

and also shares some of the aura of dread connected with tuberculosis. I can well remember how pneumoconiosis in the coal mines had much of this emotional background and was correspondingly difficult to deal with in a rational manner. Smoker's cough is a real phenomenon and obvious to everyone, and we should recognise that it is a factor in the emotional build-up.

Lastly, smoking is a habit of addiction that is pleasurable; many people, therefore, find themselves sub-consciously prepared to believe that it must be wrong.

I do not believe that it is either possible or wise to attempt to argue directly against these emotional attitudes - they will diminish or increase as the facts about the situation become clearer - but we should in my opinion have them in our minds when we consider the scientific investigation of this problem.

There are regrettably few facts in this subject. The epidemiological evidence on the association of cigarette smoking and lung cancer is well known to you and is coherent, but until the recent remarkable paper of Blacklock little had been reported about the aetiology of lung cancer just because of the difficulty of causing it to occur in experimental animals. The opinion seems to be generally held among medical men that cancer of the lung is not a good research approach to cancer, and that it will only be practicable to make worthwhile advances in understanding the origin and growth of lung cancer and how to control it when more progress has been made with cancers in other sites. This unfortunately is where we cannot but be influenced by the emotional attitude of the country; whether it is scientifically sensible or not we, as an industry, just have to investigate the various possibilities of the cause of lung cancer and, as a very important possible factor, the effects of cigarette smoke.

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