Asbestos and cancer: history and public policy

Sir,—As early as the 1890s there were publications linking asbestos with disease. For example, in the annual report of 1898 of women inspectors of factories, the microscopical appearance of "sharp, glass-like, jagged" asbestos fibres was described and "the effects have been found to be injurious, as might have been expected". Auribault reported on numerous deaths in a French asbestos spinning and weaving mill between 1890 and 1895, publishing his findings in the *Bulletin of Work Inspectors*. And there were many others.

By 1938 government departments in Britain, the United States, and Germany, and the International Labour Office acknowledged the necessity to control and suppress asbestos dust.

Abstracts by Gloyne (1943, 1944) linking asbestos with pleural cancer as well as lung cancer were reprinted alongside others making similar points in the *American Journal of Industrial Hygiene and Toxicology* and the *Industrial Hygiene Digest*, and the latter was circulated to Johns-Manville and other asbestos companies who were members of the Industrial Hygiene Foundation.

By 1945 the links between lung cancer and asbestos had been acknowledged by the Chief Inspector of Factories, and the results of several large scale reviews of asbestos showed considerable progressive lung problems. Despite this, there was still a prevailing view that "as long as a man is not disabled he should not be told of his condition so that he can live and work in peace and the company can benefit by his many years of experience" (Smith, 1949). Even after the link between lung cancer was confirmed epidemiologically in Britain by Doll in 1955 manufacturers still chose not to publish relevant data.

A 1970 senate report on the Occupational Safety and Health act stated that "Because nothing has been done about the hazards of asbestos. . . 20 000 out of 50 000 workers who have entered one asbestos trade alone—insulation work—are likely to die of asbestosis, lung cancer, or mesothelioma. Nor is the potential hazard confined to these

workers as it is estimated that as many as 3.5 million workers are exposed to some extent to asbestos fibres, as are many more in the general population."

One of the criticisms made by the appeal judges in *Borel v Fiberboard et al* (1973) was that manufacturers did not research into the hazard, "no manufacturer ever tested the effect of their products on the workers using them. . ."

It would seem that their behaviour was more reprehensible than this, and that they actually sponsored research, and then suppressed publication of the (unfavourable) outcome (Brodeur 1985; Castleman 1990). "In the light of information obtained through legal discovery proceedings in hundreds of asbestos lawsuits it is undeniable that leaders of the asbestos industry conspired to misinform both the public and the scientific community about the dangers of asbestos" (Huncharek 1990).

MALCOLM P I WELLER
Friern Hospital, Friern Barnet Road,
London N11 3BP, UK

A detailed set of relevant legal and other references is available from Dr Weller.

Correspondence on this subject is now closed—Editor.

NOTICE

Conference on retrospective assessment of occupational exposures in epidemiology. 13–15 April 1994, International Agency for Research on Cancer, Lyon, France.

This conference is organised by the International Agency for Research on Cancer (IARC) and the World Health Organisation, in collaboration with the US National Institute for Occupational Safety and Health (NIOSH) and the US National Cancer Institute (NCI), and with the support of the Commission of the European Communities, Directorate-General XII (BIOMED Research Programme).

The conference will review current and new methods for retrospective exposure assessment in occupational epidemiology. Special attention will be given to the development and implementation of new methods. The conference is a follow up of a similar meeting held in Leesburg VA, USA, on 27–30 March 1990. Since then, a number of new approaches have been explored.

The workshop will provide a forum for discussion between industrial hygienists, epidemiologists, occupational physicians, toxicologists, and laboratory workers. It will cover the whole range of experiences, from theoretical approaches to practical examples based on ongoing studies.

The conference will cover the following topics: use of external exposure measurements; use of occupational titles; self-reported exposure; job exposure matrices; questionnaires and expert evaluation of questionnaires; evaluation of dermal exposure; multiple routes of exposure; assessment of physical and ergonomic hazard; use of biological indicators of exposures or internal dose; epidemiological indices of exposure; validation of occupational exposure assessment; variability of current exposure, sampling strategies; exposure modelling, exposure ranking; statistical analysis of exposure data in epidemiology; cost efficiency issues; and ethical implications.

Invited speakers include, Dr Hans Kromhout, Agricultural University, Wageningen, The Netherlands; Dr Harvey Checkoway, University of Washington, Seattle, WA, USA; Dr Jack Siemiatycki, Institut Armand-Frappier, Université du Québec, Laval des rapides, Québec, Canada; and Dr Thomas Schneider, Danish National Institute of Occupational Health, Copenhagen, Denmark.

On 15 April 1994, several simultaneous workshops will be organised. They should include an informal discussion on current projects of participants. Participants are expected to actively contribute to the workshops. Four topics are proposed—namely, expert evaluation of questionnaires, biological indicators of exposure, exposure misclassification, and job exposure matrices. Further suggestions are welcome. The final list of topics and the allocation of participants will be decided at a later stage.