-smoker
Fiona	1958	Glasgow	1 December 2000	Ex-smoker
Gail	1954	Glasgow	27 March 2000	Ex-smoker
Susan	1955	Glasgow	20 November 2000	Ex-smoker
Trisha	1959	Glasgow	19 September 2000	Non-smoker
Vanessa	1950	Glasgow	8 November 2000	Non-smoker

* A number of the interviewees who described themselves as ex-smokers had smoked very occasionally when they were younger but had not maintained the habit on a regular basis.

Bibliography

1. Primary Sources

Newspapers/magazines/journals

Anti-Tobacco Journal
British American Tobacco Bulletin
British Medical Journal
Clean Air
Cope's Tobacco Plant
Daily Mail
Daily Telegraph
Health Education News
Lincoln Crusade Series of the Anti-Cigarette League of America
Miss Modern
Punch
The Glasgow Herald
The Guardian
The International Anti-Cigarette League Gazette
The Lancet
The Smoker
The Times
Tobacco
Tobacco Trade Review
Vogue
Woman's Own

Archival collections

British Library Newspaper Archive, Colindale

Elizabeth Roberts Archive in the Centre for North-West Regional Studies at the University of Lancaster.

Social Life in Barrow and Lancaster1880 – 1930
Social Life in Preston 1890 – 1940

John Johnson Collection, Bodliean Library, University of Oxford

Tobacco
Tobacco Papers

Library of Congress, Washintgton D.C., Print and Photographic Department

Mass Observation Archive, University of Sussex

Topic Collection 63, boxes 1 - 9.

File reports:

290 *Women in Wartime* I, II and III
520 *Women and Morale*
776 *Smoking Trends: survey of male smoking habits*
784 *Smoking Habits: supplementary reports*
818 *Smoking Trends: pilot study on male smoking trends*
979 *Smoking Comparisons: between 1937 and 1941 smoking habits*
1598 *Martins Cigarettes: comparisons of brands, smoking habits etc.*
1611 *Women in Pubs: social changes affected by war*
1635 *Women in Public Houses: wartime changes in pub clientele*
3037 *The pattern of smoking habits*
3192 *Man and His Cigarette: smoking habits*
335 *Wartime Saving and Spending*
530 *Women and the War Effort*
808 *Habit Change in Wartime*

New York Academy of Medicine

Books and papers relating to smoking in the late nineteenth and early twentieth century from Britain, the United States and Germany

New York Public Library

George Arents Collection

Nottingham Record Office, Nottingham

Player's Archive

Public Record Office, Kew

ACT 1/1254 *Statistical Enquiry into Cancer of the Lung – Correspondence*
ACT 1/1255 *Smoking and Cancer of the Lung – Statistical Advisory Panel*
BT 258/200 *Board of Trade*
BT 258/201 *Board of Trade*
ED 50/695 *General files – health education – dangers of smoking 1956 – 1962*
ED 50/697 *General files – Health Education – dangers of smoking 1962 Mar – Apr*
ED 50 *General files: health education –dangers of smoking – 1961 Dec – 1962 May*
FD 1/1989 *Medical Research Council – Cancer of the Lung Conference*
FD 1/1992 *Lung cancer and pollution, smoking research by Sir Richard Doll et al., reports 1949; correspondence about the relation of cancer to tobacco smoke*
MH 55/960 *Ministry of Health Public Health propaganda – Smoking and Lung Cancer general correspondence 1953 – 1960*
MH58/649 *General Health Questions: dangers to health from tobacco smoking – correspondence 1939 – 1947*
MH 151/14 *Smoking and Health – poster policy*

MH 151/18 *Ministry of Health Smoking and Health – Campaign Policy*
MH 151/19 *Smoking and Health: campaign policy*
MH121/20 *Smoking and Health: campaign policy 1966 - 1969*
MH 151/21 *Smoking and Health – tobacco advertising*
MH 151/23 *Smoking and Lung Cancer – publicity suggestions*
RG 40/286 *Smoking and health: schoolchildren's survey; research officers correspondence 1965 - 1966*
RG 40/287 *Smoking and health: schoolchildren's survey; research officers correspondence 1966 - 1968*

University of Essex, ESRC Qualitative Data Archival Resource Centre (Qualidata)

Families, Social Mobility and Ageing: an intergenerational approach (100 Families) Qualidata Reference: 01/96 – QDD/Thompson 7/100 FAM. The material is now held in the National Sound Archive, Accession No. C685.

Special Collections, University of Glasgow

Various books and pamphlets relating to smoking in the nineteenth century

Special Collections, University of Liverpool.

Papers of John Fraser

Contemporary Medical Archive Centre, Wellcome Institute for the History of Medicine

Files relating to Action on Smoking and Health; also files relating to Charles Fletcher and the first Royal College of Physicians Report.

Online collections of tobacco industry documents

British American Tobacco Guildford Archive
(http://outside.cdc.gov:8080:Basis/hcct1d/web/guildford/sf)
Brown and Williamson Collection
(http://www.library.ucsf.edu/tobacco/)
Gallaher Group plc Documents Warehouse
(http://www.gallaher-docs.com)

Interviews carried out by the author (in alphabetical order)

Yvonne Bostock, March 1999
Eileen Crofton, September 1999
Professor Sir Richard Doll, February 1999
Dr. Godfrey Fowler, May 1999
Professor Hilary Graham, April 2000
Alison Hillhouse, July 1999
Dr. Bobbie Jacobson, April 2000
Professor Sir Richard Peto, May 1999
Dr. David Player, February 1999

26 interviews were carried out with women aged between 40 and 85 at the time of interview (see Appendix III) between June and December 2000.

Selected Parliamentary Papers

Acts/Regulations

Children Act 1908, Public General Acts 8 Edward 7 Ch. 76 Part III Juvenile Smoking pp. 471 – 472

Children and Young Persons Act 1933 Public General Acts 23 George 5 Ch. 12 Part I Prevention of Cruelty and Exposure to Moral and Physical Danger pp. 47 – 8 (1937 for Scotland)

Protection of Children (Tobacco) Act Public General Acts and Measures 1986 Ch. 34, Amended the 1933 and 1937 (Scotland) acts

The Children and Young Persons (Protection from Tobacco) Act 1991 Public General Acts and Measures 1991 Ch. 23 pp. 333-7

Oral Snuff (Safety) Regulations 1989 (came into force 13 March 1990) Statutory Instruments 1989 No. 2347 vol. III p. 5830

The Tobacco Products Labelling (Safety) Regulations 1991 (came into force in two stages – 1 October 1991 and 1 January 1992) Statutory Instrument 1991 No. 1530 vol. II p. 4143

Tobacco for Oral Use (Safety) Regulations 1992 (Came into force 1 January 1993) Statutory Instruments 1992 no. 3134

The Protection from Tobacco (Display of Warning Statements) Regulations 1992 (Came into force 20 February 1993) Statutory Instrument 1998 No. 3228 vol. III p. 8548

The Cigarettes (Maximum Tar Yield) (Safety) Regulations 1992 (Came into force 30 November 1993) Statutory Instrument 1992 no. 2783

The Tobacco Products Labelling (Safety) Amendment Regulations 1993 (came into force 1 January 1994 Amendments to 1991 regulations) Statutory Instruments 1993 No. 1947

Tobacco (Prohibition of Advertising and Promotion) Regulations 1999

Bills presented to parliament between 1950 and 2000

These number in excess of fifty and are not listed here for reasons of space.

