"All the News That's Fit to Print"

The New York Times.

LATE CITY EDITION

U.S. Weather Bureau Report: Fair to partly cloudy, chance of sleet or rain today, tonight; then clearing tomorrow. Temp. Range: 37—28; yesterday 36—23.

NEWS SUMMARY AND INDEX, PAGE 89

SECTION ONE

VOL. CXIII, No. 38,704. © 1964 by The New York Times Company. Times Square, New York 10036. NEW YORK, SUNDAY, JANUARY 12, 1964. Entered as second-class matter, New York, N.Y., under act of June 16, 1879. Subscription rate: Sixty cents a week, daily and Sunday, delivered anywhere in U.S.A. THIRTY CENTS

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 84 and 85.

By WALTER SULLIVAN

Special to The New York Times

WASHINGTON, Jan. 11—The long-awaited Federal report on the effects of smoking found today 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 year-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 of many surveys, the study panel found no doubt about the role of cigarette smoking in causing cancer of the lungs.

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

Both 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 killer of adults in this country, mortality is 70 per cent higher for cigarette smokers than for nonsmokers, the report said.

Relationship Assessed

The role of smoking as a cause of the disease, it said, "is not proved." However, it said, the study committee considered 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 was prepared at 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.

Continued on Page 65, Column 6

Continued on Page 67, Column 3

Associated Press Wirephoto

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

Johnson Chides the G.O.P. For Opposing His Budget

By WARREN WEAVER JR.

Special to The New York Times

WASHINGTON, Jan. 11—President Johnson made his first frankly partisan speech tonight to the first purely political group he has invited to the White House. Standing under a picture of Abraham Lincoln in the State Dining Room, the President grinned as he told members of the Democratic National Committee he could not understand why his budget had not gotten a warmer Republican reception.

"I always thought there could be nothing more satisfying to economy-minded Republicans than the reduction of the budget," he declared.

Then he quoted critical budget comments by such Republicans as Senator Thruston B. Morton of Kentucky, Governor Rockefeller of New York, Representative Charles A. Halleck of Indiana and Senator Everett McKinley Dirksen of Illinois.

Notes Arcade Remark

He recalled that Representative Leslie C. Arends of Illinois had accused him of providing "something for everyone."

"He sounds kind of sorry, doesn't he?" Mr. Johnson asked, and his guests laughed.

The President quoted Senator Barry Goldwater as saying that the Johnson budget "out-Roosevelts Roosevelt, out-Kennedys Kennedy and makes Truman look like a pilsner."

"What finer compliment could anyone have?" Mr. Johnson inquired, and the Democratic leaders cheered.

Three critical Republicans

Continued on Page 55, Column 3

ATLANTA HOTELS DROP COLOR LINE

14 Leading Establishments Agree to Admit Negroes in Bid to Avert Protests

By MEN'S THE NEW YORK TIMES

ATLANTA, Jan. 11—Fourteen major Atlanta hotels and motels have publicly pledged to accept reservations regardless of race "in accordance with usual hotel practices."

Antisegregation demonstrations have appeared imminent in Atlanta. The hotels' announcement, made from the office of Mayor Ivan Allen Jr., was seen as an effort to forestall the protests.

The establishments in the agreement represent most of the city's main downtown hotels and several on the fringe of the city. Six have been reputed as desegregated for some time. Others have been pledged to operate under the "Dallas plan," accepting some Negroes for conventions, but recently there had been word that they were quietly honoring Negro reservations.

The practices of most Atlanta hotels have been vague since last fall. The announcement today, listing the 14 participants, seemed to pin down their commitments more clearly and represented a liberalizing of policy for most.

A group of civil rights leaders, meanwhile, voted today to organize massive demonstrations against segregation in Atlanta. Immediately after the

Continued on Page 47, Column 3

City Democrats to Restore Clubs As Job Centers for Minorities

By LEONARD INGALLS

The Democratic party in New York County is moving on a broad scale to restore to its neighborhood clubhouses some of their functions of the past in helping people find jobs and better housing.

Edward N. Costikyan, the Democratic county leader, has proposed that the county organization embark on such a program that also would include a special effort to improve public education in Harlem.

He has recommended to the county executive committee, made up of district leaders, that the party's 300,000 enrolled members and 35 district clubs in Manhattan be enlisted in an intensive effort to obtain pledges of nondiscrimination and to help members of minority groups find work.

He proposed that every Democratic district club select every Democrat and local businesses, labor unions and institutions like hospitals to obtain pledges that they would hire any person who met the qualifications for a job.

They also would be asked to agree to advise the Democratic county organization of vacancies and job qualifications. A full-time employment expert would be kept at Democratic county headquarters in the Chatham Hotel, 33 East 48th Street.

In submitting his proposals recently, Mr. Costikyan noted that many model Democrats in Manhattan owned their own businesses and that others played key roles in labor unions. The committee is scheduled to

Continued on Page 37, Column 4

SIX-PHASE INQUIRY ON ASSASSINATION CHARTED BY PANEL

Aides Chosen for Detailed Study of Kennedy Slaying and Security Agencies

By ANTHONY LEWIS

Special to The New York Times

WASHINGTON, Jan. 11—The staff of the commission investigating President Kennedy's assassination has divided its job into six broad areas of inquiry.

One covers every detail of Lee Oswald's activities on the day of the assassination, Nov. 22. Oswald was charged with the crime.

A second topic is the life and background of Oswald—an attempt to reconstruct his associations and ideas and psychology.

Oswald's career in the Marine Corps and his stay in the Soviet Union will be handled separately as a third.

His murder in the Dallas police station will be the fourth subject, including all the controversial questions of how it was allowed to happen.

Fifth will be the story of Jack Ruby, the nightclub operator who slipped into the police station and shot Oswald. This will be a particularly delicate subject because of possible conflict with Ruby's trial.

Study of Agencies

Finally, the staff will inquire substantively into the procedures used to protect President Kennedy. This will involve a scrutiny of the performances of the Secret Service, the Federal Bureau of Investigation and the Dallas police, as well as the finances, if any, of both movements in the Dallas community.

The commission's counsel, J. Lee Rankin, outlined the plan in an interview.

He said it was clear to him now that the job could not be done in a matter of weeks, but he still hoped the inquiry could be finished three to six months from now. He recognized the importance of not letting it drag on.

"The commission realizes that the country wants to be sure of the facts," Mr. Rankin said. "The first thing is to do the job right. The second is to do it as quickly as possible."

New Name to Be Added

A senior lawyer assisted by a younger man will handle each of the six inquiry subjects. Mr. Rankin himself will have charge of one topic, and a group of distinguished lawyers from around the country has been gathered for the other seven posts.

The commission announced four of these senior appointments today, and a fifth is expected to follow shortly. The four named today, all men in active practice, are:

Francis W. H. Adams of New York, 59 years old. He was Police Commissioner in New York City in 1954-55.

Joseph A. Ball of Los Angeles, 61 years old, a leading criminal lawyer, a member of the Supreme Court's Advisory Committee on the Federal Rules

Continued on Page 46, Column 3

Mrs. Johnson Cheered in 'Poverty Pocket' Coal Towns

United Press International Telephoto

Mrs. Lyndon B. Johnson greets youngster who turned out to welcome her to Wilkes-Barre

By NAN ROBERTSON

Special to The New York Times

WILKES-BARRE, Pa., Jan. 11—Mrs. Lyndon B. Johnson visited today one of the "pockets of poverty" that President Johnson has declared war on—the Wilkes-Barre and Scranton area of Pennsylvania. It is part of that impoverished 10-state strip known as Appalachia. Here, is the anthracite mine area, the jobless rate is nearly double the nation's average. On the way from Washington, Mrs. Johnson was briefed on the region, its problems and some of the solutions that have been found by two Pennsylvania Representatives. They were Daniel

Continued on Page 42, Column 4

U.S. AND PANAMA AGREE TO CLEAR BORDERS IN STEP TO EASE TENSION; PLEDGE ON FLAG ISSUE IS OFFERED

Associated Press Wirephoto

FUNERAL PROCESSION IN PANAMA CITY: Thousands following the coffin yesterday bearing the body of a Panamanian student killed in Thursday's rioting near Canal Zone.

MORRISON BEATEN IN LOUISIANA VOTE

Former Diplomat Loses to McKeithen in Democratic Gubernatorial Primary

By CLAUDE SITTON

Special to The New York Times

NEW ORLEANS, Jan. 11—John J. McKeithen, a militant segregationist, today won the Democratic gubernatorial nomination in Louisiana and almost certain election by upsetting deLesseps S. Morrison.

Unofficial returns from 2,187 of the state's 2,219 precincts showed these totals:

McKeithen 484,179

Morrison 457,884

The victory of the rural northern Louisiana lawyer may spell trouble in this state for the Democratic Presidential nominee in the November election, even if, as expected, it is President Johnson. Mr. McKeithen has refused to commit himself to support the party's choice.

Scattered ruins that cut the turnout of voters in the populous southern section, a Morrison stronghold, helped to account for the margin for Mr. McKeithen, 45-year-old State Public Service Commissioner.

For more important, however,

Continued on Page 58, Column 1

Long Panama Negotiation Expected by Washington

By TAD SZULC

Special to The New York Times

WASHINGTON, Jan. 11—The United States searched today for steps that it hoped could lead to a mutually acceptable political solution of the Panama crisis. But the Administration was aware that, in the highly charged emotional atmosphere of Panama, it might be difficult for the Government of President Roberto F. Chiari to enter immediately into what is considered here a reasonable basis for negotiations on the fundamental issues.

The United States, therefore, was preparing for what may be a prolonged and complicated negotiating process that may have to be conducted in part without formal diplomatic relations. Diplomatic ties were broken by Panama yesterday.

Mann Reports to Johnson

President Johnson received a written report from Thomas C. Mann, Assistant Secretary of State for Inter-American Affairs, who flew to Panama yesterday at the head of a high-level United States mission to try to resolve the crisis.

The crisis developed Thursday night in a battle between Panamanian and United States forces on the border of the Canal Zone, culminating a dispute over the flying of the Panamanian flag.

The report covered mainly Mr. Mann's 90-minute meeting last night with President Chiari. It is understood that Mr. Mann limited himself for the most part to listening to the Panamanian President's exposition of the situation.

The White House said later that, on the basis of the first report and of a telephone con-

Continued on Page 35, Column 3

West Berlin Offered Emergency Passes

By United Press International

BERLIN, Jan. 11—East Germany has offered to permit West Berliners through the Communist-built wall to visit relatives in East Berlin in certain hardship cases, it was disclosed today.

The offer was made public as the East German Communist leader, Walter Ulbricht, returned from a two-day visit to Moscow and meetings with Premier Khrushchev.

West Berlin officials said that they were convinced that Mr. Ulbricht and Mr. Khrushchev had conferred on plans to revive the system of passes through the wall as a wedge to gain recognition for East Germany.

Under the terms of the hardship plan, passes would be issued to West Berliners in the event of the death or sickness

Continued on Page 9, Column 3

SENATORS SCORE BALL'S AID PLAN

2 Democratic Chiefs Oppose State Department Control Urged by Rusk Aide

By FELIX BELAIR Jr.

Special to The New York Times

WASHINGTON, Jan. 11—Senate Democratic leaders rejected today a proposal that the State Department take over direction and control of the foreign aid program in place of the Agency for International Development.

