

In pursuit of the missing data, we conducted a Medline search and contacted J.C. McDonald and Janet Hughes (co-author of a post-1995 study). Dr. Hughes did not know which mines were central and which were peripheral, and McDonald has not responded to our inquiries. (16) Case, a co-author of another paper with the McDonalds that relied on the high and low tremolite mines distinction, also stated that he did not know which mines were central and which were peripheral. (17)

We hope only the citation needs to be rectified. However this incorrect citation, which was overlooked by the reviewers of ten separate articles in five different journals, is further evidence of shortcomings and the importance of the peer review process. (18) The repetition of this error has given the tremolite hypothesis the guise of sound science, but it is the replication of data, not assertions, that confers validity to scientific evidence. In 1997, McDonald et al. contended that, based on the low disease rates in peripheral mines, "the explanation [for high rate of mesothelioma] is mineralogical." (2) Liddell implied that the medical community had "generally accepted" this high-low distinction when he asserted without citation that, "...contamination of the chrysotile by fibrous tremolite was known to be much greater in the central than in the peripheral area" and went on to conclude that, "...it is now clear for all practical purposes that it [excess incidence of mesothelioma] was confined to the central area there." (5) [Emphasis added] The Canadian researchers have used this evidence before the World Trade Organization and in U.S. tort litigation to buttress the proposition that chrysotile is not a cause of mesothelioma. (20,17) Medical literature relying on the central-peripheral tremolite distinction continues to be used as an argument to promote the sale of Canadian chrysotile in the developing world. (21)