



Harvard Medical School - Mount Auburn Hospital
DEPARTMENT OF MEDICINE



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Wyn

Dr. W. S. Paige
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Raleigh Road
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Dear Wyn,

I am responding, somewhat belatedly, to your letter of May 31, 1979. Regarding the specific questions you raise, I am sending along to you a copy of our manuscript, developed by Dr. Paul Davies, relative to intra-macrophage inclusions, eccentricity, and related considerations. This represents our best effort in this area to date.

Regarding the considerations on parenchyma morphology in exposure to tobacco smoke, the studies to date are strongly suggestive but as yet not conclusive. Of those animals exposed to tobacco smoke, there was approximately twenty per cent less tissue, as analyzed by evaluations of parenchymal density and alveolar surface area. The tobacco-exposed animals had their lungs fixed at equal volumes to their age-matched controls. I am not sure what these observations mean, and we have further studies now under way. Emphysema is defined as a loss of pulmonary-parenchyma distal to the terminal airways, the strong reversible destruction of alveolar spaces. Whether or not this is a "growth factor" or actual tobacco-parenchymal interaction requires further study for full understanding. We currently are in the process of terminating animals exposed to whole tobacco smoke, gas-phase tobacco smoke, relatively high tar and relatively low tar commercial tobacco cigarettes, and additional animals appropriately controlled for weight gain and exposure conditions. We will be able to better assess our initial observations following completion of the studies.

We do have volume-pressure studies on these animals, as well. I enclosed an article that I wrote while in medical school, which I think presents the techniques and perspectives as well as anything else available.

The pigeon study will be completed in October, and I will send you a final progress report when it is developed. The morphometric techniques were highly successful from a technical standpoint, although those animals exposed to tobacco smoke had, in some instances, less atherosclerosis than the shelf controls.

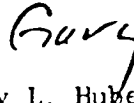
It would appear, at this time, that the Smoking and Health Research Program will be coming to an end at Harvard in June, 1980. That is a tragedy, in that support has been offered for continuation for an additional five years

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by the tobacco industry, and we have built up our Federal support to a level equal to industry commitment or greater. The primary reason that the program will be ending is that Harvard does not want to continue it under the kinds of support and conditions now offered, and does not appear willing to reach reasonable compromises with the sponsoring organizations. In short, the "milieu" for tobacco and health research in the university setting here is not favorable. This is extremely sad, of course, to those of us who have worked so hard on the development of this effort. We may or may not have the opportunity to re-locate our endeavors elsewhere, and the future of many talented individuals with this program is at this time uncertain.

I do not have as yet specific plans to travel to England. I have had to put off again my sabbatical expectations, but hope a way can be found to revise that interest next year. I will be off to China in late November. I would very much like to come to England with you and others sometime in the near future, and I hope that we can be in touch. There are considerable matters that we would all benefit from discussing directly, and I hope that we have the opportunity to visit with you soon.

Sincerely,



Gary L. Huber, M.D., Director
Smoking and Health Research Program

GLH/kkh

Enclosures