The proposal, submitted by Under Secretary of State George W. Ball, was sharply criticized by the Senate majority leader, Mike Mansfield of Montana, and the assistant majority leader, Hubert H. Humphrey of Minnesota.

They said that President Johnson's interdepartmental committee now studying the aid program was "wasting its time" if it was seriously considering turning over A.I.D. to the State Department or scattering its functions among six or seven other departments and agencies.

"I can think of nothing that would foul up the foreign aid program more completely and effectively than to turn it over to a bunch of Foreign Service officers," Senator Humphrey declared.

'Scramble and Hide'

"And the 'scatterative' scheme," he continued, "is nothing more than a transparent attempt to scramble and hide the aid appropriation by breaking it down into its components and assigning a part of it to various agency budgets. It would only mean that the Senate and House Appropriations Committees would have to unscramble the items and put them back together in a single money bill again."

President Johnson has given the study group, which is headed by Mr. Ball, until next Wednesday to make recommendations for overhauling the aid program.

In his instructions to the eight-member panel, the President stressed the criteria of Congressional acceptance. For this reason, the position of the Senate Democratic leadership was viewed as ruling any

Continued on Page 35, Column 2

TROOPS CURB RIOTS

Chiari's Regime Finds Reds Infiltrating—Arms Search On

By HENRY RAYMONT

Special to The New York Times

PANAMA, Sunday, Jan. 12—The United States and Panama have agreed to take practical steps to ease the tensions along the borders of the Canal Zone.

After consultations with Assistant Secretary of State Thomas C. Mann and Secretary of the Army Cyrus R. Vance, the Canal Zone authorities agreed last night to remove troops that had been stationed along the border since the outbreak of violence Thursday.

For its part, the Panamanian National Guard undertook to clear its side of the border of snipers and those suspected of planning to create incidents.

In addition, the United States, in a conciliatory gesture, promised to make sure that the flags of both nations would henceforth fly side by side in the Canal Zone.

Link to Castro Alleged

The Government of President Roberto F. Chiari charged that the demonstrations had been infiltrated by Communists and supporters of Premier Fidel Castro of Cuba. It was stressed, however, that the majority of the demonstrators were engaged in a "purely civic movement."

During the night, cars in the city were being stopped and searched for arms.

Late last night, fighting between jeering Panamanians and United States soldiers with fixed bayonets erupted again on the Canal Zone border. Rioters stormed the barracks at the Tivoli guest house, and were forced back by the soldiers.

Bands Roam City

Bands of youth roamed the city, screaming anti-American slogans and hurling tear gas and other missiles toward the border. One group praised President Chiari in the same slogans used by Castro sympathizers.

The pledges to ease the tensions were made at all-day meetings among Panamanian officials, the high-level United States mission, and the Inter-American Peace Committee, representing the Organization of American States.

The three-way talks began yesterday morning after the O.A.S. group arrived from Washington and moved to conciliate the deepening United States-Panamanian crisis.

The United States and Panama each named a permanent

Continued on Page 15, Column 1

Today's Sections

Section 1 (2 Parts)	News
Section 2	Drama, Dance, Music, TV, Radio, Gardens, Sunday
Section 3	Financial and Business
Section 4	Review of the Week
Section 5	Sports
Section 6	Magazine
Section 7	Book Review
Section 8	"Real Estate
Section 9	"Employment Advertising
Section 10	Resorts and Travel
Section 11	Advertising
Section 12	Advertising

Includes 4 pages in this section with independent index and advertising.

Index to Subjects

	Section	Page
Art	2	13-15
Boating	5	13
Book Review	7	1
Bridge	2	14
Camera	2	13
Chess	2	14
Coins	2	14-15
Dance	2	13
Drama	2	1-5
Editorials	4	12
Education	4	11
Fashions	6	65-69
Financial and Business	3	
Food	6	77
Gardens	2	24-26
Home Fashions	6	74-75
Home Improvements	2	23
Letters to the Editor	4	12
Music	2	8-11
News Summary & Index	1	89
Obituaries	1	82-83
Parades	1	86
Radio-TV	2	16-22
Real Estate	8	
Records	2	11-14
Resorts	10	
Review of the Week	4	1
Science	4	11
Scouts	2	6-8
Ships and Aviation	1	84
Society	1	83-85
Sports	5	
Stamps	2	14-15
Weather	1	89

MARC GUNDERS in "PELAN" opens today, at 8 P.M., Sun. eve. at Cherry Lane, W. 4th St. (CHelsea 2-7369).

Summary and Conclusions of U.S. Report on Links Between Smoking and Health

Special to THE NEW YORK TIMES

WASHINGTON, Jan. 11—Following is the text of the summary and conclusions of the Federal advisory committee's report, "Smoking and Health," issued today by the Public Health Service:

A. Background and Highlights

In previous studies the use of tobacco, especially cigarette smoking, has been strongly linked to several diseases. Such use has been associated with increased deaths from lung cancer and other diseases, notably coronary artery disease, chronic bronchitis, and emphysema. These widely reported findings, which have been the cause of much public concern over the past decade, have been accepted in many countries by official health agencies, medical associations, and voluntary health organizations.

The potential hazard is great because these diseases are major causes of death and disability. In 1962, over 500,000 people in the United States died of arteriosclerotic heart disease (principally coronary artery disease), 41,000 died of lung cancer, and 11,000 died of bronchitis and emphysema.

Another cause of concern is that deaths from some of these diseases have been increasing with great rapidity over the past few decades.

Lung cancer deaths, less than 2,600 in 1930, increased to 18,000 in 1950. In the short period since 1955, deaths from lung cancer increased by more than 27,000 to the 1962 total of 41,000. This extraordinary rise has not been recorded for cancer of any other site. A large part of the rising trend for lung cancers is attributable to improvements in diagnosis and the aging of the population, and size of the population, the evidence leaves little doubt that a true increase in the lung cancer has taken place.

Deaths from arteriosclerotic, coronary, and degenerative heart disease increased from 406 in 1948, to 286,000 in 1950, and to 578,000 in 1962.

Reported deaths from chronic bronchitis and emphysema increased from 2,300 in 1945 to 15,000 in 1962.

The changing patterns and extent of tobacco use are a pertinent aspect of the tobacco-health problem.

70 Million Users

Nearly 70 million people in the United States consume tobacco regularly. Cigarette consumption in the United States has increased markedly since the turn of the century, when per capita consumption was less than 54 cigarettes a year. Since 1930, when cigarette consumption per person (15 years and older) was 1,000 cigarettes, it rose to 1,828 in 1940, to 3,522 in 1950, and to a peak of 4,345 in 1963. The 1963 Current Population Survey showed that 45 per cent of the male population 18 years of age and over were regular smokers of cigarettes.

In contrast with this steady increase in cigarette smoking, per capita use of tobacco in other forms has gone down. Per capita consumption of cigars declined from 117 in 1930 to 50 in 1963. Consumption of pipe tobacco, which reached a peak of 2½ pounds per person in 1930, fell to a little more than a half pound per person in 1963. Use of chewing tobacco has declined from about four pounds per person in 1900 to a half pound in 1962.

The background for the committee's study this included such general and specific findings from previous investigations which associated the increase in cigarette smoking with increased risk in a number of major disease categories. It was in this setting that the committee began its work to assess the extent and magnitude of the health hazard attributable to smoking.

Kind of Evidence

In order to judge whether smoking and other tobacco uses are injurious to health and related to specific diseases, the committee evaluated three main kinds of scientific evidence:

1. Animal Experiments

In numerous studies, animals have been exposed to tobacco smoke and tars, and to the various compounds they contain. Seven of these compounds (polycyclic aromatic compounds) have been established as cancer-producing (carcinogenic). Other substances in tobacco and smoke, though not carcinogenic themselves, promote cancer production or lower the threshold for a known carcinogen. Several toxic or irritant gases contained in tobacco smoke produce experimentally the kinds of non-cancerous changes seen in the tissues of cells of heavy smokers. This includes suppression of ciliary action that normally cleanses the trachea and bronchi, damage to the lung air sacs, and to mucous glands and goblet cells which produce mucus.

2. Clinical and Autopsy Studies

Observation of thousands of patients and autopsy studies of smokers and nonsmokers show that many kinds of damage to body functions and to organs, cells, and tissues occur more frequently and severely in smokers. Three kinds of cellular changes — loss of ciliated cells, thickening (more than two layers of basal cells) and presence of atypical cells — are much more common in the lining layer (epithelium) of the trachea and bronchi of cigarette smokers than of nonsmokers. Some of the advanced lesions in cigarette smokers are probably precancerous. Other changes regularly found at autopsy in patients with chronic bronchitis are more often present in the bronchi of smokers than nonsmokers. Pathological changes in the air sacs and other functional tissue of the lung (parenchyma) have a remarkably close association with past history of cigarette smoking.

3. Population Studies

Another kind of evidence regarding an association between smoking and disease comes from epidemiological studies.

In retrospective studies, the smoking histories of persons with a specified disease (for example, lung cancer) are compared with those of appropriate control groups without the disease. For lung cancer alone, 29 such retrospective studies have been reported in recent years. Despite many variations in design and method, all but one (which dealt with females) showed that the proportion of cigarette smokers are found among the lung cancer patients than in the control populations without lung cancer.

Extensive retrospective studies of the prevalence of specific symptoms and signs — chronic cough, sputum production, breathlessness, chest illness, and decreased lung function — consistently show that these occur more often in cigarette smokers than in nonsmokers. Some of these signs and symptoms are the clinical expressions of chronic bronchitis, and some are associated more with emphysema; in general, they increase with amount of smoking and decrease after cessation of smoking.

Another type of epidemiological evidence is the relation of smoking and mortality comes from seven prospective studies which have been conducted since 1951. In these studies, large numbers of men answered questions about their smoking or nonsmoking habits. Death certificates have been obtained for those who died since entering the studies, permitting total death rates and death rates by cause to be computed for smokers of various types as well as for nonsmokers. The prospective studies thus add several important dimensions to information on the smoking-health problem. They data permit direct comparisons of the death rates of smokers and nonsmokers, both over-all and for individual causes of death, and thus relate the strength of the association between smoking and specific diseases.

Each of these three lines of evidence was evaluated and then considered together in drawing conclusions. The consistency with which the most establishment of a statistical association between the use of tobacco and a disease is sufficiently strong. The general significance of the use of tobacco in relation to the disease is the crucial question. In these studies, all three lines of evidence are essential.

In the paragraphs which follow, we summarize the results of the seven prospective population studies which, as noted above, complement the other lines of evidence. They illustrate the nature and potential magnitude of the smoking-health problem, and bring out a number of factors which are involved.

Evidence From the Combined Results of Prospective Studies

The committee examined the seven prospective studies separately as well as their combined results. Considerable weight was attached to the consistency of findings among the several studies. However, to simplify the presentation, only the combined results are highlighted here.

Of the 1,123,000 men who entered the seven prospective studies and who provided usable histories of smoking habits (and other characteristics such as age), 37,391 died during the subsequent months or years of the studies. No analyses of data for females from prospective studies are presently available.

To permit ready comparison of the mortality experience of smokers and nonsmokers, two concepts are widely used in the studies—excess deaths of smokers compared with nonsmokers, and mortality ratios. Adjustments for differences in age and the number of cigarette smokers and nonsmokers as expected number of deaths of smokers is derived on the basis of deaths among nonsmokers. Excess deaths are thus the number of actual observed deaths among smokers in excess of the number expected. The mortality ratio measures the relative death rates of smokers and nonsmokers. If the age-adjusted death rates are the same, the mortality ratio will be 1.0; if the death rate of smokers are double those of nonsmokers, the mortality ratio will be 2.0. (Expressed as a percentage, this example would be equivalent to a 100 per cent increase).

