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 has, I understand, been referred to as if the contents were reliable by a member of one 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, that the 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 any) 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.

(4) “Doll’s refusal to accept that any man-made chemicals can cause cancer and other serious health problems” does not accord with my tabulation of 20 chemicals as established causes of human cancer in Peto’s and my paper on the avoidable causes of cancer (Doll and Peto, 1981) most of which are man-made nor with the results of my own research demonstrating the carcinogenic effect in humans of five chemicals or groups of chemicals, three of which were man-made.

(5) “Doll does not accept that air pollution or any other environmental carcinogenic agent is a cause of cancer or of any other diseases of the respiratory tract” does not accord with my consistent belief that air pollution has been an important cause of chronic obstructive lung disease and my published estimate that, in previous decades, it may have been responsible, in conjunction with cigarette smoking, for about 10% of lung cancers in some big towns.

(6) “For Sir Richard Doll, . . ., the cancer rate is not increasing—nor indeed could it increase because lifestyles are becoming healthier” is another bizarre statement that in no way reflects anything I have ever said or could have said. Whether “the cancer rate” is increasing is a question of fact and I have repeatedly drawn attention to the recent increase in the age-standardised incidence of the most of the cancers Walker lists as having increased (and, of course, to the decrease in the age-standardised incidence of several others, which he doesn’t list). I have never thought or implied that lifestyle was the only cause of cancer nor that all aspects of lifestyle were getting healthier.

(7) “He (Sir Richard Doll) tells us too, against all the evidence, that the continued, unregulated and untested introduction of chemicals into our food, can do the land, the farmers, and ultimately the consumers, nothing but good” is equally bizarre. I have never said anything like this and believe the precise opposite.

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Lung cancer mortality in an urban and industrialised area of Brazil: 1980–93

Lung cancer is the principle cause of morbidity and mortality from cancer in the developed countries, and several epidemiological studies show its relation to environmental exposure in urban industrial areas. With the objective of contributing to this body of knowledge, we carried out an ecological study aimed at comparing the age-standardised incidence of several authors. Studies of this type are rare in regions of South America, where there are similar urban industrial areas to those in developed countries.

With the increasing number of deaths from lung cancer, we have shown an increased environmental carcinogenic agents, and to smoking. Some reports from the governmental environmental institution 7 have shown an increased concentration of carcinogenic substances in the workplace, as well as in the environment. Among them, we highlight the following: metals (chromium and nickel), aromatic hydrocarbons (benzene and styrene), polycyclic aromatic hydrocarbons (PAHs), benz(a)pyrene, antracene, naphthalene), halogenated derivatives of hydrocarbons (ter-rachloroethylene, perchloroethylene, vinyl chloride), formaldehyde, lampblack, silica, particulate material, nitrogenated compounds, 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 al 8 found that the risk of lung cancer was five times greater in people exposed to asbestos. Also, in the region studied, the transfer of obsolete technology from other countries; (b) the barrier formed by the Costa 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 programmes of control locally 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 relation between lung cancer and several occupational and environmental carcinogenic agents, which are
present in the region, possible synergism of these factors into perspective, patients and clinical medicine into workers in occupational health not considered by BMJ Group have long been in support of this. Perhaps this too is an area that COPE might consider in the future.

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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 editorship 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.