Correspondence

Risk assessment in the asbestos cement industry

Sir,—The large differences in the calculated risks of lung cancer at the asbestos cement manufacturing plants in New Orleans and in Ontario have been difficult to reconcile, particularly since, as Dr Finkelstein points out (1988;45:201–2), both plants were owned by the same corporation and manufactured similar products. Hughes et al, in their welcome update of the New Orleans study (1987;44:161–74), have removed one possible explanation of the discrepancy by tracing over 95% of workers in their cohorts.

An alternative explanation is suggested by the data in one study of the Ontario plant by Finkelstein and Vingilis.1 Table 5 in that paper gives details of pathological findings for 26 employees in material from necropsy or open operation. In 16 cases asbestosis or interstitial fibrosis is described but in 10 cases silicosis or nodular fibrosis is also mentioned.

In asbestos cement manufacture the raw product may be cured either by leaving it to be cured in the air, a process that takes up to a month, or by autoclaving for 24 hours; in this case finelyground silica must be included in the mix. According to Hodgson the process is capital and energy intensive and favoured in the United States, and one method of forming the raw product, which required the autoclave method of cure, was patented by the corporation owning the New Orleans and Ontario factories.2

Clearly, some of the workers in the Ontario plant must have been exposed to high levels of airborne silica, and it may be important to establish whether silica was also used as a raw material in New Orleans and, if so, whether hygiene precautions were superior. The small number of deaths from pneumoconiosis in the latter plants would suggest that a difference in respect of the exposure silica may contribute to the difference in calculated risks of lung cancer between the two studies.

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References


Notices

Health related effects of phyllosilicates, Paris, 16–17 March 1989

Subjects to be discussed at this first international conference will be physicochemistry of phyllosilicates, clinical and epidemiological evidence of health effects, biological response to specific phyllosilicates, and implications in industrial hygiene. For further details contact Professor J Bignon, INSERM U 139, Chu H Mondor, 94010 Creteil cedex-France.

Vibration at work, Vienna, 19–21 April 1989

The symposium will provide an information exchange opportunity between scientists and experts in occupational safety. Its target groups are scientists, safety engineers, industrial physicians, and management and labour representatives. The subthemes will be vibration measurement, effects of vibration, technical preventive measures, personal protection, medical preventive measures, and legislation. For further information contact: Allgemeine Unfallversicherungsanstalt Kongressburo, Adalbert-Stifter-Straße 65, A-1200 Vienna, Austria.

2nd International Conference on Education and Training in Occupational Health, Espoo, Finland, 6–8 June 1989

Organised by the Finnish Institute of Occupational Health the programme will focus on several aspects of education and training; among others: global needs of training in occupational health, new trends in the working life—new methods to training, training theories and teaching methods and their evaluation. For further details contact Finnish Institute of Occupational Health, Hanasaari Cultural Centre, Espoo, Finland.

Corrections

Determinants of chronic bronchitis and lung dysfunction in Western Australian gold miners (1988;45:503).

In this letter by Rebecca C Gantt the first paragraph should have ended “... Australians of 30% (Roy Morgan Research Centre Pty Sydney, unpublished data, 1985).” Paragraph 3 should have ended “... 30 cigarettes a day.”


Symptoms, ventilatory function, and environmental exposures in Portland cement workers (1988;45:368–75)

Owing to a printing error the first line of column 2 on page 370 was omitted. It should read “arithmetic mean. Secondly, when comparing dust . . .”.

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