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

New Contract Awarded for Tampa Labor

William J. Halley, president of the P. Lorillard Co., advised The Tobacco Leaf that, despite a drop of $2.5 million 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 corresponding 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 $1,086,056, 509 and net income was $2,295,412, equal to $1.04 per share.

For the three-month period ending June 30, 1954, sales amounted to $60,093,799 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 $67,651,328 and net income was $1,850,470, equal to 65 cents per share.

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.

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 were demonstrable in the vast 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 cigarettes by members of the male sex. The considerable difference 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 demonstrable between lung cancer and any preceding or 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

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

Large Pipe Shop Seeks to Buy 10

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Hit Cancer-Cigarette Charge

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cough, was found more often in persons who had cancer and a positive cigarette smoking history than among controls. 

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 exception al animal. Perhaps this discrepancy is best resolved by the assumption that investigators have used strains of animals with an exceptional tendency to cancer, not possessed by the average member of the species.

The claims of Sobol and associates that the appearance of a fluorescent fraction from the excited cigarette smoke is an indication of a systemic "farming" 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, the suggestion of a direct cancer of the lung, that was found for the cigarette smoker 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 clear that the increased lung cancer rate started around 1920. A gradual increase was noticeable in autopsy material even before the turn of the century and became a matter of concern around 1920. Thus, lung cancers became more frequent long before cigarette smoking became widespread. 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 properties of cigarette smoke were first recognized.

It is scarcely permissible to attribute the major proportions in lung cancer mortality rates and their progressive rates 8 local differences in cigarette smoking habits, because there is little, if any, reliable evidence in support of such sensational assumptions.

Neither Kreyberg in Norway nor Dohm in Austria, nor any of the many investigators of lung cancers, can 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 1:1 in Norway and Denmark and only subsequently changed in favor of the male (2:1). It is, according to Heberden (1897) still 2:1 in Sweden, while it varies for other countries and regions between 1:1 to 2:1. While local differences in general and occupational industrial air pollutants may explain 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 try to rest the rather extravagant claim that cigarettes of the bronches is characteristic for cigarette smoking and was therefore rare before 1900. The percentage of epidermoid carcinomas of bronchiogenic origin reported before 1920 as well as before 1900, varied between 25 to 30 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 constituted 44 per cent of the total. While the percentage has somewhat increased during the recent decades, it was far from rare during the preceding 30 years and definitely has no specific relations to the smoking of cigarettes.

Equally unanswerable is some of the medical evidence available. It is surprising to note the absence of positive statistical associations between lung cancer and cigarette smoking, although this latter symptom is clinically characteristic of chronic chain smokers. Despite the fact that the lips and oral mucosa are constantly basted in the tarry liquid emanating from the tip of the cigarette 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.

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 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.

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