The mortality ratio for male cigarette smokers compared with nonsmokers, for all causes of death taken together, is 1.68, representing a total death rate nearly 70 per cent higher than for nonsmokers.

In the combined results from the seven studies, the mortality ratio of cigarette smokers over nonsmokers was particularly high for a number of diseases: cancer of the lung (10.8), bronchitis and emphysema (6.1), cancer of the larynx (5.6), oral cancer (4.1), cancer of the esophagus (3.6), peptic ulcer (2.8), and the group of other circulatory diseases (2.6). For coronary artery disease the mortality ratio was 1.7.

Expressed in percentage form, this is equivalent to a statement that for coronary artery disease, the leading cause of death in this country, the death rate is 70 per cent higher for cigarette smokers. For other chronic bronchitis and emphysema, which are among the leading causes of severe disability, the death rate for cigarette smokers is 500 per cent higher than for nonsmokers. For lung cancer, the most frequent site of cancer in men, the death rate is nearly 1,000 per cent higher.

Other Findings of the Prospective Studies

In general, the greater the number of cigarettes smoked daily, the higher the death rate. For men who smoke fewer than 10 cigarettes a day, according to the seven prospective studies, the death rate from all causes is about 40 per cent higher than for nonsmokers. For those who smoke from 10 to 19 cigarettes a day, it is about 79 per cent higher than for nonsmokers; for those who smoke 20 to 39 a day, 90 per cent higher—and for those who smoke 40 or more it is 120 per cent higher.

Cigarette smokers who stopped smoking before entering in the seven studies have a death rate about 40 per cent higher than nonsmokers, as against 70 per cent higher for current cigarette smokers. Men who began smoking before age 20 have a substantially higher death rate than those who began after age 25. Compared with nonsmokers, the mortality risk of cigarette smokers, after adjustments for differences in age, increases with duration of smoking (number of years), and is higher in those who stopped after age 25 than for those who stopped at an earlier age.

In two studies which recorded the degree of inhalation, the mortality ratio for a given amount of smoking was greater for inhalers than for nonhalers.

The ratio of the death rates of smokers to that of nonsmokers is highest at the earlier ages (40-50) represented in these studies, and decreases with increasing age.

Possible relationships of chronic broncho-pulmonary disease to such greater than atmospheric pollution or occupational exposures.

Cardiovascular Disease

It is established that male cigarette smokers have a higher death rate from coronary artery disease than nonsmoking males. Although the causative role of cigarette smoking in deaths from coronary disease is not proven, the committee considers it more prudent from the public health viewpoint to assume that the established association has causative meaning than to suspend judgment until no uncertainty remains.

Although a causal relationship has not been established, higher mortality of cigarette smokers is associated with many other cardiovascular diseases, including miscellaneous circulatory diseases, other heart diseases, hypertensive heart disease, and general arteriosclerosis.

Other Cancer Sites

Pipe smoking appears to be causally related to lip cancer. Cigarette smoking is a significant factor in the causation of cancer of the larynx. The evidence supports the belief that an association exists between cigarette use and cancer of the esophagus, and between cigarette smoking and cancer of the urinary bladder in men. But the data are not adequate to decide whether these relationships are causal. Data on an association between smoking and cancer of the stomach are contradictory and incomplete.

The Tobacco Habit and Nicotine

The habitual use of tobacco is related primarily to psychological and social drives, reinforced and perpetuated by the pharmacological actions of nicotine.

Social stimulation appears to play a major role in a young person's early and first experiments with smoking. No scientific evidence supports the popular belief that smoking among adolescents is an expression of rebellion against authority. Individual stress appears to be associated more with variations in the amount of smoking than with the prevalence of smoking. The overwhelming evidence indicates that smoking—its beginning, habituation, and occasional discontinuation—is to a very large extent culturally and socially determined.

Nicotine is rapidly changed in the body to relatively inactive metabolites with low toxicity. The chronic toxicity of small doses of nicotine is low in experimental animals. Under certain facts, when taken in combination with the low mortality ratios of pipe and cigar smokers, indicate that the toxicity of the amount of nicotine in quantities absorbed from smoking and other methods of tobacco use is very low. Nicotine addiction is difficult to represent an important health hazard.

The significant beneficial effects attributed to nicotine primarily in the area of mental health, and the habit originates in a search for contentment and tranquillity, nonuse or measuring the quantity of these benefits is apparent, the committee finds no evidence that nicotine would weigh benefits against hazards of smoking as it may apply to the general population.

On the basis of the present study and evaluation of many lines of converging evidence the committee makes the following conclusions:

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

B. Comments and Detailed Conclusions

All conclusions formally adopted by the committee are presented at the end of this section. In the following discussions, the documentation and most of the discussion are omitted from this condensation.

Chemistry and Carcinogenicity of Tobacco and Tobacco Smoke

Condensates of tobacco smoke are carcinogenic when tested by application to the skin of rabbits and when tested by subcutaneous injection in rats. Bronchogenic carcinoma has not been produced by the application of tobacco extracts, smoke, or condensates to the lung or the tracheobronchial tree of experimental animals with the possible exception of dogs.

Bronchogenic carcinoma has been produced in laboratory animals by the inhalation of aerosols of polycyclic aromatic hydrocarbons, certain metals, radioactive substances, and viruses. The histopathologic characteristics of the tumors produced are similar to those observed in man and are predominantly of the squamous variety.

Seven polycyclic hydrocarbon compounds isolated from cigarette smoke have been established to be carcinogenic in laboratory animals. The results of a number of assays for carcinogenicity of tobacco cigarettes present a puzzling anomaly. The total tar from cigarettes has many times the carcinogenic potency of the (A) pyrene present in the tar. The other carcinogens known to be present in tobacco smoke are, with the exception of dibenzo (A, I) pyrene, much less potent than benzo (A) pyrene and they are present in smaller amounts. Apparently, therefore, the whole is greater than the sum of the known parts. This discrepancy may possibly be due to the presence of cocarcinogens in tobacco smoke, and or damage to mucus production and ciliary transport mechanism.

There is abundant evidence that cancer of the skin can be induced in man by industrial exposure to soots, coal tar, pitch and mineral oils. All of these contain polycyclic aromatic hydrocarbons proven to be carcinogenic in many species of animals. Some of these hydrocarbons are also present in tobacco smoke. It is reasonable to assume that these can be carcinogenic for man also.

Genetic factors play a significant role in the development of pulmonary adenomas in mice. It is possible that genetic factors can influence the smoking habit and response in man to carcinogens in smoke. However, there is no evidence that they have played an appreciable role in the great increase of lung cancer in men since the beginning of this century.

Components of the gas phase of cigarette smoke have been shown to produce various undesirable effects on test animals or organs. One of these effects is suppression of ciliary transport activity, an important cleansing function in the trachea and bronchi.

Characterization of the Tobacco Habit

The habitual use of tobacco is related primarily to psychological and social drives, reinforced and perpetuated by the pharmacological actions of nicotine on the central nervous system. Tobacco preparations or other plant materials do not satisfy the needs of those who acquire the tobacco habit.

The tobacco habit should be characterized as an habituation rather than an addiction. Discontinuation of smoking, although presenting the difficulties attendant upon extinction of any conditioned reflex, is accomplished best by reinforcing factors which induce the psychologic drive. Nicotine substitutes or supplementary medication have not been proven to be of major benefit in breaking the habit.

Pathology and Morphology Mortality

Several types of epithelial changes are much more common in the trachea and bronchi of cigarette smokers, with or without chronic bronchitis, than in nonsmokers and of patients without lung cancer. These epithelial changes have been seen in (A) basal cell hyperplasia, and (C) appearance of atypical cells with irregular hyperchromatic nuclei. The degree of each of the epithelial changes in general increases with the number of cigarettes smoked. Extensive epithelial changes have been seen most frequently in men who smoked two or more packs of cigarettes a day.

Women cigarette smokers, in general, have the same epithelial changes as men smokers. However, at given levels of cigarette smoking, women have more atypical cells than do men. Older men smokers have more atypical cells than younger men smokers. Men who smoked cigar pipes or cigars have more epithelial changes than nonsmokers. Men who have been cigar or pipe smokers for a substantial number of years have more epithelial changes than those who have been cigarette smokers consuming approximately the same amount of tobacco. Male ex-cigarette smokers have less hyperplasia and fewer atypical cells than current cigarette smokers.

It may be concluded, on the basis of human experience, material evidence, that some of the advanced epithelial hyperplastic changes with many atypical cells as seen in the bronchi of cigarette smokers, are probably premalignant.

Typing of Tumors

Squamous and oval-cell carcinomas (Group I of Kreyberg's classification) comprise the predominant types associated with the increase of lung cancer in the population. In epidemiological studies, adenocarcinomas (Group II) have also shown a definite increase although to a much lesser degree. The histological typing of lung cancer is reliable, but the use of the ratio of histological types as an index of the magnitude of increase in lung cancer is of limited value.

Functional and Pathological Changes

Cigarette smoke produces significant functional alterations in the trachea, bronchus and lung. Like several other agents, cigarette smoke can reduce or abolish ciliary motion in experimental animals. Post-mortem examination of bronchi from smokers shows a decrease in the number of ciliated cells, shortening of the remaining cilia, and changes in goblet cells and mucous glands. The implication of these morphologic observations is that functional impairment would result.

In animal experiments, cigarette smoke appears to affect the physical characteristics of the lung-lining layer and impair alveolar (air-sac) stability. Alveolar phagocytes ingest inhaled smoke components and assist in their removal from the lung. This phagocytic clearance mechanism breaks down under the stress of prolonged high-level exposure to cigarette smoke, and smoke components accumulate in the lungs of experimental animals.

The chronic effects of cigarette smoking upon pulmonary function are manifested mainly by a reduction in ventilatory function as measured by the forced expiratory volume.

Histopathological alterations occur as a result of tobacco smoke exposure in the trachea, bronchial tree and in the lung parenchyma of man. Changes regularly found in chronic bronchitis—increase in the number of goblet cells, an hypertrophy and hyperplasia of bronchial mucous glands—are most often present in the bronchi of smokers than nonsmokers. Cigarette smoke produces significant functional alterations in the upper and lower airways to the lungs. Such alterations could be expected to interfere with the cleansing mechanisms of the lung.

Pathological changes in pulmonary parenchyma, such as rupture of alveolar septa (partitions of the air sacs) and fibrosis, have a remarkably close association with past history of cigarette smoking. These later changes cannot be related with certainty to emphysema or other recognized diseases at the present time.

Mortality

The death rate for smokers of cigarettes only, who "never smoking at the time of entry into the particular prospective study, is about 70 per cent higher than that for nonsmokers. The death rates increase with the amount smoked. For groups of men smoking less than 10, 10-19, 20-39 and 40 cigarettes and over per day, respectively, the death rates are about 40 per cent, 79 per cent, 90 per cent and 120 per cent higher than for nonsmokers. The death rate for light smokers of smokers to nonsmokers is highest at the earlier ages (40-50) represented in these studies, and decreases with increasing age. The same effect appears to hold for the ratio of the death rate of cigarette smokers to that of light smokers. In the studies that provided this information, the mortality ratio of cigarette smokers was consistently substantially higher for men who started to smoke under age 20 than for men who started after age 25. The mortality ratio was increased as the number of years of smoking increased. In two studies which reflected the amount of smoking greater than inhalers than for non-inhalers. Cigarette smokers who had stopped smoking prior to enrollment in the study had mortality ratios of about 1.4 versus 1.7 for current cigarette smokers. The mortality ratio of ex-cigarette smokers increased with the number of years of smoking and was higher for those who stopped after age 35 than for those who stopped at an earlier age.

