THE TOBACCO LEAF for July 31, 1954

"It Is Unlikely that Cigarette Smoking Is Major Factor in Producing Lung Cancer"

New Contract Awarded for Tampa Labor

Agreement Brings to Close Eight Weeks Debate With Government Conciliators

By Neva Grace Murray

Tampa, July 27.—Pay increases are granted to two classes of workers under the newly arrived-at labor contract for cigar factories.

Hand banders and cellophaners get a 10 per cent raise, and machine strippers get an increase of two cents per karot (hand of tobacco). These workers received no increase under the arbitrator's ruling which became effective last January. This same offer was made to them in the terms which were rejected in negotiations last October. The arbitrator, while granting increases, did not include these two groups. Manufacturers felt that these classes of workers should have the increase which is

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P. Lorillard's Sales Decline; Profits Higher

William J. Halley, president of the P. Lorillard Co., advises THE TOBACCO LEAF that, despite a drop of 2¼ millions in dollar volume of sales, net profits of that company for the first six months of this year rose 14.6 per cent, as compared to the results for the corresonpding 1953 period.

Sales for the six-month period ended June 30, 1954, amounted to $117,271,030 and net income was $3,388,422, equal to $1.19 per share of common stock. Sales for the first six months of 1953 were $119,565, 969 and net income was $2,-955,412, equal to $1.04 per share.

For the three-month period ending June 30, 1954, sales amounted to $60, 903,579 and net income was $1,604,174, equal to 56 cents per share of common stock. For the comparable second quarter of 1953, sales were $67,691,328 and net income was $1,850,870, equal to 65 cents per share.

Dr. W. C. Hueper, of the National Cancer Institute, Sees No Direct Link Between Smoking—Disease

Sao Paulo, Brazil, July 26.—Dr. W. C. Hueper, of the National Cancer Institute Washington, D. C., told the Sixth International Cancer Congress, in session here, that there is little, if any, evidence that cigarette smoking causes lung cancer and that the data on hand make it unlikely that cigarette smoking represents a major factor in either the production of cancer or its recent rise in frequency.

On the contrary, Dr. Hueper insisted, there is substantial direct and circumstantial evidence consistent with the concept that an occupational exposure to coal tar fumes represents one of the causes of lung cancer in man.

Dr. Hueper summarized the claims that had been made by the cigarette-lung-cancer school of thought, as follows:

Evidence cited in favor of the cigarette smoke theory of lung cancer is as follows: There is a parallel between the rise in cigarette consumption and lung cancer during the past 30 years and both phenomena mainly affected males. The liability to cancer of the lung increased with the relative number of cigarettes smoked daily. Statistically significant associations between cigarette smoking and the development of lung cancer are demonstratable in the great majority of male lung cancer victims. The marked sex difference in lung cancer liability favoring the male sex at a ratio of five to one to ten to one corresponds with the greater and longer consumption of cigarette by members of the male sex. The considerable differnce between lung cancer mortality of urban and rural populations is attributed to differences in cigarette smoking habits of these two population groups.

Following which summary, Dr. Hueper continued:

There is little if any medical evidence advanced in support of the cigarette theory. No statistically significant relations seem to be demonstratable between lung cancer and any preceding and simultaneous noncancerous conditions of the respiratory tract, such as pneumonia, chronic bronchitis, chronic nasal catarrh, chronic laryngitis and tracheitis. There is thus at present no symptom complex developed which can be assigned to cigarette smoke cancer of the lung. Although Breslow recently asserted that chronic cough, i.e., cigarette

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Examiner Decides Ads May Claim Chesterfields Are Milder, Cooler, Relaxing

Large Pipe Shop Seeks to Buy 10

Hit Cancer-Cigarette Charge

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cough, was found more often in persons with lung cancer and a positive cigarette smoking history than among controls. Doll previously could not demonstrate such associations.

