book review

Silica exposure and risk of lung cancer

The objective review by Well and McDonald (January 1996;51:97–102) of the role of silica exposure and the risk of lung cancer was long overdue and thoroughly needed. The authors endorse, albeit to a limited extent, the study by Checkoway et al of diatomite workers,1 but in doing so they do not mention a most important observation that casts doubt on the alleged excess risk of lung cancer in the diatomite cohort. Thus, the overall SMR for lung cancer was 1.45, a figure which suggests a mildly increased risk. Lacking a smoking history and in an effort to control the confounding effects of smoking, the authors calculated the SMRs for other cigarette smoke “induced” cancers – namely, those of the larynx, bladder, kidney, and oesophagus – and found no increase. While all of these cancers are related to cigarette smoking to some extent, the association is much more tenuous than it is for lung cancer. Other factors, in particular alcohol and diet, also have a significant effect. In contrast, the SMR for emphysema for the diatomite workers was 1.80, indicating a greater risk of dying from emphysema than from lung cancer. The cause and effect relationship between cigarette smoking and emphysema is as compelling, if not more so, than it is between lung cancer and smoking. Moreover, there is virtually no cause of disabling emphysema leading to death other than cigarette smoking.

Well and McDonald correctly cast doubt on studies that rely on subjects selected from silicosis registries or from registries of those who have been compensated. One of the papers referred to is that of Ng et al who studied subjects with silicosis in Singapore.2 The paper stated that over 90% of their cohort were smokers, comprising 60% of the general population. It is difficult to understand how so many studies that rely on silicosis registries and their like find their way into print. The question as to whether exposure to silica per se or silicosis is associated with an increased rate of lung cancer cannot be answered by statistical manipulation of defective data; statistics obviously have a role to play but, as Bradford Hill pointed out many years ago, only in conjunction with other criteria, the most important of which is biological plausibility.

WKC MORGAN
RB REGER
Chest Diseases Unit, London Health Sciences Centre, London, Ontario, Canada.
N6A 5A5


This book, edited by two of the most eminent men in the field, is composed of 17 chapters by current contributors in the area of smoking and health.

The chapters on price and consumption of tobacco by Townsend, on tobacco and the developing world by Mackay and Crofton, and on children and smoking: the family circle by Charlton are particularly pertinent and well written. Epidemiological and mortality data are presented in two clear, easily digested chapters by Wald, Peto and co-authors. Sir Richard Doll deals with cancers weakly related to smoking. Authors from the Barr’s group spell out the harm from passive smoking and evidence of its effects on the respiratory and cardiovascular systems as well as during pregnancy.

The chapters by Reid on tobacco control, Chapman on advertising, and Pollock on the tobacco industry make stimulating, informative reading and are complemented by accounts of the current legal position of tobacco and of the industry’s tactics.

There are informative chapters on smokeless tobacco, the history of tobacco substitutes, and the moves to reduce tar and nicotine levels. Baron provides a balanced discussion of the putative beneficial effects of nicotine and cigarette smoking, and a chapter is devoted to women as a vulnerable target group. The overview of cessation by Foulds is a competent account delivered from the viewpoint of a psychologist in the field, but perhaps more space could have been given to work and progress with patients.

This readable book is up to date, comprehensive, and well referenced. It is likely to be of interest to a wide audience than just medics, paramedics, public health experts, psychologists, and students who wish to be well informed. I recommend it not just to interested individuals, hospital and university libraries, but also to the general public. – IAC

NOTICES

International Lung Sounds Association

The 21st International Conference on Lung Sounds will be held in Chapel Allerton Hospital, UK on 4–6 September 1996. For further information please contact Raymond L H Murphy Jr, Faulkner Hospital, 1153 Centre Street, Boston, MA 02130, USA (Telephone: 617 522-5800, FAX: 617 522-4156) or John Eari, Liverpool Medical Institution, 114 Mount Pleasant, Liverpool L3 5R, UK (Telephone: 151 709 2125; Fax: 151 707 2810). Internet address: HTTP://WWW.

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4th International Congress on the Immune Consequences of Trauma, Shock and Sepsis

The 4th International Congress on the Immune Consequences of Trauma, Shock and Sepsis – Mechanisms and Therapeutic Approaches will be held in Munich on 4–8 March 1997. The deadline for abstracts is 30 October 1996. For further information contact Prof Dr med E Faist, Ludwig-Maximilians-Universität Munich, Klinikum Grosshadern, Dept of Surgery, Marchioninistrasse 15, 81377 Munich, Germany. Phone: 49-89-7095-3441/2461. Fax: 49-89-7095-2460. E-mail: faist@gh.med.uni-muenchen.de.
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W. K. Morgan and R. B. Reger

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