The biases from nonresponse and from errors of nonresponse need that are difficult of avoid in the mortality ratios for the complete populations. In the prospective studies, such biases can account for only a part of the elevation in mortality ratios found for cigarette smokers.

Death rates of cigar smokers are about the same as those of nonsmokers if they smoke fewer than five cigars daily. For men smoking five or more cigars daily, death rates were about 20 per cent (or 10 to 27 per cent) than for nonsmokers in the four studies that gave this information. There is a tendency for death rates to be higher death rate occurs primarily in men who have been smoking for more than 20 years and in men who stated that they inhaled the smoke to some degree. Death rates for current pipe smokers were little if at all higher than for nonsmokers, even with men smoking 10 or more pipefuls per day and with those who had smoked pipes for more than 20 years. Ex-pipe and ex-cigar smokers, on the other hand, showed higher death rates than both nonsmokers and current pipe or cigar smokers in four out of five studies. The explanation for this is not clear. But a substantial number of such smokers stopped because of illness.

Mortality by Cause of Death

In the combined results from the seven prospective studies, the mortality ratio of cigarette smokers was particularly high for a number of diseases. There is a further group of diseases, including rates of the most important chronic diseases, for which the mortality ratio for tobacco smokers is slightly between 1.2 and 2.0. The explanation of the moderate elevations in mortality ratios in this large group of causes is not clear. Part may be due to the sources of bias previously mentioned or to some constitutional and genetic differences between cigarette smokers and nonsmokers. There is also the possibility that cigarette smoking has some general debilitating effect, although no medical evidence that clearly supports this hypothesis can be cited.

Among the seven studies, coronary artery disease is the chief contributor to the excess number of death of cigarette smokers over nonsmokers, with lung cancer uniformly in second place. For all seven studies combined, coronary artery disease (with a mortality ratio of 1.7) accounts for 45 per cent of the excess deaths among cigarette smokers, whereas lung cancer (with a ratio of 10.7) accounts for 16 per cent.

Some of the other categories of diseases that contribute to the higher death rates for cigarette smokers over nonsmokers are diseases of the heart and blood vessels, other than coronary artery disease, 14 per cent; cancer sites other than lung, 6 per cent; and chronic bronchitis and emphysema, 6 per cent.

Since these diseases as a group are responsible for more than 65 per cent of the higher death rate among cigarette smokers, they are of particular interest to public health authorities and the medical profession.

Associations and Causality

The array of information from the prospective and retrospective studies of smokers and nonsmokers establishes an association between cigarette smoking and substantially higher death rates.

In this inquiry the epidemiologic method was used extensively in the assessment of causal factors in the relationship of smoking to health among human beings upon whom direct experimentation could not be imposed. Clinical, pathological, and experimental evidence was thoroughly considered and often served to suggest an hypothesis or confirm or contradict other findings. When coupled with the other data, results from the epidemiologic studies can provide the basis upon which judgments of causality may be made.

It is recognized that no simple cause-and-effect relationship is likely to exist between a complex product like tobacco smoke and a specific disease in the variable human organism. It is also widely held that often the coexistence of several factors is required for the occurrence of a disease, and that one of the factors may play a more prominent role; that is, without it, the other factors (such as genetic susceptibility) seldom lead to the occurrence of the disease.

The Effects of Smoking: Principal Findings

Cigarette smoking is associated with a 70 per cent increase in the age-specific death rates of males, and to a lesser extent with increased death rates of females. The total number of excess deaths causally related to cigarette smoking in the U.S. population cannot be accurately estimated. In view of the convincing and mounting evidence from many sources, it is the judgment of the committee that cigarette smoking contributes substantially to mortality from certain specific diseases and to the over-all death rate.

Lung Cancer

Cigarette smoking is causally related to lung cancer in men, the magnitude of the effect of cigarette smoking far outweighs all other factors. The data for women, though less extensive, point in the same direction.

The risk of developing lung cancer increases with duration of smoking and the number of cigarettes smoked per day, and is reduced by cessation of smoking. In comparison with nonsmokers, average male smokers of cigarettes have approximately a 9- to 10-fold risk of developing lung cancer and heavy smokers at least a 20-fold risk.

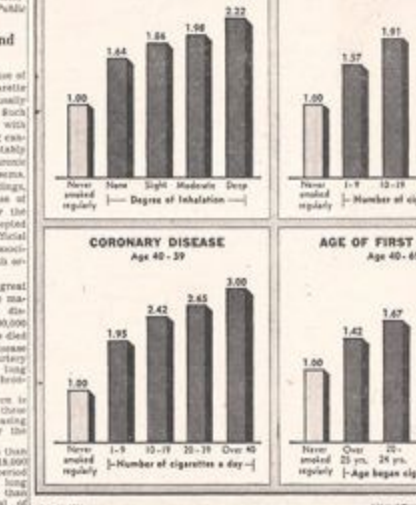
The risk of developing cancer of the lung for the combined group of pipe smokers, cigar smokers, and pipe and cigar smokers is greater than for nonsmokers, but much less than for cigarette smokers.

Cigarette smoking is much more important than occupational exposures in the causation of lung cancer in the general population.

Chronic Bronchitis and Emphysema

Cigarette smoking is the most important of the causes of chronic bronchitis in the United States, and increases the risk of dying from chronic bronchitis and emphysema. A relationship exists between cigarette smoking and emphysema but it has not been established that that relationship is causal. Data do demonstrate that fatalities from this disease are infrequent among nonsmokers.

For the body of the population of the United States, the relative importance of cigarette smoking as a cause of chronic



Jan. 12, 1964 Adapted From Report by R. C. Hammond

CONTRAST: Death rates of smokers and nonsmokers is shown in terms of inhalation, number of cigarettes daily, mortality from heart disease and age at which smoking began.

DEATH RATES: Except for cancer and heart and circulatory diseases, death rate has shown a general decline.

Continued on Following Page

Industry Is Still Prospering

CIGARETTE SALES CONTINUE TO RISE

Earnings Increase in Face of a Decade of Reports Indicting Smoking

By ALEXANDER R. HAMMER

The $6 billion tobacco industry has not only weathered many a critical blast in recent years, but has actually prospered in both sales and earnings.

It is one of the major paradoxes in the history of American business. The controversy, of course, centers around cigarettes and their possible effect on health.

The controversy is dated by some industry officials from December, 1953. At that time a meeting of New York dentists was told that there was a link between smoking and lung cancer. Since then, there have been many similar reports associating cigarettes with cancer, cardiovascular diseases and other illnesses.

The latest such report was that of the Surgeon General's Advisory Committee in Washington, issued yesterday.

Some striking statistics tell how large the tobacco industry is and how significant in the nation's economy. For example, in 1963, about 70 million Americans—more than half the adult population—bought more than 525 billion cigarettes, some 14 billion more than in 1962.

They also bought more than 7.1 billion cigars, up 115 million from the year before. Last year Americans consumed 69.5 million pounds of smoking tobacco, nearly 64.8 million pounds of chewing tobacco and more than 12.5 million pounds of snuff.

Of the $6 billion spent on tobacco products last year, $2.5 billion went for Federal, state and local government excise taxes.

Tobacco is grown in 21 states by 750,000 farm families. The total tobacco acreage is more than 1.2 million acres with a yield of 2.2 billion pounds. Tobacco is the fifth largest cash crop in the United States, following cotton, wheat, corn and soybeans. It is third in all agricultural exports.

American farmers received $1.3 billion for sales of tobacco crops last year. This represented 8 per cent of the total for all crops in this country.

Tobacco crops play an important part in the economy of many Southern states. Total tobacco crop income last year for North Carolina amounted to $364 million; Kentucky, $271 million; South Carolina, $116 million; Virginia, $100 million; Georgia, $86 million, and Tennessee, $84 million.

Other tobacco producing states are Alabama, Connecticut, Florida, Indiana, Louisiana, Maryland, Massachusetts, Missouri, Ohio, Pennsylvania, West Virginia, Wisconsin, and to a lesser extent Kansas, Minnesota and New York.

North Carolina leads the nation in cigarette production with an annual rate of about 225 billion. Virginia produces about 115 billion, followed by Kentucky, which makes about 90 billion.

Tobacco manufacturers directly employ more than 96,000 persons whose total wages amount to $179 million yearly. Some 450 factories producing tobacco items operate in thirty states.

The industry has hundreds of millions of dollars invested in inventories of tobacco leaf. They purchase their stocks from two to three years in advance of needs.

Last year tobacco manufacturers spent more than $200 million on advertising, another $100 million on paper and transportation as well as large sums for other materials. Their profits amount to about $650 million a year.

The industry also helps produce hundreds of millions in sales to the 1,200,000 retailers and 6,500 wholesalers and to the warehousing and new tobacco sales industry.

The cigarette industry's growth has been due in large part to the agility of the major makers. The industry has labored to assuage the fears of smokers.

When the health issue on cigarette smoking was first ignited in 1953, cigarette companies began a concentrated effort to introduce filter-tips, which many smokers apparently believe are less harmful to their health than the nonfilter types.

The popularity of filter-tips has not only increased the industry's sales, but also cut its costs as less tobacco is used in filters than in the regular type.

The swing to filters has ended the dominance that five regular-type cigarettes once had or 80 per cent of all the market. They were Camel, Lucky Strike, Chesterfield, Old Gold and Philip Morris. The big money-makers now are mostly filters and 17 major brands now scramble for the share once held by five.

Last year, three new brands came into national distribution. They were Liggett & Myers Tobacco Company's Lark; Philip Morris, Inc., with Parliament, and American Tobacco Company's Montclair.

However, filters are not the only innovation current in the tobacco field. Last Monday, the American Tobacco Company startled the industry when it introduced its new brand called the Carlton, which has no tar and nicotine contents presumably stated on every pack.

This has been one of the demands of the opponents of cigarette smoking. They have long insisted that such information should be made available so that smokers may gauge for themselves the relative dangers of the brands they smoke.

Actually, the presence of the nicotine and tar content on each pack is not new. It was adopted by most cigarette manufacturers in 1960 and then stopped by the Federal Trade Commission in the same year because of the difficulties encountered in defining. For instance, each company used different methods in measuring the contents of the tar and nicotine.

Many industry sources believe that the introduction of the Carlton may well signal the revival of the tar and nicotine "derby."

Trade sources are also convinced that the Government's report will speed the industry's diversification plans. In the last five years, some of the cigarette makers have been moving into other fields. Philip Morris now produces razors, blades, shaving cream, chewing gum, textile chemicals, specialty papers and polyethylene packaging.

R. J. Reynolds makes such items as aluminum foil, insulation cables and is in Archer Aluminum division. It also owns the Pacific Hawaii Products Company, producers of fresh pineapple. Other cigarette manufacturers have been reported as looking into various diverse acquisitions.

