

Rejoinder

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I am delighted that my article elicited a reply from Dr Greenberg and Professor Wikeley for debate is the stuff of history, and the history of asbestos and health has been one-sided for too long. My critics level four main charges. Regrettably, they provide little support for these; instead they endeavour to make their case largely through unsupported assertion. This rejoinder responds to their main points and demonstrates, by reference to the evidence, why their criticisms lack substance. At the outset though, it is well to acknowledge that there is common ground between us, namely, that it is clear, with the benefit of hindsight, that the 1931 Regulations did not go far enough either in terms of processes and personnel covered, or in the dust standards required of industry. My fundamental point is that, in the light of the knowledge available to them, the regulators of the 1920s and 1930s (assisted by the asbestos manufacturers and the TUC) acted promptly and conscientiously to do everything practically possible to tackle recognized dangers. That these actions were not fully adequate, or that they were insufficient to cover the then unknown hazard of mesothelioma, did not become apparent until the 1960s. With the emergence of such knowledge, more stringent and extensive Regulations were introduced.

First, in their attempt to refute my demonstration that the 1931 Regulations were not established tardily, Greenberg and Wikeley assert that a “substantial body of work . . . drew attention to the potential dangers” of asbestos dust prior to the establishment of the Merewether-Price inquiry. Except for a reference to Greenberg’s own, error-strewn, article, they provide no evidence to support the claim.¹ We can agree that from 1898 the Factory Inspectorate knew that asbestos, in common with other industrial dusts, posed a potential health threat; after all, the first suggestions that a possible hazard existed appeared in the pages of its annual reports. However, the Inspectorate also knew that the asbestos industry was tiny and that it was attempting to tackle its dust problem. On more than one occasion the Chief Lady Inspector praised manufacturers’ introduction of preventive measures. By the same token Dr Montague Murray informed an official committee in 1907 of his understanding that the industry was making successful efforts to prevent dust inhalation. When Factory Inspectors investigated the industry in 1917 they reached a similar conclusion. That a few overseas publications were suggesting a possible health hazard was of little significance if the British asbestos industry was being run in such a way that workers were not falling ill. In fact, in Britain, prior to the mid-1920s, when a few cases came to light, there was scant evidence either of a sick workforce or of irresponsible behaviour by employers. This surely explains why Thomas Oliver, Edgar

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¹ Among other things Greenberg misnames Labour’s Home Secretary (J R Clynes), the first identifiable victim of an asbestos-related disease

(Nellie Kershaw), and one of the pioneer researchers into asbestos disease (Ian Grieve). He also mis-cites references, inaccurately transcribes quotations, and wrongly identifies factory inspectorate personnel. He nevertheless has the effrontery to criticize Merewether’s standards of scholarship!

Comment

Collis and other occupational health specialists ignored the asbestos industry in their numerous published works.

Second, Greenberg and Wikeley question my view that they imply that the process leading to the 1931 Regulations was one-sided and consisted of “cosy” negotiations between civil servants and the asbestos industry in which organized labour played only a minor role. They protest that I have caricatured Wikeley’s argument. But Wikeley has described the Regulations as a “package of measures” agreed by “state and industry”. In addition, he maintains that “the TUC was effectively presented with a *fait accompli*”. It is difficult to determine the intent of such observations if it is not to imply that the regulatory process was one-sided. I am also taken to task for overlooking the concept of “scheduled areas” to which the regulations were restricted. In fact my article explicitly acknowledges that the 1931 Regulations did not apply throughout asbestos factories, albeit that they did cover the dustiest locations. What needs to be stressed, however, is that the Merewether-Price Report, which provided the basis for the Regulations, identified the dangers of heavy and prolonged dust exposure. Decades later it became apparent that comparatively light and brief exposures could also be hazardous, but in the 1930s there were no suggestions that this was the case. Consequently, it was then entirely reasonable for the regulators to adopt the approach that they did.

