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# 'Damn You, Turner Brothers': Compensating UK Asbestos Victims, c.1978-2007

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*'It is accepted that SPAID is not a popular charity as it often challenges industry, the government and other powerful elements in the community.'*  
(OEDA 1991, p.30)

## **Introduction**

It is estimated that around 3000 people a year die from asbestos-related disease and this figure is expected to increase to 10000 per year by 2025. At present, this remains the largest single occupational killer in the UK. The aims of this paper are to examine two main themes within discourses on asbestos: compensation and the activities of a pressure group, the Society for the Prevention of Asbestosis (SPAID). The paper will explore the historiography of SPAID and asbestos, and there will be some discussion of compensation schemes in the UK which will be related to the formation of SPAID and their objectives.

## **Asbestos in The Historiography**

Victims support groups have been seriously neglected in the historical literature on debates on occupational health and more particular in relation to asbestos-related diseases (ARDs). One notable exception which began to address this issue was Wikely (1993, p.xiii) who began discussing asbestos-related disease from a socio-legal perspective. He produced the first UK academic book

published on asbestos and ARDs, which was intended to address the lack of a full account of the British context of the growth of medical and scientific knowledge. In regards to SPAID, Wikely discussed the difficulties of claimants in receiving compensation, and in a wide ranging analysis raised the issues surrounding SPAID's concerns regarding the Special Medical Board's perceived attitudes towards claimants.

The next major work highly critical of the asbestos industry was by Tweedale (2000, p.x-xi) who eloquently critiqued Turner & Newall (T&N), the predominant asbestos company in the UK, for suppressing information on the health hazards and the low levels of compensation paid to victims. He constructs a narrative in which the sufferers of asbestos-related disease are victims harmed by an unscrupulous and uncaring industry. The work of Johnston and McIvor (2000, p.172) devotes some attention to the asbestos victims' support groups and highlights SPAID's campaigning. In particular, they focus on their efforts to replace optical microscopes used by tribunals with electron microscopes, because of 'ineffective diagnosis'.

In opposition to the scholars who have castigated the industry, revisionist work by historians has been produced. Its most prominent advocate in the UK is Bartrip (2000, p.266-67) who praises the efforts of T&N to provide as safe a working environment as could reasonably be expected whilst condemning critics as having an anti-industry agenda. Bartrip accuses opponents of using hindsight to unjustly smear the company and using asbestos as a convenient excuse to attack capitalism. Similarly, Maines (2005, p.15) condemns critics as anti-business conspiracy theorists and argues that asbestos policy has become a disaster consuming billions of dollars in litigation and lost jobs. Corn (2000, p.102) also laments the asbestos tragedy,

not in terms of a loss of human life or disablement, but for the economic costs of removing asbestos. However, such revisionists have little to say about asbestos victims' support groups. Therefore, there is considerable scope for investigation of a pressure group.

### **Asbestos: The Mineral**

The word asbestos, as Murray (1990, p.361) notes, is not a scientific word but is a commercial term which is applied to a wide range of mineral fibres. Asbestos is, in crude terms, a rock which can be split longitudinally into fibres and it was this ability to fiberise down to an almost molecular level which made asbestos, when combined with its heat resistance and toughness, such a desired material (McCulloch and Tweedale 2008, p.3). These various rocks fibres can be classified into two distinct mineralogical groups: serpentine, the most common, and amphiboles, and from these various types of asbestos can be identified. (McCulloch 2002, p.1) Of the thirty different types of asbestos, only six have had any commercial viability at all with five being amphiboles. (Wikely 1993, p.14-5) However the amphiboles, crocidolite and amosite (known respectively as blue and brown asbestos) were the most commonly used. The other main asbestos type is chrysotile (white asbestos) which is a serpentine and perhaps accounted for around ninety percent of asbestos products imported into the UK (Wikely, 1993 p.15).

Tweedale, in his critique of the asbestos industry, titles his work *Magic Mineral to Killer Dust*. This is indeed apt for the asbestos industry which was once praised for its qualities of indestructibility, making it an ideal material for fire resistance, and its flexibility had few defenders in the UK by the late twentieth century. As may be expected mining, crushing, working and spinning what was essentially a rock could produce dangerous levels of dust for working

environments. (McCulloch and Tweedale 2008, p.3). That it was spun, used as a holding material, and used in car brake-linings or for insulation led to its widespread use throughout modern industry. However, it was eventually banned in the UK for those same indestructible qualities were eventually considered a serious risk to the lives of those who worked with or came into contact with asbestos fibres and dust. That asbestos fibre exposure was found to lead to fatal disease was accepted by industry defenders, though they may disagree on severities, depending on the asbestos type and length of exposure. (Murray 1990, p.364).

