



# Victorian Cancer News

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## EDITORIAL:

## SMOKING AND THE COMMUNITY

The report of the U.S. Surgeon General's Advisory Committee on "Smoking and Health" has reinforced the warnings contained in the 1962 report of the Royal College of Physicians of London. The Committee, comprising ten medical scientists each eminent in a pertinent scientific discipline, confirms in an exhaustive review of the statistical, experimental and pathological evidence that cigarette smoking is the major cause of lung cancer and chronic bronchitis, and is associated with cancers of the mouth, larynx, oesophagus and bladder, and with coronary disease and other heart disorders.

Death rates for all these conditions are far higher in cigarette smokers than in non-smokers, and rise in relation to the number of cigarettes smoked daily, the depth of inhaling, and most significantly to the age at which smoking began.

The statistical evidence suggests that those who cannot stop smoking can at least reduce the risk by restricting their daily consumption of cigarettes, or alternatively by replacing cigarettes with a pipe or cigars. Either step would coincidentally reduce the damage done by inhalation, for it appears that most heavy cigarette smokers tend to inhale deeply. Women smokers are less inclined to inhale, a fact which may help to explain their lower incidence of lung cancer.

The earlier in life the smoker begins the habit, the greater is his prospect of ultimately dying from one of the diseases associated with cigarette smoking. There is therefore every reason to bring home to all children of school age the dangers of smoking and the Anti-Cancer Council, with the support of the State Education and Health Departments, has already moved to increase its education programme in schools by 50 per cent in 1964.

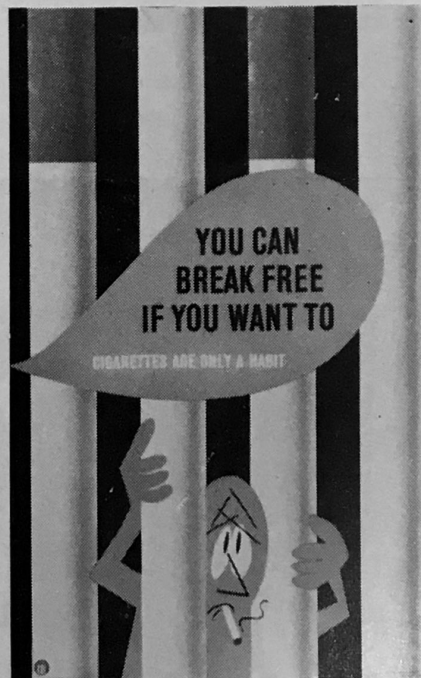
It is, however, arguable whether education alone can hope to influ-

ence young people against starting to smoke, when millions of pounds are spent annually by the tobacco industry on advertising designed to convince the same young people of the manliness, modernity and social appeal of smoking. According to the Melbourne weekly "TV Times" (22/1/64), the total cost of tobacco advertising on television for the six capital cities alone in 1962 was £1,330,930. In contrast, it is doubtful whether the combined expenditure of federal and state health authorities and voluntary organisations for health education on smoking exceeds £5,000 a year.

Government spokesmen have rightly pointed out that the smoking habit as such cannot be legislated against. People cannot be made non-smokers by Act of Parliament. But there is surely a case for government action to regulate advertising designed to make smoking attractive to the younger generation.

"Glamour" cigarette advertising has already been restricted or forbidden in many countries overseas, including Great Britain, Italy, Canada and New Zealand.

In the light of the overwhelming medical evidence that smoking constitutes a hazard to the nation's health, the community is entitled to suggest that the time has come to control the content of cigarette advertising in this country.



A poster issued by the British Ministry of Health.

# SMOKING AND HEALTH

## AMERICAN REPORT INDICTS CIGARETTES

*Few medical questions have aroused greater public interest or led to more scientific debate than the tobacco-health controversy. The report by the Committee of eminent medical scientists, appointed by the Surgeon-General of the U.S. Public Health Service to determine the relationship between smoking and health, has again focussed public attention on the problem.*

*The Committee's assignment was to evaluate the numerous studies made over a number of years by many competent investigators, and not to conduct original research on its own account. The evidence studied included the results of animal experiments establishing the presence of carcinogens (cancer-producing agents) in tobacco smoke and tar; clinical and autopsy studies of smokers and non-smokers showing that many kinds of damage to body functions and to organs, cells and tissues occur more frequently and severely in smokers; and epidemiological population studies. Each of these three lines of investigation was evaluated and then considered together in drawing conclusions as to the causal significance of the use of tobacco in relation to disease.*