Last year, for the fifth year in a row, American Tobacco's Pall Mall was the nation's best seller. R. J. Reynolds' Winston was in second place, followed by Reynolds' Camel and Salem. Then came American's Lucky Strike and P. Lorillard's Kent.

Trade sources believe that if the Government's report has a temporary depressing effect on sales as many people predict, cigarette companies will introduce some new brands this year. Competition should grow as more cigarette producers strive to surround smoking with a more healthful aura.

3 Networks Will Review Policy On Use of Tobacco Advertising

The three major broadcasting networks said yesterday that they would review their policies on tobacco advertising in the light of the Government's report on smoking.

There were no indications, however, of any immediate changes in policy. Last year tobacco manufacturers spent $124.8 million in television advertising. That was 8 per cent of all television ad revenue.

The tobacco industry spends more than $200 million annually in all forms of advertising. Radio receives $19 million, newspapers $18.2 million and magazines $31 million.

The networks also said their representatives on the Television Code Review Board, which meets in Miami Beach Jan. 22, would consider the report. Comments have been invited from tobacco companies. The board sets national standards of good practice in advertising and program content.

The National Broadcasting Company, in a statement, emphasized it accepted advertising that met requirements of the law and broadcasting codes.

"Cigarette commercials broadcast by N.B.C. do not appear in programs designed specifically for children, nor do such commercials make special appeals to children," it said.

Neither the Columbia Broadcasting System nor the American Broadcasting Company went beyond statements that their policies would be reexamined.

Other media that receive tobacco advertising declined to comment on possible changes of policy. Among them were The New York Times, The New York Herald Tribune, the Curtis Publishing Company, Time, Inc., and Ziff-Davis Magazines and Broadcasting, Inc.

The Reader's Digest and the Christian Science Monitor already bar such advertising as a health hazard.

The largest cigarette advertiser is the R. J. Reynolds Tobacco Company, which sells cigarettes Camels, Winstons and Salems. In 1962, according to Advertising Age, it spent $41.5 million, including $15.5 million on Salems, the most heavily advertised brand in the country.

Many observers believed that the adverse comments by Dr. James Hundley, assistant Surgeon General, on the effective-ness of filters would complicate the tobacco industry's marketing and advertising approach.

At a news briefing yesterday, Dr. Hundley said "There is no evidence that filters have had any effect in reducing the health hazard from smoking."

For the last 19 years cigarette companies have promoted filters in an effort to ease the anxiety of smokers. The idea presented to consumers was that the addition of a cellulose or activated charcoal mouthpiece filtered out whatever was in cigarette smoke that might be injurious.

Until early in 1960 many manufacturers had competed in claiming greater effectiveness for their filters in reducing tar and nicotine in cigarettes.

Such claims were dropped at the instigation of the Federal Trade Commission, which objected to the lack of standard comparisons and the lack of proved filter benefits.

But the production of filtered cigarettes continued to grow and last year accounted for 58 per cent of the market, against 3.2 per cent in 1953. Both cigarettes using less and often cheaper and stronger tobacco than that in regular brands have produced large profits.

However, the Government report introduces a new element in the marketing picture.

Several tobacco officials questioned yesterday seemed to believe that despite the doubts raised, more filter brands would be brought to the market, many containing combinations of two or more kinds of filters. Several such brands are already available, the implication being that two filters are better than one.

Last year, in a concession to critics, the cigarette industry abandoned major advertising in college publications and repeated its position that it was not trying to recruit young smokers. So far it has resisted suggestions that it should not advertise on television during the early evening hours, when children are watching.

What would happen to the cigarette industry, if advertising were curtailed or prohibited?

To that question, cigarette officials cite experiences in Britain, Italy and New Zealand where sales continued to climb despite heavy restrictions or outright bans on cigarette advertising.

Clergy Is Urged to Set Example on Cigarettes

CHARLOTTE, N. C., Jan. 11 (AP)—The Rev. Dr. Billy Graham, the Evangelist, suggested today that clergymen of all faiths set an example and stop cigarette smoking.

"In light of the serious nature of the Government report on smoking, it will not be a good Christian witness for a clergyman to smoke cigarettes," he said.

Dr. Graham, who said he had never smoked, conceded that it would not be easy to stop smoking.

"I believe that God can help anybody break the cigarette habit," he said. "It is not easy but by prayer and faith it can be done."

Increase Is Expected In Suits Over Cancer

Some legal experts believe that the publication of the advisory committee's report will result in a sharp rise in the number of damage suits against cigarette manufacturers by smokers who develop lung cancer.

Only five such suits have reached the trial stage but a large number are pending. To date, no cigarette smoker has collected a damage award.

Liability might be reduced by warnings in advertisements and on package labels about possible hazards of smoking.

Jacob D. Fuchsberg, president of the National Association of Claimants' Counsel of America, expressed the opinion yesterday that such warnings, in order to reduce liability, must be equal in prominence to the danger represented by lung cancer.

ANNUAL WINTER CLEARANCE! Storewide Reductions From 30% to 40%

ALL WALNUT FLOOR LAMP
usual value $69.50
now
29.99
Solid walnut turned to base. Handmade parchment shade (shown) also available in white linen or natural linen. (Bulbs usually busy light. Elegant, unusual value. Overall height 54". #FX-1.

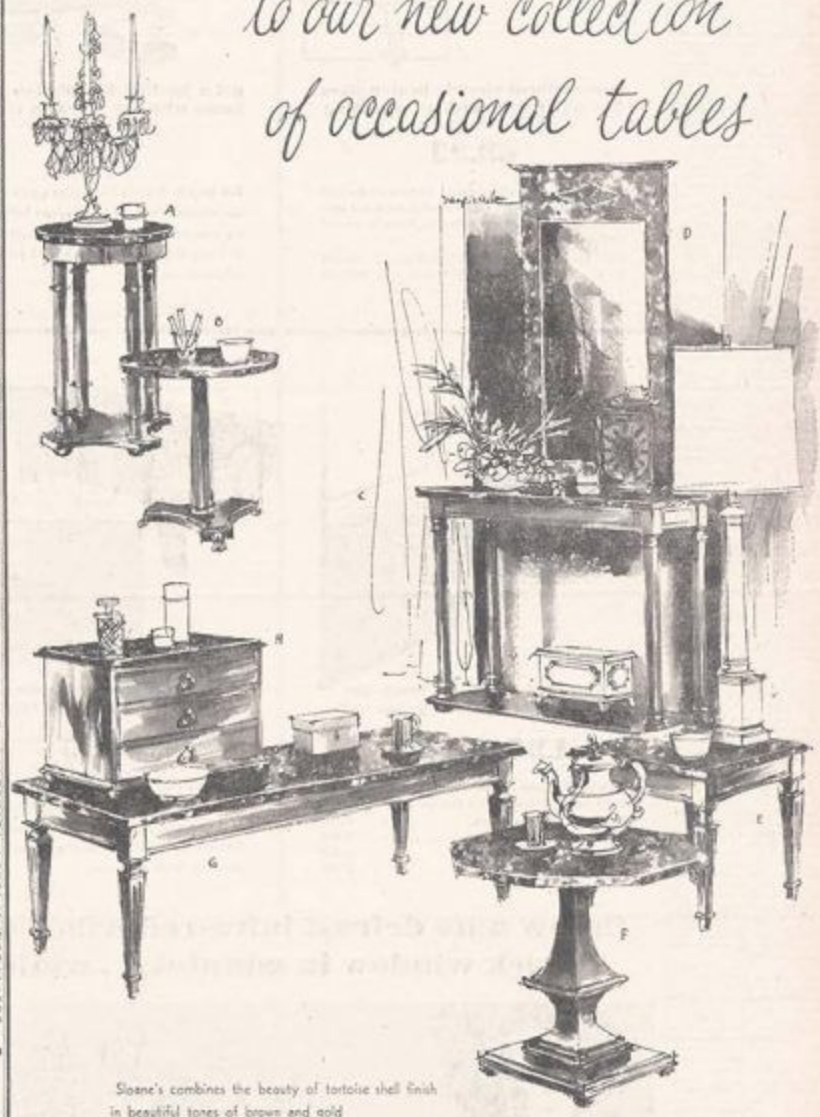
WALNUT & GLASS TABLE LAMP
usual value $14.
now
8.99*
*Add $1.00 ea. for dot's shown
Cylinder of Italian opaline glass, 6½"x8" on a base of genuine American silver walnut. Perfect for desk, TV, bookshelf, bedside. #T-12.

MAIL ORDERS: Lampland, Dept. T-10, 319 Sixth Ave., N. Y. C. Add 4% tax in N. Y. C. Free lamps, specify choice of shade, delivered FREE in N. Y. C., shipped Exp. Chgs. Collect outside of N. E. C. Table Lamps include $1.00 each item for delivery anywhere. No C.O.D.s.

LAMPLAND 319 Sixth Ave., Nr. 14th St.
STORE HOURS: Daily 10 AM Sat. 10 A. Thurs. Till 8 PM

Fifth Avenue at 38th — SLOANE — Open Thursday Nights till 9

tortoise shell finish adds an elegant touch to our new collection of occasional tables



Sloane's combines the beauty of tortoise shell finish in beautiful tones of brown and gold with rich harmonizing tones of antiqued fruitwoods for occasional pieces that impart a charm and distinction.

A. Empire table has an elegant look in design, 16"x25" $70.
B. Cigarette table is a versatile piece, 16"x25" $50.
C. Wall console is an impressive accent, 12"x35"x32" $90.
D. Wall mirror is a striking complementary piece, 21"x42" $90.
E. Bunching table is effective grouped or alone, 18"x18"x16" $65.
F. Octagonal table makes an important accessory, 19"x18" $70.
G. Cocktail table achieves an important note, 20"x48"x16" $120.
H. Silver chest has three useful drawers, $85.

Main Floor Fifth Avenue at 38th, and all 7 Suburban Stores

W & J Sloane, Fifth Avenue at 38th

GARDEN CITY MANHASSET WHITE PLAINS STAMFORD MILFORD RIDGEWOOD MILLBURN

Tobacco Institute Says Report 'Is Not Final Chapter' in Debate Over Health Issue

RESEARCH URGED BY ITS PRESIDENT

Allen Declares the Industry Stands Ready to Increase Its Support of Studies

By JOHN H. ALLAN

The Tobacco Institute rejected yesterday's Government report on smoking and health as the final word in the 10-year debate over the use of cigarettes.

George V. Allen, president of the institute, which represents most of the industry, declared in Washington: "This report is not the final chapter."

Mr. Allen said he "wholeheartedly" endorsed Surgeon General Luther L. Terry's call at his news conference yesterday "not for less but for more research."

The tobacco industry, Mr. Allen said, is ready to increase its support of health research. Through 1963, the institute invested $6.25 million in scientific research. It has allocated $1 million for research grants in 1964.

Cigarette manufacturers themselves were cautious or noncommittal in their reactions to the tobacco health report.

'Forward Step'

Zach Toma, president of the Liggett & Myers Tobacco Company, called the report "a forward step toward resolving the honest difference of opinion among scientists."

He said that his company was carefully studying the report and that the findings would be "carefully considered" in planning the company's research and marketing programs.

A spokesman for the R. J. Reynolds Tobacco Company, the largest cigarette manufacturer, said in Winston-Salem, N. C., that "our people will want to digest the report before making any comment." Thomas Gray, chairman of Reynolds, was unavailable for comment.

Reynolds, however, was making considerable effort to get the report. It flew copies from Washington to its headquarters in Winston-Salem in the company's private plane. It said the "top people" were on hand to examine the report when it arrived.

