DGF/EEW/5.2

Mr. L.C. Laperte,
Imperial Tobacco Products Ltd,
PO Box 6500,
Montreal 101,
PQ, Canada.

8th April, 1971

Research proposals from Dr. J.L. Hogg

Dear Leo,

Both Sir Charles and I have studied in detail the expanded research proposal from Dr. Hogg, enclosed with your letter of 2nd April. Although we have not met, we have discussed it together on the telephone. We are not in 100% agreement on all aspects of the proposals and I will endeavour to represent the discordant views where they occur.

Project I Histological Response of Lung to Measured Doses of Aerosol.

We both agree that this proposal, as spelt out in Hogg's more detailed account, is well worth support. It should provide just the sort of information which is required on the deposition of aerosols and the evoked lung response.

Sir Charles makes a number of extra points:

1. He thinks Hogg should pay particular attention to the alveoli, since this is the area where, probably, nicotine is absorbed from smoke but where primary carcinoma does not appear to originate. I believe that, since Hogg's technique is to avoid major airways in taking his core of tissue, this will be achieved anyway.

2. He suggests that Hogg might use a hydrophobic aerosol rather than a saline one. I don't think this is feasible because of the ionic nature of Hogg's radioactive labels and also the problem of non-aqueous solvent vapours.

3. He questions whether sacrifice by exsanguination is rapid enough to prevent translocation within the lung and suggests an operative technique involving ligaturing of the lung.

Project II Effect of Smoke on Blood flow Distribution in the Lung.

This is the project over which Sir Charles and I are at some variance. It seems to me to be a logical continuation of

110317242

Hogg's current studies, but [illegible] arise [illegible] that it does not warrant support without [illegible] further explanation of the relevance of the work to the problems associated with smoking. I believe that Sir Charles would want to concentrate on chronic effects, whereas Hogg's approach in this project is concerned with acute effects.

Hogg is, to a large extent, trying to pioneer a new technique here. Insofar as he is trying to relate bloodflow with absorption in the lung, I would argue that it is of importance for a study of nicotine absorption and must lead to concentration on the alveolar areas, which Sir Charles would like studied in details in Project I. Sir Charles has taken a more literal view of the project in terms of Hogg's Appendix III and points out that we are not at all interested in the effects of body position on lung function with respect to smoking, since human smokers are only supine when asleep or resting and not when smoking.

I think we should now leave it to you to decide, with your Committee, whether to seek more clarification on Project II, to restrict your support to Project I, or to support Hogg on both Projects.

I hope that these comments are helpful to you.

With kind regards,

Yours sincerely,

D.G. FULTON

cc: Sir Charles Ellis
Dr. S.J. Green

110317243.