II. CRITICAL REVIEW OF LITERATURE

A careful review of the published material on this subject shows that the majority of the reports are clinical and not epidemiological. They lack many elements necessary for the application of epidemiological techniques to their content and most of the authors do not make claim to having done so. What has happened is that succeeding authors have drawn conclusions and generalized beyond the scope of the works which they quote. Nowhere, for example, have we found references to a population of asbestos workers, although several authors who have quoted the observed incidence of lung cancer in autopsies of persons who also had asbestosis imply that this incidence applies to asbestos workers. We have likewise been unable to find any study which actually calculated the incidence of lung cancer among a population of persons who had asbestosis, and not just those who came to autopsy. With the exception of a paper by Doll [63], none of those reviewed gave any data on exposure and dust concentrations, and even Doll's paper merely mentions "scheduled" areas, by which is meant, "those areas where processes are carried on which were scheduled under the Asbestos Industry Regulations of 1931 as being dusty."

There is, furthermore, a complete lack of definition of terms as used in the published literature. For example, the term