200 cases which had been diagnosed in Britain in the previous 15 years, with histological confirmation of diagnosis, was in their possession with the help of information resulting from an enquiry (Smither, Gilson, and Wagner, 1962). In that year the register was handed over to the Medical Branch of HM Factory Inspectorate (now Employment Medical Advisory Service, Department of Employment).

The objects of the register were stated in the Senior Medical Inspector's Advisory Panel Memorandum (1968):

i to record the annual number of deaths from mesothelioma of the pleura or peritoneum associated with asbestos exposure;
ii to ascertain trends in the prevalence rates;
iii to discover, if possible, tumours occurring without any exposure to known or suspected occupational causes;
iv to provide part of the evidence on which preventive measures should be based.

This paper presents the results of investigations into cases notified to the register from England and Wales and from Scotland for the period 1 January 1967 to 31 December 1968. Preliminary results have been published elsewhere (Lloyd Davies, 1970) and the present report relates to information available to May 1972.

Plan of Investigation

The Registrars General for England and Wales and for Scotland forwarded copies of (*a*) death certificates which included a diagnosis of mesothelioma of pleura or peritoneum and (*b*) Cancer Bureaux registrations with a diagnosis of malignant mesothelioma. Pneumoconiosis Medical Panels also notified cases of mesothelioma which were subject to claims for benefit under the National Insurance Acts or otherwise came to their notice. Information about other cases was received from chest physicians, surgeons, pathologists, and coroners. The majority of cases were notified from two or more sources.

The Central Ethical Committee of the British Medical Association agreed that tracing of cases by medical advisers should take place only after the prior approval of the patient's medical attendant. In the event, approval was given in all cases. Where possible histological slides or blocks of histological material were obtained: these were submitted to the Union International contre le Cancer (UICC) Panel of Pathologists (see Appendix).

Diagnostic criteria

A definitive diagnosis was made only when histological proof was available. Borrowed material was referred to the UICC Panel of Pathologists together with an abstract of occupational and clinical histories and of necropsy findings. The histological and histochemical features of mesothelial tumours have been discussed by UICC panel pathologists (Wagner, Munday, and Harington, 1962; Hourihane, 1964; McCaughey, 1965; Whitwell and Rawcliffe, 1971) and the criteria employed by the UICC panel to derive a consensus opinion appears in the Appendix. Where material could not be borrowed the reports of consultant pathologists were examined. Where several pathologists gave varying opinions on a section and it was not possible to refer material to the UICC panel, the majority decision was taken. The occupational history was often sought after the histological diagnosis had been made by the non-panel pathologists. Diagnoses made by these pathologists were allocated to the following groups:

'*Definite*', where in the view of the pathologist, based on adequate histological material supported by the gross appearance at thoracotomy, laparotomy or necropsy, mesothelioma was the diagnosis of election.

'*Undecided*', where the material examined and other features while compatible with a diagnosis of mesothelioma did not permit the pathologist to make a firm diagnosis (this corresponds to the category 'undecided' finally employed by UICC pathologists).

'*Insufficient histological material*', where the pathologist was dissatisfied with the material, or where neither histological nor necropsy material were ever examined.

'*Definitely not*', where a definite alternative diagnosis was made by the pathologist.

When tumour was present in both thorax and abdomen the site stated in the analysis is that given by the pathologist as the primary site. Where the death certificate differed from the necropsy report, the latter was accepted.

Asbestos exposure history

Where possible living subjects were interviewed, but for deceased subjects the relatives were interviewed in the first instance. Occupational histories were also sought from coroners and from former employers and workmates. The initial classification was made by the investigating medical adviser who may or may not have been aware of the interim diagnosis and was rarely aware of the final diagnosis. The final classification was made by a second medical adviser in consultation with the first, and often this took place before the final diagnosis had been received.

Occupational exposure

Occupational exposure to asbestos was defined as follows:

'*Definite*', where the job involved full-time or intermittent handling of asbestos or asbestos-

containing c
worked in an
tos dust.
'*Possible*', w
imprecise to
suspicion of
'*None*', whe
occupational
'*Unknown*', v
not forthco
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UICC Panel

Other patholo

Total

All cases

[1]See text for d