

certificates in 35 instances. The pathological diagnoses in these 35 cases were:

Carcinoma of bronchus	11
Carcinoma, origin unstated	10
Secondary adenocarcinoma (primary unstated)	3
Not mesothelioma (no other diagnosis)	4
Myelomatosis	1
Transitional carcinoma of bladder	1
Adenocarcinoma of thyroid	1
Retroperitoneal fibroma or chordoma	1
Asbestosis and tuberculosis	1
Severe anaemia secondary to peptic ulcer	1
Malignant melanoma	1

As the concordance of diagnoses between the UICC pathology panel and other pathologists was higher than 74% and the characteristics of the two groups are so similar for distribution of age at death (Fig. 1), tumour site, sex (Table 2), and survival (Figs 2 to 4), they can be treated as one. In this study

peritoneal tumour represented 12.2% of all confirmed mesotheliomas (Table 2). This compares with reported proportions by five authors with a range of 3.7% (of 80 cases) to 72.7% (of 22 cases) (Table 3). From Table 2 it can be seen that the distribution of cases between the sites was similar in the groups confirmed by UICC pathologists and by other pathologists.

Sex distribution

Table 2 shows that the ratio of mesothelioma in men and women for both UICC and other pathologists was about 5:1, which is similar to that for all malignant neoplasms of the respiratory system (Registrar General, 1970). The sex difference in carcinoma of the bronchus in general is thought in part to be due to difference in smoking habits (Hammond, 1966) but tobacco is not known to play a role in the aetiology of mesothelioma. If it is assumed that mesothelioma is related to asbestos

exposure it of men and order to as to mesothe:

Age at death
The distrib
is present
ference bet
of patholog
pathologist
distribution
carcinoma
General, 1'
death from
($p < 0.05$)
all neoplas
either to it
tional can
with the re
lioma asso
carcinogen.

Exposure to
In Table 4 i
167 (68%)
asbestos ar
either at w

TABLE 2
246 'DEFINITE' MESOTHELIOMAS ANALYSED BY SEX AND SITE OF TUMOUR

Pathologists	Site of tumour	Males (% of all meso- thelial tumours)	Females (% of all meso- thelial tumours)	Total
UICC Panel	Pleural	96	22	118
	Peritoneal	14 (12.8%)	2 (8.3%)	16 (11.9%)
Other pathologists	Pleural	81	17	98
	Peritoneal	10 (10.9%)	4 (19.0%)	14 (12.5%)
All	Pleural	177	39	216
	Peritoneal	24 (12.0%)	6 (13.3%)	30 (12.2%)

TABLE 3
PREVALENCE OF PERITONEAL MESOTHELIOMA REPORTED BY VARIOUS AUTHORS

Authors	All mesotheliomas	Peritoneal mesotheliomas only (total)	Comment
McEwen <i>et al.</i> (1970)	80	3 (3.7%)	73 males and 7 females; 2 males described as 'both sites' (Scotland)
Ashcroft and Heppleston (1970)	23	3 (13.0%)	Tyneside
Selikoff <i>et al.</i> (1970)	22	16 (72.7%)	Male insulation workers (USA)
Thomson (1970)	17	3 (17.6%)	Cape Town
Newhouse <i>et al.</i> (1972)	11	5 (45.4%)	Females (London)
	49	30 (61.2%)	Males from the same factory
Present study	246	30 (12.2%)	England, Wales and Scotland 1967-68

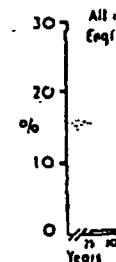
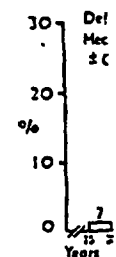


FIG. 1. Age