Comment Withheld

A spokesman for Philip Morris, Inc., said his company was studying the report "with our scientific advisers" and had no comment. Officials of the P. Lorillard Company could not be reached.

Robert K. Heimann, assistant to the president of the American Tobacco Company, said his company had no statement to make.

Spokesmen for individual tobacco companies and for the Tobacco Institute did not comment on two key parts of the report. These were the call for "remedial action" and the assertion that there was a lack of evidence that cigarette filters reduce the health hazard.

The president of the Consolidated Cigar Corporation, the nation's largest cigar manufacturer, predicted that the report would cease millions of smokers to switch from cigarettes to cigars.

Stanley S. Keyser, president of Consolidated made the statement after seeing the Surgeon General's news conference over closed-circuit television.

In his statement on the report, Mr. Allen of the Tobacco Institute said:

"While it is obviously not possible for me to comment in detail on this 387-page report so soon after receiving it, a few observations seem immediately pertinent.

"First, I see now the report will receive the careful study it so clearly deserves.

"Second, further research is needed. As Surgeon General Terry pointed out, 'There is a great deal yet to be known on the subject.' He specifically rejected a suggestion that there was no longer need for additional research. In short, this report is not the final chapter.

"I endorse wholeheartedly and without any reservation Surgeon General Terry's call at his press conference today, not for less, but for more research—by the Public Health Service, the American Medical Association and other public and private groups of scientists who are seeking the scientific facts we so urgently need.

"Finally, the tobacco industry, which is already supporting a considerable body of health research, stands ready to increase that support and also to cooperate with the Government and with other groups on any projects which offer possibilities for filling the gaps in knowledge which still exist in this broad field of scientific concern."

That scientific reports that tobacco is harmful to health have affected only briefly the amount of cigarettes smoked in the United States.

Since December, 1953, when a meeting of New York dentists was told that smoking was a cause of lung cancer, cigarette smoking has risen in all years but 1953 itself and 1954.

Last year Americans smoked 523 billion cigarettes, according to figures published by the Department of Agriculture. That is an increase of more than 25 per cent in 10 years.

Per capita smoking of cigarettes increased in seven of the 10 years. It dropped in 1953 and 1954, then rose each year until 1962, the year the Royal College of Physicians in Britain declared that "cigarette smoking is a cause of lung cancer."

Last year this figure, for Americans over 15 years of age, was 4,085 cigarettes. This amounts to 200 packs, or more than a half a pack a day. Ten years earlier the annual figure per capita was 3,559 cigarettes.

The important years in the decade of debate on tobacco and health are 1953, when the issue was first raised; 1959, when the then Surgeon General, Leroy E. Burney, warned that risk of lung cancer could best be eliminated by the elimination of smoking; and 1962, when the British report was published.

BACH & DWIGHT

COMMENTS ON STUDY: George V. Allen, president of the Tobacco Institute.

SMOKING BANNED AT NEWS PARLEY

But Some Reporters Puff Sheepishly in Corridors

By MARJORIE HUNTER

Special to THE NEW YORK TIMES

WASHINGTON, Jan. 11 — There was not a whiff of tobacco smoke in the State Department auditorium today when the report on smoking and health was made public.

Nine "no smoking" signs were fastened to the walls.

But in the lobby and corridors outside, a few newsmen and Government workers and tobacco industry spokesmen puffed self-consciously on cigarettes.

Some looked sheepish. Some slipped into vacant rooms along the corridors. Some puffed deliberately, as if trying to convince themselves that they were not a bit worried about the report's conclusion that cigarette smoking enhances the death rate.

The auditorium area, including the lobby and nearby corridors, was sealed off from the rest of the sprawling State Department building for two hours after copies of the 387-page report were distributed.

Outside doors were locked. Uniformed guards stood at inside doors leading to other parts of the building.

This lock-up, usually reserved for release of agriculture crop reports that might affect stock and commodity markets, was ordered so that newsmen could study the findings before questioning members of the Surgeon General's advisory committee, which prepared the report.

200 Newsmen on Hand

One of the heaviest smokers this morning was J. Stewart Hunter, the Surgeon General's assistant for information.

"I must have smoked 15 cigarettes," he confided. "I was nervous. We were scared we'd be stormed by 5,000 folks, all clamoring to get in here."

Instead, only 200 persons showed up. Most were newsmen. Others represented the tobacco industry and various health organizations and departments of Government.

"Far more people used to show up for President Kennedy's news conferences in the same auditorium.

It was during one of these in May of 1962, that Mr. Kennedy was asked about health hazards attributed to smoking. He replied:

"That matter is sensitive enough and the stock market is in sufficient difficulty without my giving you an answer which is not based on complete information, which I don't have."

Within a few weeks, after studying information sent him by the Public Health Service, Mr. Kennedy ordered the fact-finding study that was released today.

Standing where Mr. Kennedy had stood that day in May, Surgeon General Luther L. Terry answered questions today.

Would he advise a patient to stop smoking?

Quit Smoking, Terry Says

Yes, Dr. Terry replied, he would suggest that a patient quit smoking. But if the patient insisted he wanted to keep on smoking, "then I would make sure he knew of the health hazard involved."

Dr. Terry used to smoke cigarettes. Shortly after the committee began the study, he switched to an occasional cigar and pipe.

Medical Study in 1859 First Cited Hazards

Tobacco Linked to Cancers by French Doctor—Other Data Made Little Stir

By HAROLD M. SCHMECK Jr.

The report of the Surgeon General's Committee on Smoking and Health has followed several earlier reports of almost the same kind and tending toward the same conclusion—that excessive cigarette smoking is hazardous.

Altogether the surveys and analyses have rested on the base of thousands of scientific reports bearing one way or another on the effects of one of mankind's most widespread habits.

The debate over the merits and hazards of smoking is old. It probably began almost as soon as the first tobacco leaves were brought back to Europe by explorers of the New World.

Thereafter, for centuries, mankind held opinions ranging from the view that smoking was a pernicious habit to the belief that tobacco was a potent and valuable medicine. There was little or no real evidence to back either of these views.

Efforts to assess the matter scientifically began more than a century ago. Specialists often date this effort from a report in 1859 by a French physician named Bouisson.

Studied 68 Patients

His was a documented study of 68 patients in a hospital at Montpellier. They all had cancer of the mouth, tonsils, tongue or lips. They all used tobacco; 66 of them smoking short stemmed clay pipes. Dr. Bouisson suggested that the heat and the tobacco products may have been factors in causing the cancers.

Whether or not there was a real connection between the habit and the cancers, that type of pipe soon went out of style and so did scientific interest in smoking and health. There were other reports, but they made little stir. Meanwhile smoking habits changed substantially. In the second decade of our century, and later, cigarettes began to overshadow pipes and cigars.

In a compilation released recently, the American Cancer Society said Dr. Alton Ochsner, widely known surgeon from New Orleans, called attention to increases in lung cancer as early as 1936 and speculated that cigarettes might be a major factor. He and colleagues had noted that most of their lung cancer patients were smokers.

In 1938, Raymond Pearl of the Johns Hopkins University reported statistical evidence that smokers had a shorter life expectancy than nonsmokers and the following year A. H. Roffo, in Argentina, reported producing cancers by painting tobacco extracts on the backs of rabbits.

The latter, according to Dr. E. Cuyler Hammond in an article in the Scientific American, was the first experimental evidence linking tobacco with cancer.

Mayo Study in 1949

In 1947, a study at Mayo Clinic, Rochester, Minn., showed a statistical association between smoking habits and heart disease.

After the war several scientists came to the independent conclusion that prospective studies were needed—studies in which a group of people is studied and followed over a period of years in the hope of finding meaningful associations between their original physical conditions, their habits and environment and the diseases to which they finally succumbed.

Almost within the same week in the fall of 1951 research groups in the United States and Great Britain independently and unknown to each other began prospective studies on smoking habits and health.

The British group, sponsored by the British Medical Research Council, was led by Dr. W. Richard Doll and Dr. A. "Bradford Hill.

The American Cancer Society sponsored the other study under the leadership of Dr. E. Cuyler Hammond and Dr. Daniel Horn.

The first results of both studies were reported in 1954 and received a great deal of attention and public interest. They have since become famous among both the believers and the non-believers in dangers of smoking.

There have been many other studies, experimental, clinical and epidemiological including the huge epidemiological study of habits, health and environment still in progress under the auspices of the American Cancer Society.

Heart Group Comments

Yesterday, the American Heart Association noted that its interests in the problem of cigarettes and health had existed "for many years" and welcomed the report to the Surgeon General.

Dr. John J. Sampson, president of the association, said that the report "would lend strength to educational efforts now under way by Heart Association affiliates and chapters in many communities to discourage cigarette smoking, especially by teen-agers and persons with a high risk of cardiovascular disease."

"High risk" individuals were identified as persons with high blood pressure, high blood cholesterol, signs of hardening of the arteries, or a family history of heart attacks or strokes.

Dr. Sampson's statement was issued at the semi-annual meeting of the association's board of directors here in Dallas, Ariz.

At the same time, the American Medical Association in Chicago urged continued research "to eliminate whatever element in the smoke (which) may induce disease."

The reason behind this statement by Dr. Edward R. Annis of Miami, the association's president, was that "it is unrealistic to assume that the American people are suddenly going to quit smoking" as a result of yesterday's findings.

SMOKER IN STREET LARGELY DEFIANT

But Some Concede They're Frightened by the Report

By DOUGLAS ROBINSON

Confusion of a lack of will power and sheer defiance were among the most frequent reactions yesterday to the Federal report finding the use of cigarettes a peril to health.

There were exceptions. "The report frightens me." . . . "It scares the hell out of me." . . . "I'm through." . . . "I guess I'll cut down" were some of the minority reports.

Many of those interviewed refused to give their names and said they considered the matter of smoking a private affair.

Underlying the responses of many was the unstated certainty that, after all, the odds were really against that popular American "the other guy."

A group of men in a tavern near Radio City Music Hall, fortified, perhaps, by their surroundings, agreed that they would not give up cigarette smoking.

"I can stop drinking, but not smoking," one man said.

The bartender, too, said he would not stop. Asked why, in the face of the Government report, he replied: "Because I've got strong lungs."

Tried Several Times

In the theater district, a man puffing on an unlitted cigarette answered "Not at all" when asked if he would now stop smoking. Pressed for a reason, he said, "I love these stinkers."

Other street interviews firmly established the trend that many persons had tried to turn over a new leaf but had failed.

"I wish I could give them up, but I don't," said Donald Alagna of West Orange, N. J. "I've tried on and off several times, but it doesn't work."

He said he had smoked one pack of cigarettes a day for 20 years.

Joseph Bernard of Manhattan said that he, too, had tried to stop smoking several times.

"It's a difficult habit to break, but I might try again," he said, reaching into his pocket for one of the 40 cigarettes a day he smokes.

An unidentified working girl smiled proudly and said she had stopped smoking for six hours after having read the report.

The manager of a tobacco shop at 46th Street and Broadway, Edwin Sheinsky, said that "so far, the talk of cancer hasn't cut our business at all." He said he expected a temporary drop in business.

Mr. Sheinsky said he smoked both a pipe and cigarettes and would continue.

Norman Clark of Elmhurst, Queens, said the report didn't frighten him.

"Everybody needs a certain amount of pleasure," he said, "and smoking is a little pleasure. I think I'll continue."

