CORRESPONDENCE

Defamatory article by Martin Walker

In its March/April issue of 1998, the Ecologist magazine carried an article by Martin Walker which attributed to me bizarre beliefs about the causes of cancer that I do not hold and impugned my scientific independence. At the time, I chose to ignore this inaccurate article. With hindsight, however, this may have been unwise as the article has continued to be circulated and, I understand, been referred to as if the contents were attributable by a member of the Chief Medical Officer of Health’s advisory committees. It seems, therefore, necessary to put on record the incorrectness of some of the statements. These include the following:

1. “From 1979 to the end of his career, Sir Richard also received a very substantial yearly reward for research into cancer from General Motors.” This is untrue. In 1979, I received from President Carter one of three prizes for cancer research, which are donated annually by General Motors and given to different people each year. I have received no other money from General Motors and none of my research has been funded by General Motors.

2. The statement that I have “always refused to accept the connection between man-made radioactivity and cancer” but have “always seen, for reasons best known to him, man-made radiation as a major cause of leukaemia and other cancers” is untrue. On the contrary, I have never distinguished between the effects of man-made and natural radioactivity (as, dose for dose, there are not and much of my research has been to assess the risk of cancer from man-made radioactivity.

3. A question “why have Doll and his colleagues always insisted that only very high levels of man-made radioactivity were harmful?” is answered simply. They have not. On the contrary, I was one of the first (with Court Brown) to demonstrate an approximately linear relationship between (man-made) x irradiation and the risk of leukaemia and other cancers. All cancers, including those of the respiratory tract does not accord with my view of the fact that this fibre is in widespread use and asbestos must be great in Baixada Santista, in contrast to Doll et al. who have shown a decreased risk of lung cancer among farmers, and ultimately the consumers, not only in those areas, but also in cities and in the second period (1987–93) the ratios were 1.72 (95% CI 1.49 to 2.00) and 1.53 (95% CI 1.27 to 1.81), respectively, for the age groups over 10 and 55–74.

It is thought that this excess is related to exposure to occupational and environmental carcinogenic agents, and to smoking. Some reports from the governmental environmental institution1 have shown an increased concentration of carcinogenic substances in the workplace, as well as in the environment. Among them, we highlight the following: metals (chrome and nickel), aromatic hydrocarbons (benzene and styrene), polybrominated aromatic hydrocarbons (PAHs), benzo[a]pyrene, antracene, halogenated derivatives of hydrocarbons (tert-rachloroethylene, perchlordroethene, vinyl chloride), formaldehyde, lampblack, silica, particulate material, nitrogenated composites, and derivatives of sulphur. The associations between lung cancer and exposure to such substances have been analyzed by several authors. Moreover, exposure to asbestos must be great in Baixada Santista, in view of the fact that this fibre is in widespread use as thermal insulation, not only in industries, but also in cargo ships. Steeland et al. found that the risk of lung cancer was five times greater in people exposed to asbestos.

Also in the region, the exposure to PAHs seems to be intense and extensive, originating from the activities of industries and ports, and also as a result of the combustion of diesel oil by the lorries that pass along the network of roads.

The complexity of the exposure to these multiple carcinogenic agents makes imperative the need to take into account three factors that can be contributing greatly to the increase in concentrations in workplaces, air, soil, and water of this area of Baixada Santista: (a) the transfer, to some industries, of obsolete technology from other countries; (b) the barriers formed by the mountain range (Serra do Mar), making the dispersal of industrial pollutants difficult; (c) the lack of effective measures of industrial hygiene up to 1983. Only after this date were governmental programs of control of local emissions implemented. It is assumed that the lower ratios of the significant excess in mortality in the area of IP could have been due in the second part of the study (1987–93) to the implementation of this programme of control.

These results reinforce the need for epidemiological case-control studies that could better characterise the relationship between lung cancer and several occupational and environmental carcinogenic agents which are
I was interested to read the excellent COPE Guidelines on good publication practice. Knowledge of this type is fundamental so that important factors in the induction of cancer. Interactions of these factors into perspective, particularly, tobacco smoke. Present in the region, possible synergism.

BOOK REVIEW

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It is difficult to think that it is 30 years since the first edition of Respiratory medicine by Crofton and Douglas was published. It was the first comprehensive textbook of respiratory medicine in the United Kingdom and every respiratory physician had a well thumbed copy. The editorial moved to the present editors and the fifth edition has just been published in two volumes. The editors for the first time have invited some of their colleagues to write specific chapters. Crofton and Douglas have always been characterised by beautiful, lucid writing and this continues to be an outstanding feature, supported by many attractively presented figures, radiographs, and line drawings. Reading this book is a real pleasure. A second major strength is the very balanced perspective it provides. The authors are skilled at separating the genuinely important from more transient fashionable fads and the writing is proportional to the requirements of the reader and the importance of the topic. The book is clearly focused on the needs of patients and the need to prevent disease when possible. It includes some hard hitting comments on political paternalism such as tobacco and the way in which complacency in the treatment of tuberculosis has led to multidrug resistance.

As with any textbook there is something for everyone. Simple but important facts such as how to measure and interpret the response to a Heaf test are explained clearly and not assumed. On the other hand the book is an invaluable reference source. If you want to look up, as I did, the evidence for benefit from pneumococcal vaccination, there is an excellent state of the art review. Subjects such as air pollution that are particular interests of the authors are covered superbly as expected.

Are there any deficiencies? Very few as far as I can see. As readers are particularly likely to turn to a textbook when faced with a patient with a rare disease I looked up two in particular and these were perhaps covered less well than the more common diseases.

The section on Langerhans’ cell histiocytosis made little of its very close association with smoking—an important point both for diagnosis and management, and the reader may well be confused, as I was, by the headings relating to lymphangioleiomyomatosis (and lymphangioleiomyoma). A new, long chapter on drugs in lung disease could be a useful resource, particularly for drugs that are used relatively infrequently. It may not, however, do justice to complicated problems such as the long term effects of inhaled corticosteroids. These are very small criticisms in a book which is mostly by any standard.

To edit a comprehensive textbook that is also a pleasure to read requires knowledge, skill, experience, and wisdom. Respiratory medicine is extremely fortunate to have such an excellent book and our patients will be the beneficiaries. This book is particularly necessary for anyone working in the area of respiratory medicine. Sadly, Leitch is not alive to enjoy the success of this edition.

A E TATTERSFIELD

NOTICE


Mediciméth—the international scientific association for occupational and environmental health in the chemical industry in cooperation with The Czech Society of Occupational Medicine of the Czech-Moravian Association of J E Purkyné and the Section of Toxicology of the Czech Society of Experimental and Clinical Pharmacology and Toxicology of the Czech Medical Association of J E Purkyné are pleased to invite you to take part in the Mediciméth 2001 Congress.

The Congress will provide a forum for the exchange of ideas among occupational health physicians working in the chemical industry, as well as other occupational health specialists such as hygienists, toxicologists, epidemiologists, safety officers, occupational health nurses, and others engaged in the field.

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Further information from: Agenturra Carolina Ltd, Mediciméth 2001, PO Box 45, Albertov 7/3a, 128 01 Prague 2, Czech Republic. Telephone: 00420 2 2499 0811; Fax: 00420 2 2491 8681; email: carolina@carolina.cz or http://www.carolina.cz
Lung cancer mortality in an urban and industrialised area of Brazil: 1980–93

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