DISCUSSION

Although this study was undertaken initially in an attempt to discover whether it would be feasible to determine the environmental factors responsible for the increase of malignant mesothelioma in the State of Connecticut, it has suffered from the lack of detail in available records. ~~Table II and III illustrate one of the~~ major deficiencies in the data available for study, ~~namely~~ the low autopsy rate ~~of~~ for the pleural mesotheliomata and the inadequacy of the ~~types of tissue~~ pathological material available and used for diagnostic purposes.

It has been our experience that occupational histories are not routinely obtained and included in hospital records. Smoking habits are not routinely recorded and no inquiries are made of patients admitted with suspected malignant disease regarding their hobbies or part-time activities.

In our search through the C. T. R. paper files (i.e. hospital records), we found job titles for only 17% of the mesothelioma cases. If we exclude from this group those merely designated as "retired", "housewife" or "student", the figure is reduced to 12%. We were only able to ascertain the type of industry in 7% of these cases. This data is applicable to 220 cases consisting of:

195 mesotheliomas in the Connecticut Registry, 1955 - 1977,

5 mesotheliomas from the Veterans Administration files, 1955 - 1977, and

20 ~~pleural tumors~~, not mesothelioma, recorded 1955 - 1977.

It is apparent from our study of these files that the awareness of this disease increased in the late 1950's and early 1960's and that this appeared to introduce a diagnostic bias which might partly account for apparent increase after 1955.

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