Four Packs a Day

A Brooklyn resident, Charles Singer of Sheepshead Bay, said he had been smoking four packs a day for 35 years and simply hadn't the will power to stop.

"It's gotten so bad," he said, "that I smoke two cigarettes in the morning when I get up before I do anything else," he said.

Paul Moran, a sales representative of Mineola, L. I., said he was "not yet decided" on whether the report would prompt him to quit.

"You have the feeling, of course, that certain things happen to 'the other fellow' and it won't happen to you," he said.

Across the nation, the responses varied according to people. A Baltimore policeman vowed to cut down cigarette smoking. A man in Charleston, W. Va., demonstrated short breaths. "See this pack with three cigarettes?" he said. "When they're gone, I'm through."

B Altman & Co

Cracker-crisp seersucker casuals . . .

here, by Coy Artley in a carefree blend of acetate and cotton! Wonderful for your vacation days in the sun. Sixth floor casual dresses. Fifth Avenue, White Plains, Manhasset and Short Hills. Each 12.00

Mail and telephone orders filled on purchases over 3.00. Beyond motor delivery area add 45c for 1 dress plus 5c each add'l. Add 4% sales tax for N.Y.C. delivery . . . and 40c for C.O.D's within our delivery area. MUrray Hill 9-3000. P.O. Box 16, New York, New York 10016.

B Altman & Co

Versatiler's exciting flurry of polka dots...

gives this delightful rayon shantung a Spring-like air! Styled by Carol Crawford. Navy, sky blue, cherry red or toast each with white. 10 to 20 12½ to 22½, 38 to 44. Sixth floor Versatiler dresses, Fifth Avenue and suburban stores. 15.00

Mail and telephone orders filled. Beyond motor delivery area add 45c for one dress plus 5c each add'l. Add 4% sales tax for N.Y.C. delivery . . . and 40c for C.O.D's within our delivery area. MUrray Hill 9-3000. P.O. Box 16, New York, New York 10016.

Study Indicates Use of Cigarettes Is Major Cause of Lung Cancer Among Men

Continued From Preceding Page

phagus, larynx and lung, and for stomach and duodenal ulcers. These ratios are, however, based on a small number of deaths.

Cancer by Site

Lung Cancer

Cigarette smoking is causally related to lung cancer in men; the magnitude of the effect of cigarette smoking far outweighs all other factors. The data for women, though less extensive, points in the same direction.

The risk of developing lung cancer increases with duration of smoking and the number of cigarettes smoked per day, and is diminished by discontinuing smoking.

The risk of developing cancer of the lung for the combined group of pipe smokers, cigar smokers, and pipe and cigar smokers, is greater than for nonsmokers, but much less than for cigarette smokers. The data are insufficient to warrant a conclusion for each group individually.

Oral Cancer

The causal relationship of the smoking of clay pipes to the development of cancer of the lip appears to be established.

Although there are suggestions of a causal relationship between cancer of other specific site of the oral cavity and the several forms of tobacco use, their causal implications cannot at present be stated.

Cancer of the Larynx

Evaluation of the evidence leads to the judgment that cigarette smoking is a significant factor in the causation of laryngeal cancer in the male.

Cancer of the Esophagus

The evidence on the tobacco-Esophageal cancer relationship supports the belief that an association exists. However, the data are not adequate to decide whether the relationship is causal.

Cancer of the Urinary Bladder

Available data suggest an association between cigarette smoking and urinary bladder cancer in the male but are not sufficient to support a judgment on the causal significance of the association.

Stomach Cancer

No relationship has been established between tobacco use and stomach cancer.

Non-Neoplastic Respiratory Diseases, Particularly Chronic Bronchitis and Pulmonary Emphysema

Cigarette smoking is the most important of the causes of chronic bronchitis in the United States, and increases the risk of dying from chronic bronchitis.

A relationship exists between pulmonary emphysema and cigarette smoking, but it has not been established that the relationship is causal. The smoking of cigarettes is associated with an increased risk of dying from pulmonary emphysema.

For the bulk of the population of the United States, the importance of cigarette smoking as a cause of chronic bronchopulmonary disease is much greater than that of atmospheric pollution or occupational exposures.

Cough, sputum production, or the two combined are consiently more frequent among cigarette smokers than among nonsmokers.

Cigarette smoking is associated with a reduction in ventilatory function. Among males, cigarette smokers have a greater prevalence of breathlessness than nonsmokers.

Cigarette smoking does not appear to cause asthma.

Although death certification shows that cigarette smokers have a moderately increased risk of death from influenza and pneumonia, an association of cigarette smoking and infectious diseases is not otherwise substantiated.

Cardiovascular Disease

Smoking and nicotine administration cause acute cardiovascular effects similar to those induced by stimulation of the sympathetic nervous system, but these effects do not amount well for the observed association of cigarette smoking and coronary disease. It is established that male cigarette smokers have a higher death rate from coronary disease than nonsmoking males. The association of smoking with other cardiovascular diseases is less well established. If cigarette smoking actually caused the higher death rate from coronary disease, it would on this account be responsible for many deaths of middle-aged and elderly males in the United States. Other factors such as high blood pressure, high serum cholesterol, and excessive obesity are also known to be associated with an unusually high death rate from coronary disease. The causative role of these factors in coronary disease, though not proven, is suspected strongly enough to be a major reason for taking countermeasures against them. It is also more prudent to assume that the established association between cigarette smoking and coronary disease has causative meaning than to suspend judgment until no uncertainty remains.

Male cigarette smokers have a higher death rate from coronary artery disease than nonsmoking males, but it is not clear that the association has causal significance.

Other Conditions

Peptic Ulcer

Epidemiological studies indicate an association between cigarette smoking and peptic ulcer which is greater for gastric than for duodenal ulcer.

Tobacco Amblyopia

Tobacco amblyopia (dimness of vision) unexplained by an organic lesion has been related to pipe and cigar smoking by clinical impressions. The association has not been substantiated by epidemiological or experimental studies.

Cirrhosis of the Liver

Increased mortality of smokers from cirrhosis of the liver has been shown in the prospective studies. The data are not sufficient to support a direct or causal association.

Maternal Smoking and Infant Birth Weight

Women who smoke cigarettes during pregnancy tend to have babies of lower birth weight. Information is lacking on the mechanism by which this decrease in birth weight is produced.

It is not known whether the decrease in birth weight has any influence on the biological fitness of the new born.

Smoking and Accidents

Smoking is associated with accidental deaths from fires in the home.

No conclusive information is available on the effects of smoking on traffic accidents.

Morphological Constitution of Smokers

The available evidence suggests the existence of some morphological differences between smokers and nonsmokers, but is too meager to permit a conclusion.

Psycho-Social Aspects of Smoking

A clear-cut smoker's personality has not emerged from the results so far published. While smokers differ from nonsmokers in a variety of characteristics, none of the studies has shown a single variable which is found solely in one group and is completely absent in another. Nor has any single variable been verified in a sufficiently large proportion of smokers and sufficiently few nonsmokers to consider it an "essential" aspect of smoking.

The overwhelming evidence points to the conclusion that smoking—its beginning, habitation, and occasional cessation—is to a large extent psychologically and socially determined. This does not rule out physiological factors, especially in respect to habituation, nor the existence of predisposing constitutional or hereditary factors.

Sketches of Members of Government Study Panel

DR. EUGENE H. GUTHRIE . . . The pediatrician's staff director . . . A 12-year United States Public Health service career officer . . . Educated at Haverford College, Duke University and the University of North Carolina . . . Earned his M.D. degree at George Washington University in 1951, a Master of Public Health degree from the University of Michigan in 1955 . . . Public Health service positions in head of the Division of Chronic Diseases, Bureau of State Services . . . Head of Neurological and Sensory Disease Service 1962 . . . Born April 9, 1924 . . . Married, has six children, quit smoking 13 years ago.

DR. STANHOPE BAYNE-JONES . . . One of America's most honored men of medicine . . . Currently a member of the Army Advisory Scientific Panel and Advisory Scientific Board of Walter Reed Army Institute of Research . . . Born in New Orleans, Nov. 6, 1888 . . . Earned Bachelor's degree from Yale 22 years later, M.D. degree from Johns Hopkins University in 1914 . . . Since then has served eight base surgery degrees from as many institutions . . . Most important work in bacteriology, immunology and preventative medicine . . . published some 75 scientific papers . . . Does not smoke.

DR. WALTER JAMES BURDETTE . . . Head of the department of surgery at the University of Utah . . . A graduate of the University of Texas, Baylor University and Yale University, from which he received his M.D. degree . . . Has done research in genetics and cancer, the biochemistry of the heart muscle, the cause and treatment of blood cancer . . . Heads the Research Advisory Council of the American Cancer Society and the U.S. National Committee of the International Union Against Cancer . . . Born on Feb. 5, 1915, in Hillsboro, Tex., he is the father of a 9-year-old girl and a 19-month boy. He does not smoke.

WILLIAM GEMMELL COCHRAN . . . A professor of statistics at Harvard University, he is the only committee member without a doctor's degree . . . Highly regarded for work in fields ranging from application of mathematical statistics in biology to labor and economic statistics . . . Born July 15, 1909, in Rutherglen, Scotland, now a United States citizen . . . Earned master's degree at Cambridge University and Cambridge University before coming to Iowa State College in 1939 as a professor of statistics . . . Served on several governmental committees . . . A consultant to the American Leprosy Foundation . . . Smokes cigarettes.

Dr. Emmanuel Farber

DR. EMMANUEL FARBER . . . Born in Toronto, Ont., on Oct. 19, 1918, and became United States citizen in 1956 . . . Earned M. D. degree from University of Toronto in 1942, Ph.D. degree in biochemistry at University of California in 1949 . . . Specialty is experimental pathology and the chemistry of tissue enzymes . . . Now heads Department of Pathology at the University of Pittsburgh Medical School . . . Worked as a fellow in cancer research of the American Cancer Society at the Heitzen Institute for Medical Research of Cook County Hospital in Chicago . . . Married and a father, he does not smoke.

Louis F. Fieser

LOUIS FREDERICK FIESER . . . Professor of chemistry at Harvard University . . . Born April 7, 1899, in Columbus, Ohio . . . Played on the team of William Penn College's unbeaten football team of 1919 . . . Earned Ph.D. degree at Harvard six years later . . . Noted for researches on several classes of organic compounds, particularly vitamin K and cortisone . . . Developed napalm and other incendiaries during war . . . Author or co-author of more than 300 research papers and eight books . . . Known as "Grand Old Man of Organic Chemistry" . . . He smokes a pipe and cigarettes.

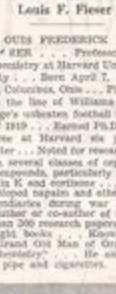
Dr. Jacob Furth

DR. JACOB FURTH . . . Hungarian-born on Sept. 20, 1896 . . . Earned his medical degree at the German University in Prague 25 years later . . . Came to United States for position at University of Pennsylvania in 1928 and since has served in hospitals across the nation . . . His fields of research include typhoid, tuberculosis, blood cancers and radiation biology . . . Was American Medical Association Henry Phipps gold medal for work on cancer viruses in 1931 . . . Since 1961, has been professor of pathology at Columbia University College of Physicians and Surgeons . . . Does not smoke.

