intestinal cancers in the general public by ingestion of asbestos fibres from drinking water.

4. There are no numerical data defining a dose-response relationship with regard to peritoneal mesothelioma, neither on the proportion of long to short fibres in potable water. The risk for the general population cannot adequately be assessed. However, there is no evidence of increased prevalence of peritoneal mesothelioma in relation to the use of asbestos cement pipes for drinking water, already in use for over 40 years in USA and Europe. Nor has there been evidence of excess gastrointestinal tumours in the population of Asbestos and Thetford in Canada, where the water and certainly the ambient air was contaminated for several years. However, the usage of asbestos cement pipes is so widespread that it is hardly possible any more to find a large enough control group of subjects who have not drunk water transported through such pipes (Elzenga et al 1974). Because gastrointestinal tumours are much less specific as regards causative asbestos exposure than for example pleural mesotheliomas, epidemiological studies have to be based upon large groups out of the general population. Because of this low specificity any relationship with asbestos in drinking water will be very difficult to prove or to disprove.

The approach mentioned in 3 above (extrapolation from occupational to public health) is based upon the assumption that the distribution of fibre length and diameter in both situations is comparable. However, this may be seriously questioned: relatively many more short fibres are present in true environmental exposure.

This review of studies on the potential risks of ingested asbestos supports the conclusions arrived at by the IARC-Working Conference on Biological Effects of asbestos (1973), that such evidence as there is does not indicate any increased risk resulting from asbestos fibres present in water, beverages, food and in the fluids used for administration of drugs.

There is a potential health hazard, not associated with (para-)occupational or neighbourhood exposure, but as such directly relevant for public health: parenteral administration. Selikoff (1973b) pointed to a potential risk in allergy desensitization treatment: a syringe found widely useful is constructed with an asbestos-filled plunger, and therefore loose fibres may be injected

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