

The Surgeons General and Smoking
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On January 11, 1964, a most unusual press conference was held behind closed doors in the State Department auditorium to release the report of the Surgeon General's committee on Smoking and Health. The press conference was held on a Saturday to minimize the effects of the report on the stock market and to ensure coverage in the Sunday newspapers. All of the approximately 200 reporters attending were required to remain for the entire session. Each was given a copy of the final report and allowed to study it for about an hour. Reporters were then permitted to question the Surgeon General and the committee members about the report. Finally the doors were opened and the reporters raced out to file their stories. Surgeon General Luther Terry later recalled: "The report hit the country like a bombshell. It was front page news and the lead story on every radio and television station in the United States and many abroad."

That report is now viewed, and justly so, as a milestone in the campaign against tobacco in this country. However, this famous 1964 report was not the first time that the name of a Public Health Service Surgeon General was associated with a statement about the health hazards of tobacco. As quoted by Republican Senator Reed Smoot of Utah in a June 10, 1929, speech on the Senate floor, Surgeon General Hugh Cumming claimed that cigarettes tended to cause nervousness, insomnia and other ill effects in women. He warned that smoking could lower the "physical tone" of the nation. Smoot was calling upon the authority of the Surgeon General in an unsuccessful attempt to push the Senate to pass a bill that he had introduced to bring tobacco under the regulations of the Food and Drug Administration.

Admittedly, Surgeon General Cumming's condemnation of smoking was rather a weak one. It was, first of all aimed only at women smokers. Like many other physicians of his time, Cumming believed that women were more susceptible than men to certain injuries, especially of the nervous system. While he was not convinced that smoking by women was harmful in all cases, he was concerned about the damage that excessive smoking might do to young women. Cumming, a smoker himself, also wished to distance himself from the more vociferous of the anti-tobacco reformers of the day, many of whom were also associated with the temperance movement. What apparently motivated him to speak out was aggressive advertising aimed at women and young people.

Cumming's rather limited attack on cigarettes does not appear to have had any significant consequences. It's merely an interesting footnote in the history of the campaign against smoking. His view was typical of physicians of the 1920s: smoking was not seen as a significant health threat for most people. However, the evidence that was eventually to convince the American medical profession and the general public that smoking was 'indeed hazardous to one's health slowly began to accumulate.

It had long been suspected by some that cigarettes might be carcinogenic, but it was only in the 1930s, when physicians began to encounter cases of lung cancer with increased frequency, that the issue received more significant attention. As early as 1932, Dr. William McNally of Rush Medical College suggested that cigarette smoking was an important factor in the higher rates of lung cancer. In 1938, in an article in the *Science News Letter*, Drs. Alton Ochsner and Michael DeBaakey of New Orleans wrote: "More persons are dying of cancer of the lungs than ever before, probably because more persons are smoking and inhaling tobacco smoke than ever before." Ochsner continued to make this case throughout the 1940s, but he was dismissed by many of his colleagues as an antismoking enthusiast since he forbade his own staff from

smoking.

Not everyone accepted the premise that the rise in the incidence of lung cancer was linked to cigarette smoking. Many physicians and scientists were skeptical about the epidemiological evidence. A statistical correlation between an increase in cigarette smoking and an increase in lung cancer does not prove that there is a causal connection. A prominent physician, Evarts Graham, who had been one of Ochsner's teachers, noted, "Yes, there is a parallel between the sale of cigarettes and the incidence of cancer of the lung but there is also a parallel between the sale of nylon stockings and cancer of the lung." Graham eventually did become more convinced of the connection between smoking and lung cancer.

Critics of the view that lung cancer was linked to smoking argued that other factors, such as increasing atmospheric pollution from automobile exhausts, might also explain the rise in the incidence of the disease. Some physicians even argued that the incidence of lung cancer only appeared to be increasing because better diagnostic tools were making it easier to identify.

In 1950, Wynder and the above-mentioned Graham (in this country) and Doll and Hill (in England) published preliminary reports of independent studies showing an association between smoking cigarettes and lung cancer. The Americans would only cautiously state that extensive and pro-longed smoking, especially of cigarettes, *seemed* to be an important factor in the inducement of lung cancer. The British researchers asserted somewhat more definitely that smoking was an important factor in the production of lung cancer. They admitted, however, that other factors could also cause the disease.

Although these were careful studies involving hundreds of patients, the research did not convince everyone that there was indeed a causal connection between smoking and lung cancer. The studies were criticized, for example, because they were retrospective and hence relied heavily on the recollections of patients. Even Graham himself did not quit smoking, although he cut back to a pack a day in 1953. Unfortunately, he died of lung cancer four years later.

But other research, both epidemiological and pathological, soon provided further evidence for the case against smoking. one particularly significant study by Hammond and Horn, funded by the American Cancer Society, was based on a prospective design that involved use of volunteers to locate hundreds of thousands of smokers and non- smokers and to track their health over time. Even the early results, published beginning in 1954, showed that age- adjusted death rates were at least three times higher among male smokers than among nonsmokers and five times higher for heavy smokers. Interestingly, both authors were themselves smokers and gave up cigarettes in favor of pipe smoking as a result of their research.

This research eventually began to be reflected in public policy statements. In June 1957, after reviewing the report of a Study Group in which PHS had participated, Surgeon General Leroy Burney issued a statement about the health effects of smoking. Although noting that more research on the subject was needed, Burney concluded:

While there are naturally differences of opinion in interpreting the data on lung cancer and cigarette smoking, the Public Health Service feels the weight of the evidence is increasingly pointing in one direction: that excessive smoking is one of the causative factors in lung cancer.