DR. JOHN BAMBER HICKAM . . . Head of the medical department at Indiana University . . . Born in Marion, Aug. 19, 1914 . . . Earned Bachelor of Arts degree, Phi Beta Kappa honors, and M.D. degree, cum laude, at Harvard University in 1936 and 1940, respectively . . . Has served at Peter Bent Brigham Hospital in Boston, Emory University and Duke University . . . His been author or co-author of 64 scientific articles and other published works . . . Specialty is cardiac pulmonary disease. Developed means for sampling blood going to and coming from vartical organs by inserting tube through elbow vein . . . Does not smoke.

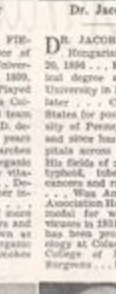
Dr. Charles A. LeMaistre

DR. CHARLES AUBREY LEMAISTRE . . . The youngest member of the panel, born Feb. 10, 1924, in Lockhart, Ala. . . . Rose to current position as professor of internal medicine at the University of Texas Southwestern Medical School through work in tuberculosis and other diseases of the lungs and chest . . . Took bachelor degree at University of Alabama, M.D. at Cornell University Medical College in 1947 . . . Is author or co-author of 22 articles, books and other published works . . . Has worked at several hospitals and universities in New York and throughout the South . . . Smokes cigars and a pipe.



Dr. Leonard M. Schuman

DR. LEONARD MICHAEL SCHUMAN . . . Professor of epidemiology at the University of Minnesota School of Public Health . . . An authority on the spread of communicable and non-communicable diseases . . . Has worked in many areas, from venereal disease to poliomyelitis . . . Born March 4, 1912, in Cleveland . . . A graduate of Oberlin College in 1934 and Western Reserve University from which he received his M.D. degree two years later . . . Served on the University of Michigan's advisory committee to the Salk vaccine evaluation center, which tested the effectiveness of the vaccine . . . Now consultant to the Public Service's Communicable Disease Center . . . Smokes cigarettes.



Dr. Maurice H. Seevers

DR. MAURICE HARRISON SEEVERS . . . An authority on the effects of drugs on living systems . . . Has worked in the areas of drug addiction and tolerance, analgesia and anesthesia . . . Head of the pharmacology department and associate dean of the University of Michigan Medical School . . . Born on Oct. 3, 1901, in Topeka, Kan. . . . Studied at Washburn College, the University of Chicago, where he earned his M.D. degree in 1932, and the University of Wisconsin General Hospital, where he interned . . . A member of National Research Council's Committee on Drug Addiction and Narcotics . . . A cigar smoker.

U.S. REPORT CALLS CIGARETTES PERIL

Continued From Page 1, Col. 5

Terry, Surgeon General of the Public Health Service. His work began in the summer of 1962 and went on evenings and weekends, reviewing 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 subscribe to 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 Federal Government, along with non-Federal agencies, will also take the report under consideration," he said. He said shortly after the meeting, the Federal Trade Commission said it was studying the report to see what action it might take.

The committee could find no evidence that nicotine played an important role in the health hazard. 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 arranged in a series of rings.

A spokesman for the committee told the press conference there was no valid evidence that filters helped reduce the harmful effects. The report also said that nicotine 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 so deeply ingrained in the fabric of human behavior, as subject to moral interpretation and censure, so difficult of measurement and so controversial" that they could not be assessed.

It said that, from time immemorial, people have formed groups, some harmless, such as the ginseng root of China, some lethal, like opium. So powerful are these influences, 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, he has been moved to continue his dependence on such substances, in the interests of physical 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 it has never been shown that 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 validity of earlier studies appear 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, diet and heredity.

Not a Single Question

The report released today said that no single cause-and-effect relationship probably existed between a complex problem of human behavior and a single disease is so variable as organism as the human body. It said, "Analogy with infection comes to be a combination of factors, rather than any one, that precipitated an illness."

Nevertheless, it said, cigarette smoking was clearly the most prevalent habit-forming disease to which it was linked. For example, in chronic diseases of the lungs and bronchial tubes, it said, "the relative importance of cigarette smoking as a causative factor was "much greater" than air pollution or occupational exposure.

"Cigarette smoking is a well-established and important in the United States is warrant appropriate remedial action," said the report, entitled "Smoking and Health."

The conclusions of the committee rested heavily on seven "prospective" 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 37,381 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 18 per cent higher than for nonsmokers.

As in earlier studies, the death rates were strongly affected by such factors as the 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 smoking.

The death rates for those who smoke fewer than five cigarets a day were found to be about the same as for nonsmokers. For those who smoke five or more cigars, the rate was only "slightly" higher than for pipe smokers who smoke 10 or more bowls 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 attribute it to less inhalation. The report cited surveys in which 94 per cent of the cigarette smokers said they inhaled. A survey of cigar smokers gave has shown an inhalation rate of 19 per cent. An American study of pipe smokers has shown a rate of 2 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 century as 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 years 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 a minor alongside that of smoking.

In the combined results from seven surveys, 1,653 of the deaths among smokers were recorded as being from lung cancer. Using the rate among nonsmokers as a guide, it was found that 1,000 men would have died had they not smoked, the report said.

Thus the rate among smokers of cigarettes was very high.

In coronary artery disease, the deaths among smokers were 11,177, compared with an expected 9,000 had they not the smoked. Based on the rate among nonsmokers. For smokers. Therefore, the rate was less than double that in nonsmokers, but the total number of deaths was far larger.

A "puzzling" discovery in animal 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 causes of cancer.

It seems, therefore, the report said, that "the whole is greater 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 "significant factor" in cancer of the larynx. There was some evidence, it said, of a link between smoking 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 damage was done to the child.

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 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, 2½ pounds per person in 1900, likewise had dropped to half a pound by 1962. In 1920 the average number of cigarets smoked, for every man, woman and child, was 217, but this fell to 55 in 1963.

Rise in Cigarette Smoking

By contrast, the figure for cigarette smoking during the century was fewer than 50. In 1963 it hit its peak of 3,998 per person per year.

The chain of events that led to establishing the committee began with a letter sent to President Kennedy on Nov. 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 a "competent commission to study the "widespread implications 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 Government 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 the first report was in.

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

It was stated at the press conference that the views of the committee were unanimous.

Dr. Terry was listed as chairman of the committee and Dr. Francis O. Wilcox, Acting Surgeon General, as vice chairman, in addition to the 10 appointed members. The director of the committee was listed as Dr. Eugene H. Guthrie, chief of the Division of Chronic Diseases in the Public Health Service.

Pending Smoking Bills

Special to THE NEW YORK TIMES

WASHINGTON, Jan. 11.—There are four bills dealing with cigarettes and other smoking products now pending in Congress. These bills, all introduced last year, follow:

Provisions	Disposition
Makes the Food, Drug and Cosmetics Act applicable to all smoking products and provides adulteration and misbranding provisions for such products.	Referred to appropriate House and Senate committees. No hearings scheduled.
Requires that packages of cigarettes shipped in interstate commerce bear warning that they may be dangerous to health.	Referred to House Committee on Interstate and Foreign Commerce. No hearings scheduled.
Requires label disclosures of the effectiveness of filters on cigarettes distributed in commerce.	Referred to House Committee on Interstate and Foreign Commerce. No hearings scheduled.
Provides that cigarettes sold in interstate commerce be packaged and marked so as to show the nicotine content and tar content of the cigarettes in each package.	Referred to House Committee on Interstate and Foreign Commerce. No hearings scheduled.

Smoking Report Poses Issue of Public Policy

The Government report on smoking dramatizes a human and social issue.

The report says that as $8 billion a year industry, which provides jobs and incomes for thousands of people, is based on a product damaging to human health.

The industry pays $3.3 billion a year in taxes.

But this industry is also costing American families perhaps $10 billion a year because so many men, so many wage-earners, die too soon because of cigarette smoking, a statistician estimates.

The statistician, Dr. Louis I. Dublin, retired vice president of the Metropolitan Life Insurance Company, suggests that both the public injuries and public benefits of any industry be taken into account in judging future public policy.

"From the public-interest point of view, the tobacco industry is far from a glorious asset," Dr. Dublin declares. "In balance, when liabilities are placed side by side the assets, the evidence is good that from the public-interest point of view, the industry is bankrupt."

Social by such factors as the 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 smoking.

The death rates for those who smoke fewer than five cigarets a day were found to be about the same as for nonsmokers. For those who smoke five or more cigars, the rate was only "slightly" higher than for pipe smokers who smoke 10 or more bowls 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 attribute it to less inhalation. The report cited surveys in which 94 per cent of the cigarette smokers said they inhaled. A survey of cigar smokers has shown an inhalation rate of 19 per cent. An American study of pipe smokers has shown a rate of 2 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 century as 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 years 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 a minor alongside that of smoking.

In the combined results from seven surveys, 1,653 of the deaths among smokers were recorded as being from lung cancer. Using the rate among nonsmokers as a guide, it was found that 1,000 men would have died had they not smoked, the report said.

Thus the rate among smokers of cigarettes was very high.

In coronary artery disease, the deaths among smokers were 11,177, compared with an expected 9,000 had they not the smoked. Based on the rate among nonsmokers. For smokers. Therefore, the rate was less than double that in nonsmokers, but the total number of deaths was far larger.

A "puzzling" discovery in animal 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 causes of cancer.

It seems, therefore, the report said, that "the whole is greater 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 "significant factor" in cancer of the larynx. There was some evidence, it said, of a link between smoking 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 damage was done to the child.

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 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, 2½ pounds per person in 1900, likewise had dropped to half a pound by 1962. In 1920 the average number of cigarets smoked, for every man, woman and child, was 217, but this fell to 55 in 1963.

Rise in Cigarette Smoking

By contrast, the figure for cigarette smoking during the century was fewer than 50. In 1963 it hit its peak of 3,998 per person per year.

The chain of events that led to establishing the committee began with a letter sent to President Kennedy on Nov. 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 a "competent commission to study the "widespread implications 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 Government 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 the first report was in.

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

It was stated at the press conference that the views of the committee were unanimous.

Dr. Terry was listed as chairman of the committee and Dr. Francis O. Wilcox, Acting Surgeon General, as vice chairman, in addition to the 10 appointed members. The director of the committee was listed as Dr. Eugene H. Guthrie, chief of the Division of Chronic Diseases in the Public Health Service.

Head of Cancer Society Asks Follow-Up Action

WASHINGTON, Jan. 11 (UPI)—The President of the American Cancer Society urged today a program of follow-up action to the Government's report on smoking.

Dr. Wendell C. Scott said in a statement that the report "is a remarkably effective analysis of the evidence that cigarettes are a major health hazard."

He proposed acceptance by the medical profession of its responsibility for educating the public about the hazards.

He urged increased research on helping adults who want to stop smoking, as well as more research to pinpoint carcinogenic substances in cigarette smoke.

Dr. Scott proposed also consideration of discontinuing advertising aimed at getting young people to smoke; a study by economists, Government officials and the tobacco industry on ways of mollifying the economic impact of a reduction of cigarette consumption, and effective dissemination of the data in the report.

Report Not Convincing To a Scientist at Yale

NEW HAVEN, Conn., Jan. 11 (AP)—Dr. Harry S. Grove of Yale University is one scientist who is not convinced there is an association between smoking and lung cancer.

The Government has only statistics, the chairman of Yale's department of pathology said tonight, "and a statistical association has to be interpreted."

It might show cause and effect or it might show happenstance," he said.

"But the results must be subjected to a biological test. They've been doing that for 15 years and have come up with absolutely nothing."