

SMOKING

The Government Report

The conclusion was just about what everybody had expected. "On the basis of prolonged study and evaluation," the 150,000-word report declared, "the committee makes the following judgment: Cigarette smoking is a health hazard of sufficient importance in the U.S. to warrant appropriate remedial action." More significant than the words was their source: it was the unanimous report of an impartial committee of top experts in several health fields, backed by the full authority of the U.S. Government.

The basic facts about the ill effects of smoking on health have been known for years. But the Government kept shying away from the problem. Not until 1962 did President Kennedy, under mounting pressure from medical groups, decide that the Government should make its own study. Surgeon General Luther L. Terry of the U.S. Public Health Service was charged with naming an expert committee to decide, simply, "Is smoking bad?"

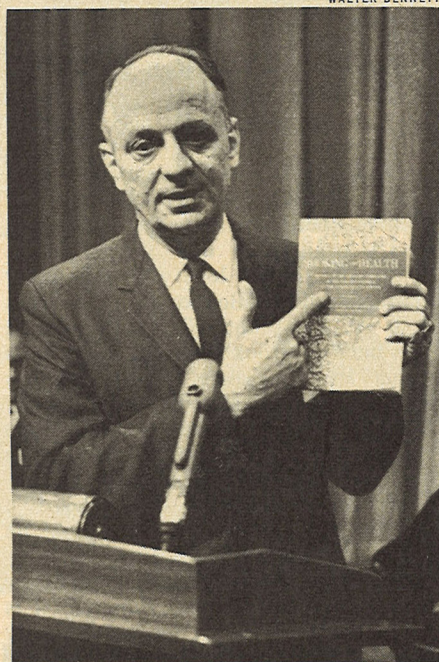
Switch in Mid-Study. For his committee, Dr. Terry chose ten men of unquestionable repute from leading universities. None had ever taken a public stand on the controversy. Three, like Terry himself, smoked cigarettes: Minnesota's Dr. Leonard M. Schuman, Harvard's William G. Cochran and Dr. Louis F. Fieser. One smoked cigars: Michigan's Dr. Maurice H. Seevers. One smoked a pipe: Texas' Dr. Charles A. LeMaistre. Five were nonsmokers: the Army's (formerly Cornell's) Dr. Stanhope Bayne-Jones, Pittsburgh's Dr. Emmanuel Farber, Utah's Dr. Walter J. Burdette, Columbia's Dr. Jacob Furth, Indiana's Dr. John B. Hickam. (Halfway through the study, Dr. Terry switched from cigarettes to a pipe.)

The committee proved itself to be a deep-digging, shirt-sleeved group. Members worked like prairie dogs, most of the time five stories underground in the basement of the National Library of Medicine at Bethesda, Md. Their task was not to do original research, but to evaluate 8,000 studies, many mainly statistical, by other investigators from around the world. The job included a last-minute appraisal of the massive analysis presented by the American Cancer Society's E. Cuyler Hammond to the A.M.A. in Portland, Ore. (TIME, Dec. 13). At the end of 14 months' study, the committee found that:

- ▶ Cigarette smoking "contributes substantially to mortality from certain specific diseases and to the overall death rate." Its effects are in direct proportion to the number of cigarettes smoked and the number of years the habit persists.
- ▶ The sharpest risk is lung cancer, from which cigarette smokers have a death rate almost eleven times as high as that for nonsmokers. Smokers' death

rates from other diseases are: bronchitis and emphysema, 6.1 times the rate for nonsmokers; cancer of the larynx, 5.4 times as high; ulcers of the stomach and duodenum, 2.8; cancer of the bladder, 1.9; coronary artery disease, 1.7; hypertensive heart disease, 1.5. (Heart and artery diseases combined cause many more premature deaths than does lung cancer.)

- ▶ For women smokers the death rate from lung cancer appears to be increasing along the same lines as that for men.
- ▶ There is not yet enough evidence to



SURGEON GENERAL TERRY
The need: remedial action.

show whether filter cigarettes are really safer than "straights."

- ▶ Quitting smoking definitely helps.
- ▶ Pipe smoking is almost harmless. One risk: a slight increase in the incidence of cancer of the lip.
- ▶ Cigar smoking, up to five cigars a day, is apparently safe; for men who smoke more than five cigars a day, the death rate is only slightly higher than for nonsmokers.

- ▶ "Possible benefits" from the use of tobacco took only 1½ pages of the report. The committee decided that they lie in "a psychogenic search for contentment," and cannot be measured.

Tar & Nicotine. The committee's report was presented in the auditorium of the Old State Department building last Saturday morning, a time carefully chosen to make the Sunday newspapers and because all stock exchanges were closed. It was handled with all the secrecy of a state document, but its tenor had been widely anticipated. Retail sales of pipes, including dainty little bowls for women, had boomed. So had sales of filter cigarette holders. American Tobacco Co. jumped the gun by beginning to market Carlton, a filter ciga-

rette, with its tar and nicotine content—claimed to be well below the average for popular brands—clearly shown on the package.

How much effect the report would have was uncertain. After every such previous report, there has been a sharp drop in cigarette sales, soon followed by a rebound. Smokers tried to kick the habit, only to light up again. The answer lies in what eventually emerges from the committee's call for "appropriate remedial action." What should this be? That, Dr. Terry said, was not in the jurisdiction of his committee, but he added that federal agencies consider the report so significant that there will be "no foot dragging."

Tobacco Institute Spokesman George V. Allen, pressed for comment, said he had not had time to read the full 387-page report with its 80 tables, added: "I endorse wholeheartedly Dr. Terry's call not for less but for more research. The tobacco industry, which is already supporting a considerable body of health research, stands ready to increase that support." Though the Surgeon General's committee insisted that the "causal relationship" of smoking to disease has been proved, it can agree with the tobacco men that the mechanisms of causation remain to be found.

The Federal Trade Commission was already reviewing its regulations pertaining to cigarette advertising, with a view to tightening them. Paced by CBS, all TV networks decided to re-examine their advertising standards. Oregon Senator Maurine Neuberger (whose husband had been a cancer victim) plans to introduce two bills aimed at forcing manufacturers to state nicotine and tar content. What more will result from the committee's call for "remedial action" remains to be seen.

CANCER

Picking the Best Marrow

In many forms of leukemia, the blood-cell factory inside the victim's bone marrow produces too many white blood cells, of the wrong kind, and too fast. To get the marrow back on a proper production schedule, medical investigators have tried many ingenious, drastic and daring experiments. Now five Paris doctors believe they have found a possible answer in the blood and bone marrow of a patient's relatives.

The French physicians, led by Dr. Georges Mathé, got the idea from the emergency treatment improvised in 1958 for victims of a reactor accident in Yugoslavia—five nuclear scientists who got what would ordinarily have been a fatal overdose of radiation. Four were pulled through and are still doing well, thanks to injections of bone marrow. The radiation that almost killed the patients had made them able to accept other people's marrow cells, instead of rejecting them through nature's familiar "immune reaction."

Last spring, when some of the same doctors had a male patient of 26 dying