

subject of a coroner's inquest, or a post-mortem examination ordered by the coroner. These deaths had occurred in 69 different hospitals and 21 coroners had held inquiries. Each coroner and each hospital was asked for a copy of an autopsy report. If a report was received, the pathologist who performed the autopsy was asked for the loan of any histo-

a post-mortem report was received and in 84 (27.9%) both an autopsy report and histological material for review. Table 11 shows the sources of information. In series 1, 30 of the autopsy reports came from the coroners; a high proportion of these related to sudden death from such diseases as ruptured aneurysm or coronary occlusion or to violent death from accident, suicide or poisoning. The second series is heavily weighted by the 44 autopsy reports and histological specimens obtained from the Pneumoconiosis Panel. These refer to men who had either been certified as suffering from asbestosis during life, or where it was believed that compensation for asbestosis could be claimed after death.

TABLE 10: THE NUMBER OF AUTOPSY REPORTS AND PATHOLOGICAL SPECIMENS RECEIVED

| Series 1 Autopsy Report Only | Series 2 Autopsy Report and Histology | No Further Information |
|------------------------------------|---|---------------------------|
| 74 (24.6%) | 84 (27.9%) | 143 (47.5%) |

logical material that had been preserved, for review by Dr. Wagner and his colleagues. A further source of information was the London Pneumoconiosis Medical Panel.

Table 10 shows the results of our enquiries. No further information was obtained about 143 (47.5%) of the series, but in 74 (24.6%)

of the autopsy reports led to the revision of the death certificate diagnosis in only 4 of the series (Table 12). In all 4 the presence of a carcinoma of bronchus was revealed that had not been entered on the death certificate, either as a cause or underlying cause of death.

Series 1: 'Autopsy Report Only'. Scrutiny of the autopsy reports led to the revision of the death certificate diagnosis in only 4 of the series (Table 12). In all 4 the presence of a carcinoma of bronchus was revealed that had not been entered on the death certificate, either as a cause or underlying cause of death.

Series 2: 'Autopsy Report and Review of Histology'. The death certificate diagnosis was revised in 20 (17%) of the 84 cases in the series.

Cancer of Lung: Four additional carcinomas of lung were identified. In 3, the certified cause of death was asbestosis, in the fourth cerebral tumour. This tumour proved to be a secondary deposit from an adenocarcinoma of lung.

In 5 of the subjects certified as dying of cancer of the lung or bronchus, the tumour was reclassified as a pleural mesothelioma (Table 13). A further pleural mesothelioma was identified among the deaths certified as due to asbestosis. To illustrate some of the difficulties experienced, I quote Dr. Wagner's

TABLE 11: SOURCES OF INFORMATION

| Source | Series 1 Autopsy Report Only | Series 2 Autopsy Report and Histology |
|---|------------------------------------|---|
| Hospital Records | 39 | 30 |
| Coroners' Record | 30 | 9 |
| London Pneumoconiosis Medical Panel | 3 | 44 |
| Other | 2 | 1 |

TABLE 12: REVISION OF 'CAUSE OF DEATH' AFTER SCRUTINY OF AUTOPSY REPORT

| Disease Category | Number Added | Revised Number in Category |
|--|---|-------------------------------|
| 1 Cancer of Lung with or without asbestosis . . . 10 | 1 from Category 2 2 from Category 3 1 from Category 5 | 14 |
| 2 Asbestosis 6 | 0 | 5 |
| 3 Other Respiratory Diseases 7 | 0 | 5 |
| 4 Peritoneal Mesothelioma 1 | 0 | 1 |
| 5 Other Tumours 4 | 0 | 3 |
| 6 Other Diseases 46 | 0 | 46 |