Third, Greenberg and Wikeley argue that Turner & Newall was “concerned throughout to limit the scope of regulatory control”. Since they adduce no evidence relating to the period covered by my paper in support of their claim, it is difficult to know how to respond beyond referring to the contrary testimony of various witnesses, including Sir Thomas Legge, referred to in my article. Mischievously, Greenberg and Wikeley dismiss Legge’s praise of T&N as the “endorsement” of “a sick man”. Legge, who died in 1932, probably was unwell in 1931 but is there any indication that he was mentally incapable? After the enactment of the Regulations there is much further evidence, some cited in my article, of the company’s compliance with statutory requirements. If T&N was such an appalling company why were civil servants and independent scientists continuing to praise its high standards of hygiene, as they were, more than thirty years after the 1931 Regulations were enacted?² As for the alleged warnings that Legge received about cancer; these came from a semi-literate, medically and scientifically unqualified, opportunist called Reginald Tage. Examination of Trades Union Congress files held at the University of Warwick’s Modern Records Centre reveals his “warnings” actually to have been no more than very brief suggestions of the need for investigation. The broader question of T&N’s attitude towards research on asbestos and health cannot be properly discussed in the space available here. Suffice to say that several important investigations were carried out with that company’s assistance and sometimes at its instigation. These included various projects carried out by Richard Doll, among them the celebrated 1955 study that resulted in the identification of asbestos employment as a risk factor in the onset of lung cancer, and the researches of Ian Grieve, Matthew Stewart, Georgiana Bonser, J C Wagner, Archibald Cochrane and Dermot Hourihane. Further, it has given me support and unrestricted access to its archive in connection with my historical work. Certainly, to characterize T&N as a company opposed to occupational health research, as Greenberg and Wikeley do, is a travesty of the truth.

² See, e.g., PRO LAB 14/1590. Asbestos Industry Meeting held on 4 Nov. 1965. Regulations 1931. Proposed Revision. Minutes of

Fourth, Greenberg and Wikeley take me to task for using the official statistics to point out the declining death rate among asbestos factory workers in the first twenty-five years of regulation. They claim that the figures under-recorded the true rate of mortality. With the benefit of hindsight that is probably a reasonable conjecture, but is there any evidence that contemporaries either were aware or should have been aware that such was the case? For his part Merewether was confident that “very few deaths from asbestosis escape notice”.³ Others, such as Doll and Bonser, were convinced that the Regulations were having a favourable impact, while Donald Hunter, one of the leading authorities in the field of occupational health, pronounced in the 1950s that the British “legislation has been effective in controlling the disease” of asbestosis.⁴ Oddly, given the relatively long run of statistics to which I refer (twenty-seven years), my critics accuse me of ignoring the latency factor in asbestos disease. Still more oddly they support their point by referring to mesothelioma, a cancer that was not proved to be linked to asbestos exposure until the 1960s. Finally, Greenberg and Wikeley question my observation that the asbestos industry is “virtually extinct”; yet UK imports of asbestos dropped precipitately from 190,000 tonnes in 1973 to 1,840 tonnes in 1998—a decline of over 99 per cent. Furthermore the Health and Safety Commission has recently proposed a prohibition on all imports “except in certain well defined and limited cases”.⁵ Can it really be argued that these are not the signs of an industry in terminal decline?

In conclusion, Greenberg and Wikeley’s reply to my article fails to weaken my fully-documented demonstration, that the Asbestos Industry Regulations, 1931 were established promptly following medical recognition of a definite potential health hazard associated with heavy and prolonged exposure to asbestos dust; that those regulations were the product of a collaborative endeavour on the part of civil servants, industry and organised labour; and that until the 1960s they were widely recognized as effective in controlling both asbestosis and lung cancer among workers in asbestos factories.

³ E R A Merewether, ‘The pneumoconioses—bricks in search of an architect’, *Archiva za Higijenu Rada*, 1953, 4: 380.

⁴ *The diseases of occupations*, London, English Universities Press, 1955, p. 881.

⁵ *HSC consultative document: proposals for amendments to the Asbestos (Prohibitions) Regulations 1992*, Suffolk, HSE Books, 1998, pp. 1–2.