*This task took more than a year to complete, and resulted in a 400-page report (released in January) which represented the unanimous opinion of the ten participating scientists.*

### PRINCIPAL FINDINGS

From the results of seven prospective and twenty-nine retrospective investigations in Britain and Canada as well as in the U.S.A., the experts concluded that **cigarette smoking contributes substantially to mortality from certain specific diseases and to the overall death rate.** In the combined results from the prospective studies, the mortality ratio of cigarette smokers over non-smokers was found to be particularly high for: cancer of the lung (10.8:1), bronchitis and emphysema (6.1), cancer of the larynx (5.4), oral cancer (4.1), cancer of the oesophagus (3.4), peptic ulcer (2.8), circulatory diseases (2.6), and coronary artery disease (1.7).

The Committee points out that "no simple cause-and-effect relationship is likely to exist between a complex product like tobacco smoke [from which several hundred compounds have been isolated] and a specific disease in the variable human organism." Often the co-existence of several factors is required to produce a disease, and one of these may play a determinant role; without it, other factors, such as genetic susceptibility, seldom lead to the occurrence of the disease.

The principal diseases listed by the report as associated with smoking are:

### LUNG CANCER

Cigarette smoking is causally related to lung cancer in men, and far outweighs all other factors, such as air pollution, in causing the disease. The data for women, though less extensive, point in the same direction.

In current cigarette smokers the risk of dying from lung cancer is eleven times greater than in non-smokers, while heavy smokers (40 or more cigarettes a day) have at least a twentyfold risk. **The size of the risk is directly proportional to**

**the number of cigarettes smoked, and is lessened by discontinuing smoking.** Pipe and cigar smokers have a greater risk than non-smokers, but much less than that of cigarette smokers.

### OTHER CANCER SITES

Cigarette smoking is a "significant factor" in causing cancer of the larynx (or "voice box") in men, and there is some connection between smoking and cancer of the oesophagus (gullet) and urinary bladder, although it is not clear whether the relationship here is causal. No association has been established between tobacco use and stomach cancer.

Pipe smoking appears to be causally related to cancer of the lip.

### RESPIRATORY DISEASES

Cigarette smoking is the most important cause of chronic bronchitis in the United States, and increases the risk of dying from this disease by 500 per cent.

A relationship also exists between this form of smoking and pulmonary emphysema (swelling or inflation of lung tissue), but it is not clear that smoking causes the disease. However, deaths from emphysema are infrequent among non-smokers.

Reproduced by courtesy of "The Herald," Melbourne.



"Poppycock! In my day it was 'Smoking will stunt your growth!'"

Cough, sputum production and breathlessness are all more frequent in smokers than in non-smokers. Cigarette smoking does not appear to cause asthma.

### HEART DISEASE

Male cigarette smokers have a 70 per cent higher death rate from coronary heart disease than non-smoking males, and higher mortality of cigarette smokers is also associated with other cardiovascular diseases.

While there is as yet no clear proof that cigarette smoking plays a causative role in heart disease, **"The Committee considers it more prudent from the public health viewpoint to assume that the established association has causative meaning."**

### MATERNAL SMOKING AND INFANT WEIGHT

Women who smoke during pregnancy tend to have babies who are underweight at birth, and also have a significantly greater number of premature deliveries.

It is not clear how this decrease in birth weight is produced, nor is it known whether it has any influence on "the biological fitness" of the newborn baby.

### "GREAT POTENTIAL HAZARD"

The report states that the total number of excess deaths causally related to cigarette smoking in the U.S. population cannot be accurately estimated. However, it points out that **"the potential hazard is great because the diseases [with which smoking has been linked] are major causes of death and disability."**

In 1962, over 500,000 people in the United States died of heart disease (principally coronary artery disease), 41,000 died of lung cancer, and 15,000 of bronchitis and emphysema. Another cause for concern is that deaths from some of these diseases have been increasing rapidly in recent years.

Lung cancer deaths, for example, less than 3,000 in 1930, rose to 18,000 in 1950, and more than doubled in the next decade. The 2,300 deaths reported from chronic bronchitis and emphysema in 1945 climbed to 15,000 in 1962.

