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the statute, and also pleaded for an automatic removal of least-affected (but not yet disabled) workers with provision of a 6-month "transition income." Canepa argued that it should not be necessary to await the development of disability before triggering the protection of the insurance law.[121]

Following the Second World War a new system of compensation was established in Great Britain under the National Insurance (Social Security) scheme. Workers' compensation claims in the United Kingdom are not accessible for complete review. However, some cases were appealed and thus appear in the legal literature. Two such cases involve the question of whether workers exposed to the asbestos dust from handling electrical and thermal insulation qualified under the statutes applying to asbestosis.[38,122]

The first of these appeals was heard in 1949, and involved a workman who had removed the asbestos coverings on copper wire in a scrap metal reclaiming operation. Even granting that less than half of the cables he handled were insulated with asbestos, the Commissioner entitled the man's claim to be awarded with the presumption that his disease was due to the nature of his employment. The Commissioner stated that the language of the law did not justify a restriction on the "meaning or scope of the phrase" in the law, "working or handling asbestos."[122]

In 1950, another workers' compensation claim was appealed to the Commissioner under the industrial injuries statutes of the United Kingdom. The man had made a claim for pneumoconiosis from dismantling brickwork in boilers and insulating steam pipes. The Commissioner found that the latter occupation entitled the claimant to file for disability under the provision of the law applying to "occupation involving the working or handling of asbestos."[38]

In the years 1955-1963, there were 72 new cases of asbestosis diagnosed in Great Britain among insulation workers. All but 3 had filed claims for disability. Thirteen more cases were diagnosed among asbestos sprayers, all of whom had filed for workers' compensation. These 85 cases constituted over one third of all those diagnosed in the years 1955-1963 in Great Britain.[37]

Cancer

It has already been noted that cancer in combination with asbestosis was recognized as a compensable occupational disease in Germany as early as 1939, and codified there nationwide in 1943. Czechoslovakia followed with a similar provision in its compensation law in 1948.[17,119,126-128] (Details in Chapter 2.)

Meanwhile, Hueper in the United States called attention to the mounting evidence of asbestos' carcinogenicity and decried the non-compensable status of occupational diseases in states where there were large asbestos plants:

> Such a condition militates against an effective hygienic control of an important industrial hazard, and impedes the collection of pertinent and essential information in regard to the incidence, nature, and potentialities of an occupational disease growing steadily in general significance."[129]

In 1943 Hueper positively identified asbestos as a cause of lung cancer. Here, he pointed to the spectre of liability as the motive for the underreporting of occupational cancers in the United States:

> Industrial concerns are in general not particularly anxious to have the occurrence of occupational cancers among their employees or of environmental cancers among the consumers of their products made a matter of public records. Such publicity might reflect unfavorably upon their business activities, and oblige them to undertake extensive and expensive technical and sanitary measures in their production methods and in the types of products manufactured. There is, moreover, the distinct possibility of becoming involved in compensation suits with extravagant financial claims by the injured parties. It is, therefore, not an uncommon practice that some pressure is exerted by the parties financially interested in such matters to keep information on the occurrence of industrial cancer well under cover. It is for these reasons that the statistical data being presented here concerning the incidence of