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Mr. G. S. Sutcliffe,

Sir Ronald Nyholm

I am returning Dr. Blakey's correspondence with Sir Ronald Nyholm herewith with the following comments -

1. University Building Information Service
Report on Asbestos and Health by Bolla
Asbestos and Engineering Ltd.

This is substantially a reproduction of a letter sent by T.B.A.Co.Ltd. to customers two years ago. It still seems to me to be a valid presentation of the problem, though the following points should be up-dated -

- (a) The Asbestosis Research Council now has three Codes of Practice, dealing with -
 - (i) thermal insulation
 - (ii) building
 - (iii) shipbuilding
- (b) The reference in the final paragraph to the Asbestosis Research Council working on a comprehensive Code has been overtaken by the publication of the Draft Asbestos Regulations 1968, soon to become law.

2. University of Leeds Safety Committee Report
on Asbestos in Building

Here the comments made at the time this document was published by a sub-committee of the Asbestos Information Committee, a copy of which I enclose, are also still valid, though the following additional points should be made -

- (a) Paragraph 4 of Leeds Report

It is important to remember that the presence of so-called "asbestos bodies" does not imply the presence of asbestos-associated disease.

- (b) Paragraph 5

The cases of minimal exposure causing disease grow more and more suspect. For example, Dr. Muriel Newhouse, whose 1965 epidemiological survey is the principal evidence for such a community risk, has written more recently in "The Practitioner", September 1968, that "in non-occupational cases, exposure may have been heavy". Similarly, in the neighbourhood cases, investigated by Dr. Warner in South Africa, the "non-occupational" exposures include a man taken as a very young child to a cobbling

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site (a very dusty operation) and three women who, as children, used to slide down the side of an asbestos dump on their way home from school. Such cases, though not occupational, were obviously exposed to fairly substantial amounts of crocidolite dust.

(c) Paragraph 7

There is no intention on the part of the British asbestos industry of using asbestos fibre in this country for road surfacing.

3. General

- (a) There is no evidence whatever that the incorporation of asbestos in a building or its service has ever impaired the health of the occupants. On the contrary, a recent dust survey taken by the Asbestosis Research Council to be published in "The Annals of Occupational Hygiene" in June 1969, makes it clear that such buildings, which include hospitals, educational buildings (including universities), factories, offices shops, canteens, swimming baths and residential buildings, show in every case investigated a concentration of respirable asbestos fibres far below the level regarded as "negligible" by the British Occupational Hygiene Society's sub-committee on Hygiene Standards for Chrysotile Asbestos Dust.
- (b) It is extraordinary that the University of London should take seriously a document so unscientific as that produced by the Leeds University Safety Committee. It would, surely, be more sensible for University authorities to make sure that their contractors complied with the Draft Asbestos Regulations. The Environmental Control Committee of the Asbestosis Research Council would be in a position to give practical advice in this respect.
- (c) The A.I.C. Sub-committee's notes have been circulated to the Building Officers of all Universities by the Committee of Vice-Chancellors and Principals of the Universities of the United Kingdom.

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