House of Commons papers

Hansard – various years

Royal Commission on Alien Immigration *Minutes of Evidence vol. III* 1903 Cmd. 1742

Interdepartmental Committee on Physical Deterioration *Minutes of Evidence* 1904 Cmd. 2210

Monopolies Commission *Report of the Supply of Cigarettes and Tobacco and of Cigarette and Tobacco Machinery* 1961 Cmd. 218

Department of Health and Social Security *Perinatal and Neonatal Mortality* 1983/84 Cmd. 9371.

European Legislation Select Committee *Seventeenth Report with minutes of proceedings on smoking in public places (4225/89)* 1988/89 HC 15-xvii

Health Select Committee *EC Directive on Advertising of Tobacco products: Minutes of evidence* 1992/3 HC 221 I and II.

Department of Health *The Health of the Nation; a strategy for Health in England* 1991/92 Cmd. 1986

Department of Health *The European Commission's proposed directive on the advertising of tobacco products: governments response to Health Select Committee second report of session* 1992/3 Cmd. 2163

Health Select Committee *Tobacco advertising and the proposed EC directive, first report with proceedings* 1997/98 HC 373

European Legislation Select Committee *Seventh report with minutes of proceedings and minutes of evidence on tobacco advertising* 1997/8 HC 155 vii

Department of Health *Tobacco advertising and the proposed EC directive: government response to the Health Select Committee first report of session* 1997/8 Cmd. 3859

Department of Health, Scottish Office, Welsh Office and Northern Ireland Office *Smoking Kills: a white paper on tobacco* 1998/99 Cmd. 4177

Department of Health, Department of Health and Social Services, Northern Ireland, the Scottish Office Department of Health, Welsh Office *The report of the Scientific Committee on Tobacco and Health* (London: The Stationery Office, 1998)

Select Committee on Health *Second Report: The Tobacco Industry and the Health Risks of Smoking* 1999/2000 HC 27 – 1

Select Committee on Health *Minutes of Evidence* 1999/2000 HC 27 – II

Select Committee on Treasury *Second Report IV Alcohol and Tobacco Smuggling* 1999/2000 HC 53

Official publications

Committee for Monitoring Agreements on Tobacco Advertising and Sponsorship *1st to 8th Reports* (London: H.M.S.O., 1988 – 1994)

Diamond, A and Goddard, E. *Smoking among secondary school children in 1994 : an enquiry carried out by Social Survey Division of OPCS on behalf of the Department of Health, the Welsh Office, and the Scottish Home and Health Department* (London : OPCS, 1995)

Goddard, E. *Smoking among secondary school children in England in 1988: an enquiry carried out by Social Survey Division of OPCS on behalf of the Department of Health* (London: H.M.S.O., 1989)

Health Education Authority *Smoking and Pregnancy: a survey of knowledge, attitudes and behaviour* (London: Health Education Authority, 1996)

Independent Scientific Committee on Smoking and Health *First Report: Tobacco Substitutes and Additives in Tobacco Products: their testing and marketing in the United Kingdom* (London: HMSO 1975)

Independent Scientific Committee on Smoking and Health *Second Report: Developments in Tobacco Products and the Possibility of "Lower-Risk" Cigarettes* (London: HMSO 1978)

Independent Scientific Committee on Smoking and Health *Third Report* (London: HMSO 1983)

Independent Scientific Committee on Smoking and Health Fourth report of the (London: HMSO 1988)

Jowell, R. Brook, L. and Taylor, B. (eds.) British Social Attitudes: the 8th report (Aldershot: Aldgate, 1991) pp. 155 - 171

Lader, D. and Matheson, J. (1991) *Smoking among secondary school children in 1990: an enquiry carried out by Social Survey Division of OPCS on behalf of the Department of Health, the Welsh Office and the Scottish Home and Health Department* (London : H.M.S.O, 1991)

McKennel, A.C. and Thomas, R.K. *Adults' and adolescents' smoking habits and attitudes: a report on a survey carried out for the Ministry of Health* (London : H.M.S.O., 1968)

Office of Population Censuses and Surveys *The General household survey : an inter-departmental survey sponsored by the Central Statistical Office* (London : H.M.S.O) pp. 116 - 113

US Environmental Protection Agency report *Respiratory Health Effects of Passive Smoking: Lung cancer and Other Disorders* (US Environmental Protection Agency, Washington DC: National Academy Press 1986)

US Public Health Service *Smoking and Health: a report of the advisory committee to the Surgeon General of the Public Health Service* (Princeton: van Nostrand, 1964)

US Surgeon General *The Health Consequences of Smoking for Women* (Washington, D.C.: US Department of Health and Human Services, 1980)

US Surgeon General the Health *Consequences of Involuntary Smoking: a report of the Surgeon General* (Rockville, Md.: US Department of Health and Human Services, 1987)

Reports of the Royal College of Physicians

Royal College of Physicians *Smoking and Health: a report of The Royal College of Physicians on smoking in relation to cancer of the lung and other diseases* (London: Pitman Medical Publishing Co. Ltd, 1962)

Royal College of Physicians *Smoking and health now : a new report and summary on smoking and its effects on health* (London: Pitman Medical Publishing Co. Ltd, 1971)

Royal College of Physicians *Smoking or health? The third report from the Royal College of Physicians of London* (London: Pitman Medical, 1977)

Royal College of Physicians *Smoking and Health: a follow up report of the Royal College of Physicians* (London: Pitman Publishing Ltd 1983)

Royal College of Physicians *Smoking and the Young* (London: The Royal College of Physicians, 1991)

Royal College of Physicians *Nicotine Addiction in Britain: a report of the tobacco advisory group of the Royal College of Physicians* (London: Royal College of Physicians, 2000)

2. Select bibliography up to 1950

A Rejector of Tobacco *The Substance of a lecture on the pernicious properties and injurious effects of tobacco* (London: W. Tweedie, 1865)

Allen, G. *The Woman Who Did* (London: John Lane, 1895)

Anon. *A doctors fallacy on smoking and smokers: explained and examined by one who smokes* (London: Wesley, 1857)

Anon. 'Shall We Smoke' *The Young Man: a monthly journal and review* vol. II no 19 (1888)

Anon. 'The Physiological Position of Tobacco' reprinted from *The Quarterly Journal of Science* (London: N. Truber and Co., 1873)

Anon. *Tobacco and Disease: the substance of three letters reprinted with additional matter from the 'English Mechanic'* (London: N. Trübner and Co, 1872)

Anon. *Tobacco Whiffs for the Smoking Carriage* (1874)

Anti-Cigarette League *Document No. 1: How to organise and what to do* (Chicago: Anti-Cigarette League, undated)

Arnold, A. (Mrs.) *A Woman on Tobacco* (Manchester: Anti-Narcotic League,1885)

Apperson, G. L. *The Social History of Smoking* (London: Ballantyne Press, 1914)

Asquith, M. *The Autobiography of Margot Asquith* (London: Thornton Butterworth Ltd, 1920)

Ballard, J.P. *No. 105 Up or Down* (New York: National Temperance Society and Publishing House, undated. One of a series of pamphlets against alcohol and tobacco aimed at boys and young men ca 1890s)

Barrie, J.M. *My Lady Nicotine* (London: Hodder and Stoughton, 1902)

Beckwith, E.G.C. *A History of John Player and Sons* (Nottingham Record Office, Player's Archive DD PL 7/5/1. Undated.)