The experimental application of tobacco tar to the skin of mice and rabbits and the inhalation of air polluted with tobacco smoke by mice have given contradictory results in the hands of various investigators. The majority of workers found that such procedures either gave negative results or resulted in the development of skin tumors in an exceptional animal. Perhaps this discrepancy is best resolved by the assumption that investigators have used strains of animals with an exceptional reactivity to cigarette tar, not possessed by the average member of the species.

The claim of Sohmahl and associates that the disappearance of a fluorescent fraction from the exhaled cigarette smoke is an indication of a systemic "tarring" of the bronchial tree by the inhalation of cigarette smoke represents a figure of speech but not a scientifically acceptable concept because fluorescent material is not a chemical equivalent of carcinogenic tar.

In comparison to the coherent and logical picture presented by the evidence in support of the coal tar fume cancer of the lung, that available for the cigarette smoke cancer even upon superficial examination presents several serious defects and inconsistencies which are even more glaring when the claims advanced are critically scrutinized for their scientific accuracy and adequacy.

It is not correct that the increase in lung cancer started around 1920. A gradual increase was noticeable in autopsy material even before the turn of the century and became a matter of serious concern around 1920. Thus, lung cancers became more frequent long before cigarette smoking became a widespread habit. In fact, the relative annual increase in lung cancer frequency was greater during the first three decades of this century than during the last two, when the alleged carcinogenic (cancer-producing) action of an increased cigarette smoking habit should have boosted the rate of progression over that found earlier.

It is scarcely permissible to attribute the marked variations in lung cancer mortality rates and their progression rates to local differences in cigarette smoking habits, because there is little, if any, reliable evidence in support of such speculative assumptions.

Neither Kreyberg in Norway nor Denk in Austria, moreover, could demonstrate in their analyses of larger series of lung cancers, any statistical relations to cigarette smoking. The doubts as to the unrestricted validity of the cigarette theory are deepened if critical consideration is given to the remarkable variations in the male-female ratio of lung cancers as reported by many investigators. The ratio stood up to about 1930 at 1:1 in Norway and Denmark and only subsequently changed in favor of the male (3:1). It is, according to Henschen (1947) still 2:1 in Sweden, while it varies for other countries and regions between 1:1 to 50:1. While local differences in general and occupational industrial air pollutants may plausibly account for such differences in attack rates for the two sexes, it is scarcely reasonable to assume that such variations reflect mainly local differences in smoking habits between the sexes.

It is also necessary to lay to rest the rather extravagant claim that carcinoma of the bronchi is characteristic for cigarette smoking and was therefore rare before 1920. The percentage of epidermoid carcinomas of bronchiogenic origin reported before 1920 as well as before 1900, varied between 23 to 50 per cent of the total number. According to data given several years ago at the First National Cancer Conference held in Memphis, epidermoid carcinomas of the lung in males constitutes 44 per cent of the total. While the percentage has somewhat increased during two recent decades, it was far from rare during the preceding 50 years and definitely has no specific relations to the smoking of cigarettes.

Equally unsatisfactory is some of the medical evidence available. It is surprising to note the absence of positive statistical associations between lung cancer and cigarette cough, although this latter symptom is clinically characteristic of chronic chain smokers. Despite the fact that the lips and oral mucosa are constantly bathed in the tarry liquor oozing from the tip of the cigarettes and despite the contact of these parts with the smoke coming from the cigarettes, there is no statistical association with cancer of these parts. It is a well-known fact that chronic cigarette smokers have notoriously dark brown stained fingers, but there is not a single case of cancer of the fingers attributable to cigarette tar available.

From these considerations, it is apparent that any final decision concerning the relative role of cigarette smoking in the causation of cancer of the human lung should be kept in abeyance until a great deal additional and more valid and medically conclusive evidence becomes available. The data on hand make it unlikely that cigarette smoking represents a major factor in the production of lung cancer and in its rise in frequency.