

# THE LANCET

## Counterblast to Tobacco

The much-leaked 1971 report<sup>1</sup> of the Royal College of Physicians of London on the effects of smoking on health is now published. Its main recommendations are bound to influence decision-making at all levels of society both in Britain and in other parts of the world for which Britain acts as a source of informed medical opinion. Two-thirds of the report is a review of the evidence on the effects of smoking on health, mainly that published since the 1962 report. From the second line it is clear that it is the cigarette and not tobacco smoking in all its forms that is the main target. For each of the three main diseases associated with smoking (lung cancer, chronic bronchitis, and coronary heart-disease) the risk is stated to be substantially less for pipe and cigar smokers than for cigarette smokers. Most of the report is concerned with the extra morbidity and mortality caused by cigarette-smoking in persons under 65 years of age. After this age "it can only be said with confidence that many thousands of old people who are cigarette smokers die a year or two earlier than they would have done if they had not smoked cigarettes". There is very little in the report to discourage either pipe-smoking or cigar-smoking. Although cancers of the mouth, larynx, and oesophagus arise more frequently in smokers of all kinds of tobacco than in non-smokers, there is no epidemic of cancers of these types as there is of lung cancer. The evidence for an association between cigarette-smoking and increased risk of cancers of the bladder and pancreas is equivocal. Little prominence is given to other effects of smoking, such as the smaller size of babies, and increased risks of abortion, stillbirth, and death during the first days of life, associated with smoking during pregnancy, and delayed healing of gastric and duodenal ulcers.

The epidemiological and clinical evidence of reduced risk of lung cancer and chronic bronchitis after stopping smoking is especially important in so far as it counters both the genetic theory of causation of lung cancer and the argument that there is no point in stopping after essential damage has been done. For reasons not well understood, the increased risk of coronary heart-disease associated with smoking is more evident in North America than in Britain. But stopping smoking, along no doubt with other measures, such as a change to a low cholesterol diet, is associated with a lowering of risk in both regions.<sup>2,3</sup>

1. Smoking and Health Note: a Report of the Royal College of Physicians. London: Pitman Medical and Scientific Publishing, 1966.

2. Manton, E. T., R. A. Canadian Study of Smoking and Health Department of National Health and Welfare, Ottawa, 1966.

3. Duthie, R. Brallid-Hill, A. *Br. med. J.* 1966; i: 1399, 1400.

The new report is, in many ways, far more political than its predecessor. The scientific and medical evidence is presented more dogmatically and proposals for action are made "in the hope that the public conscience will be aroused". Doctors should abstain from smoking. Teachers should set an example to their pupils. Cigarette-vending machines should be removed from public places. Advertisements of cigarettes and gift-coupon schemes should be prohibited. More restrictions on smoking in public transport and places of entertainment should be enforced. Warning notices should be printed on packets of cigarettes. Life-assurance companies should consider reduced premiums for non-smokers. The Medical Research Council should consult with the tobacco industry about the development of cigarettes that are likely to be less hazardous. Those who continue to smoke cigarettes should be encouraged to smoke fewer, inhale less, smoke less of each cigarette, take the cigarette out of the mouth between puffs, and choose brands with low nicotine and tar content. An official inquiry should be set up to examine the economic consequences of changing present smoking habits. The Government, which is chided for spending only £100,000 per year on health education about the dangers of smoking (compared with £1,500,000 spent on education about road safety), is urged to introduce differential taxation of different types of tobacco to discourage the more hazardous forms of smoking.

Many of these recommendations provide first-quality grist for the mill of Sir GERALD NARARRO's Tobacco and Snuff Bill, which recently had its first reading.<sup>4</sup> But it is a pity that, in some places in the report, insubstantial data and calculations are presented as dogmatically as less equivocal material. The statement that cancer of the larynx occurs in hamsters exposed to cigarette smoke is supported only by a reference to unpublished work. An appendix on the economic consequences of a reduction in cigarette-smoking reads unconvincingly; and, in a second appendix, the juggling with estimated numbers of deaths due to cigarette-smoking is more likely to destroy the reader's faith in statistics than convince him that smoking is dangerous.

The most disheartening aspect of the report, however, is that it is, inevitably perhaps, so negative. Fundamentally it is concerned with the prevention of disabling disease and of premature bereavement by the effects of cigarette-smoking. It is no fault of those who prepared the report that so little headway is being made towards finding other ways of satisfying the personal and social needs which, for some people, smoking undoubtedly helps to fulfil. The spread of other, sometimes far more dangerous, forms of addiction suggests that the pressures that lead some to seek solace in tobacco smoke are increasing. The report offers the alternative prospects of

4. See Lancet, 1970, ii, 1568.

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