Bennet H.L. *Does it pay to use tobacco* (Chicago: Women's Temperance Publishing Association, undated)

Bogen E. The Composition of Cigarets and Cigaret Smoke *Journal of the American Medical Association* 93 (1929) pp. 1110 - 1114

Bowick, T. *Whiffs for our boys* (London: The Hygienic League and The Union for the Suppression of Cigarette Smoking by Juveniles, 1905)

Brewer, H. *Revelations of Tobacco: a prize essay on the history of tobacco and its physical action on the human body, through its various modes of employment* (London: F. Pitman, 1870)

British Anti-Tobacco Society *Smoking or No Smoking? That's the Question* (London: F. Pitman, 1860)

Brodie, B. 'On Tobacco' *Lancet* II (1860) p.243

Brooks, J.E. *Tobacco: its history illustrated by the books, manuscripts and engravings in the library of George Arents* (New York: Rosenbach and Co., 1937)

Campbell, C. 'A Plea for Tobacco' *The English Illustrated Magazine* 11:2 (1893) pp. 81 - 84

Cardew, A. *Women and Smoking* (1937)

Carpenter, R.L. *A lecture on Tobacco* (London: National Temperance Publication Dept, 1882)

Charles, H. *Tobacco: a few facts on its physical, moral and financial aspects* (Indiana, 1874)

Chellis, M.D. *No. 106 The Prophecy* (New York: National Temperance Society and Publishing House, undated. One of a series of pamphlets against alcohol and tobacco aimed at boys and young men ca 1890s)

Clarke, A. *A dissertation on the Use and Abuse of Tobacco wherein the advantages attending the consumption of that entertaining weed are particularly considered humbly addressed to all the tobacco consumers in Great Britain and Ireland but especially to those among religious peoples* (London: G. Whitefield 1789, 2nd edn.)

Cleland, H.W. *On the History and Properties chemical and medical of Tobacco* (Glasgow, 1840)

Cohen, L. *Lady Rothschild and her Daughters* (London, 1935)

J. Colman *No. 28: How to grow tall* (New York: National Temperance Society and Publishing House, undated. One of a series of pamphlets against alcohol and tobacco aimed at boys and young men ca 1890s)

Colman, J. *No 46: Cleaning Up* (New York: National Temperance Society and Publishing House, undated. Of the same series)

J. Colman *No 51: The Printer Lad's Tobacco* (New York: National Temperance Society and Publishing House, undated. Of the same series)

Corti, E.C. *A History of Smoking* (London: Harrap, 1931)

Cunningham, W. *True Womanhood* (London: Swan Sonnenschein and Co. 1896)

Curtis, H.J. (Mrs.) 'About tobacco: a few facts gleaned' in *Facts about Tobacco compiled by members of the WCTU of Vermont* (Wilmigton, Vt Deerfield Valley Times Print, 1894)

Dixon, W.E. 'The Tobacco Habit' *British Journal of Inebriety* 25 (1927 – 8) pp. 99-121.

Drysdale, C.R. *Tobacco and the diseases it produces* (London: Bailliere, Tyndale and Cox, 1875)

Dugdale, N. *Nicotine and Health or Smoke from a doctors pipe: a short discourse on how to avoid some of the effects of smoking* (London: John Bale, Sons and Danielson Ltd, 1936)

Evans, I.O *Cigarette cards and how to collect them* (London: Herbert Jenkins Ltd, 1937)

Fairholt, F.W. *Tobacco: its history and associations: including an account of the plant and its manufacture , with its modes of use in all ages and countries* (London: Chatto and Windus, 1876, 2nd edition)

Firth, R. 'An anthroplogists view of Mass Observation' *The Sociological Review* 31 (1939) pp. 166 - 193

Flannagan, R.C. *The Story of Lucky Strike* (Richmond, V.A., 1938)

Ford, H. *The Case Against the Little White Slaver* (Detroit, 1914, 1915)

Fowler, H.P. *Our Smoking Husbands and What to do with them* (Boston: Beacon Press, 1879)

Fowler T. *Medical reports of the effects of tobacco* (London: J. Johnson and W. Brown, 1785)

Gwernogle Evans, T.D. *Smoking: a message of love to the daughters of Wales* (1934)

Graham, L. *Ideals of Womanhood* (1920)

Graham, M. *Woman* (London: Elliot Stock, 1897)

Grand, S. *The Beth Book* (1897: London: Virago, 1986)

Hamilton, A.E. *This Smoking World* (New York, London: the Century Co., 1927)

Harrison, E.B. 'Smoke' *The Nineteenth Century* 36 (1894) pp. 389 – 96.

Harrison, F. 'The Emancipation of Woman' *The Fortnightly Review* 50 (1891)

Hate-Smoke, W. (pseud.) *Smoking and Smokers* (London,1855)

Henry, J.Q.A. (Rev) *The Perils and Protection of Young Womanhood* (London: Morgan and Scott, 1904)

Henry, J.Q.A (Rev) *The Deadly Cigarette or the perils of juvenile smoking* (London: Richard James, 1907)

Hobson J.W., Henry H. and Abrams, M.A. *The Hulton Readership Survey: an analysis for advertisers* (London:: Hulton Press, 1947 and 1948)

Hodgkin T. *Lectures on the means of promoting and preserving health* (London, 1853)

Hodgkin, Dr. *On the Physical, Moral and Social Effects of Tobacco* (Bradford, 1859)

Hofstätter, R. *Die rauchende Frau: eine klinische, psychologische und soziale Studie* (Wein: Höbler-Pichler-Tempsky AG, 1924)

Hunting, J.D. 'Women and Tobacco' *National Review* 14 (1889) pp. 218 - 28

James I. *A Counterblaste to Tobacco* (London, 1604)

Jennings, H & Madge, C. (ed.) *May 12th, Mass Observation Day Survey* (London: publisher, 1937)

Jennings, J. *A practical treatise on the history, medical properties and cultivation of tobacco* (London: Sherwood, Gilbert and Piper, 1830)

King, E.A. *The Cigarette and Youth* (Newport, Kentucky: The Central Anti-Cigarette League, 1896, fourth edition, 35th thousand)

Kirk, J. *A Manly Habit* (Manchester: Anti Narcotic League, undated)

Kirk, J. *Nerves and Narcotics* (Manchester, 1878)

Kirk, J. *Narcotism* (Manchester, 1878)

Lander, M. *Teachers Series, no. 19: Traps for your boys* (Chicago: WCTU, undated)

Lawrence, M.W. (Mrs) *The Tobacco Problem* (Boston, 1885)

Lawrence, A.A. *Anti-Tobacco: the substance of an address before the Meadville temperance Union, 29 January 1882* (Boston: Roberts Brothers, 1883)

Lee, P.N. (ed.) *Tobacco Consumption in various countries* (London: Tobacco Research Council, 1975)

Linton, E.L. 'The Girl of the Period' *Saturday Review* (1868) pp. 339 – 40

Linton, E.L. 'Wild Women No. 1: As politicians' *The Nineteenth Century* (July 1891) pp. 79 – 88

Linton, E.L. 'The Wild Women as social insurgents' *The Nineteenth Century* (October 1891) pp. 596 – 605

Linton, E.L. 'The partisans of the Wild Woman' *The Nineteenth Century* (March 1892) pp. 455 - 464

Linton, E.L 'A Counterblaste' *The English Illustrated Magazine* 11:2 (1893) pp. 84 - 89

Livermore, A.A. *Anti Tobacco: the substance of an address before the Meadville Temperance Union January 29th 1882* (Boston: Roberts Brothers, 1883)

Lizars J. *Practical Observations on the Use and Abuse of Tobacco* (Edinburgh: George Phillip, 1859, 8th edn.)

Madge, C. & Harrison, T. *First Years Work by Mass Observation* (London: Lindsay Drummond, 1938)

Madge, C. & Harrison, T. *Mass Observation* (London: Muller, 1937)

Madge, C. & Harrison, T. *Britain by Mass Observation* (London: Penguin, 1939)

Madge, C. & Jennings, H. 'Poetic Description and Mass Observation' *New Verse* 24 (1937) pp. 1-6.

