CIGARETTES PERIL HEALTH, U.S. REPORT CONCLUDES; 'REMEDIAL ACTION' ... By WALTER SULLIVANSpecial to The New York Times

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# CIGARETTES PERIL HEALTH, U. S. REPORT CONCLUDES; 'REMEDIAL ACTION' URGED

## CANCER LINK CITED

### Smoking Is Also Found 'Important' Cause of Chronic Bronchitis

Committee's summary of its findings, Pages 64 and 65.

#### By WALTER SULLIVAN

Special to The New York Times

WASHINGTON, Jan. 11—The long-awaited Federal report on the effects of smoking found to-day that the use of cigarettes contributed so substantially to the American death rate that "appropriate remedial action" was called for.

The committee that made the report gave no specific recommendations for action. But health officials said that possible steps might include educational campaigns, the requirement that cigarette packages carry warnings and control of advertising.

The report dealt a severe blow to the rear-guard action fought in recent years by the tobacco industry. It dismissed, one by one, the arguments raised to question the validity of earlier studies.

#### Role of Smoking in Cancer Combining the results

Combining the results of many surveys, the study panel found no doubt about the role of eigarette smoking in causing cancer of the lungs.

In men who smoke cigarettes, the death rath from that disease is almost 1,000 per cent higher than in nonsmokers, it said. Lung cancer has become the most frequent form of cancer in men.

Such smoking was also found to be "the most important" cause of chronic bronchitis, increasing the risk of death from that disease and from emphysema, a swelling of the lungs due to the presence of air in the connective tissues. Emphysema is a disease of increasing incidence.

As to coronary artery disease, a frequent cause of heart failure and the leading cause of death in this country, mortality is 70 per cent higher for cigarette smokers than for nonsmokers, the report said.

### Relationship Assumed

The role of smoking as a cause of the disease, it said, "is not proved." However, it said, the study committee considers it "prudent" from the public health viewpoint to assume such a cause-and-effect relationship rather than wait until such a relationship has been established beyond doubt.

[The Tobacco Institute rejected the report, saying it was not the last word on smoking and health. The three major broadcasting networks said they would review their policies on tobacco advertising in the light of the report.]

the report.]

The report was prepared on the initiative of President Kennedy to help the Government decide what to do about the smoking question. The committee

was formed by Dr. Luther L.

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DISCUSSES SMOKING REPORT: Dr. Luther Terry, the Surgeon General, at news conference held in Washington.

### U.S. REPORT CALLS CIGARETTES PERIL

#### Continued From Page 1, Col. 1

Terry, Surgeon General of the Public Health Service. Its work began in the summer of 1962 and consisted of evaluating and reprocessing earlier studies. No original research was done.

At a press conference in the

State Department Auditorium, where the report was released, Dr. Terry said he did not anticipate any "foot dragging" by the Government in taking the "remedial action" called for in the report. He said the problem was one of "national concern." Dr. Terry told the committee

that the Public Health Service would move "promptly" to determine what steps should be taken. He said that his recommendations would be made to Anthony J. Celebrezze, Secretary of Health, Education and Welfare, after consultation with the Public Health Service staff. F.T.C. Studies Report

"I am sure that other departments and agencies of the Fed-Government, along with non-Federal agencies, will also take the report under consideration promptly," he said. Shortly after the meeting, the Federal Trade Commission said it was studying the report to see what action was necessary. The committee could find no

evidence that nicotine played an important role in causing disease. Rather, it pointed an accusing finger at the components of tobacco smoke that had been found to produce cancer in animals. These are a series of compounds known as polycyclic aromatic hydrocarbons. These compounds are complex molecules composed of hydrogen

and carbon atoms, the latter ar-

A spokesman for the com-

ranged in a series of rings.

mittee told the press conference there was no valid evidence that filters helped reduce the harmful effects. The substitutes, such as lobeline, used in so-called "withdrawal pills," seemed ineffective in breaking the smoking habit. The committee said that smoking was a "psychological crutch" for a large part of the

70 million Americans who were smokers in 1963. This posed the question: What would happen if this prop were suddenly pulled out from under them? 'Intangible' Factors The report said that such

### factors were "so intangible and

elusive, so intricately woven into the whole fabric of human behavior, so subject to moral interpretation and censure, so difficult of medical evaluation and so controversial" that they could not be assessed. It said that, from time immemorial, men have leaned on

props, some harmless, such as the ginseng root of China, some lethal, like opium. So powerful is this human drive, it said, "that man has always been willing to risk and accept the most unpleasant symptoms and signs." Among these it cited hallucinations, paralysis, convulsions, poverty, malnutrition and even death. If, then, man is bound to

continue his dependence on such

substances, in the interests of public health this should be done "with substances which carry minimal hazard," it said. Smoking, the report said, is a habit, rather than a form of addiction. Withdrawal does not produce a characteristic illness, as it does with addicts, and is best accomplished by psychologically replacing the prop, the committee said. However, it added, this invokes "the difficulties attendant upon extinction

of any conditioned reflex" — that is, in breaking any habit.

Those who questioned the va-

lidity of earlier studies argued that no one had shown how smoking could, for example, cause lung cancer or heart disease. It was said that the statistics were confused by other factors, such as air pollution in large cities, stress and heredity. Not a Simple Question The report released today said that no simple cause-and-

#### effect relationship probably existed between a complex prod-uct like tobacco smoke and any

single disease in so variable an organism as the human body. It also acknowledged that it often seemed to be a combina-tion of factors, rather than any one, that precipitated an ill-Nevertheless, it said, cigarette smoking was clearly the most important factor in some diseases to which it was linked. For example, in chronic diseases of the lungs and bronchial

tubes, it was found that the relative importance of cigarette smoking as a causative factor was "much greater" than air pollution or occupational exposure.

