## **CORRESPONDENCE**

## Asbestos and cancer: history and public policy

Sir,—Weller's letter (1992;49:70-2) is so replete with error that it seems to me it would be appropriate to designate him as a negative correspondent—namely, somebody who is wrong more often that chance alone allows him to be.

Weller writes that "it is reasonable to expect that those concerned with mining and processing asbestos should have been alert to the growing body of medical opinion . . . to the established links between asbestos inhalation and serious diseases." One might ask, should they (the asbestos producers and if it comes to that the medical and scientific communities) have known in 1950 on the basis of 30 to 40 published cases of concomitant asbestosis and lung cancer, that there was a cause and effect relation? This was five or more years before Doll published his classic paper.1 As for mesothelioma, the association between exposure to crocidolite and mesothelioma did not come to light until the paper by Wagner et al in 1960.2 It was uncertain whether amosite was similarly carcinogenic, and this is what prompted Selikoff to carry out his study, which was subsequently published in 1972.3 Weller tells us that "Johns Manderville" (Johns Mansville?) and other companies should have read Glovne's pertinent abstract! Gloyne certainly did not write the abstract! Weller does not reference Gloyne's paper, but I assume he refers to the description of two cases of lung cancer and asbestosis that were briefly mentioned in The Lancet in 19344 and described more fully in Tubercle in 1935.5 The 1934 publication of Wood and Gloyne describes 21 cases of active tuberculosis in 100 subjects with asbestosis, an association that was much more statistically significant than the isolated two cases of lung cancer, but with further studies it became evident that tuberculosis and asbestosis were unrelated.

Weller goes on to write that Dreessen et al documented the significant risk that occurred in asbestos textile factories in 1938 and urged the elimination of hazardous exposure. In

reality, Dreessen et al realised that some persons in the North Carolina asbestos mills were developing asbestosis, but did not recommend elimination of hazardous exposure although doubtless he was in favour of such a policy. Their conclusion speaks for itself-namely, "that it would seem that if the dust concentration in asbestos factories can be kept below 5 m/p/cft TLV, new cases of asbestosis would not appear." It was not until 1965 and after that it became apparent that Dreessen et al were incorrect and new cases of asbestosis were occurring despite adherence to the 5 m/p/cft. 78 Weller then states that the TLV of 5 m/p/cft was established "on the basis of abdominal (intraperitoneal) injections into guinea pigs." This was not so and nowhere in published work is there such a statement. If Weller were to refer to the American Conference of Governmental Industrial Hygienists (ACGIH) deliberations he would know that the TLV was based on the Dreessen report.9 He then goes on to write of the problems distinguishing short and long fibres, but fails to realise that the standard methods of measuring dust exposure between 1930 and 1960 relied on counting particles, and did not separate fibres from other types of particles. The first reliable method of measuring airborne fibres was the British membrane filter, which was not adopted in Britian until the late 1960s. Fibre counting was not adopted by the United States government until 1971, and to this day the standard method of counting fibres (optical microscopy) does not distinguish asbestos fibres from those of cotton, tale, and other vegetable fibres. The ACGIH did not reduce their recommended level to 2 m/p/cft in 1968; their 1968 recommendations appeared as a notice of intended change. It was not until 1970 that the asbestos regulations were amended to 2 m/p/cft.

Contrary to what Weller says, the United States government has never accepted blame for asbestosis contracted in the United States naval shipyards and not a penny has been paid by the United States government to those who have suffered asbestos related impairment, disability, or death as a result of working either for or under contract with the United States navy. Instead, those companies that manufactured the asbestos products have been sued and many have gone out of business as a result. Moreover, the

United States navy was among those who adopted and recommended adherence to the 5 m/p/cft TLV.

Weller might not be aware that the "research" that went into Castleman's book was supported by claimants' lawyers, and indeed it was the same enlightened group of lawyers who invited various federal and state judges to attend a conference sponsored by the Collegium Rammazini, and in order to titillate the judges' interest and perhaps to annul their disinterest and impartiality, offered to waive the \$250.00 registration fee and provide free hotel accommodation.<sup>10</sup>

Finally, it would be advantageous to all concerned were Weller to read the papers he quotes in support of his views.

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- 1 Doll R. Morbidity from lung cancer in asbestos workers. Br J Ind Med 1955; 12:81-6.
- 2 Wagner J, Sleggs CA, Marchand P. Diffuse pleural mesothelioma and asbestos exposure in North West Cape of Province. Br J Ind Med 1960; 17:260-71.
- 3 Selikoff IJ, Hammond EC, Churg J. Carcinogenicity of amosite asbestos. Arch Environ Health 1972;25:183-6.
- 4 Wood WB, Gloyne SR. Pulmonary asbestosis: A review of 100 cases. *Lancet* 1934;17:10.
- 5 Gloyne SR. Two cases of squamous carcinoma of the lung occurring in asbestosis. *Tubercle* 1935;17:5-10.
- 6 Dreessen WC, Dallavalle JM, Edwards TI, et al. A study of asbestosis in the asbestos textile industry. Public Health Bulletin 1938; No 241:1-126. (Washington, DC: US Government Printing Office)
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  7 Selikoff IJ,. Churg J, Hammond EC.
  The occurrence of asbestos among insulation workers in the United States. Ann NY Acad Sci 1965; 132:139.
- 8 Balzer JL, Cooper WC. The work environment of insulation workers. Am Ind Hyg Assoc J 1968;29:222.
- 9 American Conference of Governmental Industrial Hygienists Committee on threshold values. Documentation of threshold limit values. Cincinnati: ACGIH, 1962:11-2.
- 10 Kelly JM. Memorandum and Order, Master File. 83-0268. Philadelphia: United States District Court for the Eastern District of Pennsylvania, 17 June 1991.

## Prediction of mesothelioma, lung cancer, and asbestosis in former Wittenoom asbestos workers

The models used by Berry (1991;48: 793–802) to predict future incidence of