McConaughty J.E. *No 13: What the tobacco money came to* (New York: National Temperance Society and Publishing House, undated. One of a series of pamphlets against alcohol and tobacco aimed at boys and young men)

Monardes, N. *Joyfull Newes out of the newfound world* (London, 1577) trans. John Frampton.

Murrell, C.M. *Womanhood and Health* (London: Mills and Boon Ltd, 1923)

National Society of Non-Smokers *The National Society of Non-Smokers: Aims and Objectives* (Undated pamphlet PRO, MH58/649)

National Society of Non-Smokers *Smoking by Adults* (Undated pamphlet PRO, MH58/649)

Ouida *Under two flags* (London: Chatto and Windus, 1896)

Parton, J. *Smoking and Drinking* (London, 1888)

Pease, C.G. *Is there a betrayal of the human race by Departments of Health* (New York, 1929)

Reece Jones, M. *Nicotine: how it enslaves men, women and children* (Undated, late 1930s/early 1940s judging from the material it was filed with in PRO MH58/649)

Reid, H. *A Question of Manliness: a chat with the boys on smoking* (International Anti-Cigarette League, Leaflet no. 4, 1906)

Reynolds, T. *A memento of the Cambridge tobacco riot* (London: Houlston and Stoneman, 1854)

Reynolds, T. *The Master Vice of the Age: exhibited in a speech at the close of a lecture in the New Hall, Reading, November 9 1855* George Arents Collection n. 3246

Reynolds, T. *Juvenile Street Smoking: reasons for seeking its legislative prohibition in a letter to the Lord Bishop of Manchester* (London: Houlston and Stoneman, 1856)

Reynolds, T. *A lecture on the great tobacco question delivered in the Mechanics Institution, Salford* (Manchester: W. Brenner, 1857)

Reynolds, T. *'Smoke Not!' Pamphlet No. 8 The British Anti-Tobacco Society versus the Lancet* (London, Houston & Stonemason, 1857)

Reynolds, T. *The Substance of a Lecture on the Pernicious Properties and Injurious Effects of Tobacco* (Undated)

Richards, T. *The Commodity Culture of Victorian England: Advertising and Spectacle 1851 – 1914* (London: Verso, 1991)

Richardson, B.W. *For and Against Tobacco* (London: John Churchill, 1865)

Richardson, D. *The Pilgrimage: Backwater* (1916, London, Walter Allen, 1967)

Richardson, D. *The Pilgrimage: Honeycomb* (1917, London, Walter Allen, 1967)

Rogers, J.S *Essay on tobacco comprising a brief history of that plant and its effects on the human constitution when employed as an article of luxury. Delivered as a lecture before the New York Anti- Tobacco Society* (New York, Howe and Bates 1836)

Rush, B. *Essays, Moral, Political and Philosophical* (Philadelphia, 1798)

Scharlieb, M. *Womanhood and Race-regeneration* (London: Cassell and Co. Ltd., 1912)

Shew J. *Tobacco: its history, nature and effects on body and mind* (Stoke-on-Trent, 1853)

Shrewsbury, W.J. *Is tobacco a rational and Christian habit* (London, undated)

Shuttleworth, H.C. (Rev.) 'Shall We Smoke?' *The Young Man: a monthly journal and review* II No. 19 (July 1888)

Skelton J. *Is smoking injurious? The arguments pro and con rationally considered* (London: William Horsell, undated 19th century)

Smoking Kills: a white paper on tobacco (London: The Stationery Office, 1998)

Solly, S. 'Clinical Lectures on paralysis: Lecture 1' *The Lancet* 1856 ii p. 641

Spencer, H. *Principles of Biology* (London, 1864)

Spencer, H. *Principles of Sociology* (London: Williams and Norgate 1876 - 1896)

Spencer, H. 'The Probable Retrogression of Women' *Saturday Review* 32 (1871)

Spencer Paget, R (Rt. Hon. Sir) *A plea for the Non-Smoker* (1935)

Star, F. (Prof) No. 228*Tobacco Smoking for Boys* (One a series of pamphlets publ. by the National Temperance Society and Publication House, New York.(undated))

Stewart, A. *Should a Woman Smoke?* (London: R. James, 1929)

P. Stocks *Studies on Medical and Population Subjects, No. 1. Regional and Local Differences in Cancer Death rates* (London, HMSO, 1947)

Thackeray, W. *Vanity Fair: a novel without a hero* (London: Smith, Elder & Co., 1886)

The Anti-Cigarette League of America 'The Story of a cigarette fiend' L*incoln Crusade Series* 3 (1909)

'The Fortune Survey: III Cigarettes' *Fortune* 12 (July 1935) p. 68, pp.111 - 8

Tobacco: a catalogue of books, manuscripts and engravings: acquired since 1942 in the Arents Collection at the New York Public Library: from 1507 to the present (New York: New York Public Library 1958 – 1969)

Tidswell, H.H. *The tobacco habit, its history and pathology* (London: J & A Churchill, 1912)

True, C.K. *Reform in the Use of Tobacco* (New York: Methodist Publishing House, 1866)

Turney, H.G. *The habit of smoking in its relation to the insurance examiner* (London: C.E. Gray, 1913)

Various 'Should Ladies Smoke?' *The Ladies Realm*, 7: 518

Warfield F. 'Lost Cause: a portrait of Lucy Page Gaston' *Outlook and Independent* (1930) pp. 244 – 255, p. 276

Wells, H.G. *Ann Veronica* (1909, London: Virago, 1980)

Witter G.F. *On the Use of tobacco* (Boston: Roberts Brothers, 1883)

Werner, C.A. 'The triumph of the cigarette' *American Mercury* (1925) pp. 415 - 21

Wodehouse, J.H. *The Smoking Habit: its dangers and its cure* (London: W.H. Jacklen 1924, repr. 1930, 1936)

3. Select bibliography after 1950

Action on Smoking and Health *ASH Workplace Services manual* (London: ASH, 1989)

Aitken P.P. and Eadie D.R. 'Reinforcing effects of cigarette advertising on under-age smoking' *British Journal of Addiction* 85 (1990) pp. 399 – 412

Alford, B.W.E. *W.D. Wills and the Development of the UK Tobacco Industry* (London: Methuen, 1973)

Altrick, R.D. *The Presence of the Present: topics of the day in the Victorian novel* (Columbus: Ohio State University Press, 1991)

Amos, A. & Bostock, Y. 'Policy on advertising and coverage of smoking and health in European women's magazines' *British Medical Journal* 304 (1992) pp. 99 – 101

Amos A. 'Youth and Style magazines: hooked on smoking' *Health Visitor* 66 (1993) pp. 91 – 93

Amos, A. 'Women and Smoking' *British Medical Bulletin* 52:1 (1996) pp. 74 – 89

Amos A. 'Creating a global tobacco culture among women' in *Smoke Free Europe: a forum for networks* (Helsinki: Finnish Centre for Health Promotion, 1997) p. 110 - 116.

