

thus potentially free to contaminate the atmosphere when worked, have not changed very much in total quantity used, in the past 40 years (Table II). The growth in asbestos consumption, 1920-1965, has been largely in products in which asbestos is 'locked-in,' as floor tiles, roofing felts, asbestos cement products. Although airborne fibers may occasionally be derived from these, this is far

with risk. If it will be confirmed that urban populations 35-45 years ago had asbestos bodies in their lungs as often as such populations do now, and if appropriate pathological studies will demonstrate that mesothelioma was indeed uncommon until recently,²⁵ there will perhaps be less reason to expect that the current finding of asbestos bodies in the lungs of the general population is a harbinger of

TABLE II: USE OF ASBESTOS IN THE U.S. CONSTRUCTION INDUSTRY (TONS) 1920-1965

	Firmly Bonded				Friable or Powder		
	A/C	Tile	Other	Total	Insulation	Cement	Total
1920	5,000	15,500	12,300	32,800	12,300	18,500	30,800
1925	35,300	41,300	25,800	102,400	19,200	20,000	39,200
1930	17,600	45,500	28,900	92,000	16,600	27,600	44,200
1935	14,000	38,500	24,600	77,100	7,400	17,200	24,600
1940	28,500	5,500	36,900	120,400	13,600	26,200	39,800
1945	43,800	60,000	65,700	169,500	14,800	30,200	45,000
1950	99,600	70,000	147,400	317,000	12,700	24,600	37,300
1955	139,200	121,500	150,000	410,700	12,200	21,400	33,600
1960	136,200	127,400	133,500	397,100	13,000	27,300	40,300
1965	180,800	137,500	172,000	490,300	16,100	25,900	42,000

more unlikely than from more friable substances, as insulation materials, asbestos cement powder or acoustical products; and these, as noted, were used in the same quantities in 1935 as 1965. To summarize: if the construction industry is the major source for the asbestos fibers in asbestos bodies found in urban areas, we could expect 1934 findings to be similar to 1967, since the amount of friable asbestos products used then was the same as now.

Much more extensive data are needed to see whether the findings in these first 200 cases will be confirmed. Too, findings in other cities should be sought: New York might be unusual in some way. It would seem important to obtain this additional information since it will surely assist in efforts to define those populations at risk to asbestos associated disease. We now appreciate the significant hazard associated with direct occupational exposure and we are aware that other intimate environmental contact, as with indirect occupational,^{18,21} neighbourhood^{22,24} or family exposure,^{23,24} may also be associated with risk, although the extent of this risk awaits more exact characterization. What is not known is whether that level of exposure which results in scant asbestos bodies in the lungs of individuals other than those in the above categories—'asbestos bodies in the lungs of the general population'—is also associated

future disaster, that we face a widespread epidemic of mesothelioma.

Such definition of the problem will allow appropriate focus of public health control measures. Our data suggest that among these, construction and shipyard work must be prominently considered. In doing so, not only will hazardous direct and indirect occupational exposure be limited, but a major source of the asbestos bodies in the general population will be simultaneously minimized.

Thomson, in 1963,¹ posed an important problem. Close contact with asbestos (of varying intimacy and duration, as with direct or indirect occupational, neighbourhood or family exposure) could be associated with significant neoplasia risk. But was there also a risk associated with general community dissemination of the fibers, presumably in scant numbers and marked by his frequent discovery of occasional asbestos bodies at routine autopsies? Because of the long lapsed period between initial exposure and evidence of disease,²⁶ future risk attached to the current presence of asbestos bodies could not be denied, although such risk was not evident at this time.¹⁹

Our observations, preliminary and still to be extended and confirmed, suggest that asbestos bodies were as frequently present 35 years ago as now. If this is true, then scant asbestos bodies may not be associated with