

**Cigarette Smoking and Chronic
Obstructive Lung Diseases:
The Major Gaps in Knowledge**

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Chronic Obstructive Lung Diseases

What we know

Chronic bronchitis and emphysema are the major components of the chronic non-neoplastic bronchopulmonary disease spectrum.

This group of noncancerous lung diseases, which also includes asthma and some types of pneumonia, also is called chronic obstructive lung disease (COLD), chronic obstructive pulmonary disease (COPD) and chronic airflow obstruction (CAO). By any name, these conditions represent a major health problem in both industrial and developing nations. There is much we don't know about them.

smoking and either chronic bronchitis or emphysema has not been established scientifically.

Statistical correlation does not establish cause. It never has.

What we do not know

While the Surgeon General's annual reports on smoking have asserted that cigarette smoking is the principal cause of COLD and its major components, a discerning examination of the scientific literature worldwide reveals these points.

1. That the causes of COLD and its pathogenesis are multiple and at the present poorly defined.
2. That the current trend for combining chronic bronchitis and emphysema in a general category of COLD makes it extremely difficult to determine true incidence and mortality rates and may do little to encourage the average physician to pursue a more definitive diagnosis. This practice, furthermore, makes any statistical/epidemiologic study, retrospective or otherwise, difficult to evaluate.
3. That in fact there is scientific evidence from studies, some including smoking data, that other factors may be related to

cardiovascular disease, how can one be going up and the other down?

- o If smoking is a major cause of COLD, then why is it, as the British scientist Sir Charles Fletcher, a longtime opponent of smoking, wrote, that "most smokers suffer no substantial obstructive damage"?

Conclusion

These scientific enigmas are but some of the many gaps in knowledge about cigarette smoking and COLD. Acceptance of smoking as the major cause may only discourage the additional research that is necessary to find the causes of these chronic diseases.

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Environmental Tobacco Smoke Exposure

Just as no abnormal respiratory function has been reported in most smokers, it has been reported in some nonsmokers. But abnormal respiratory function, whether reported in smoker or nonsmoker, has not been scientifically established to be caused by cigarette smoke.

With instruments and technologies available in recent years, researchers have measured varying levels of lung function when comparing groups of individuals -- whether of the same or widely varied ages, whether smokers and nonsmokers, or by degree of reported exposure to occupational and atmospheric factors, including environmental tobacco smoke (ETS).

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Available evidence does not confirm that ETS causes chronic health problems, concluded Ragnar Rylander, a Swedish researcher who conducted the first of the international workshops in March 1983 in Geneva. "An overall evaluation based upon available scientific data leads to the conclusion that an increased risk [in lung cancer] for nonsmokers from ETS exposure has not been established," he said. Seventeen scientists from the U.S., Europe, Australia and Canada attended.

The second workshop, called in May 1983 by the National Heart, Lung and Blood Institute of the U.S. Public Health Service, drew 21 U.S. investigators from the fields of epidemiology, statistics and adult and pediatric pulmonary medicine to examine available research on the possible respiratory effects of ETS. Among the conclusions:

"A review of the data from the studies which have been carried out or are in progress which address the effect of [ETS] on the respiratory system suggests that the effect varies from negligible to quite small."

The third and largest workshop, convened in Vienna in April this year and sponsored by the Austrian and Bavarian health ministries, drew 23 scientific participants, from the U.S., Europe and Japan.

A summary issued by Ernst Wynder, president of the American Health Foundation, and H. Valentin, president of the Bavarian Academy

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