advertising, dissemination of public information on the hazards of smoking, and to persons who want to quit, taxation and other economic disincentives, and planning aimed at shifting the emphasis of Southern agriculture away from tobacco growing and cigarette manufactory and toward food production and other socially useful activities.

The epidemiologists have done a little less of elucidating the health hazards of smoking, and have documented the magnitude of the current smoking-induced cancer epidemic. The cooking of deaths has been an area of research with provision and care. Can the health profession and the public generate as much enthusiasm for, and interest in, the task of reducing cigarette smoking as they have for the development of the artifi
cial heart? Only time will tell.

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Letters to the Editor are considered for publication (subject to editing and abridgment), provided that they are submitted in duplicate.

SUGGESTED ADDITIONS TO THE DIETARY CARRIERS

To the Editor—Two years ago, the Food and Drug Administration approved the use of the artificial sweetener aspartame (a 1-phenylalanine-a-ketomethane) as a tabletop sugar substitute and food additive.1 At the same time, it was determined that the new substance did not require approval by the Food and Drug Administration (F.D.A.) for use in dietetic products and pharmaceutical preparations.2

This decision was based on the fact that aspartame is not subject to the same regulatory process as other sweeteners. The F.D.A. has not been able to find any evidence of carcinogenicity in animals or humans when aspartame was fed to them.3

We have no evidence to suggest that aspartame is harmful to the developing fetus. However, the potential for a development after birth on the central nervous system of newborns has been raised.4

We believe that this product should be made available to the public, and that the potential for a development after birth on the central nervous system of newborns should be further evaluated.

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