That same year, the Medical Research Council in Britain reported that a major part of the increase in lung cancer in that country and other nations could be attributed to smoking. in 1959, Surgeon General Burney expanded on his 1957 statement in an article about smoking and lung cancer. Speaking on behalf of PHS, Burney clearly stated that the weight of evidence implicated smoking as "the principal etiological factor in the increased incidence of lung cancer." Smoking

had thus gone from being *one* of the causative factors to being the *principal* causative factor in the increased incidence of lung cancer.

As the nation entered the 1960s, anti-tobacco activists pressed for more effective action to curb smoking. On June 1, 1961, the presidents of the American Cancer Society, the American Public Health Association, the American Heart Association, and the National Tuberculosis Association wrote to President Kennedy urging him to establish a commission to study the health effects of smoking. The President referred the letter to the Department of Health, Education, and Welfare, and in January 1962 representatives of the four organizations met with Surgeon General Luther Terry. This meeting eventually led to a decision to form an advisory committee of experts to study the matter of smoking and health.

In July 1962, Terry met with representatives of various health organizations and the Tobacco Institute (representing the tobacco companies) to define the work of the advisory group and to suggest people to serve on it. A list of more than 150 names was compiled. Terry shrewdly recognized that the group would need broad support so each of the organizations involved in the meeting (including the Tobacco Institute) had an opportunity to veto any of the names. In addition, anyone who had taken a public position on the issue of smoking and health was eliminated from consideration.

Terry selected 10 people to serve as the Surgeon General's Advisory Committee on Smoking and Health. Eight of the members held MD degrees, with three of that group holding PhD degrees as well. The other two members were a PhD chemist and a statistician. Three of the members smoked cigarettes, and two other smoked pipes or cigars. Terry, himself a smoker, served as the nominal Chairman of the group, but it was agreed that he would not participate in any of its deliberations or conclusions.

The Advisory Committee worked for a little over a year, meeting periodically, viewing all of the available data, and receiving input from a large number of consultants and organizations. The Committee was also assigned a small staff to assist with the work. Finally, on January 11, 1964, the Committee released its report. Since a decision had been made not to have a minority report only conclusions that all Committee members could accept were included.

The report implicated smoking in a number of disease conditions. Among the main conclusions were that cigarette smoking was causally related to lung cancer in men (and probably in women as well), that it was a significant factor in the causation of laryngeal cancer, and that it was the most important cause of chronic bronchitis.

In some cases, such as coronary artery disease, the Committee noted that the evidence showed an association between smoking and a particular health problem but that a causal relationship had not been proved. The Committee's report also concluded that smoking was a habit rather than an addiction. Overall, the Committee concluded that "cigarette smoking is a health hazard of sufficient importance to the United States to warrant appropriate remedial action."

The Committee's report received widespread media coverage. *Newsweek* called the report "monumental," and the American Cancer Society stated that it was "a landmark in the history of man's fight against disease." The report also frightened many Americans into quitting or cutting down on smoking. Within three months of the issuance of the report, cigarette consumption had dropped about 20%, although it soon climbed back up to approximately its former level. It is fair to say, however, that the report initiated an intensive antismoking campaign that eventually led to a reduction in cigarette consumption. The most important function served by the report may have been as a rallying cry for the antismoking forces.

A week after the release of the report, the Federal Trade Commission (FTC) proposed that a health warning be placed on cigarette packages and in advertisements. Before the proposed rules could go into effect, Congress passed the Cigarette Labeling and Advertising Act of 1965. Convinced that it would fare better in Congress than with the FTC, the tobacco industry had encouraged legislative action. The 1965 Act required a health warning on cigarette packages but suspended the FTC's proposed warnings in advertisements for four years (later extended to six). It also prohibited other Federal agencies from requiring health warnings in advertising and prohibited state and local governments from enacting requirements for more stringent regulations. The Act was thus a mixed blessing for the antismoking forces.

The Act also required the Secretary of Health, Education, and Welfare to submit annual reports to Congress on the health consequences of smoking, initiating the series of Surgeon General's reports for which the Office on Smoking and Health of the Centers for Disease Control and Prevention is presently responsible. In addition, the Act authorized the creation of a National Clearinghouse on Smoking and Health, the predecessor of the Office on Smoking and Health.

The position of Surgeon General has continued to be associated with the campaign against smoking, as was made especially visible during the tenure of C. Everett Koop, who was a forceful spokesperson about the health hazards of tobacco. It was the 1964 Report, however, that firmly linked the name of the Surgeon General to the smoking issue.

This essay was published in *Public Health Reports*, volume 112, September/October, 1998, pp. 439-441.

Suggested Reading:

1. Burnham JC, "American Physicians and Tobacco Use: Two Surgeons General, 1929 and 1964," *Bulletin of the History of Medicine*, 1989;63:1-31.
2. Kluger R, *Ashes to Ashes: America's Hundred-year Cigarette War, the Public Health, and the Unabashed Triumph of Philip Morris*. Alfred A. Knopf, 1996.
3. Patterson JT, *The Dread Disease: Cancer and Modern American Culture*. Harvard University Press; 1987.
4. Wagner S, *Cigarette Country: Tobacco in American History and Politics*. Praeger, 1971.