### PATTERNS OF TOBACCO USE

An important aspect of the tobacco-health problem is the changing pattern and extent of tobacco use. In 1900 cigarette consumption per person (15 years and over) was less than 50 cigarettes a year, but by 1961 had reached a peak of 3,986 a year. In contrast with this very steep increase in cigarette consumption, per capita use of other forms of tobacco has decreased sharply.

The Committee confirms earlier findings that **death rates in pipe or cigar smokers are only slightly higher than those in men who have never smoked regularly.** Apparently the amount of tobacco smoked has little effect on the outlook; what is important is whether or not the smoke is inhaled. Most smokers in this class do not inhale, but those who do have higher death rates than those who do not.

Another point from the report with a bearing on survival is that giving up smoking at any stage is well worthwhile. **Death rates from various causes are substantially**

**lower in ex-cigarette smokers than in current smokers.** The rate for lung cancer begins to fall even one year after giving up and becomes progressively better with the passage of time. After fifteen years the rate is almost the same as for non-smokers. The report made no findings on filter-tip cigarettes, as the Committee believed it had insufficient evidence as to the effect of various types of filters.

### CALL FOR ACTION

On the basis of its prolonged study and evaluation, the Committee concluded:

**"Cigarette smoking is a health hazard of sufficient importance in the United States to warrant appropriate remedial action."**

Discussing the report's implications, the Surgeon-General, Dr. Luther Terry, said that among the possible actions that the Public Health Service might take were educational campaigns aimed at both the public and the medical profession. The possibility of labelling cigarettes to indicate contents or possible hazards, and the question of control of advertising, might also be considered.

He emphasised that "at the moment" he was not endorsing any of these steps, but simply illustrating some possibilities.

Asked if further research on the components of tobacco smoke and on the effectiveness of filters would not be desirable, Dr. Terry said that "unquestionably" it would. It was the Committee's belief, he added, that "the development of better or more selective filters is a promising avenue for further research."

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# ELEVEN "SUCCESS" STORIES

## "ANOTHER DAY" — A FILM OF HOPE

by Carlotta Kellaway

Eleven people who really appreciate being alive are the stars of a 20-minute film recently released by the Anti-Cancer Council of Victoria. Each of the eleven has had cancer, each has been successfully treated, and each has fully recovered. They are shown living normal active lives in their own homes and going about their daily jobs.

The patients took part in the film as a gesture of gratitude for being alive, a way of saying thank you to the doctors who helped them to recovery, and in the hope that by telling their stories they might help to save the lives of other cancer sufferers.

The film was produced by Zanthus Films, the husband-and-wife team which so successfully made a previous anti-cancer film: "You Are Not Alone." Scriptwriter Jenny Blackwood and photographer Adrian Boddington have used a quiet, relaxed method of presentation in this new film with the emphasis this time on the feelings of joy and relief experienced as good health returns following treatment. They have allowed the actors to use their own words to describe what happened to them and how they felt about it, while the camera catches actual moments in their daily lives which clearly illustrate how complete has been the cure.

The film is now being widely used in the Council's public education programme, since it is believed that the personal testimony of these cured patients will do more than anything else to convince people of the effectiveness of modern treatments. As the film points out, some of these Victorians, whom we watch enjoying lives which seem all the more precious since they were threatened by serious disease, were not expected to recover. Yet all are now leading full and active lives.

**Let us take a brief look at a few of the "success" stories.**

### "AS GOOD AS GOLD"

Nurse B., who is seen carrying on her work as a nursing aide with children, was one of those who went along to her doctor early. A fair-



*Nurse "B" enjoys her work as a nursing aide in a children's ward.*

haired attractive woman, she is very young to have had cancer.

Twice she had a cyst removed from her arm, she tells us, but it returned again and grew large and unsightly. She was afraid she might lose her arm. Thanks to skilled surgery, however, she kept her arm, and now, she says, "It's as good as gold. It doesn't trouble me at all."

Mr. H. is shown working in his self-service store — a job which takes a lot of energy these days. He tells how he was cured of unusually severe skin cancer. In most cases there are some warning signs, and his were sores that wouldn't heal after a severe burn. He is now fully recovered after a series of operations plus skilful plastic surgery, and he's proud of the job the surgeon did for him.

