

SMOKING AND HEALTH

The recent report "Smoking and Health" of the Royal College of Physicians has had world-wide sales of over 90,000 copies. In the U.K. 30,000 copies have been sold; separate editions have been printed in the U.S. and Canada; translations are being made into a number of European languages; Governmental and medical bodies throughout the world are taking note of it.

The report associated smoking with a number of diseases but its main conclusion was that "cigarette smoking is the most likely cause of the recent world-wide increase in deaths from lung cancer". The report also said "most smokers suffer no serious impairment of health or shortening of life as a result of their habit" and smoking was "a habit which most smokers enjoy without injury to their health".

As a member of the tobacco industry you will be expected to have an informed view on the smoking and health question. There follow some points (confined to the lung cancer question) which you may find useful in conversation.

1. The statistics

- (a) To what extent is there a world-wide increase in primary lung cancer? (The figures do not always distinguish between primary and secondary lung cancers - only the first could be associated with smoking). Part at least of the recorded increases may be the result of :-
 - (i) wrong diagnosis in the past
 - (ii) improved living conditions resulting in people living into the older, more susceptible age groups
 - (iii) improved treatment of pneumonia and tuberculosis, which has greatly diminished a once frequent cause of death from pulmonary disease. It has been suggested that these diseases, though cured, may leave scars which could increase susceptibility to lung cancer later in life.
- (b) Moderate cigarette smokers in a number of rural areas have less lung cancer than non-smokers or light smokers in urban areas.
- (c) Lung cancer is higher in immigrants from Britain to South Africa, Australia, New Zealand and the U.S. than in locally-born white people - despite the same cigarette consumption. Even so, such immigrants, who on arrival in their new country usually smoke more than those they leave behind, have less lung cancer than people who remain in Britain.
- (d) Cigarette consumption in the United States is about double that in the United Kingdom whereas the lung cancer rate is about half. This discrepancy cannot be fully explained by the fact that Americans smoke less of each cigarette. Similarly, cigarette consumption is high in Japan and Ireland where lung cancer rates are relatively low.

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- (e) Lung cancer is found more frequently in poorer classes than among the well-to-do even where there is a similarity in cigarette consumption.
- (f) Three studies have shown that among heavy cigarette smokers inhalers have no higher risk of lung cancer than non-inhalers. (Admittedly the degree of inhalation as between smokers is difficult to determine).

2. Other possible causes

- (a) Air pollution, including industrial and diesel/petrol fumes, is thought by many eminent scientists to be the major cause of lung cancer. The Royal College of Physicians itself is preparing a report on air pollution. Air pollution might well account for the fact that the lung cancer rate in the U.K. is the highest in the world whereas cigarette consumption is higher in a number of other countries. Lung cancer has been caused in animals by exposure to influenza and artificial smog.
- (b) Recently some scientists have suggested that viruses are linked to the origin of cancer, including lung cancer (see article in Life of June 22, 1962) and thus cancer may be infectious. Experiments are continuing.
- (c) Some scientists believe that lung cancer originates in the periphery of the lung, rather than in the main bronchi. As it is the latter which are in most contact with cigarette smoke (or atmospheric pollution) some other cause is indicated.

3. Extent of the risk

The average age of death from lung cancer in the U.K. is 62 - it is mainly a disease of the elderly. The physicians admit that some people die of lung cancer who have never smoked and that the great majority of smokers suffer no harm. In the U.K. about 1 in 12 heavy cigarette smokers (25 or more a day) die of lung cancer. How does the heavy smoker who dies of lung cancer differ from the equally heavy smokers who do not? Research into the personal, environmental, and other characteristics of the susceptible minority is being undertaken. In the long term, this is a more realistic and practical approach than attempting to discourage smoking by all.

4. Proof

The association between smoking and lung cancer still rests entirely on statistics. There is still no laboratory proof that cigarette smoke causes cancer - in the lungs of animals or of humans. Painting massive quantities of cigarette smoke condensate ("tar") on animal skins has caused tumours in some cases but this is not proof that cigarette smoke causes lung cancer.

