



U.S. Public Health Service

SMOKING AND HEALTH—*The Advisory Committee to the Surgeon General of the Public Health Service on Smoking and Health discuss problems relating to tobacco as a cause of lung cancer.*

PUBLIC HEALTH

Tobacco-Health Issue

Immediate Government action regarding the sale of cigarettes as a preventive measure against lung cancer is not expected—By Faye Marley

► THE U.S. GOVERNMENT is caught in an economic-health quandary that will not be quickly resolved by the long-awaited report on smoking and health. The report could come any time between Dec. 15 and Jan. 15.

It is well known that about two billion dollars go to federal taxes and another one billion dollars to state treasuries from tobacco industries. Tobacco is a federally-subsidized crop, and whether cigarette consumption ought to be cut or not by an adverse health report, the Government will be in no great rush to set up a Volstead-type prohibition act that would make smoking cigarettes illegal.

Even though the report on an eight billion-dollar-a-year industry may indicate danger to health, the U.S. Surgeon General's Advisory Committee on Smoking and Health will take no immediate action on what the free American people or the industry should do about it. Another study will follow the first one, and it will be the responsibility of another committee to take action.

The latest full-scale report incriminating cigarette smoking as increasing the death rate and causing disease was given Dec. 4 at the clinical meeting of the American Medical Association in Portland, Oreg. Dr. E. Cuyler Hammond, American Cancer Society director of statistical research, who reported statistical connection between heavy cigarette smoking and lung cancer as early as 1949, has found nothing in his continuing research to change his mind.

In fact, new evidence and answers to numerous questions raised by tobacco in-

dustry researchers and other scientists who have challenged various aspects of earlier studies, were reported to the AMA meeting.

Death rates of pairs of subjects—one a cigarette smoker, the other a nonsmoker—were presented in a "matched-pair analysis" involving 36,975 nonsmokers and 36,975 men who smoked a pack or more of cigarettes daily.

The study said that 1,385 of the 36,975 cigarette smokers died, whereas only 662 of the same number of nonsmokers died; of the cigarette smokers, 110 died of lung cancer, 15 of the nontumorous lung disease, emphysema, 30 of aortic aneurysm, 654 of coronary artery disease and 576 of other causes.

Of the nonsmokers, Dr. Hammond reported that only 12 died of lung cancer, one of emphysema, eight of aortic aneurysm, 304 of coronary artery disease and 329 of other causes.

Some 450,000 men who answered questionnaires on smoking and other factors have been traced for 34 months in Dr. Hammond's study, which takes into consideration a number of factors besides the type and amount of smoking, inhalation of smoke, and the age at which the individual started to smoke. Race, family history, height, prior illness, education and drinking habits are some of the additional factors.

The American Medical Association's House of Delegates then voted an "all-out" study on smoking.

Meanwhile, Tobacco and Health Research 6:1, 1963, published by The Tobacco Institute, Inc., consoles the industry with these condensed briefs.

Birthdays and Cancer—Dutch people born in the month of March are more than twice as prone to lung cancer as are those born in the summer months, a Dutch investigator reports. He believes a vitamin A deficiency in infancy may account for the difference.

Smoking and Body Types—Smokers tend to be larger and heavier than nonsmokers, a Harvard scientist has found. The differences, he suggests, may be hereditary in origin, as may be a susceptibility to lung cancer.

Animals and 'Tars'—Various substances extracted from cigarette smoke failed to induce any cancers in rats in a new test devised by two British scientists, but a known cancer-causing chemical proved active.

Heart Deaths Down—Death rates from diseases of the heart and blood vessels have declined six percent since 1950, according to an official of the American Heart Association. (Surveys show smoking has increased over this period.)

About ten years ago, however, the establishment of the Tobacco Industry Research Committee with Dr. Clarence Cook Little, a well-known scientist and former president of the University of Michigan, as scientific director, showed the health concern of the tobacco industry.

At a luncheon in Washington some months ago Dr. Little explained his view of the need for further research before acceptance of a cigarette link with disease, especially with lung cancer.

Among other possible causes of lung cancer, he mentioned environmental factors that have been the object of research in addition to cigarette smoking. What car manufacturers and others who will be involved in future environmental health reports will do to resolve the economics-health quandary is open to speculation.

In the above photograph taken at the full advisory committee meeting held Oct. 25 at the National Library of Medicine, Bethesda, Md., clockwise, starting at extreme left, are: Dr. Maurice H. Seevers, chairman, department of pharmacology, University of Michigan; Dr. Walter Burdette, head of department of surgery, University of Utah; Dr. Jacob Furth, professor of pathology, Francis Delafield Hospital, New York City; Dr. Charles Le Maistre, medical director, Woodlawn Hospital, and professor of medicine, Southwestern Medical School, Dallas; Dr. Louis F. Fieser, professor of organic chemistry, Harvard University; William C. Cochran, professor of statistics, Harvard; Dr. James M. Hundley, Assistant Surgeon General for Plans, and Surgeon General's representative on the committee; Dr. Eugene Guthrie, director of the committee staff; Dr. Leonard M. Schuman, professor of epidemiology, University of Minnesota School of Public Health; Dr. John B. Hickman, chairman, department of internal medicine, University of Indiana; Dr. Emmanuel Farber, chairman, department of pathology, University of Pittsburgh, and Dr. Stanhope Bayne-Jones (retired), former Dean, Yale School of Medicine, and former president, Joint Administrative Board, Cornell University, New York Hospital Medical Center.

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