### **Asbestos-Related Diseases (ARDs)**

The primary manufacturers of asbestos in the U.K. were Turner and Newall, who dominated the industry; indeed by the 1950s they “accounted for 60 per cent of Britain’s asbestos industry, and its factory in Rochdale was the largest asbestos textile factory in the world” (Tweedale 2000, p.x). The term asbestosis itself was first coined in the 1920s and by then asbestos was used extensively in a wide range of products. Asbestosis is a scarring of the lungs through inhaling fibres. It was discovered that inhalation can cause a thickening of the pleura (Johnston and McIvor 2000, p.23). Asbestos fibres, though generally not chrysotile, can form what are commonly referred to as asbestos bodies. Asbestos bodies are large amounts of asbestos fibres which form together in clusters and could be viewed using an optical microscope.

The concerns with a growing number of asbestos-related health problems led to a study by Merewether and Price. Their report resulted in new asbestos regulations in 1931, which covered asbestosis as a scheduled disease and remained unaltered until 1969. The UK became the first country to introduce such legislation but it

was limited only to those who manufactured asbestos and not to all those exposed to asbestos dust. For those covered by the scheme, they were examined by the Pneumoconiosis Medical Panels (PMPs), later renamed Special Medical Boards (SMBs). Asbestos sufferers also developed other conditions and by 1955, after the studies of Sir Richard Doll, a link between asbestos and lung cancer was established. In response, the three main asbestos companies in the UK formed the Asbestosis Research Council (ARC) in 1957. In the early 1960s there was a proven link established between asbestos and mesothelioma, which is a cancer of the lining (the mesothelium) of the pleura and peritoneum, or, chest and abdomen (Wikely 1993, p.29). This resulted in mesothelioma becoming the second prescribed disease linked to asbestos in 1966, leading the asbestos companies to form the Asbestos Information Committee (AIC) in 1967, to handle public relations. (Tweedale 2000, p.731).

In understanding the nature of debates on asbestos it is perhaps useful to point out that all asbestos-related diseases are progressive illnesses. In almost all cases they cannot be cured and often the sufferer becomes terminally ill. (Gorman 2000, p.50) Asbestos-related disease is not limited to affecting only particular organs but can affect various parts of the body including the heart, colon, larynx, stomach, vascular system, and the skin. Asbestos was considered such a danger that the amphiboles were effectively no longer used in the UK by the early 1980s. Imports of crocidolite, accounting for around three percent of asbestos imports into the UK in the twentieth century, were voluntary ceased by 1972, and amosite was no longer used by 1980. Chrysotile was not eventually prescribed until 1999 – with some exceptions – but there was a considerable fall in the overall imports and use of asbestos from its peak in the 1970s (McCulloch and Tweedale 2008, p.14).

Nevertheless, debates on asbestos were and are restricted by the information available from scientific studies, and from asbestos companies themselves, leading to claims that the industry operated within a framework of concealment and misinformation (McCulloch and Tweedale 2008, p.127).

### **SPAID: Campaigning For a Purpose**

It was the death of William (Bill) Tait from mesothelioma in 1968 that led to the formation of SPAID in 1978 and influenced its compensation strategy. William, the husband of Nancy Tait, was exposed to mesothelioma in the course of his employment as a civil servant working for the Post Office. Employed within the Post Office Engineering Section as a telecommunications engineer his duties included occasionally examining and inspecting Post Office premises. It was in the course of these duties that he came into contact with cables which were insulated with asbestos and developed mesothelioma. Nancy Tait, a middle class civil servant, would be instrumental in the founding of SPAID and the strategies it pursued. Mesothelioma was considered quite rare in the U.K and Tait had not been employed in an industry where asbestos had been considered as a possible hazard. His intermittent exposure contradicted the understanding of how asbestos-related diseases developed. Nancy Tait, therefore, faced a four-year fight with the Department of Health and Social Security (DHSS) which she would later describe as gaining four years first-hand experience of DHSS appeals procedure (OEDA Archive 1985). The battle with the DHSS was instrumental in shaping the campaigns SPAID would undertake.