5. The product

What tobacco manufacturers sell is smoke and we are rightly expected to know what our product consists of. From time to time a particular component of cigarette smoke is singled out as a possible carcinogen

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(cancer-causing agent) in humans. At one time 3:4 benzpyrene was considered to be a possible culprit until it was found that the amount in cigarette smoke was insufficient to be harmful. Other components receiving attention include phenols, ketones, nitrosamines. Nicotine is not considered to be carcinogenic. The R.C.P. report states that the substances in tobacco smoke that may be injurious to health have not been identified. It is, of course, in the best interests of the tobacco industry to continue to seek any such substances and if any be found, to remove them. Vigorous research to this end has been undertaken and will continue.

6. Filters

Until we can identify any component of cigarette smoke which is proved to be harmful we cannot say what effect on health a filter may have. We can only say that if a smoker prefers cigarettes with a filter then he should smoke them and we as a Company can offer the widest selection of filter brands.

7. General

It is unrealistic to believe that the smoking and health question will gradually die away if the industry either keeps quiet or dismisses its opponents as "fanatics". It is equally so for Governments and doctors to believe that the habit of cigarette smoking (which most smokers find gives them genuine solace and a sense of well-being) can be legislated out of existence. The question whether or not smoking is a cause of lung cancer - and if so, to what extent - will in the end only be answered as a result of research; not only research dealing with lung cancer but also much wider research into the causes and cure of cancer itself, wherever it may be found. The industry is as interested as the doctors in finding the answer and has played and will continue to play its part in supporting such research. Until research gives us the answer - and the breakthrough may occur at any moment or be delayed for a number of years - what should we say to the many sincere people who have doubts about the safety of smoking cigarettes? We should suggest :-

- (i) that in the present state of knowledge it can neither be proved - nor disproved - that smoking is a cause of lung cancer.
- (ii) that while we do not deny the possibility that the Physicians may be justified in the conclusions they draw from the statistics, there can be no certainty without much more research, with which we and many others are pressing forward as fast as possible. If these researches should identify a component of tobacco smoke which is positively injurious to health we would expect to be able to eliminate it.
- (iii) that we have no wish to encourage excessive smoking, any more than excessive eating or drinking: nor do we wish to encourage children to smoke, any more than we would encourage them to take alcohol.

26th July, 1962.

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STRICTLY CONFIDENTIAL

26th July, 1962.

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For some time we have thought it desirable that responsible members of our staff should be provided with a short list of points on the smoking and lung cancer question as a guide to them when the matter arises in private conversation. I enclose two copies of the note we have prepared for this purpose numbered and .

As you will see, the note does not set out to refute the causal hypothesis but does raise a number of points which call for further research. We do not intend that our staff should use the note to initiate conversations on the subject but we think that they should have sufficient information to enable them to deal with the matter in a reasonably informed and responsible manner should it crop up. If the press approach any member of staff on this subject the questioner should, as in the past, be referred to the official spokesman of the Company (which in this country is myself).

We do not wish the note to fall into outside hands and we are therefore giving it a restricted distribution to Heads of Departments here who will be asked to pass on the points contained in the note to such members of their staff as they consider should have the information. This they will do either verbally or by circulating the note and ensuring its return.

You may care to inform responsible members of your staff of the points in the note and, if you do, we suggest that you too do it in a similar manner, perhaps at meetings specially convened for the purpose. We would not wish you to have copies made of our note for general distribution to your staff.

Will you please acknowledge receipt of this letter and, in due course, let me know what action you have decided to take.

A.D. McCormick

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P.S. I take this opportunity of sending you extract from the U.S. Congressional Record which contains a letter from Dr. Little, Scientific Director of T.I.R.C., to Congressman Abbitt, which I think you will find interesting.

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