

15. Enrico Ferrari, "Tabakrauch und Lungenkarzinom," *Münchener medizinische Wochenschrift* 80 (1933): 942. Ferrari endorsed Wender's proposal to ban the use of woody stems in tobacco manufacturing (ibid.).
16. Rudolf Fleckseder, "Über den Bronchialkrebs und einige seiner Entstehungsbedingungen," *Münchener medizinische Wochenschrift* 83 (1936): 1585–1588. Arkin and Wagner in the United States found that 90 percent of their lung cancer patients were heavy smokers; Roffo gave a figure of 95 percent. See Aaron Arkin and David H. Wagner, "Primary Carcinoma of the Lung," *JAMA* 106 (1936): 587–591; Roffo, "Krebserzeugende Tabakwirkung," 97. Franz Strnad at Nonnenbruch's clinic in Prague in 1938 found that the proportion was just under 50 percent and concluded that smoking was important in the onset of the disease; see his article in the *Monatsschrift für Krebsbekämpfung* 5 (1938): 216ff.
17. Franz Hermann Müller, "Tabakmissbrauch und Lungencarcinom," *Zeitschrift für Krebsforschung* 49 (1939): 57–85. A brief abstract of the paper was translated into English and published in the 30 September 1939 issue of *JAMA*, 1372. I have not been able to find out much about Müller's life, not even the dates of his birth and death. According to local archivists, his personnel files at Cologne's city hospital were destroyed by Allied bombing.
18. Müller, "Tabakmissbrauch," 59.
19. Ibid., 57. Walther Reinhard was one of the first to note this sexual asymmetry (there were sixteen male and eleven female lung cancers in his sample); see his 1878 "Der primäre Lungenkrebs," *Archiv der Heilkunde* 19 (1878): 385. Hans Pässler's 1896 review, "Über das primäre Carcinom der Lunge," *Archiv für pathologische Anatomie und Physiologie* 145 (1896): 191–278, included fifty men and eighteen women. Adler's 1912 sample of 374 cases was 72 percent male (*Primary Malignant Growths*, 22). Carly Seyfarth's "Lungenkarzinome in Leipzig," *Deutsche medizinische Wochenschrift* 50 (1924): 1497–1499, reviewed 307 cases autopsied at the University of Leipzig's pathology institute, including 84 percent males. For Seyfarth, the sexual asymmetry was "undoubtedly" due to higher male occupational exposures, an attribution curiously at odds with his recognition that tobacco might play a role in the increase of cancer. For Wilhelm Hueper, interestingly, given his general distrust of the "cigarette theory," the disproportion was most likely due to the fact that men were much heavier smokers. See his *Occupational Tumors and Allied Diseases* (Springfield, IL: Charles C. Thomas, 1942), 426.
20. Müller, "Tabakmissbrauch," 78. Müller does not say much about how the healthy controls were chosen, nor does he say why he ignored the female smokers. All ninety-six individual cases are presented in the published paper, however, including details on occupational exposures, age, type and quantity of tobacco smoked, kind and location of the malignancy, and previous medical history, especially any history of lung disease.
21. Ibid., 78.
22. Ibid., 78–82.
23. See the references cited in note 1; compare also Willem F. Wassink, "Ontstaansvoorwaarden voor Longkanker," *Nederlands Tijdschrift voor Geneeskunde* 4 (1948): 3732–3747.
24. "Rauchverbot für die Polizei auf Strassen und in Diensträumen," *Die Genussgifte* 36 (1940): 59.
25. "Bestimmung des Werberates," *Wirtschaftswerbung*, December 1941, 396–397.