"One thing," he concludes, "you're so glad to get your health back that you forget about the bad parts. You really appreciate life when you've had a scare."

### CATHERINE WHEELS DOWN COLLINS STREET

The feeling of elation at being cured is vividly described by another of the eleven, Mrs. J., who runs a home, and helps her husband in his engineering business. She makes no

bones about the fact that recovery from cancer has given her a new lease of life.

"I feel like turning Catherine Wheels down Collins Street every time I have a check up," she says.

"When I was a girl," she reflects, "you never mentioned things like cancer — or sex — and perhaps some women were shy about going to a doctor if they had something the matter. Now, how wrong we see that is."

The way in which the outlook has changed for patients with cancer is shown equally clearly in the other eight stories, each of which is an account of an individual man or woman taking up again the sort of life he or she wants to lead.

### "IN THE BEST HANDS"

A meeting with any of the eleven confirms the strong impression left by the film. These people really have won through.

Take, for instance, Mr. G. — Mr. Leigh Warriner.

He has amazed many people by simply being alive.

An ex-farmer who works at a full-time job as shorthand writer for a Shire Council in Gippsland, Mr. Warriner also runs the local parish newspaper in his spare time.

Eight years ago he had to have a leg amputated because of the advanced stage of the disease when he came to Melbourne for specialist treatment.

"As a child I had this pigmented mole on the side of my leg," explains Mr. Warriner, "playing games I naturally bumped it but it never worried me." When it did begin to spread, years later, Mr. Warriner went to a local doctor who referred him to a specialist. He advised amputation.

"I didn't worry," says Mr. Warriner, a tall rangy man, a typical "Aussie" with a pleasantly confident manner. "I knew I was in the best hands."

The "hands" were those of distinguished surgeons at the Royal Melbourne Hospital. The operation was successful, and five weeks later Mr. Warriner was back home again and feeling well enough to face his first problem — how to resume normal life as quickly as possible.

When one asks how he felt about rehabilitation he replies: "What do you mean, rehabilitation? I don't have to worry about rehabilitation because I can still lead an active life with one leg. I just do as much as I can, that's all."

And indeed he does a lot. Meeting him one knows him at once for a vigorous and energetic man, and you are not surprised to hear that

he couldn't wait until he had got himself into his car and invented a means of working the controls which the local garage made for him for 35/-.

To his doctor's delight Mr. Warriner **drove himself** to his first check-up.

Like the other people in the film he was not prepared to retire. Knowing that the local municipality was going to advertise for staff, he pulled out the shorthand books which he had studied as a youth doing a commerce course. His interviewers agreed to take him for a three months' probationary period.

At the end of that time his health had improved so much that he was appointed permanently. That was eight years ago. Today he still holds the same position with the Shire Council.

### THE TWO HARDEST THINGS

For outside interests Mr. Warriner has involved himself in "the two hardest things a person can take on: religion and politics."

His work running the local parish newspaper, chairing a men's church group, and singing in the choir, was combined during the recent elections with the demanding job of secretary of a local electorate campaign committee. He finds these interests "most satisfying, with never a dull moment."

"I've always enjoyed an argument," he says with a twinkle.

Mr. Warriner used to keep bees as a hobby but now his various jobs keep him too busy to look after them. At week-ends he often helps on his son-in-law's property (he is seen at work there during the film), or cares for his 93-year-old father.

### OTHER PEOPLE'S PROBLEMS

Mr. Warriner says he has always liked to do some kind of social work, but having cancer has made him more aware of other people's problems. "It's given me a greater insight into what life really is, probably I'm a bit more philosophical now."

He is particularly anxious to help others who are faced with the problem of cancer, and is prepared to visit anyone in his neighbourhood to try to cheer them up.

To what does he attribute his success? Personal faith he believes has helped him overcome many obstacles and will continue to do so, but most of all he feels gratitude to his doctors and nurses.

"I feel very deeply a duty to help them in any way I can," he says. "And I believe too that the Anti-Cancer Council can use people like me who have recovered from cancer and are willing to take part in the education campaign."

**"After all, I reckon I'm a pretty good advertisement for them."**



Mr. "G" lends a helping hand on his son-in-law's farm.

