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IMPERIAL CANCER RESEARCH FUND

Cancer Epidemiology and Clinical Trials Unit

UNIVERSITY OF OXFORD

Acting Director:
Emeritus Professor Sir Richard Doll, D.M., F.R.S.
Telephone: (0865) 33762

Gibson Building
The Radcliffe Infirmary
Oxford OX2 6HE

RD/CH

1 October 1987

J.M. Atkinson, Esq.,
T & N plc,
Legal Department,
Bowdon House,
Ashburton Road West,
Trafford Park,
Manchester M17 1RA.

5 OCT 1987

Dear Mr Atkinson

I enclose a note of the meeting I had yesterday with Mr Barker and will send him a copy as well if I find I have kept his address in my records.

Yours very sincerely
Richard Doll
Richard Doll

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Note of a meeting with Mr Barker on 30.9.87

In response to questions about the date when it was first realized that asbestos might cause cancer, RD stated that, to the best of his belief, nobody had given any consideration to the possibility that asbestos might cause mesothelioma until the report by Wagner, Sleggs, and Marchand in 1960 of an association between the development of the disease and exposure to asbestos in the mines of the Cape Province, S. Africa. Until that report, it had indeed been doubted by many pathologists whether mesotheliomas constituted a specific type of cancer or whether they were just an unusual mode of presentation of cancers of the lung. Wagner's findings were rapidly confirmed by Newhouse in this country and Selikoff in the USA and by the late sixties it was generally accepted that most mesotheliomas were caused by asbestos. Cases of mesothelioma associated with exposure to asbestos were soon described in the absence of classical asbestosis and at no time was it seriously considered that mesothelioma was secondary to asbestosis. It has subsequently become clear that blue and brown asbestos are much more likely to cause mesothelioma than white asbestos (chrysotile) and the possibility is now seriously considered that the inhalation of chrysotile may not cause the disease at all.

The position with regard to cancer of the lung was different. Individual cases of lung cancer in association with asbestos had been reported before the second world war, but these had not generally been interpreted as implying a causal relationship and RD did not consider asbestos was a potential cause of lung cancer in 1948 when he began research into the causes of the disease.

~~There was no serious scientific evidence to suggest that asbestos might cause cancer of the lung until the finding by Gloyne (published in the Lancet in 1951) that necropsies on men with pneumoconiosis showed that lung cancer was present in a higher proportion of cases if the pneumoconiosis was due to silicosis than if it was due to asbestosis. This evidence was considered so impressive that an international symposium on cancer of the lung organized by the Council for International Organization of Medical Sciences listed asbestos as one of the causes of the disease in its 1954 report. This report was not, however, widely read and RD is not aware that much notice was taken of it by anyone.~~

~~RD approached one of the firms for permission to undertake research on their workers to test Gloyne's hypothesis but this was refused. Then in 1954 he was invited by Turner and Newell to investigate the problem at their works, as they believed that a proper enquiry would show that the association that had been reported was an artefact.~~

RD and the firm's doctor (Dr J.F. Knox) then designed the study which was published under RD's name in 1955 which reached the conclusion that cancer of the lung had been an occupational hazard of some asbestos textile workers. At that time RD thought that asbestos might well cause the disease only by first causing asbestosis and he considered that the measures the firm had taken might well have eliminated the hazard. It was not until the early 1970s that he came to accept that asbestos caused lung cancer directly and that the risk of the disease was likely to be proportional to the amount of asbestos to which individuals had been exposed down to trivial levels.

RD stated, in response to a question, that at no time to his knowledge would anyone have considered that the term asbestosis would have been taken to imply a range of diseases other than the specific type of pneumoconiosis to which the term had been given.

* Sometime between 1951 and 1953.