

TURNER BROTHERS ASBESTOS COMPANY LTD.

ROCHDALE.

JW/ES
Ref. NAM

To

J.L. Collins, Esq.,
Turner & Newall Limited,
Manchester 2.
Ref.

PRIVATE & CONFIDENTIAL

19th November, 1958.

Dear Mr. Collins,

Asbestosis Statistics

Thank you for your letter of 11th November, which I have shown to Dr. Knox. His comments are as follows:-

"With regard to the lung cancer case, no asbestosis was present here. The tuberculosis cases are in a different category. I have never stressed the special significance of the tuberculosis figures in these studies because I did not think they had any. Tuberculosis is an infectious disease and while it has been present in some autopsies it has never been found with the same frequency as in Silicosis. In the latter it has been found in association in upwards of 70 percent of cases while in asbestosis in the early 1930s the percentage was 55 and it is now found in less than 25 percent of asbestotic autopsies. This reduction parallels that occurring in the community. There are three ways in which tuberculosis may be found at death in an asbestos worker:-

(1) There is the fulminating case which runs an extra ordinary rapid course with death in a few days. There is nothing occupational about this and one man in the 1958 report was of this type.

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J.L. Collins, Esq.,
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Manchester 2.

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(2) There is the suspended asbestosis case in which tuberculosis supersedes as a terminal event from a new infection or the lighting up of an old focus. No cases of this sort occurred in the 1955 or 1958 report.

(3) Tuberculosis occurs sometimes in asbestos workers who have been exposed to dust for a number of years. Death may occur after a chronic course of some years duration. In this case there is a lung fibrosis in addition to and secondary to the tuberculosis. If asbestosis bodies or fibres are found in these fibrotic areas it is difficult to say that asbestosis does not co-exist in such a case. The two cases mentioned in the 1955 report were of this type. Death was undoubtedly due to tuberculosis and this was the most important lesion present. Some bodies were found however, and the pathological report suggests that some asbestosis could not be absolutely ruled out. It was for these reasons that asbestosis was mentioned in the diagnosis given to the Statistician.

see file 5954
The woman was the famous case of Miss Duckworth and the men was Mr. Smith. These cases are not mentioned by us as having "asbestosis" in the ordinary way.

The 1958 report concerns 20 deaths and the 1955 report 11 deaths. The latter deaths are included in the former but in the extra 9 deaths there is no mention of asbestosis.

I hope you will find these comments interesting and that they satisfactorily answer your questions.

With regard to the last sentence of your letter I would agree that the increased cancer risk appears to be mainly linked with asbestosis, although it is of course very difficult to establish which disease came first, and in some cases (like the one mentioned at the beginning) there is lung cancer alone.

Yours truly,

John Waddell

PLAINTIFF'S
EXHIBIT
IN 2995

Private and Confidential

J. Waddell, Esq.,
Turner Brothers Asbestos Co. Ltd.,
Spotland, Rosedale.

NAM

JLQ/NMJ

11th November 1958.

Dear Mr. Waddell,

Asbestosis Statistics

Many thanks for your letter of 4th November enclosing a copy of Dr. Doll's Report dated August 1955, dealing with the mortality amongst persons employed by T.B.A.Co. in Scheduled Areas for ten or more years since 1st January 1933, and also a copy of his short further Report, dated September 1958, giving particulars of the deaths from all causes (20 in all) between 1st January 1943 and 1st December 1957 - a period of 15 years - amongst the 292 men and 126 women who entered employment on or after 1st January 1933 and who had completed at least ten years work in the Scheduled Areas. I agree with you that these two Reports are very encouraging, as they certainly appear to provide sound evidence that the risks both of asbestosis and of lung cancer have been appreciably reduced since the introduction of preventive measures 25 years ago, though I appreciate that it is too early (as Dr. Doll says) to draw far-reaching conclusions.

I have no particular comments to make on the August 1955 Report dealing with the mortality amongst persons employed in Scheduled Areas for ten or more years since January 1933, as the Report shows that the mortality from all causes is very close to the mortality generally experienced throughout the country. As regards the specific risks associated with asbestosis (paragraph (2) of the Report) I note that there were two deaths from tuberculosis in which the presence of asbestosis was also reported, and I assume that the one case of lung cancer mentioned in sub-paragraph (11) was also an asbestosis case, though the wording is not entirely clear. If it was an asbestosis case, perhaps you would kindly ask Mr. Chadwick to let me know the name of the employee concerned, so that I can look up our records. Possibly he could also give me the names of the two cases where asbestosis was present as well as tuberculosis. I am, Sir, Yours faithfully,

As regards the more recent Report dated September 1958, here again this seems to me to be very encouraging. I notice that this Report (unlike the earlier Report) makes no reference whatever to asbestosis, and I wonder whether I am correct therefore in assuming that none of the 20 employees in question (i.e. those whose death occurred between 1943 and 1957 inclusive after at least ten years work,

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J. Waddell, Esq.

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subsequent to 1932, in Scheduled Areas) were asbestosis cases. I think that must be so, judging by our records of asbestosis cases here, and if so it discloses a satisfactory position.

I am very glad to see that Dr. Doll is about to commence a further analysis of men employed who have completed twenty years' service (subsequent to 1932) between January 1934 and January 1959, and I note that the results of this further work should be available in about six months. No doubt when you eventually receive Dr. Doll's further Report you will send a copy to Mr. Jones for consideration. I feel that all this work by Dr. Doll will progressively prove more valuable as the years go by and thus enable really definite conclusions to be drawn.

Finally, as regards the final paragraph of your letter, I quite agree that none of us would want to be drawn into an argument about the validity of Dr. Doll's conclusions in his first (1954) Report, and there would be no point in doing so now. Even so, I still maintain the views expressed in the Notes which I prepared in July 1954 as to the Report only definitely proving the causal relationship (known already) between asbestosis and lung cancer. In that connection, it seems to me that the improving experience, which certainly appears to be disclosed by the two later Reports from Dr. Doll which you have now sent to me, supports the view that the asbestosis risk is only serious when associated with asbestosis. It will indeed be interesting hereafter to see how far your later experience shows (as we all hope) that this is so.

Yours faithfully,

J.W.

In case you have no copy, I enclose a copy of my 1954 Notes; Mr. Morling already has a copy.

Enc.