

designated were due to other causes. The same was found for primary cancer of the liver and cancer of the brain, both of which would have been considered of increased incidence using solely death certificate diagnosis, but were not so established following review of histological material. This, of course, could well be anticipated with exposures to agents which increase the risk of neoplasms known to metastasize to these sites (bronchogenic carcinoma, gastrointestinal cancer).

Our experiences do not indicate that the addition of amosite asbestos exposure during and after World War II to the chrysotile asbestos exposure which existed before then, and which continued, demonstrably altered the nature of the asbestos-induced diseases which resulted, nor their extent. Further, limited experiences suggest that asbestos insulation employment begun 1943-1962 carried the same type of long-term risk as that begun before that time. We have no information concerning the nature or extent of risk among insulation workers whose employment began after 1963.

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