# COMMUNITY EDUCATION ON CANCER, 1963

## ANNUAL REPORT TO THE PUBLIC EDUCATION COMMITTEE

### LECTURES

The most effective of the didactic methods of communication in health education is the lecture, talk or discussion, supported by appropriate visual aids. In cancer education the speaker's aim is to give simple, accurate information that will help the layman to recognise certain symptoms as possible signs of cancer, and will also increase his understanding of the disease and counter some of the common fallacies and misconceptions.

Members of the Speakers' Panel gave 100 such talks to community groups during 1963; of these 46 were in the metropolitan area and 54 in country centres, with a total attendance of 4,055 people. Including Country Education Week meetings, 773 lectures for the public have now been given since 1958, and almost 44,000 people have attended the meetings.

### THE COUNTRY CAMPAIGN

The Council's Country Committees have continued to give active support to the education programme. A Conference sponsored by the Bendigo Regional Committee in February led to an intensification of the campaign throughout the Loddon Region. A vigorous two-day programme in Echuca included three public meetings, anti-smoking lectures to local schoolchildren, distribution of literature, and press publicity. A similar programme was undertaken in Castlemaine with the assistance of the Country Women's Association, and later in the year the Shires of East Loddon and Gordon joined in sponsoring a series of meetings in the Pyramid Hill-Mitiamo-Dingee area.

The Hamilton Regional Committee, supported by local service clubs and women's organizations, planned an intensive "Education Week" programme in May. Featuring public and group meetings, film

screenings, school talks, door-to-door distribution of folders and handbills, and a display in the Art Gallery foyer, the campaign received excellent publicity from the local media. Other Committees promoting educational activities included those at Birchip, Kyneton, Wangaratta and Wodonga.

### EXHIBITS AND DISPLAYS

For the second year in succession the Committee sponsored a highly successful Information Stand at the Royal Melbourne Show. The Mobile Unit visited the Annual Shows at Bendigo, Hamilton, Shepparton and Wangaratta, and portable displays were exhibited in the public libraries at Ballarat, Geelong West, Hamilton and Shepparton, and in two city banks. There can be little doubt that through these "extension activities" we are able to contact many thousands of people who would otherwise be beyond the scope of our general programme.

### EDUCATION IN SCHOOLS — ANTI-SMOKING PROGRAMME

One of the most important objectives of cancer education today is to influence young people against the habit of cigarette smoking. In accepting the obligation to publicise the health risks associated with smoking, the Committee has placed particular emphasis on developing appropriate educational measures in Victorian schools.

During the past year 120,000 copies of a folder ("Why Smoke?") featuring non-smoking testimonials from current sporting "heroes" were distributed to children in Grades V and VI, and posters depicting the same sportsmen (Wesley Hall, Alistair Lord and Murray Rose) were sent to primary schools throughout the State. The Regional and District Cancer Committees actively assisted with the distribution of this material to country schools.

With the backing of the Education and Health Departments a considerable increase was achieved in the number of secondary and technical schools visited. In the course of the school year visits were made to 52 schools, and 77 talks were given by the Education Officer or Medical Officers of the Health Department to some 13,000 pupils. Films and filmstrips on smoking were borrowed by several other schools for independent screening.

Adult education on the subject has not been overlooked. Since its publication in November, 1962, more than 100,000 copies of the booklet "Smoking and Your Health" have been issued to the public. The Committee is especially gratified that nearly 600 members of the medical profession in Victoria have given a lead to the community by circulating copies to their patients.

### SPECIALIST EDUCATION SERVICES

- (1) **Business and Industry.** With the valued assistance of Mr. R. H. Simkin, positive steps were taken to develop the employee education programme during the year. A number of companies, including the free enterprise banks, two major firms in the automotive industry, and office equipment supply houses, agreed to take part in this service and distributed leaflets to employees, displayed posters, and arranged for the appearance of short articles on cancer in company journals. Several other commercial and industrial firms have expressed interest in the scheme, and there is reason to hope that further expansion will take place during 1964.
- (2) **Migrant Groups.** As the year ended the Committee launched an educational campaign directed at the major migrant groups in

Victoria — the Italian, Dutch, German, Greek and Polish communities. A folder on cancer symptoms and treatment was prepared in these languages and distribution is now being arranged through migrant organizations. The foreign-language press has shown a most encouraging readiness to co-operate and a number of articles based on material supplied by the Committee have already appeared.

