

This Month in *Preventive Medicine*

Dead on a 14th of July

This issue of PM is largely dedicated to Ernst L. Wynder, founder of the journal in 1972 and its Editor-in-Chief until his death on July 14, 1999, and whose work had, without doubt, enormous influences on the fields of epidemiology, preventive medicine, and public health in the second half of the 20th century.

Wynder's 1950 JAMA report with E.A. Graham on the association of smoking and lung cancer brought him, while he was still a medical student, to the frontline of the huge controversy which has metamorphosed the methods and concepts taught and used today in epidemiology (Wynder and Graham, 1950). Substantial parts of the conceptual and methodological developments in epidemiology between 1950 and 1975 have been related to the objective of demonstrating a causal link between cigarette smoking and many health disorders. The detractors of the smoking–lung cancer connection included brilliant scientists such as Sir Ronald A. Fisher and Jerome Berkson. To address these critics, Wynder teamed up with equally brilliant scientists such as Jerome Cornfield and E. Cuyler Hammond, who co-authored a landmark consensus paper in 1959 (Cornfield et al., 1959). With great energy and persistence, and always insisting on the public health implications of epidemiological findings, Wynder expanded our knowledge on the causes of cancers of almost all sites.

Wynder was his own man, not always on the side he was expected to be on. Against the dominant trends in the epidemiology community, he did not believe that passive smoking had deleterious effects on health, supported the search for a “safer” cigarette, and created ambiguous links with a tobacco industry more than happy to find a world-class epidemiologist who would support this option (Kluger, 1996). As a result, Wynder was often the center of controversies, for which he counted both great supporters and great detractors. Perhaps this explains why, after such a flamboyant professional life, Wynder's disappearance from the research scene in 1999 went almost unnoticed in the scientific literature beyond this journal (Frank, 1999; Hoffmann, 1999a,b).

There were exceptions. An obituary in *Nature* (Weinberg, 1999) mentioned that Wynder made no attempt to end the tensions that existed between him and part of the scientific establishment. Wynder's relation to the media was commonly perceived as shameless self-promotion. In addition, Wynder had a reputation for being quite the ladies' man, “often seen about town with one or another young starlet on his arm.” Still, the article maintained that among a subdued lot of cancer researchers, “Ernst Wynder stood out in brilliant color.” In the *American Journal of Public Health*, Sir Richard Doll recalled fondly how the personality of this “towering figure in the world of preventive medicine” remained etched in the memories of all who knew him. He was, as Doll puts it, a man who “generally preferred to go his own way” (Doll, 1999). In the same vein, John P. Pierce, of the *Society of Research on Nicotine and Tobacco*, described Wynder as a natural born leader who challenged the establishment with original ideas, and, in so doing, held the torch in his field (Pierce, 1999).

Otherwise, obituaries have been written by Wynder's long-time friends and close colleagues Dietrich and Ilse Hoffmann (Hoffmann and Hoffmann, 2000; Hoffmann, 1999a,b; Hoffmann et al., 2001); by his former collaborators at the American Health Foundation including Leonard A. Cohen (1999), John Weisburger (1999), and Gordon C. Hard (2000); and by Hans E. Kaiser of his group at the Sloan-Kettering Institute for Cancer Research (Kaiser, 2000).

There were a number of press communiqués. *Oncology News International* mentioned that the Know Your Body campaign featured the comedian Whoopi Goldberg as Nurse Whoopi and a puppet, “Doctor Aaah,” resembling Wynder, which was meant to attract children as young as kindergartners to health consciousness (Anonymous, 1999a). Quoted in *The Cancer Letter*, Richard Adamson, Vice-President of the American Health Foundation, mentioned the Child Health Day Wynder had promoted (Anonymous, 1999b). The *Los Angeles Times* quoted Wynder as saying, “If we are serious about our children, we should give them the gift of health. Health education should be considered one of the arts, along with reading, writing and arithmetic” (Anonymous, 1999c). The *Journal News* told of how Wynder’s resoluteness in understanding the link between smoking and cancer had him driving cross-country in a used car to the homes of patients suffering from the effects of tobacco (Marchant, 1999).