Amos, A., Bostock, C & Bostock, Y. 'Women's magazines and tobacco in Europe' *The Lancet* 352 (1998) pp. 786 – 7

Amos, A. & Jacobson, B. 'When smoke gets in your eyes: cigarette advertising policy and coverage of smoking and health in women's magazines' in *Smoking out the barons : the campaign against the tobacco industry : a report of the British Medical Association Public Affairs Division* (Chichester: Wiley, 1986) pp. 99 – 137

Anger, K. *Hollywood Babylon* (San Francisco: Straight Arrow Books, 1975)

Ashton, H. and Stepney, R. *Smoking: psychology and pharmacology* (London: Tavistock, 1982)

Backett, K. and Davison, C. 'Rational or reasonable? Perceptions of health at different stages of life' *Health Education Journal* 51/2 (1992) pp. 55 - 59

Baric, L. & Fisher, C. 'Acquisition of the smoking habit' *Health Education Journal* 38 (1979) pp. 71 – 6

Bartrip, P. 'Pushing the Weed: the editorialising and advertising of tobacco in the Lancet and the British Medical Journal 1880 – 1958' in S. Lock. Reynolds L. and Tansey, E.M. *Ashes to Ashes: A History of Smoking* (Amsterdam: Rodopi, 1998)

Beddoe, D. *Back to Home and Duty: Women between the Wars* (London: Pandora, 1989)

Berridge V. 'Morality and Medical Science: concepts of narcotic addiction in Britain 1820 – 1926' *Annals of Science* 36 (1979) pp. 67 – 85.

Berridge V. 'Histories of harm reduction: illicit drugs, tobacco and nicotine' *Substance Use and Misuse* 34 (1991) pp. 35 – 47

Berridge, V. 'Passive Smoking and its Pre-history in Britain: policy speaks to science?' *Social Science and Medicine* 49/9 (1999) pp. 1183 - 95

Berridge, V. 'Science and Policy: the case of post-war British smoking policy' in S. Lock. Reynolds L. and Tansey, E.M. *Ashes to Ashes: A History of Smoking* (Amsterdam: Rodopi, 1998)

Best, J. 'Economic Interests and the Vindication of Deviance: Tobacco in Seventeenth Century Europe' *The Sociological Quarterly* 20 (1979) pp. 171 – 182.

Bewley, B.P., Bland, J.M., Harris, R. 'Factors associated with the starting of cigarette smoking by primary school children' *British Journal of Preventative Medicine* 28 (1974) pp. 37 – 44.

Bland, L. *Banishing the beast: English Feminism and Sexual Morality 1885-1914* (London: Penguin, 1995)

Bordin, R. *Women and Temperance: the quest for power and liberty 1873 – 1900* (Philadelphia: Temple University Press, 1981)

Blaxter, M. *Health and lifestyles* (London: Routledge, 1993)

Brandt, A. 'The Cigarette, Risk and American Culture' *Daedelus* 119 (1991) pp. 154 – 176

Brandt, A.M. 'Recruiting Women Smokers: the engineering of consent' *Journal of the American Women's Association* 51/1&2 (1996) pp. 63 – 66

Brooks, J.E. *The Mighty Leaf: tobacco through the centuries* (London: Alvin Redman, Ltd, 1953)

Burnham, J.C. *Bad Habits: drinking, smoking, taking drugs, gambling, sexual misbehaviour and swearing in American history* ((New York: New York University Press, 1993)

Burns, M.R. 'Economies of Scale in Tobacco Manufacture 1897 – 1910' *Journal of Economic History* 43 (1983) pp. 461 – 474

Butler, N.R., Goldstein, H., Ross, E.M. 'Cigarette Smoking in Pregnancy and its influence on birthweight and perinatal mortality' *British Medical Journal* 2 (1972) pp. 127 – 130

Butler, N.R. and Goldstein, H. 'Smoking in pregnancy and subsequent child development' *British Medical Journal* 4 (1973) pp. 573 – 575

Bynner, J.W. *The young smoker : a study of smoking among schoolboys carried out for the Ministry of Health* (London : HMSO, 1969)

Caine, B. *English Feminism 1780 – 1980* (Oxford: Oxford University Press, 1997)

Calder, A. *The People's War: Britain 1939 – 45* (1969, London: Pimlico, 1992)

Canning, K. 'Feminist History after the Linguistic Turn: Historicising Discourse and Experience' *Signs: Journal of Women in Culture and Society* 19:2 (1994) p. 377

Chamberlain, M. and Thompson, P. *Narrative and genre* (London : Routledge, 1998)

Chaney, D. & Pickering, M. 'Authorship in Documentary: Sociology as an Art form in Mass Observation' in J. Corner (ed.) *Documentary and the Mass Media* (London: Edward Arnold, 1986) pp. 29 - 44

Chapman S. *Great expectorations: advertising and the tobacco industry* (London: Comedia, 1986)

Chapman, S. & Fitzgerald, B. 'Brand preference and advertising recall in adolescent smokers: some implications for health promotion' *American Journal of Public Health* 72: (1982) pp. 491 – 494

Charlton, A. 'Galsworthy's images of smoking in the Fortsyte Chronicles' *Social Science and Medicine* 15A (1981)

Charlton, A. 'Smoking and Weight Control in Teenagers' *Public Health* 98 (1984) pp. 277 - 281

Charlton A. 'Children's advertising awareness related to their views on smoking' *Health Education Journal* 45 (1986) pp. 75 – 78

Charlton, A. 'Children and Smoking: the family circle' *British Medical Bulletin* 52 (1996) pp. 90 - 107

Chassim L. et al. 'Changes in Peer and Parent Influence During Adolescence: Longitudinal versus Cross-sectional Perspectives on Smoking Initiation' *Developmental Psychology* 22 (1986) pp. 327 – 334

Corner J. *Documentary and the Mass Media* (London: Edward Arnold, 1986)

Corina, M. *Trust in Tobacco: The Anglo-American Struggle for Power* (London: Michael Joseph, 1975)

Cosslet, T., Lury, C. and Summerfield, P. *Feminism and Autobiography: texts, theories, methods* (London and New York: Routledge, 2000)

Costello, J. *Love, sex and war: changing values 1939 – 45* (London: Guild Publishing, 1985)

Cox, H. *The Global Cigarette: Origins and Evolution of British American Tobacco* (Oxford: Oxford University Press, 2000)

Crofton, E. *Some Notes on the Women's Committee of Action on Smoking and Health: a personal account*. Unpublished.

Cross, G. *Worktowners at Blackpool: Mass Observation and popular leisure in the 1930s* (London: Routledge, 1990)

Davey Smith, G., Ströeble and Egger, M. 'Smoking and Health promotion in Nazi Germany' *Journal of Epidemiology and Community Health* 48 (1994) pp. 220 - 223

Davidoff, L. and Hall, C. *Family Fortunes: Men and Women of the English Middle Class 1780 – 1850* (London: Routledge, 1987)

Davidoff L. ''Adam spoke first and named the orders of the world': masculine and feminine domains in history and sociology' in R. Shoemaker and M. Vincent (eds.) *Gender and History in Western Europe* (London: Arnold, 1998)

Davison, C., Frankel, S. and Davey Smith, G. 'Inheriting heart trouble: the relevance of common-sense ideas to preventative measures' *Health Education Research* 4 (1989) pp. 329 – 340

Davison, C., Frankel, S. and Davey Smith, G. 'The limits of lifestyle: re-assessing 'fatalism' in the popular culture of illness prevention' *Social Science and Medicine* 34 (1992) pp. 675 - 685

Dawson, G. *Soldier Heroes: British Adventure, Empire and the Imagining of Masculinities* (London: Routledge, 1994)

Daykin N. 'Young women and smoking: towards a sociological account' *Health Promotion International* 8 (1993) pp. 95 - 102

Delamont, S. and Duffin, L. *The nineteenth century woman: her cultural and physical world* (London: Croom Helm, 1978)

Dillow G.L. 'Thank you for not smoking: the hundred year war against the cigarette' *American Heritage* 31 (1985) pp. 94 - 107

Doll, R. and Bradford Hill, A. 'Smoking and Carcinoma of the lung: preliminary report' *British Medical Journal* 2 (1950) pp. 739 – 48

Doll, R. & Bradford Hill, A. 'A study of the aetiology of carcinoma of the lung' *BMJ* 13 December 1952

Doll, R. and Bradford Hill, A. 'The Mortality of Doctors in Relation to their Smoking Habits: a preliminary report' *British Medical Journal* 26 June 1954 p. 1451 – 1454

Doll, R., Gray, R., Hafner, R. and Peto, R. 'Mortality in relation to smoking: 22 years' observations in female British doctors' *British Medical Journal* 1 (1980) pp. 967 – 971.

