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Dear Paul:

The following are my initial comments and questions on the material you sent me on the Turner Brothers' data:



How much information is available on those workers who fit the criteria for inclusion in the study except for being alive in 1966? Table 2 (comparisons between Doll 1955 and Table 1(a)) seems to be the only reference to earlier deaths in the material I have.

The other comparisons are all between the experience in the cohort since 1966 and the general population. As I know you are aware, this type of study can be misleading; for example, many of the very susceptible may have died before 1966, leaving a study group that looks good. Only more detailed analysis and information will get at this. A comparison with the general population is always somewhat informative, but it can, at least in theory, be misleading in either direction. That is, it is possible to miss problems or make them appear to exist when they don't. It is my strong opinion that more specialized population-specific comparisons should be made whenever possible.

The comments above generally refer to data that may or may not be available or obtainable. However, it should be possible to look at the cohort from a more are, length of exposure, time of exposure point of view than it appears to have been so far. George is certainly getting at this question by inquiring about the exposure prior to 1955, but I am thinking of an even more detailed analysis.

I am not clear on the relation between TABLE 3 and the rest of the information. What do the totals (659 and 1103) refer to? The 291 and 391 mentioned elsewhere for the original and updated cohort, respectively, do not agree with these figures. Undoubtedly I am missing something, either because I don't have the information, or I am misinterpreting the information I do have.

I would also like to see exactly how the "expected" values were computed. I'm not really questioning them, but it is possible to approximate them several ways. For example, using the age at the mid-point of the period under review can affect the estimates, depending on the length of the period, the changing rates, and the age distribution of the cohort.

If there is a lot of information for the period prior to 1966, wouldn't a life-table type of look at the data be another useful way to investigate the total picture? In general, I feel that that approach is not used as much as it should be.

Taking an entirely different approach, how much information is available on the general health status during the past? Time off work, disabilities, etc.? As we have already discussed, the chronic effects may be far more informative and important than just the deaths.

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To summarize my general impressions of the information I have, I can't disagree with any of the statements - but in some cases I feel that more could be done and in other areas it would be helpful to have more detailed information.

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