### LITERATURE

Several new publications were issued by the Committee in 1963. In addition to the multi-language folder referred to above, these included the "Why Smoke?" folder for primary schoolchildren; a set of three "sportsmen" posters for display in schools; and a bookmark listing the "seven warning signs" distributed by Melbourne booksellers and by many metropolitan and country public libraries. Two reprints (each of 50,000 copies) were required of the booklet "Smoking and Your Health" to cope with the demand from Church and Youth organizations and from the medical profession.

Four issues of the quarterly Newsletter, "Victorian Cancer News," appeared during the year. Circulation is increasing, and more than 3,000 copies of each issue are now distributed.

A new series of seven posters on the "warning signs" has been prepared and is now ready for release. Also in the course of preparation are a booklet "Help Yourself to Recovery" for the information of mastectomy patients; a small folder for use in employee education; and a further set of posters featuring non-smoking sportsmen and women.

### MASS MEDIA (PRESS, RADIO AND TELEVISION)

The metropolitan, country and suburban press has again given generous publicity to the work of the Council and its Committees. "Education Week" campaigns and public meetings often have considerable news value to local newspapers, and in many cases are extensively reported; in addition many editors have published short articles on cancer supplied by this office.

The national and commercial television stations in Melbourne continued to screen the 60-second educational "short" throughout the year as a community service and without charge to the Council. Several of the country stations have also televised the "short," and I desire to place on record the Committee's sincere appreciation of this public-spirited action on the part of all station managements concerned. A second "short" is now in production and is expected to be released early in 1964.

### FILMS

Zanthus Films completed production of their second educational film for the Council. Entitled "Another Day," the film tells briefly of the daily lives of eleven Victorians who have had cancer and are now regarded as completely cured. My impression is that audiences viewing the film are moved by its warm human quality, and the fact that all parts are taken by the actual patients gives it an authenticity that drives home its message of hope with telling effect.

The previous film, "You Are Not Alone," received its commercial release in 1963 through Hoyts Theatres Ltd. It has also been widely used in association with our talks to women's groups, and has been accepted by the Australian

Broadcasting Commission for televising on the national stations.

The State Film Centre has again included anti-cancer films in its general film programmes throughout Victoria, and has made many loans to registered borrowers upon request. The Centre reports that during 1963 there were 255 separate screenings, with a total statistical audience of 19,635 persons. Films from the Council's library were lent to the State cancer organizations in Queensland, South Australia and Tasmania, and to a number of schools and public hospitals in Victoria.

### RESEARCH

In view of the evident need for detailed information on the factors influencing patients with symptoms to seek treatment, the Committee is sponsoring a behavioural survey of cancer patients attending the Queen Victoria Hospital. Detailed analysis of the findings has yet to be undertaken, but early reports suggest that a significantly higher proportion of women with early breast cancer are presenting for treatment now than was the case five years ago. The study of public attitudes relevant to cancer education, conducted by students of the Department of Psychology at Melbourne University, is continuing, and it is hoped that this investigation will reveal any changes effected in these attitudes as a result of the Committee's education programme. One encouraging trend revealed in the 1963 findings shows an improvement in knowledge of warning signs at all levels, although the percentage of the population regarding cancer as incurable remains steady at around 50 per cent. Both investigations will continue through the coming year.

