

etc. Planteydt (1974) started a mesothelioma register in the Netherlands: since 1969 over 750 cases have been notified by pathologists. However one probably may estimate the annual incidence in the country to be over 100 cases per year. The Dutch Central Bureau of Statistics recorded 332 deaths from primary malignancies of the pleura in 1969-1972 inclusive; if one marks these cases on the map of the Netherlands, most cases appear to have lived (and worked) in areas along the estuaries: shipyards, harbours, heavy industry; asbestos textile factories are not found in that country. In the UK 170 notifications of mesothelioma (pleura and peritoneum) were made in 1967 and 243 in 1968; a definite diagnosis was made in about 120 cases per year; there is again a very clear geographic distribution, most notified and confirmed cases coming from areas with harbour, shipyards, heavy industry (Greenberg et al 1976). A similar trend is seen in France: an increased prevalence in Le Havre, Nantes and Marseilles (Bignon, personal communication).

Recently McDonald et al (1975) presented an extensive review of 176 published papers (4431 cases), from which they draw conclusions on the epidemiology of mesothelioma. Some of their findings were:

- In Canadian and USA-surveys more than three quarters were in males and except in the occupational surveys, mostly pleural.
- In 7 case-control studies from the UK, Italy, FRG, Canada the frequency of definite or probably occupational exposure was on the average two thirds of cases.
- By putting together data from Malmö, Dresden, Glasgow, New York, Philadelphia, Turin, Milan and Pavia, 165 cases of mesothelioma were found in 65,302 autopsies, a rate of 0.24%; the true rate of recognized mesothelioma is probably somewhat higher (perhaps by 50%) than found through pathologists, but if other sources are used, pathological review is needed to exclude false cases.
- Estimated incidence of mesothelioma in Canada and USA ranged from different areas from less than 1.0 per million to 2.0-6.0 per million population. Expected incidence for some other countries (a.o. UK, Sweden, the Netherlands) was calculated based upon the incidence in Canada over 1966-1972; in most countries observed and expected figures agreed fairly well, in selected cities however there was a considerable excess; most of those with excess have either large shipyards, or large asbestos processing plants.

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