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so far been established between mesothelioma and amosite, the type of asbestos used most widely in the insulation side of the industry. The disease is very rare, there being only 500-600 cases on record in the world, compared with over 20,000 cases of lung cancer in Britain alone every year. Records at the London Hospital show that only 83 patients have died of mesothelioma over a period of almost 50 years. About half the cases had had some contact with asbestos, in a further number contact was not certain, and about a quarter had had no contact at all. Furthermore, the hospital in question serves an area which includes a large asbestos factory as well as the London Docks, so it is certain that a very large number of people have been exposed to some degree.

So much for the facts. It now remains to consider those processes involving the handling of asbestos and asbestos products where a hazard might exist and, if possible, to assess the extent of the hazard with a view to taking adequate preventive measures. In assessing any process, two main considerations must be taken into account - the extent to which the process generates airborne dust and whether it is an occasional or a regular operation. For instance, processes covered by the present Regulations only come within the orbit of these Regulations if they involve the employment of any one person for more than eight hours per week. This is a very arbitrary boundary, however, and a better principle to adopt for dusty operations would be to protect the operator where the work is occasional and control the operation where the work is continuous. The method to be adopted for occasional work would be the wearing of an approved respirator by the worker coupled with careful handling of the material; for continuous work, engineered control such as ventilation or damping with the required degree of enclosure is recommended. *Well said*

Examples of processes which are liable to generate significant amounts of dust are the handling of loose asbestos fibre, the sawing or machining of asbestos mill-board and asbestos reinforced plastics, or the drawing of asbestos yarn through apertures at high speed. The handling of asbestos cloth can also lead to the emission of dust in certain circumstances. The simplest method of controlling the operation is to apply damping where possible, otherwise ventilation and/or enclosure may be necessary. Cloth may be specially processed to reduce dust on handling. Simple operations such as the fitting of dry asbestos packings in pump glands and the cutting of sheet jointing materials containing asbestos are not considered hazardous, nor is the wearing of asbestos clothing.

To sum up, asbestosis with or without lung cancer is not likely to occur except in conditions involving lengthy exposure to fairly high dust concentrations. The controls applied in the manufacturing side of the industry have demonstrated that the disease can be minimised and possibly eliminated by limiting airborne dust to a reasonable level. It follows that most uses of asbestos products and many operations upon process materials are free of risk in this respect, while those evolving substantial amounts of dust can fairly readily be made safe by established methods of damping, ventilation or enclosure. The exact measures to be taken will vary with the circumstances and the Asbestosis Research Council is at present working on a Code of Practice which is being made as comprehensive as possible. In the meantime, every effort will be made to deal with individual problems as they arise. Finally, whatever the connection between mesothelioma and asbestos exposure in general, any association between this extremely rare disease and white asbestos, which has been widely used throughout the world for many years, is still very indefinite.

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