

THIRTY CENTS

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TEXAS: Where Myth & Reality Merge

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Only Montclair puts the menthol in the filter... where it cannot burn.
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*Patent applied for

SMOKING

The Government Report

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

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

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

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

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

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

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

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SURGEON GENERAL TERRY
The need: remedial action.

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

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

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

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

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

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

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

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

CANCER

Picking the Best Marrow

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

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

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



TIME

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NEW HAVEN TRAFFIC COP
It can be just as bad down on the farm.

of leukemia, they decided to give him marrow transplants. But whose marrow? His parents were still living; so were three brothers and a sister. Rather than trust their own judgment in picking which relative had the closest-matching marrow cells, the doctors left the choice to nature.

First they gave the patient a hefty dose of gamma rays—enough not only to knock out his bone marrow but to kill him, unless he soon got some more marrow. Within a week, they report in the *British Medical Journal*, they injected into his veins two quarts of a mixture of blood and bone marrow drawn from all six of his closest kin. Then, although he was kept in an atmosphere as nearly germ-free as possible, the patient got sick. He developed a usually fatal form of tuberculosis; evidently some bacilli had been dormant in his body, and the radiation had destroyed his defenses against infection. Somehow, today's miracle drugs pulled him through, and his new marrow is still manufacturing new cells.

Which of his relatives saved him? The Paris doctors are not sure, but from matching cells they think it was his youngest brother. Their shotgun attack with cells from six donors, they suggest, gave the patient's own system a chance to select the most suitable marrow.

TOXICOLOGY

Monoxide in Small Doses

Everyone knows what happens when a would-be suicide closes the garage door, runs a hose into his car from the tail pipe, and sits inside the car with the engine running. Carbon monoxide, in such heavy doses, is one of the deadliest of gases. It gets into the blood and starves the brain of vital oxygen. The victim turns red and usually dies. But doctors have been arguing for decades about the effects of small doses of monoxide poison over long periods. Only recently have they begun to collect evi-

dence that such small doses may do permanent damage to the brain.

One trouble is that moderate monoxide poisoning produces symptoms so confusing that they baffle the most ingenious and elaborate diagnostic methods. In the *New England Journal of Medicine*, Yale University Neurologists Gordon J. Gilbert and Gilbert H. Glaser reported the particularly bizarre case of a New Haven traffic cop who sometimes seemed to be "overly jocular and playful" but more often was true to his trade—nervous and irritable. Nearly every afternoon, after several hours on duty, he felt dizzy and sleepy and got the staggers. Sometimes he became unconscious for 15 minutes to 1½ hours.

After a year of these symptoms, the cop took a transfer to the police garage, where he worked as a mechanic. He got no better and wound up in the Yale-New Haven Medical Center, where he soon improved and began gaining weight—only to have a severe relapse after six months back on the job. What helped the doctors clear up his case was the fact that the cop sometimes took a holiday down on the farm, working a tractor that required him to walk behind it. Helped by tractor-engine exhaust, his vacation "cure" gave him the same nervous-system symptoms as he had had in the city: abnormal brain waves, mental dullness, inability to concentrate, and tremor.

Most medical men believe that the body flushes out carbon monoxide quickly after a return to breathing pure air. The Yale neurologists say this may not always be true after repeated exposures, and certainly not for all people: the New Haven cop had a high blood level of monoxide 30 hours after exposure to the fumes. European experiments with lab animals confirm the growing suspicion that leaky stovepipes, rusted-out mufflers, and running a car for even a few minutes inside a garage may involve greater and more subtle dangers than doctors have realized.