

Policy over politics

The first statement on smoking and health by the Surgeon General of the United States Public Health Service

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Twenty-six years ago, as Surgeon General of the Public Health Service, I issued a statement at a televised press conference that prolonged cigarette smoking was a causative factor in the etiology of lung cancer. This was the first time the Public Health Service had taken a position on this controversial subject and in fact was the first official national recognition provided to the public through the media of the relationship between cigarette consumption and the increasing incidence of lung cancer.

One does not make a decision of this importance in a vacuum. Michael Shimkin, MD, a friend and colleague in the Public Health Service at the National Cancer Institute, brought the overwhelming evidence implicating cigarette smoking to my attention; Ernst Wynder, MD, of New York City, an early investigator in this field, was also very convincing, as was Morton Levin, MD, an epidemiologist with the State of New York Department of Health working in the Roswell Park Memorial Institute.

The initial statement of 1957 was based on research conducted principally in Great Britain and the United States over many years, indicting cigarette smoking as responsible in large part for the increasing lung cancer death rate. Investigators in Great Britain, principally Doll and Hill, presented some of the earliest evidence. Their longitudinal study¹ included an analysis of over 40,000 British male physicians over 35 years of age. The age-adjusted death rate in their four-and-one-half-year study ranged from 7 per 100,000 for nonsmokers to 166 per 100,000 for heavy smokers.

One critic of this study suggested that the observed associations were spurious and the result of the interplay of various subtle and complicated biases. However, the British government accepted the causative relationship as valid and instituted public educational programs directed at reducing the prevalence of cigarette smoking.

In the United States, Hammond and Horn, supported by the American Cancer Society, were among the early investigators together with Dorn of the Public Health Service, Cornfield, Breslow, and many others.

In 1956, the American Cancer Society, American Heart Association, National Cancer Institute, and National Heart

Institute organized a Study Group on Smoking and Health, which, after many conferences, issued a statement that "the sum total of scientific evidence established beyond reasonable doubt that cigarette smoking is a causative factor in the increasing incidence of human epidermoid carcinoma of the lung."²

In 1957, the British Medical Research Council stated that "... a major part of the increase [in lung cancer] is associated with tobacco smoking, particularly in the form of cigarettes" and further stated that "the relationship is one of direct cause and effect."³

In 1959, as a result of additional evidence, I stated in an article in the *Journal of the American Medical Association* that "the weight of evidence at present implicates smoking as the *principal* factor in the increased incidence of lung cancer."⁴

Further investigations in subsequent years substantiated both the 1957 and 1959 statements and also presented evidence implicating cigarette smoking in heart disease, emphysema, and other conditions. There were then compelling reasons for the Public Health Service to make a firm statement in 1957 on the hazards of cigarette smoking. Cancer of the lung was increasing more rapidly and causing more deaths than any other form of cancer in the adult male population. The death rate in white males had increased from 3.8 per 100,000 in 1930 to 31.0 in 1956, resulting that year in 29,000 deaths.⁵

The Public Health Service, from its origin in 1798 as the primary health agency of the national government, had a responsibility, through its Surgeon General, to inform the public and members of the health professions on all matters relating to public health problems and issues.

To comply with this responsibility and mandate, a copy of the Surgeon General's statement and supporting evidence was sent to (1) all state medical societies with the request that they forward the material to all local societies, and (2) (with the assistance of the Office of Education) all state superintendents of education to inform and assist them in the preparation of materials and teaching content of health and physical education programs in local schools.

It is one thing to make a decision, but quite another to have the freedom to implement that decision. This freedom was available to me under the Secretary of the Department of Health, Education and Welfare, Marion B. Folsom, former official of Eastman Kodak Company. When I informed him of the data and my plans to hold a press conference and issue a statement, his response was typical for

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him: this was a professional program decision for me to make, and he would support my decision.

The White House was informed and all that press secretary James Haggerty requested was a copy of the proposed press release.

One major reason the statement on cigarette smoking in 1957 caused such alarm among those in the cigarette business was the shared confidence of the public, Congress, and the mass media in the integrity and credibility of the Public Health Service.

As a courtesy to the tobacco industry, which was attempting to refute all evidence on the hazard of cigarette smoking, I sent a copy of the press release to their representative a few days prior to the conference. My courtesy was repaid by their simultaneously releasing a lengthy, harsh rebuttal to the statement. I continue to be surprised by any action of a vested interest which puts profits above human welfare.

The reaction of organized medicine was muted—and for several years after 1957. The American Medical Association (AMA) had a rather detached, arms-length attitude.

This disappointment was compounded by a highly critical editorial in 1959 by the Editor of *JAMA*,⁶ John Talbott, MD, following publication of my article entitled, "Smoking and lung cancer—a statement of the Public Health Service."⁴ One never questions the freedom of an editor to express his views, but in the absence of any official AMA position on the hazards of cigarette smoking and lung cancer, an editorial by the editor in the official publication of the organization could very well lead the medical profession, the public, and the media to assume that the editor was in fact expressing the unspoken position of the AMA.

This attitude appears to have changed during the last few years, and it is encouraging to observe the positive position and direct actions of physicians in informing the public and

influencing the smoking habits of their patients. This issue of the *New York State Journal of Medicine* on the cigarette pandemic is an outstanding example of medical leadership and involvement—the kind of action the public wants, needs, and expects from their physicians.

Progress has occurred during these 26 years but the battle is far from won. Special economic interests and the politicians they influence still refuse to drop their membership in the Flat Earth Society and acknowledge that cigarette smoking is killing hundreds of thousands of Americans each year.

In the continuing efforts to reduce and prevent the mortality and disability from lung cancer, emphysema, heart disease, and other diseases in which cigarette smoking has a causative role, physicians have the most important role in changing the smoking habits of the public. They will not, I am sure, adopt the life style of Henry Adams who described himself (in *The Education of Henry Adams*) as follows:

As it happened, he never got to the point of playing the game at all; he lost himself in the study of it, watching the errors of the players.⁷

I hope that this issue of the *Journal* will inspire the physicians of New York State to take the lead in this most important issue of the public's health.

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ETIOLOGY OF LUNG CANCER: PRESENT STATUS (1954)

The fact that 13 separate studies have shown the same result is strong presumptive evidence that an association exists between cigarette smoking and lung cancer, i.e., that lung cancer occurs more frequently among cigarette smokers than among nonsmokers. Indeed, one may predict that the "prospective" studies now under way will fully confirm the fact of a substantially increased risk of lung cancer among cigarette smokers . . .

Lung cancer is a rapidly increasing cause of death in this country. In New York State it now exceeds tuberculosis in number of deaths among males.

Between 1931-1933 and 1948-1950, age-adjusted lung cancer mortality increased among males in New York State by 385 per cent, among females by 68%. Since cancer is a reportable disease in New York State, it is possible to calculate the probability of developing cancer of various sites throughout the life span. For lung cancer, within the short period between 1942-1944 and 1949-1951, this probability has more than doubled for males. At present rates of incidence, 2% of males may be expected to develop lung cancer. If the present rate of increase continues, this figure may double again within the next fifteen years.

Lung cancer is a public health problem rapidly mounting in importance. Public health authorities as well as private medical practitioners must take cognizance of the available facts regarding its occurrence and etiology.

—MORTON L. LEVIN
New York State Journal of Medicine 1954; 54:769-777.

Dr. Levin, Professor of Epidemiology, Johns Hopkins University, was Assistant Commissioner for Medical Services of the New York State Department of Health when he wrote this article.