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18th October, 1962.

Private & Confidential

Mr. C. Lawrence,
Assistant Secretary, *Mr. Lawrence*
Turner & Newell Ltd., *for any necessary action*
Asbestos House,
77/79 Fountain Street,
Manchester, 2.

Dear Mr. Lawrence,

Turners Asbestos Cement Co. Ltd.,

Mesothelioma

In reply to your letter of the 9th October with regard to the request of Professor Cochrane to obtain information from the Personnel Department of the Rhose works I would say that this is in line with a proposal made by the Pneumoconiosis Research Unit to the Asbestosis Research Council as part of an investigation of asbestosis. The Pneumoconiosis Research Unit, which is housed at the Llandough Hospital, Glamorgan, was requested by the Medical Research Council to make proposals on this subject and these were discussed with the Asbestosis Research Committee at their meeting in December, 1961 by the Unit's Director, Dr. J.C. Gilson, who submitted a Memorandum on the subject. At the April meeting the Secretary of the A.R.C., Dr. S. Holmes, reported that the revised version of Dr. Gilson's Memorandum had been circulated to the members of the Management Committee of the A.R.C., and their approval obtained to the degree of collaboration suggested. The relevant section on the subject of personnel records in this Memorandum is included in Recommendation, number 2, which reads:-

Continued....

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CONTINUATION 2. DATE 18.10.62

"2. The Director of the Pneumoconiosis Research Unit should make contact with the firms at such stages in the projects as were appropriate, in order to relate the information collected from the Ministry's records with information available in personnel records and in records of environmental measurements."

Professor Cochrane is a senior member of Dr. Gilson's staff and, as is stated in your correspondence, is chief of the section on Epidemiology. He is a most competent, discreet, and responsible worker whose job it is to assess from the evidence available what is the scale of hazard in a community from all sources. He is well versed in statistical methods and will certainly not exercise prejudice one way or the other.

With regard to the two men mentioned, it is realized by all that tumours of this nature do occur sporadically in the community, and such findings among the population sampled would only be significant if a statistically calculated excess over that present in comparable populations were found.

On the general subject of Mesothelioma, this has only been linked with Crocidolite by the workers of the Pneumoconiosis Research Unit of South Africa in recent years. As part of the general inquiry into the health aspect of asbestos exposure, inquiries are proceeding into the occurrence of such tumours in Great Britain in any areas where Crocidolite is known to have been used. These inquiries are proceeding through Factory Medical Inspectors, Hospital Pathological Departments, and scrutiny of Death Certificates. In the original paper on the subject in the British Journal of Industrial Medicine, P.260, Vol.17, 1960, the number of cases occurring in a relatively small area was 33. One of the authors, Dr. Wagner, is now in this country and, at a recent meeting with him, I learned that the number now known in the appropriate area of South Africa is 84 cases. These cases include both whites and coloureds.

I would say, therefore, that the request now made to the Manager of the T.A.C. Co's works at Rhose is in line with agreements made with the Pneumoconiosis Research Unit's Director and am certain that we have much to gain by collaboration in the ascertainment of all relevant facts. We shall be among the first to be informed of the results of any studies made on all aspects of these investigations.

In case the original report referred to on Mesothelioma is required for perusal I enclose a reprint with which I was presented by the authors.

Yours sincerely,

J.F. Knox

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