approximately 50 per cent of the cervical tumours examined (12 of 21) but it must be realized that these particles are extremely minute, often with the dimensions of viruses, and only small regions of the tumour tissue could be studied. Approximately ten replication "strippings" for electron-microscope examination are usually taken from each thin section of the tissue. Figure 6 illustrates the use of the technique in the examination of pneumoconiotic lung tissue from a patient whose industrial history indicated long exposure to Norwegian talc.

Many particles of talc were found concentrated in the deeper layers of a primary carcinoma of the endometrium (Fig. 7) whereas extensive studies of a secondary tumour in the ovary in the same patient did not show the presence of talc. Application of the technique to "normal" ovarian tissue removed from patients with breast cancer has also shown talc particles in 5 of 12 such tissues studied. Extensive study at high magnification with the electron microscope is, however, required for evaluation of a replica and particles could easily be missed.

The application of electron-microscope microanalysis (EMMA-AEI, Harlow, England) to the particles extracted by the replication technique has provided preliminary evidence that the crystals contain magnesium and silicon, talc being a magnesium silicate.

Discussion

The possibility that the increasing incidence of carcinoma in western society may be related to a corresponding increase in the use of asbestos (Graham and Graham, 1967) is of interest, especially with regard to pleural and peritoneal mesotheliomas in workers exposed to crocidolite asbestos in industry (Wagner *et al.*, 1960; Elwood and Cochrane, 1964). There have been a number of reports about the relationship between asbestos and carcinogenesis (Smith *et al.*, 1965; Jacob and Anspach, 1965). However, the identification of asbestos fibres within tissue is extremely difficult. Fine particles embedded within tumour tissue are usually beyond the limits of resolution of the optical microscope, and tissue incineration, followed by electron microscopy of the isolated particles, may be unreliable if chemical changes are induced by the procedure. Using normal light microscopy, identification of asbestos particles is based on the presence of characteristic ferritin bodies on some of the fibres, although these cannot easily be distinguished from similar bodies around elastin fibres (Henderson *et al.*, 1970). This procedure may not, however, be as unreliable as the use of polarized light for the demonstration of brightly illuminated birefringent crystals of asbestos.

The replication technique (Henderson, 1969) failed to show asbestos fibres in the ovarian neoplasms studied. On the other hand, there was good evidence for the presence of talc particles indistinguishable from antigorite/lizardite asbestos within the ovarian tissue. Anthophyllite is converted naturally to talc. These talc particles were found localized deeper within tumour tissues, and not universally dispersed throughout the tumour. The talc particles in the ovary were generally much smaller than those found in the tissue from the tumours of the cervix.

The relationship between asbestos and mesotheliomas appears well established, and the replication technique has provided unequivocal evidence for the presence of fibres within such tumours. This technique has also produced evidence for the presence of talc in tissue from pneumoconiotic lungs of a patient with an industrial history of exposure to Norwegian talc (Henderson *et al.*, 1970). The presence of muscovite, kaolin and asbestos fibres were also identified in tissue from these pneumoconiotic lung tissues.

Although it is impossible to incriminate talc as a primary cause of carcinomatous changes within either the cervix or the ovary on the preliminary observations documented here, the possibility that talc may be related to other predisposing factors should not be disregarded and further investigations are obviously required.

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