A. J. BROWN,  
Public Education Officer.

**MANY COUNTRIES ARE BECOMING DISTURBED  
AT THE RAPID RISE IN LUNG CANCER**

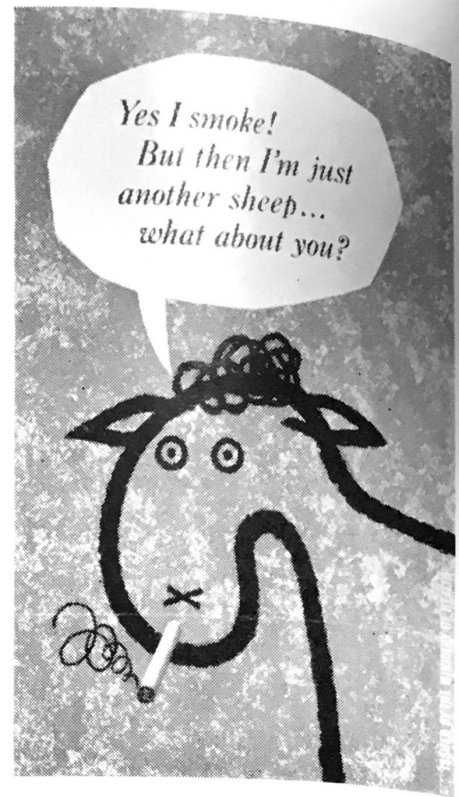
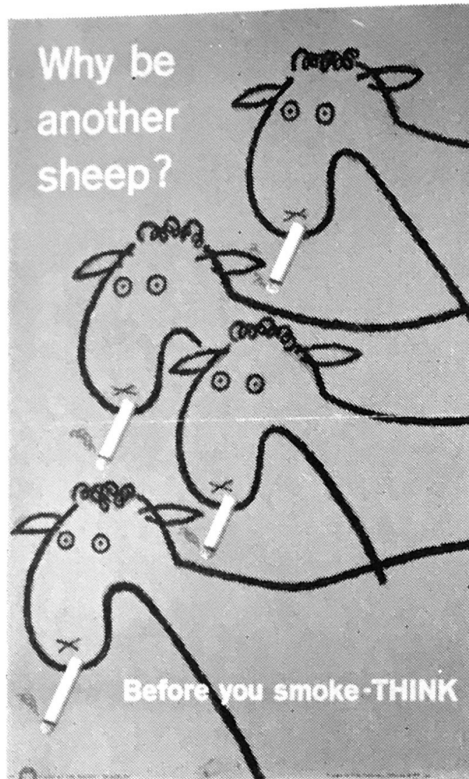


Twice Olympic Decathlon Champion

**I  
DON'T  
SMOKE**

When a man's in competition, he only wants fresh air in his lungs. Smoking cuts down on wind. And an athlete needs wind as much as he needs his legs.

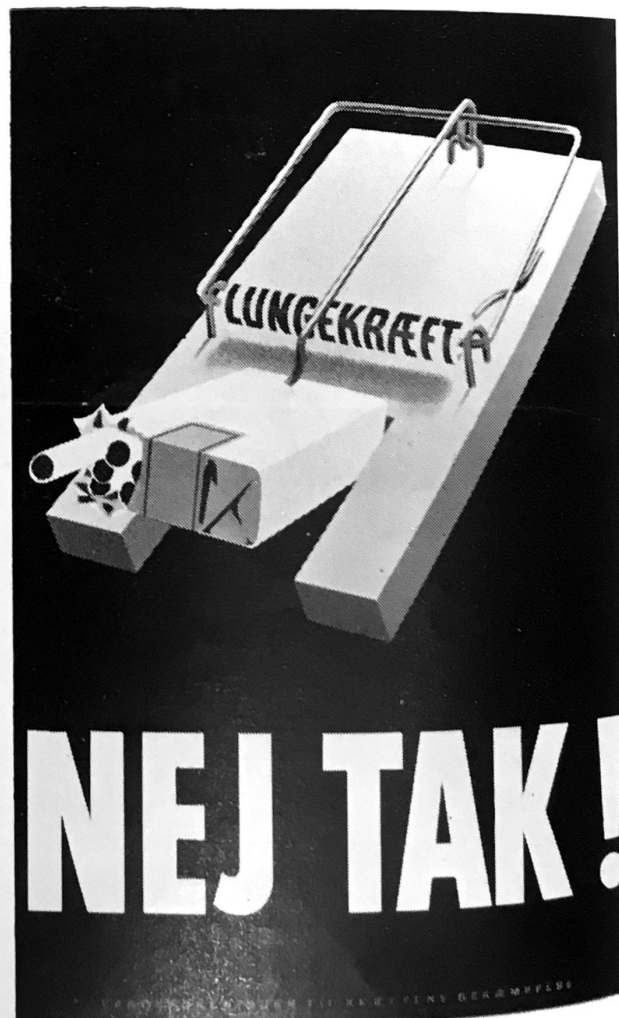
Athletes in top condition don't smoke—they can't afford to. **Bob Mathias**  
AMERICAN CANCER SOCIETY



↙ The social pressure to conform is the target of these British posters.

↙ Olympic Champion Bob Mathias backs the American Cancer Society's anti-smoking campaign.

"No Thanks!" is the message of this Danish poster. The mousetrap's spring spells "Lung Cancer." ↘



Produced by the Department of Health Services, Tasmania, this poster aims to counteract the effect of "glamour" cigarette advertising.