Report of July 12, 1967 (already discussed in paragraph 33 and since confirmed and amplified in its Report of August 1967). We shall therefore note here other and amplified in its hepote of Hugust 1966 Dr. E. Cuyler Hammond's study for the pertinent studies. In February 1966 Dr. E. Cuyler Hammond's study for the National Cancer Institute made the first large scale survey of women cigarette smokers. His study showed that such women's death rate from heart disease and smorers. This study showed that such women's death late from heart disease and lung cancer were twice that of nonsmokers. 32 In May 1966 Dr. Green of Harvard University reported experiments with rabbits proving cigarette smoking can cause many lung and throat ailments. Roswell Memorial Institute announced in August 1966 a report finding filter tips of several cigarette brands ineffective in screening out harmful tars and nicotine. This report acknowledged that some filters were better than others, but asserts that none protects smokers. 24 A study by the Public Health Service and the American Cancer Society reported in October 1966 that a 5-year study of Seventh Day Adventists in California, comparing death rates of 11,071 male Adventists who do not smoke and the general male California population, showed one-sixth as many lung cancer deaths and one-third as many deaths from all respiratory diseases among Adventists as among the total male population. Also in October 1966, a Louisiana State University 5-year study, financed partly by the Tobacco Research Council, reported findings of a relationship between cigarette smoking and hardening of the arteries in the heart. 36 Just recently, in a formal report to the President, it was stated by Dr. Kenneth M. Endicott, Chief of the National Cancer Institute, that "lung cancer—which will kill more than 50,000 Americans this year—can be brought under control because it is clearly caused by environmental factors—chiefly cigarettes." The President was also advised that "lung cancer has reached epidemic levels in men and may soon do so in women." **To the Commission are

61. As stated in our ruling, of most serious concern to the Commission are statistics as to the correlative rise in cigarette consumption and teenage smoking. In January 1966 the Department of Agriculture in a public report entitled, "Tobacco Situation", announced that 1965 had been a record year for cigarette consumption.38 The reason given by the Surgeon General for the increase was new smokers, not the increased use of tobacco by the then-current smokers. 30 In July 1966 Surgeon General Stewart reported, based on American Cancer Society and Public Health Service surveys, that one half of American teenagers are regular smokers by age 18, despite 2½ years of intensive educational efforts. In October 1966 the Rand Youth Poll, conducted by the Youth Research Institute, released findings that teenagers smoke 10 million cigaretts per week, that 53 percent of all 16-19 year olds are smokers, and that this represents a rise of 4 percent in this age group during the almost 3-year period since the Advisory Committee's Report. In November 1966 the American Cancer Society noted a 6-year study by Dr. E. Cuyler Hammond showing a marked drop in cigarette smoking among older people and a rise in consumption by young people. 12 In December 1966 the Agriculture Department announced that Americans had once again set a new record for total consumption of cigarettes per year. In light of the statistics concerning teenage smoking, this increase in consumption appears correlated to the increase in population which occurs through the increase

in youthful persons.
62. We wish to make it clear that this Commission is not the proper arbiter of the scientific and medical issue here involved and of course has not sought to resolve that issue. We have cited the reports in question because they establish (i) solve that issue. We have cited the reports in question because they establish (i) that here is a most substantial controversial issue of public importance, which mess of the issue to the American people, and (ii) that because of the seriousness of the issue to the health of the people, a stay is patently inconsistent with the public interest. We recognize that there are countering efforts and arguments public interest. We recognize that there are countering efforts and arguments public interest. We recognize that there are countering efforts and arguments public interest. We recognize that there are countering efforts and arguments public interest. We recognize that there are countering efforts and arguments public interest. We recognize that there are countering efforts and arguments public interest. We recognize that there are countering efforts and arguments public interest. We recognize that there are countering efforts and arguments public interest. We recognize that there are countering efforts and arguments public interest. We recognize that there are countering efforts and arguments public interest. We recognize that there are countering efforts and arguments public interest. We recognize that there are countering efforts and arguments public interest. We recognize that there are countering efforts and arguments public interest. We recognize that there are countering efforts and arguments public interest. We recognize that there are countering efforts and arguments public interest.

³² New York Times, Feb. 23, 1966, 41; 8,

38 New York Times, May 2, 1966, 39; 1.

34 New York Times, Aug. 30, 1966, 54; 1.

35 New York Times, Oct. 12, 1966, 54; 1.

36 New York Times, Oct. 22, 1966, 20; 2.

36 New York Times, Oct. 22, 1966, 17, 7; 1.

38 New York Times, Jan. 2, 1966, IV, 7; 1.

38 New York Times, Jan. 11, 1966, 9; 1.

39 New York Times, Jan. 11, 1966, VI, 10; 1.

40 New York Times, July 17, 1966, IV, 10; 1.

41 Advertising Age, Oct. 31, 1966, 41; 1.

42 New York Times, Nov. 3, 1966, 41; 1.

43 New York Times, Dec. 31, 1966, 4; 6.