Doll, R. 'Sir Austin Bradford Hill: a personal view of his contribution to epidemiology' *Journal of the Royal Statistical Society* (1995, part 1) pp. 155 - 163

Doll, R. 'Uncovering the effects of smoking: historical perspective' *Statistical Methods in Medical Research* 7 (1998) pp.87 – 117

Dorsett, R. and Marsh, A. *The health trap: poverty, smoking and lone parenthood* (London : Policy Studies Institute, 1998)

Doyal L.(ed.) *Women and health services* (Buckingham, Philadelphia: Open University Press, 1998)

Doyle, N. 'Smoking among women – an equal opportunity tragedy' *American Lung Association Bulletin* (July – August, 1980)

Duis, P.R. 'Cigarettes and Sin: Lucy Page Gaston led a children's crusade against the evils of the weed' *Chicago* 1983 pp. 142 – 145

Dunhill A. *The Gentle Art of Smoking* (London: Max Reinhardt, 1954)

Eldridge Miller J. *Rebel Women: feminism, Modernism and the Edwardian Novel* (London: Virago Press, 1994)

Ellaway, A. and Macintyre S. Does where you live predict health related behaviours?: a case study in Glasgow Health Bulletin 54/6 (1996) pp. 443 – 6

Elliot, R. 'Growing up and Giving up: smoking in Paul Thompson's '100 Families' ' *Oral History* 29/1 (2001) pp.73 - 84

Emslie, C., Hunt, K. and Watt, G. 'Invisible women?: the importance of gender in lay beliefs about heart problems' *Sociology of Health and Illness* 23 (2001) pp. 203 – 233.

Ennett, S.T. and Bauman K.E. 'Peer group structure and adolescent cigarette smoking: a social network analysis' *Journal of Health and Social Behaviour* 34 (1993) pp. 226 - 236

Ernster V., 'Mixed messages for women: a social history of cigarette smoking and advertising' *New York State Journal of Medicine* (1985) pp. 335 - 340

Fass, P. *The Damned and the Beautiful: American Youth in the 1920s* (Oxford, 1977)

Fischer, P.M. et al. 'Brand logo recognition by children aged 3 to 6 years. Mickey Mouse and Old Joe the Camel' *Journal of the American Medical Association* 266 (1991) pp. 3145 – 8

Fisher, R.A. *Smoking, the cancer controversy: some attempts to assess the evidence* (London: Oliver and Boyd, 1959)

Marx Ferree, M., Lorber, J. and Heth, B.B. (eds.) *Revisioning Gender* (London: Sage Publications, 1999)

FOREST *Information Sheet no. 1: A response to passive smoking* (London: Freedom Organisation for the Right to Enjoy Smoking Tobacco 1991)

Fox Anderson, N. *Woman against women in Victorian England: a life of Eliza Lynn Linton* (Bloomington, Indiana, 1987)

Fromm, G.G. *Dorothy Richardson: a biography* (Chicago, London: University of Illinois Press, 1977)

George, M.D. *Hogarth to Cruickshank: social change in graphic satire* (London: Penguin, 1967)

Girouard, M. *Victorian Country House* (Oxford: Clarendon Press, 1971)

Glantz, S.A. and others 'Looking through a keyhole at the tobacco industry: the Brown and Williamson documents' *Journal of the American Association of Medicine* 274 (1995) pp. 219 – 224

S.A.Glantz and others *The Cigarette Papers (Online)* (Berkeley: California, 1996) http://www.library.uscf.edu/tobacco/cigpapers/book/chapter1/table1.html

Gluck, S.B. & Patai, D. (eds.) *Women's Words: the feminist practice of oral history* (New York, London: Routledge, 1991)

Goddard E. 'Why Children Start Smoking' *British Journal of Addiction* 87 (1992) pp. 17 - 25

Goodin, R.E. *No Smoking: the ethical issues* (Chicago: University of Chicago Press, 1989)

Goodman, J. *Tobacco in history: the cultures of dependence* (London, New York: Routledge, 1993)

Graham, H. 'Smoking in pregnancy: the attitudes of expectant mothers' *Social Science and Medicine* 10 (1976) p. 399 – 405.

Graham, H. 'Women's smoking and family health' *Social Science and Medicine* 25/1 (1987) pp. 47 – 56

Graham, H. *When Life's a Drag* (London: H.M.S.O., 1993)

Graham, H. 'Gender and class as dimensions of smoking behaviour in Britain: Insights from a survey of mothers' *Social Science and Medicine* 38/5 (1994) pp. 691 - 698

Graham, H. and Hunt, S. 'Women's smoking and measures of women's socio-economic status in the United Kingdom' *Health Promotion International* 9/2 (1994) pp. 81 – 88

Graham, H. and Hunt, K. Socio-economic influences on women's smoking status in adulthood: insights from the West of Scotland Twenty-07 study Health Bulletin 56/4 (1998) pp 757 - 765

Graves, R. & Hodge, A. *The long weekend: a social history of Great Britain* (London: Faber and Faber Ltd., 1940)

Greaves, L. *Smokescreen: women's smoking and social control* (London: Scarlet Press, 1996)

Green, G, Macintyre, S., West, P. and Ecob, R. 'Like parent like child? Associations between drinking and smoking behaviour of parents and their children' *British Journal of Addiction* 86 (1991) pp. 745 - 58

Gronberg, E.S. 'Historical and political perspective: women and drug use' *Journal of Social Issues* 38:2 (1982) pp. 9 – 23

Gurney, P. ' "Intersex" and "Dirty Girls": Mass Observation and Working-Class Sexuality in England in the 1930s' *Journal of the History of Sexuality* 8 (1997) pp. 256 – 290

Gustav, K.H. *The Literature of Labour* (Brighton: Harvester. 1985)

Hall, C. *The Twenties in Vogue* (London: Octopus, 1983)

Harley, D. 'The Beginnings of the Tobacco Controversy: Puritanism, James I, and the Royal Physicians' *Bulletin of the History of Medicine*, 67 (1993) pp.28 – 50

Harrison, L. 'Tobacco Battered and the Pipes Shattered: a note on the fate of the first British campaign against tobacco smoking' *British Journal of Addiction*, 81 (1986) pp. 553 – 558.

Hartman, M. and Banner, L.W. (eds.) *Clio's Consciousness Raised* (New York: Harper and Row, 1974)

Hastings, G.B., Aitken, P.P., MacKintosh, O. *From the billboard to the playground* (Glasgow: University of Strathclyde, 1993)

Helsinger, E.K. and Lauterbach Sheetes, R. and Veeder, W.(eds.) *The Woman Question: Defining Voices* (New York, London: Garland Publishing Ltd., 1983)

Hilton, M. *Consuming the Unrespectable: the female smoker in Britain 1880 – 1950* Paper given at The History of Consumption as Social History: the 19th and 20th centuries in cross national comparison, Berlin 2 – 4th June 1994

Hilton, M. '"Tabs", "Fags" and the "Boy Labour Problem" in Late Victorian and Edwardian Britain' *Journal of Social History* (Spring 1995) pp. 586 - 607

Hilton, M. *Constructing Tobacco: Perspectives on Consumer Culture in Britain 1850 – 1950.* PhD thesis, Lancaster University, 1996.