"Cigarette smoking is a health hazard of sufficient importance in the United States

to warrant appropriate remedial action," said the report, entiled "Smoking and Health." The conclusions of the committee rested heavily on seven "prospective" studies carried studies carried out since 1951, involving 1,123,-000 men. A prospective study is one in which individuals are picked at random and observed,

usually until death. In these studies, the deaths of 37,391 participants had been recorded and analyzed.

Number and Age Factors The committee combined the results of these seven studies and found that for cigarette smokers the death rate per thousand, from all causes, was 68 per cent higher than for nonsmokers.

As in earlier studies, the death rates were strongly af-

number of cigarettes smoked daily and the age at which smoking began. Likewise, as others have found, the use of cigars and pipes was far less a factor than cigarette smok-The death rates for those who smoke fewer than five ci-

fected by such factors as the

gars a day were found to be almost the same as for nonsmokers. For those smoking five or more cigars, the rate was only "slightly" higher. Even those pipe smokers who smoke 10 or more pipefuls a day and have been smoking more than 30 years did not show a substantially higher death rate. Inhalation Rates Lower The reason for lower rates among cigar and pipe smokers

## is not clear, although some at-

tribute it to less inhalation. The report cited surveys in which 94 per cent of the cigarette smokers said they in-haled. A survey of cigar smokers has shown an inhalation rate of 19 per cent. An American study of pipe smokers has indicated 28 per cent inhalation and the figure in a Canadian study was 18 per cent.
The report said that, in men, cigarette smoking "far outweighs all other factors" as a cause of lung cancer. The incidence of this disease has risen

dramatically during the years that cigarettes have replaced other forms of smoking. While the data for women are less extensive, the report said, they "point in the same direction." Those who questioned such conclusions in the past argued, for example, that in earlier times deaths from lung cancer

were incorrectly diagnosed. They said the increase in recorded cases was in part a reflection of better diagnostic procedures. The committee agreed but said that this effect was minor alongside that of smoking. In the combined results from seven surveys, 1,833 of the deaths among smokers were diagnosed as resulting from lung cancer. Using the rate among nonsmokers as a guide,

only 170.3 of those men would have died had they not smoked, the report said. Thus the rate among smokers was almost 10 times as high. In coronary artery disease, the deaths among smokers were

11,177, compared with an expected figure of about 6,430, based on the rate among non-smokers. For smokers, therefore, the rate was less than double that in nonsmokers, but the A "puzzling" discovery in ani-

total number of deaths was far larger. mal studies, the report said, is that all the tarry substances from cigarette smoke, when used together, are far more potent in producing cancer than one would expect from tests

with the various constituents.
The latter include the seven
polycyclic hydrocarbons that have shown varying degrees of potency as causers of cancer. It seems, therefore, the report said, that "the whole is reater than the sum of the

known parts." It has been found in various areas of cancer research that

the disease may be caused by a combination of "insults" to the body cells, none of which is harmful by itself. Another factor, as noted in the report, is that smoking seems to impair the function of the cilia, or tiny hairs, whose constant motion cleanses the lungs by sweeping mucous upward into the throat. The committee found that, as long suspected, pipe smoking is

a cause of lip cancer. Cigarette

smoking was called a "signifi-

cant factor" in cancer of the

larynx. There was some evi-

dence of a link between smok-

ing and cancer of the food pipe (esophagus) and bladder, the report said, but this has not been proved. It said that no relationship had been shown between tobacco use and stomach cancer. The same is true, it said, with a dimness of vision commonly attributed to cigar and pipe smoking

and known as tobacco amblyopia. It said smoking during pregnancy seemed to produce smaller babies, but asserted that it was not known whether real

Studies have not substantiated the common notion that children take up smoking as a gesture of defiance to authority, the report said. The change in smoking habits

damage was done to the child.

since the turn of the century was charted as follows: In 1900 the average consumption of chewing tobacco, per person each year, was about 4 pounds, and in 1962 it was half a pound. The use of pipe tobacco,  $2\frac{1}{2}$ pounds per persion in 1910, likewise had dropped to half a pound by 1962. In 1920 the average number of cigars smoked, for every man, woman and child, was 117, but this fell to 1962 55 in Rise in Cigarette Smoking

By contrast, the figure for cigarettes at the start of the century was fewer than 50. In **1961** it hit its peak of **3,986** per person per year.

The sequence of events that led to establishing the commit-

tee began with a letter sent to President Kennedy on June 1, 1961, by the heads of the American Cancer Society, the American Public Health Association, the American Heart Association and the National Tuberculosis Association. They urged the formation of Presidential commission

study the "widespread implica-

tions of the tobacco problem." The next January they met with Dr. Terry, who proposed to the Secretary of Health, Education and Welfare the formation of a committee of outstanding experts to assess the available knowledge and make recommendations. Further discussions included representatives of the Tobacco Institute, maintained by the industry, and of various Govern-ment agencies. It was agreed that the job should be done in

two phases. The first was to be "an objective assessment of the nature and magnitude of the health hazard." This was the report submitted to Dr. Terry today. The second phase is to include recommendations for action. It was agreed that such proposals should not be a part of the first phase and that they should not be considered until

As stated in today's document, "It was recognized that different competencies would be needed in the second phase and that many possible recommen-dations for action would extend beyond the health field and into the purview and competence of other Federal agencies.' It was stated at the press con-

the first report was in.

ference that the views of the committee were unanimous. Dr. Terry was listed as chairman of the committee and Dr. James M. Hundley, Assistant Surgeon General, as vice chairman, in addition to the 10 appointed members. The director

of the committee's staff was

Dr. Eugene H. Guthrie, chief of the Division of Chronic Diseases in the Public Health Serve