overstated by the inclusion of diagnoses by other pathologists as the tumour in general tends to be underdiagnosed (Newhouse and Wagner, 1969). These authors reviewed the causes of death in a group of workers at an asbestos factory and found 19 mesothelial tumours in 84 cases in which adequate pathological material was available, but of which only four cases had previously been recognized.

The observed incidence of definite mesothelioma in this series was approximately 120 per year. For the reasons stated above this figure may considerably understate the true incidence.

The proportion of mesothelial tumours in which asbestos exposure cannot be implicated has been quoted by Wagner *et al.* (1971) as 10 to 15%. The geographical distribution in the present series showed that in Greater London, where there are substantial asbestos-using industries, 29 (50%) of 58 definite mesotheliomas had no ascertainable occupational asbestos exposure. Overall in the study there were 38 cases (15·0% of all mesothelial tumours) lacking evidence of asbestos exposure.

In this study the briefest occupational exposure to asbestos associated with a mesothelial tumour was three weeks, but if asbestos was a cause of mesothelioma it cannot be assumed that lesser exposures are safe.

Under industrial conditions prevailing in England and Wales and in Scotland the significance of crocidolite in the aetiology of mesothelioma could not be determined.

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