Hilton, M. (1999) The Disease of Tobacco Smoking and its Cure. Paper given at Birmingham University November 24th , 1999. Unpublished.

Hilton, M. *Smoking in British Popular Culture 1800 - 2000* (Manchester: Manchester University Press, 2000)

Hilton, M. and Nightingale, S. 'A Microbe of the Devil's Own make': Religion and Science in the British Anti-Tobacco Movement 1853 – 1908' in S. Lock. Reynolds L. and Tansey, E.M. *Ashes to Ashes: A History of Smoking* (Amsterdam: Rodopi, 1998) pp. 112 – 3.

Howell, G. *In Vogue: six decades of fashion* (London: Allen Lane, 1975)

Hunt, K. and Emslie, C. 'The prevention paradox in lay epidemiology. Rose revisited: sick individuals or sick populations' *International Journal of Epidemiology* 30 (2001) pp. 442 – 446.

Institute of Environmental Health Officers *Passive Smoking: a checklist for action* (London: Institute of Environmental Health Officers, 1991)

Jacobson, B. *The Ladykillers: why smoking is a feminist issue* (London: Pluto, 1981)

Jacobson, B. 'Putting women in the picture' *Tobacco Control* (1992) pp. 123 - 125

Jarvis, M. 'Gender differences in smoking cessation: real or myth?' *Tobacco Control* 3 (1994) pp. 324 – 328

Jones, J. *Health and Society in Twentieth Century Britain* (London: Longman, 1994)

Kiernan, V.G. *Tobacco: a history* (London: Hutchison Radius, 1991)

Klein, R. *Cigarettes are sublime* (Durham, N.C.: Duke University Press, 1993)

Klein, R. 'The Devil in Carmen' *Differences: A Journal of Feminist Cultural Studies* 5:1 (1993) pp. 51 – 72.

Kluger, R. *Ashes to Ashes: Americas hundred year cigarette war, the Public Health and the Unabashed Triumph of Philip Morris* (New York: Vintage Books, 1997)

Knopf Elkind, A. 'The social definition of women's smoking behaviour' *Social Science and Medicine* 20/12 (1985) pp. 1269 – 1278

Koetzle, M. and Scheid, U. *Feu d'amour: Seductive Smoke* (Köln: Benedict Taschen, 1994).

Koskowski, W. *The Habit of Tobacco Smoking* (London: Staples Press, 1955)

Krogh, D. *Smoking: the official passion* (New York: W.H. Freeman, 1991)

Lacquer, T. *Making Sex: Body and Gender from the Greeks to Freud* (Cambridge, MA: Harvard University Press, 1990)

Laing, S. 'Presenting things as they are': John Sommerfield's May Day and Mass Observation' in F. Gloversmith (ed.) *Class, Culture and Social Change: a new view of the 1930s* (Brighton: Harvester Press, 1980) pp. 142 - 60

Lake B. *British newspapers: a history and guide for collectors* (London: Sheppard Press, 1984)

Langan, M. and Schwartz, B. *Crises in the British State 1880 – 1930* (London: Hutchison and Co Ltd, 1985)

Langland, E. *Nobody's Angels: middle class women and domestic ideology in Victorian culture* (London: Cornell University Press, 1995)

Layder, D. *Understanding Social Theory* (London: Sage Publications, 1994)

Lewis, J. *Women in England 1870 – 1950: Sexual Divisions and Social Change* (Sussex: Wheatsheaf, 1984)

Lloyd D, B. *Smoking in Adolescence: images and identities* (London: Routledge, 1998)

Lock, S., Reynolds, L. and Tansey E.M. *Ashes to Ashes; a history of smoking* (Amsterdam: Rodopi, 19980

Lucas, J. *The Radical Twenties: writing, politics and culture* (Brunswick, New Jersey: Rutgers University Press, 1997)

Luik, J.C. *Do tobacco advertising bans really work: a review of the evidence* (Ontario: Niagara Institute, 1994)

Lupton, D. *The Imperative of Health: public health and the regulated body* (London: Sage Publications, 1995)

MacLancey, J. 'Brief encounter: the meeting in Mass Observation of British surrealism and popular anthology' *Journal of the Royal Anthropological Institute* 1 (1995) pp. 495 – 512

MacKenzie C. *Sublime tobacco* (London: Chatto and Windus, 1957)

Marchand, R. *Advertising the American dream: making way for modernity 1920 – 1940* (Berkeley: University of California Press, 1985)

Markle, G.E. and Troyer, R.J. 'Smoke gets in your eyes: cigarette smoking as deviant behaviour' *Social Problems* 26/5 (1979) pp. 611 – 625

Marsh A. and Matheson, J. *Smoking attitudes and behaviour* (London: HMSO, 1983)

Marsh, A. and McKay, S. *Poor Smokers* (London: Policy Studies Institute, 1994)

Martinez, F.D., Cline, M. and Borrows, B. 'Increased Incidence of Asthma in Children of Smoking Mothers' *Pediatrics* 89/1 (1992) pp.:21 – 26

Marwick, A. *Britain in the century of total war: war peace and social change 1900 - 1967* (London: Bodley Head, 1968)

Marwick, A. *Women at War 1914 – 1948* (London: Fontana (for the) Imperial War Museum, 1977)

Massey, D. *Space, Place and Gender* (Cambridge: Polity Press, 1994)

Matthews, J.J. 'They had such a lot of fun: The Women's League of Health and Beauty between the wars' *History Workshop Journal* 30 (1990) pp. 23 - 5

Melman, B. *Women and the Popular Imagination in the Twenties* (Hampshire: MacMillan Press, 1988)

Michell L. 'Pressure Groups: Young people's accounts of peer pressure to smoke' *Social Sciences in Health* 3 (1997) pp. 3 - 17

Michell L. 'Loud, sad or bad: young people's perceptions of peer groups and smoking' *Health Education Research* 12 (1997) pp. 1 – 14

Michell L. and Amos, A. 'Girls, Pecking order and Smoking' *Social Science and Medicine* 44 (1997) pp. 1861 - 1869

Michell L. & West P. 'Peer pressure to smoke: the meaning depends on the method' *Health Education Research* 11 (1996) pp. 39 – 49

Mitchell, B.R. & Deane, P. (eds.) *Abstract of British Historical Statistics* (Cambridge 1962) pp. 356-7

Murray, M., Kiryluk, S., and Swan A.V. 'Relation between parents' and children's smoking behaviour and attitudes' *Journal of Epidemiology and Community Health* 39 (1985) pp. 169 – 174

Nuerhing, E. and Markle, G.E. 'Nicotine and norms: the re-emergence of a deviant behaviour' *Social Problems* 21 (1973-4) pp. 513 – 525

Oakley A. 'Smoking in pregnancy: smoke screen or risk factor? Towards a materialist analysis' *Sociology of Health and Illness* 11/4 (1989) pp. 311 - 335

Onslow B. *Women of the Press in Nineteenth Century Britain* (London: Macmillan Press Ltd, 2000)

Peto, R et al. *Mortality from smoking in developed countries 1950 – 2000* (Oxford: Oxford University Press, 1994)

Pickering, M. and Chaney, D. 'Democracy and communication: Mass Observation 1937 – 1943' *Journal of Communication* (1986) pp. 41 - 56

Piepe, T. *et al* 'Girls, smoking and self-esteem' *Health Education Journal* 47 (1988) pp. 83 - 85

Player, D 'Health education and health promotion – a positive approach' *Journal of the Royal Society of Medicine* Supplement 13 Vol. 79 (1986) pp. 2 - 4

Player, D. 'Politics and the Public Health: the 1987 Duncan lecture' *Public Health* 103 (1989) pp. 263 - 279

Pollock, G. (ed.) *Vision and Difference* (London: Routledge, 1988)

Perks, R. *Oral history: taking about the past* (London: Historical Association in association with the Oral History Society, 1992)

Peters, C.M. *Glasgow's Tobacco Lords: an examination of wealth creators in the eighteenth century.* Unpublished PhD. thesis, University of Glasgow, 1990.

