

June 13, 1955

Dr. Clarence C. Little  
Tobacco Industry Research Committee  
5320 Empire State Building  
New York 1, New York

Dear Dr. Little,

In accordance with our conversation I am outlining a project I believe should be undertaken by TIRC. I wish to make clear from the start that I do not wish a grant for this purpose. Although I am willing to act in an advisory capacity (without compensation), I cannot directly participate in this project.

As you are aware the current attempts to link cigarette smoking with lung cancer, heart ailments and other health defects are based upon statistical associations which, I feel, have been firmly established. However, as many have pointed out such an association does not of necessity prove that cigarette smoking causes these ailments.

As you have observed (and as I agree), rather than a causal factor, cigarette smoking, especially among the medium to heavy smokers, possibly is symptomatic of the fact that these smokers are different from non-smokers and that these differences are the true cause.

The differences between smokers and non-smokers may well be physical, social, economic or a combination thereof. Physical differences, such as hormonal imbalance, glandular disturbances or merely physical type differences may bring the urge to smoke. Social and economic differences may create tensions and worries which cause the smoker to seek the solace of the cigarette.

These physical, social or economic differences may well result in the ailments blamed on the cigarettes. Further, occupational health hazards, living conditions, atmospheric pollution, and physical or mental strain may in turn be factors which cause such ailments while creating the urge to smoke.

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However, attacks on smoking continue, based on these statistical associations and will, I believe, expand, since such associations seem intuitively correct and provide an easy basis for "Post Hoc" thinking. This type of thinking is beginning to permeate much of the so-called scientific approach to the subject. For instance, the recent investigation into thickening of lung tissue among smokers and non-smokers automatically assumed that differences in findings are due to smoking without considering that personal factors bringing about smoking may be the cause.

I do not see how it will ever be possible to prove that it is not cigarette smoking that is the cause (if it is not) without first finding the cause of cancer, an event for the distant future.

In the interim, I firmly believe that the only protection against the present biased and unscientific statistical investigations which dominate present day thinking is to determine, once and for all, whether smokers are different and in what way.

To this end, I suggest that a scientific investigation be undertaken by or for the TIRC which will as completely as possible investigate this area. It is suggested that a large scale statistical survey be conducted by a reputable survey organization with a respected reputation for the use of scientific probability sampling methods (such as Alfred Politz). It is proposed that such a survey cover 5,000 to 10,000 males on a national basis using uncompromised area sampling methods. It might then be followed by a similar survey of females.

Of course, these survey organizations are merely collection agencies. It would be necessary to have some individual or group of individuals to design the investigation, supervise the collection of data, analyze the results and publish the findings. Part or all of this work could be done either under the sponsorship of a university research bureau, or a committee of interested and qualified individuals.

This survey would explicitly and in considerable detail establish the smoking habits of our population and the characteristics of smokers and non-smokers. Such an

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enumeration might be conducted initially with a small sample of perhaps 1000 or less to establish the areas of difference worthy of further investigation in a subsequently enlarged sample.

It would be necessary to ask questions about the physical, economic and social characteristics of the respondents. It might be well, at least for a portion of the sample, to secure a brief medical history of the respondent and his parents, if this can be accomplished.

The design of the questionnaire should be guided by a committee including at least one in each of the following areas:

1. Survey statistician
2. Medical researcher acquainted with the subject of possible causes of cancer (physical, social, environmental)
3. Psychologist or psychiatrist who has special knowledge in the area of research in human tension and its effects.

I am attaching a list of some of the characteristics which might be enumerated. I have not had time to give considered judgement to the wording of specific questions and thus the attached list must be considered a rough approximation.

I am not certain that such a survey will provide the answers sought, especially if factors such as hormonal unbalance or glandular disturbance create the urge to smoke, but I do believe that it may provide important leads and possibly the required answer. It would not be possible to conduct any survey which would disclose all of the differences between smokers and non-smokers and it may be possible that in spite of all care that this one would not disclose the critical differences. It is necessary that this calculated risk be undertaken or there will be no advance in our knowledge. At any rate until some such information is available the wildest statements will continue without a possible challenge.

Sincerely,

Herbert Arkin

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Copy sent to:  
Dr. DuPuis

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