[illegible] Newall Limited,
[illegible]

[illegible] /ASC/[illegible]

[illegible] July, 1970

[illegible] Welfare
[illegible]

I [illegible] considerable interest and I have also noted [illegible] body of the report itself and in your covering letter [illegible] 1970.

I agree that the report [illegible] some fallacious arguments and other [illegible], but we have come to expect this sort of thing when people not so closely concerned with the problem as ourselves try to abstract the true facts from the voluminous mass of literature available. We must also bear in mind that some of the conclusions drawn by the authors of certain original papers are themselves not accurate. I agree with you that the picture would have been somewhat different if the papers listed in your letter had been studied, but as the documents were published in October, 1969 (and probably drafted long before that time), it is unlikely that the papers in question were available.

Turning to some of the specific points which you noted in the report, I would like to make the following comments:-

(i) The role of the asbestos body is thoroughly confused in this review, which is perhaps not surprising when one considers what many of the original papers have said about it. It is acknowledged in the introduction that lung bodies may be formed on fibrous materials other than asbestos, but the only concession to this is to place the words "asbestos bodies" in inverted commas when they are mentioned. The term "ferruginous bodies" is mentioned on pages [illegible], but is not otherwise used in the review. [illegible] found in [illegible]

Mr. A.P. Howard 28th July, 1970

The suggestion that the comparatively small numbers of bodies found in the general population may be sufficient to cause cancer (bottom of page 9), is particularly irresponsible.

(2) The statistics on the incidence of asbestosis reported in pages 5 and 6 are very misleading because no account is taken of the vast improvement on the manufacturing side of the industry which followed the introduction of the control measures called for under the 1931 Regulations. Gamblin's paper presented at the 1967 B.O.H.S. Conference has obviously not been consulted. In my view, the low incidence of disease resulting from controlled occupational exposure, where the dust levels are still many times higher than those present in the urban atmosphere, is one of our strongest arguments against asbestos being an air pollutant and general urban hazard.

(3) It is a pity that all discussions on the association between asbestosis and lung cancer quote the Doll paper of 1955, but ignore the follow-up papers of 1964 and 1969, which bring home the fact that dust control in the Rochdale factory has reduced the incidence of asbestosis to such a level that the lung cancer rate is no higher inside the factory than in the general population.

(4) The section on Mesothelioma (pages 11 to 15) is a confused jumble of facts, apparently drawn at random from the voluminous literature. It is even admitted (page 15) that no attempt has been made to summarise the reports of mesothelioma, but it is a pity that statements like that of Hourihane (reference 102) to the effect that all the 34 cases of mesothelioma included in a study by him at the London Hospital also had pulmonary asbestosis, and the since-refuted statement of Selikoff regarding an association between asbestos exposure and stomach cancer, have managed to be included.

(5) On pages 16 and 17 there is the usual confusion between lung cancer and mesothelioma, particularly with regard to crocidolite. The reference to animal experiments in which mesothelioma is produced from all types of asbestos do not make it clear that these are injection experiments, where the material is deposited directly into the pleural or peritoneal cavity. Inhalation experiments reveal a very different picture, particularly with regard to chrysotile and ingestion experiments carried out so far have produced no tumours even with crocidolite.

cont'd...

(6) There are a number of references in the review to the fact that no method is available for the determination of the asbestos content of urban air. We do not agree with this, because our present study, being undertaken, ironically, with a Litton sampling instrument, is already producing useful results. When used in conjunction with an X-ray diffractometer, it is showing that the concentration of asbestos in the outside air, even in the vicinity of an asbestos factory, is very low indeed.

The overall impression which I get from studying this document is that it is, apart from the errors and omissions, a completely uncritical review. It was prepared for the U.S. Public Health Service by a commercial organisation with, as I have already mentioned, little prior knowledge or experience of the problem. I cannot think that the Public Health Service personnel who are concerned with the other aspects of the asbestos problem have been given an opportunity to edit the document.

The preparation of a critical paper for the use of the American Asbestos Industry could take one of two forms. It could be a formidable document correcting in detail the inaccuracies and wrong impressions in the U.S. Review or it could be a much shorter positive document summarising what we believe to be the true present position, drawing on the evidence of the most recent papers, including those mentioned in your letter. I believe the latter to be the better course, but I would welcome your further views.

J. Holmes.