Poland, P. 'Smoking, Stigma and the Purification of Public Space', In *Putting Health into Place*, edited by Robin A. Kearns and Wilbert M. Gesler (Syracuse, New York: Syracuse University Press, 1998) pp. 208 – 225

Porter, D. (ed.) 'The History of Public Health and the Modern State' *Clio Medica* 26 (Amsterdam: Rodopi, 1994)

Proctor R.N. 'The anti-tobacco campaign of the Nazi's: a little known aspect of public health in Germany 1933 – 45' *BMJ* 313 (1996) pp. 1450 – 3

Pugh, H. et al. 'Women's lung cancer mortality, socio-economic status and changing smoking patterns' *Social Science and Medicine* 32 (1991) pp. 1105 - 1110

Rawborne, R.G., Keeling, C.A., Jenkins A. & Guz A. 'Cigarette smoking among secondary schoolchildren in 1975: it's prevalence and some of the factors that promote smoking' *Health Education Journal* 38 (1979) pp. 92 - 9

Read, M.D. *The Politics of Tobacco: policy networks and the cigarette industry* (Aldershot: Avebury, 1996)

Revill, J. & Drury, C.G. 'An assessment of the incidence of cigarette smoking in fourth year schoolchildren and the factors leading to it's establishment' *Public Health, London* 94 (1980) pp. 243 – 60

Richards, J. *The age of the dream palace: cinema and society in Britain 1930 – 1939* (London: Routledge, 1984)

Rijkens, R. *European advertising strategies: the profiles and policies of multinational companies operating in Europe* (London: Cassell, 1992)

Roberts, E. *A woman's place: an oral history of working-class women 1890-1940* (Oxford : Blackwell, 1984)

Roberts, E. *Women and families: an oral history, 1940-1970* (Oxford: Blackwell, 1995)

Rowold, K. (ed.) *Gender and Science: late nineteenth century debates on the female mind and body* (Bristol, Thoemmes Press, 1996)

Rubenstein, D. *Before the Suffragettes: women's emancipation in the 1890s* (Sussex: Harvester Press Ltd, 1986)

Schudson, M. *Advertising, the Uneasy Persuasion: its dubious impact upon American society* (London: Routledge, 1993)

Scott, J.W, 'Gender: a useful category of historical analysis?' *American History Review* 91/5 (1986) pp. . 152 - 80

Scott, J.W. 'Women's History' in Burke, P. *New perspectives on Historical Writing* (Cambridge: Polity Press, 1991)

Scott J. W. 'The Evidence of Experience' *Critical Inquiry* 17: 3 (1991) pp. 773 - 97

Schivelbusch, W. *Tastes of paradise: a social history of spices, stimulants and intoxicants* (New York: Pantheon Books, 1992) trasl. David Jacobson

Shoemaker, R.B. *Gender in English Society: the emergence of separate spheres?* (London: Longman, 1998) pp. 209 - 227

Shoemaker, R. & Vincent, M. (eds.) 'Introduction', in *Gender and History in Western Europe* (London: Arnold, 1998)

Silverstein, B., Feld, S. and Kozlowski, L.T. 'The availability of low-nicotine cigarettes as a cause of cigarette smoking among teenage females' *Journal of Health and Social Behaviour* 21 (1980) pp. 383 - 388

Sobel, R. *They Satisfy: the cigarette in American life* (Anchor Press, New York, 1978)

Soloway, R.A. *Demography and Degeneration: eugenics and the declining birthrate in twentieth century Britain* (University of North Carolina Press, 1990)

Stanley, N. *"The Extra Dimension": a study and assessment of the methods employed by Mass Observation in its first period 1937 – 40* (PhD thesis, Birmingham Polytechnic, 1981) Unpublished.

Summerfield, P. 'Mass Observation: Social Research or Social Movement' *Journal of Contemporary History* 20 (1985) pp. 439 - 452

Summerfield, P., '"The Girl that makes the thing that drills the hole that holds the spring...": discourses of women and work in the Second World War' in Gledhill, C. and Swanson, G (eds.) *Nationalising Femininity Culture, sexuality and British Cinema in the Second World War* (Manchester: Manchester University Press, 1996)

Summerfield, P. *Reconstructing Women's Wartime Lives: discourse and subjectivity in oral histories of the Second World War* (Manchester: Manchester University Press, 1998)

Swann, C. and Froggart P. The Tobacco Products Research Trust 1982 – 96 (London : Royal Society of Medicine Press, 1996)

Tate, C. *Cigarette Wars: the triumph of the little white slaver* (New York, Oxford: Oxford University Press, 1999)

Tennant, R.B. *The American Cigarette Industry* (New Haven: Yale University press, 1950)

Tinkler P. *Constructing Girlhood: Popular Magazines for Girls Growing Up in England, 1920 – 1950* (London: Taylor and Francis, 1995)

Tinkler, P '"Red tips for hot lips': advertising cigarettes for young women in Britain, 1920-1970' *Women's History Review* 10:2 (2001) pp.249-272

Tinkler, P. 'Rebellion, Modernity, and Romance: Smoking as a gendered practice in popular young women's magazines, Britain 1918-1939' *Women's Studies International Forum* 24 :1 (2001) pp. 1-12.

Thom, D. *Nice girls and rude girls: women workers in World War One* (London: I.B. Tauris Publishers, 1998)

Thompson, P. 'The War with Adults' *Oral History* 3 (2) 1975

Thompson, P. *The voice of the past: oral history* (Oxford: Oxford University Press, 1978)

Tobacco Advisory Council *The Case for Tobacco Advertising* (1985)

Tonkin, E. *Narrating our pasts : the social construction of oral history* (Cambridge: Cambridge University Press, 1992)

Troyer, R.J. and Markle G.E. *Cigarettes: the Battle over Smoking* (New Brunswick, New Jersey: Rutgers University Press, 1983)

Urwick, E.J. *Studies of Boy Life in our Cities* (New York: Garland 1980)

Vickery, A. 'Golden Age to Separate Spheres? A review of the categories and chronologies of women's history' *Historical Journal* 36 (1993), pp. 383 – 414.

Wald, N. and others *UK Smoking Statistics* (Oxford: Oxford University Press, 1988)

Wald, N., Doll, R. and Copeland, G. 'Trends in tar, nicotine and carbon monoxide yields of UK cigarettes manufactured since 1934' *BMJ* 382 pp. 763 - 765

Waldron, I. 'Patterns and Gender Differences in Smoking' *Social Science and Medicine* 32/ 9 (1991) pp.989 – 10

Walker R.B. 'Medical aspects of tobacco smoking and the anti-tobacco movement in Britain in the nineteenth century' *Medical History*, 24 (1980) pp. 391 – 402

Wearing, B., Wearing, S., and Kelly, K. 'Adolescent women, identity and smoking: leisure experience as resistance' *Sociology of Health and Illness* 16 (1994) pp. 626 – 643

Webster, C. 'Tobacco Smoking Addiction: A challenge to the National Health Service' *British Journal of Addiction* 1984 pp. 7 – 16

Wells, J. and Batten, L 'Women smoking and coping; an analysis of women's experiences of stress' *Health Education Journal* 49 (1990) pp. 57 – 60

World Tobacco Trends (Henley-on-Thames: NTC Publications Ltd, 1996)