

9th May, 1960.

MEETING AT THE SWEDISH TOBACCO MONOPOLY

Wednesday, 4th May. 10.30 a.m.

PRESENT:

Mr. Olof Söderström	President
Mr. Ekroth	Vice President
Mr. Fant	Administrator
Mr. Ekström	Leaf Representative, Richmond, Va.
Mr. L. Hjarn	Chief Chemist
Dr. Barkemeyer	B-A.T. Hamburg - Germany
Dr. Anguera	S.E.I.T.A., Paris - France
Dr. Day	Leeds )
Dr. Felton	B-A.T.) - T.M.S.C.

Mr. Söderström was unable to be present throughout the discussions, but attended for the middle portion only. The meeting was arranged, at his request, by Mr. Hjarn during the course of the Symposium on the earlier days.

Mr. Ekroth opened by saying that the meeting had been arranged in order that we might be better informed of the Swedish Monopoly's attitude to the Health Question and to enable them to learn more of the situations in other countries. Mr. Hjarn distributed a number of documents:

(1) Report by Swedish M.R.C., 1958.

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- (ii) Press release concerning formation of Swedish Tobacco Monopoly Advisory Council for Health Matters.
- (iii) Report of Swedish Tobacco Monopoly, 1958.
- (iv) Excerpt dealing with Research from the unpublished Report of Swedish Tobacco Monopoly, 1959.
- (v) "Facts about Tobacco", a pamphlet prepared by Swedish Tobacco Monopoly, for distribution to consumers.
- (vi) A descriptive report from the Swedish Tobacco Monopoly to Congress of Tobacco Manufacturers in the E.F.T.A.-area at Montreux, 1960.

Mr. Söderström's remarks in opening the Symposium were somewhat clarified as regards the organisation of co-operation between the Monopoly, The Swedish Medical Research Council and the medical and scientific research workers.

D. G. Felton then outlined briefly the organisation of the T.M.S.C., mentioning the benefaction administered by the M.R.C. and the changes in organisation of the M.R.C. sub-committees on smoking. The progress so far achieved towards a standard procedure<sup>/for</sup> the measurement of condensate was explained and the reasons for the choice of T.M.S.C. smoking conditions. The Monopoly are already receiving the T.M.S.C. Research Reports and Monthly Literature Check List. They much appreciate these. The arrangements for the supply of smoke condensate and fractions thereof to workers carrying out biological tests were dealt with and Dr. Day commented briefly on the sort of work in progress, without entering into specific instances.

Dr. Barkemeyer, attending as a representative of the German Research Committee in the unavoidable absence of Dr. Weber, who had had to return to Hamburg, then stated that the German attitude was much like the English one. He mentioned, specifically, the current attempts at standardisation of

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measurement of condensate in Germany.

Dr. Anguera explained that Dr. Cuzin of S.E.I.T.A. was unable to be present since he was attending a Sub-Committee meeting of the CORESTA Scientific Committee at Forchheim, to discuss the standardisation of methods for determining filter efficiencies. Dr. Anguera is a medical man. He stated that, in 1954, the French Regie established a committee known as GEFT under Prof. Bunyard (?) of the Institut National. S.E.I.T.A. provides money to GEFT for Medical Research and Prof. Bunyard disburses this. A number of researches are thus supported

(i) A group at the Cancer centre at Villejuif (Paris) under Prof. Guerin and formerly under the late Prof. Oberling.

(ii) Prof. Truhaut (Ecole de Pharmacie) who works primarily on alkaloids.

(iii) Statistical studies by Dr. Denoix, with whom Dr. Anguera is most closely connected.

(iv) Prof. Latarjet's group at the Institut du Radium, Paris.

Publication of results may be made with the agreement and approval of GEFT. The monopoly exercises no control over this.

Dr. Anguera went on to state that the lung cancer statistics in France were similar to those in England except that inhalation appeared to carry a greater risk. Cancer of the mouth, pharynx, larynx and bladder all appeared to be correlated with smoking, but cancer of the tongue was not. Inhalation was only correlated with lung and laryngeal cancer.

Prof. Guerin is developing a rapid test, based on the sebaceous gland suppression index for mouse skin. This will be used to compare different blends and cigarette designs although the relation to lung cancer was unknown.

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Every test is made by two treatments, each at two concentrations. There are three paintings made on successive days and the mice are sacrificed at the end of ten days. Thirty mice are used per group, i.e. 120 mice per test.

Dr. Le Negre is carrying out a survey on cardiovascular disease. French law, regarding registrations of death, makes it very difficult to obtain information. It appears that there is a correlation between this disease and smoking for all age groups, particularly 40-49 and 60-69. The separation into groups by social status is not easy. There is a negative correlation with alcohol consumption.

Mr. Ekroth added that the Swedish M.R.C. stated that there was no connection with cardiovascular disease although cardiologists forbid entirely smoking by cardiac cases. Dr. Day said that the reverse appeared to be the case in England.

An opportunity was presented to question the Monopoly representatives on the background to the X-ray survey to be carried out in Stockholm and Gothenburg. Any person who smokes more than 20 cigarettes a day can apply by filling out a card obtainable at a tobacconist's shop. Arrangements will be made to X-ray them, it is believed, stereoscopically and the X-ray photographs will be inspected both for lung and cardiac symptoms. The volunteers will be told the result of the X-ray and will be followed up at yearly (? half-yearly) intervals. They may also be asked to submit to clinical tests. The response is already much greater than was expected.

I enquired how they could ensure that the volunteers were, in fact, heavy smokers and not just taking advantage of a free X-ray. Mr. Hjarn was unclear about this, but suggested that urine analysis for nicotine might help.

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In reply to a question on an earlier occasion to this meeting, Mr. Fant had assured me that there was no danger of a volunteer being able to sue the Monopoly should the X-ray reveal a condition of disease. Swedish law, apparently, is such that this would be impossible. They do not fear a succession of law suits as a result of the X-ray survey.

Mr. Hjarn gave details of the methods used by the Monopoly to measure tar and nicotine in smoke. A constant volume water-burette machine (Phipps and Bird) is used with a 35 ml., 2 second puff once a minute. Smoke is now collected by Cambridge filter and the filters with condensate are dried by passage of dry air ( $\text{SiO}_2$ -gel.) for 1 hour before weighing to determine "dry tar". This is then extracted and partitioned between chloroform and dilute acid. The chloroform soluble tar is determined by evaporation and weighing. The acid fraction is adjusted to pH 4-4.5 by the addition of sodium potassium tartrate and steam distilled to remove interfering substances, including pyridine. It is then made alkaline and nicotine is steam distilled over into acid and estimated by the Willitts procedure.

The meeting closed with a conducted tour of the Central Laboratories, where the work is mainly of a Technical Service character.

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