

obtained in a group of cases which were undoubtedly reported only because some of them showed lung cancer, to possibly hundreds of asbestotics whose cases were never reported. The same applies to the conclusion of Tuleky⁽⁵⁵⁾ who appears to have reviewed reports of 39 autopsies on persons with asbestosis among which six cases of lung cancer occurred. Information from sources such as these does not justify generalizations with regard to mortality rates.

Perhaps no one has written so extensively on the subject as has Hueper⁽⁵²⁻⁵⁹⁾. In 1955 he reviewed the cases⁽⁵⁸⁾ reported prior to that date and enumerated a total of 99. Eleven of these were those discussed by Doll⁽²⁸⁾ and may have been cases covered by other authors. Eight were discovered by Kennaway and Kennaway⁽⁶²⁾ in an analysis of death certificates and, unless Merewether's study was incomplete, those cases should have been included in his report. Of the remaining 80, it is quite possible that the 31 contributed by Merewether and the 17 by Gloyne contain some duplication with each other or with those of other English authors.

Principles of the Epidemiological Method

Dorn⁽³⁰⁾ has pointed out that much of what is now thought to be pertinent concerning the comparative frequency of lung cancer in different population groups has been developed from the analysis of clinical material, particularly surgical and autopsy records, supplemented to some extent by the reported impressions of various clinicians based upon their personal observations. More recently, however, attention has turned to the systematic