We thought it was time to go beyond this piecemeal farewell. In this issue of PM, we have therefore assembled personal memoirs which help to paint a living portrait of Wynder (Hecht, 2006; Hoffmann, 2006a; Kuller, 2006; Schlesselmann, 2006; Stellman, 2006a; Weisburger, 2006). His scientific contributions can be readily ascertained from his extensive publications, but a biosketch and complete bibliography (Hoffmann, 2006b,c), as well as a citation analysis (Stellman, 2006b), have also been included. In our view, a portrait of Wynder as only those who knew him well could paint has been sorely lacking. All those who contributed to the tribute in this issue knew him well. Their friendship with and admiration for Wynder may have biased their memory and given a brighter image of him, but their contributions reflect the impression he left on them and there is at least some subjective truth to them all. It remains the task of future scholars to integrate all the elements and interpret his role and place in the history of epidemiology, preventive medicine, and public health. This tribute does not pretend to do this.

The presence of four new research papers on diverse aspects of smoking cessation in this issue of PM speaks to the fact that Wynder’s seminal work continues to influence current preventive health practices. In a review article on the impact of worksite factors on smoking cessation, relapse, and amount smoked, Albertsen et al. (2006) synthesize the evidence from 22 prospective studies and find strong workplace effects on amount smoked, but only mixed or insufficient effects on smoking cessation and relapse. In the context of transtheoretical model (TTM) stages of change for smoking cessation, Nierkens et al. (2006) report that the “Ø pattern” previously observed among Dutch smokers, in which attitudes are key in predicting change from precontemplation to contemplation, self-efficacy is key for predicting progression beyond contemplation, and social support falls somewhere in between, also characterizes Surinamese immigrants to The Netherlands who smoke, albeit with the usual culturally sensitive quirks. In a school-based randomized controlled trial (RCT) performed with adolescents interested in quitting, Pbert et al. (2006) show that a four-session intervention feasibly delivered by school nurses led to 8-fold (6-fold) greater odds of quitting at 6 weeks (3 months). In another RCT conducted among adult Chinese and Korean American smokers, Fang et al. (2006) show that a culturally adapted brief intervention delivered to each participant in their native language promisingly led to higher 1-month quit rates, but there was no 3-month difference between the intervention and control groups.

Two other papers in this issue focus on important facets of physical activity with potentially broad applicability: moderate (as opposed to high) intensity activities, and short intermittent (as opposed to longer continuous) activity sessions. Kloek et al. (2006) utilized novel ordinal logistic regression analyses based on the “Threshold of Change Model” (TCM) for the TTM-integrated Attitude–Social Influence–Efficacy (ASE) model to carefully elucidate associations of the ordered stages of change for performing moderate intensity physical activities with psychosocial factors and behavioral intentions among Dutch individuals with low socioeconomic positions. In an RCT among Hong Kong sedentary adults, which also focused on performance of light-to-moderate physical activities (LMPA), Macfarlane et al. (2006) provide additional evidence that accumulating multiple short (e.g., 6 min or less) bouts of LMPA can improve fitness as much as a single continuous bout.

The last two papers in this issue are concerned with health issues among women. Martin et al. (2006) used NHANES III data to study physician advice-giving patterns and adherence to physician recommendations by white and black women with hypertension and found that

white women were less likely to be told to take prescribed medications, to be told to exercise, and to actually take prescribed medications or to follow physician-recommended health behaviors. Scholes et al. (2006) report that although a chlamydia screening RCT with young women did not lead to screening rate changes overall, testing rates significantly increased for women making preventive care visits.

Wynder believed that case-control studies were the optimal design for studying the causes of cancer provided that they were large, but he would use RCTs when needed. For example, he proposed and persistently lobbied in favor of the Women's Intervention Nutrition Study (WINS), a randomized trial launched in 1994 to determine the efficacy of dietary fat reduction in addition to conventional systemic adjuvant therapy in postmenopausal women surgically treated for primary invasive breast cancer. How would Ernst have reacted to the presence of 4 RCTs out of the 7 new original research articles included in this issue of PM? Perhaps he would have said, "4 out of 7, we've come a long way from 1972." Then again, he might have said, "4 out of 7, we can do better." The only thing for sure is that if death had not taken its toll on that 14th of July in 1999, Wynder would have headed off to take another Bastille.

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