For SPAID, intermittent exposure meant that anyone could be at risk from mesothelioma. The exposure of William Tait opened SPAID to the possibility of widespread exposure but firmly placed

SPAID outside mainstream medical and scientific opinion in the UK. The DHSS experience of Tait would be an important element in the future struggle for compensation by SPAID as they were prepared to challenge its findings on compensation. Mesothelioma had only recently become a prescribed scheduled disease in the UK. This was due to growing concerns after studies undertaken at Mount Sinai by Dr. Irvine Selikoff, which garnered a great deal of publicity before the Academy of Sciences conference in New York in 1964, influencing both media headlines and raising public concerns. Objections to the press reporting of the conference were raised by Knox and Hills who were employed by the major asbestos company in the UK, T&N (Greenberg 2003, p.549-50).

T&N had undertaken various measures to protect their corporate interests in regards to the dangers of compensation as Tweedale and Hansen (1998, p.444-8) have outlined. It was traditional of T&N to give *ex gratia* payments to workers or to pay nominal amounts to victims of ARDs (Tweedale 2000, p.243). It was this policy, and the very small payments from T&N which first led them into direct contact with Nancy Tait. Ms Fisher, the widow of a worker at Rochdale was informed that her T&N widow's pension of £5.97 a month was to be terminated (Tweedale 2000, p.243). She contacted Nancy Tait who had continued to campaign on asbestos and had gained some publicity from her booklet *Asbestos Kills* by 1976. Tait carried out research into asbestos and was interested in investigating T&N's compensation policy. Subsequently, Tait helped reveal that T&N had hardly increased their widow's pension since the 1930s (Gee and Greenberg 2005). T&N, in debating how to deal with this potentially embarrassing situation, recognised that it would not be considered reasonable outside of the industry, so decided to subsequently raise the pension



from around £6 to £26 a month for all widows of men that had died from asbestos (Slater 1976). The threat of bad publicity was a concern for T&N and was one of the reasons why they had formed the ARC and the AIC with the other UK-based asbestos companies.

The ARC and the AIC had different roles but it can be argued worked towards the same objective which was to defend the interests of the asbestos companies in the UK. The ARC remit was to carry out scientific studies to diagnose and prevent asbestos-related diseases. The ARC claimed to be able to show that short chrysotile fibres (under 5 microns) had almost no harmful potential effects; an opinion that SPAID vehemently disagreed with (Tweedale 2000, p.727). The ARC was aided by the AIC which was a public relations arm of the asbestos industry. From its inception the AIC attempted to connect mesothelioma to crocokolite (blue) asbestos. *The Times* (1967, p.15) carried a story in which the AIC was portrayed as a 'health guard' to protect workers and the ARC was described as a government-run body. The attempts to counter negative attitudes to asbestos reached their apex in 1976 with an AIC campaign to raise the profile of the industry and to highlight its benefits. SPAID's founders discovered that the campaign had hired consultants to test whether members of the public considered the AIC campaign to be an official government campaign. The AIC was condemned by the Advertising Standards Agency (ASA) for misleading the public and the £500,000 spent on the campaign, which the AIC claimed was supported by medical consultants, was criticised by the ASA as not supported by fact.

Tweedale claims that it was this campaign that prompted the formation of SPAID. This is only partially correct. SPAID were bolstered in their rejection of the prevailing views on asbestos in the UK by the Churchill Fellowship that Tait had been awarded. This

allowed her to travel extensively around Europe and North America. She discovered that in contrast to the UK the argument that chrysotile was relatively safe to use was challenged more often. The founders of SPAID reached the conclusion by 1976 that attitudes to asbestos in the UK were not shared by many researchers in the USA or Europe. SPAID therefore considered attitudes in the UK to be complacent and concluded that there was a greater risk from asbestos than was recognised by researchers, policy makers and the general public. SPAID's founders contended that this was in effect a mass underestimation of the risk of chrysotile and led to fewer ARDs being recorded. SPAID recognised that more compensation cases especially those relating to chrysotile could undermine the asbestos industry. Laurie Kazan-Allen, the founder of the International Ban Asbestos Secretariat (IBAS), and who had worked with SPAID in the 1980s, considered that they were very strategic. She remarked about Tait that "She was always banging on about chrysotile...that it would come down to the issue of chrysotile" (Kazan-Allen and Deluil 2011, p.10).

The industry had introduced a voluntary ban on crocidolite in 1970 and hoped that they could protect chrysotile, which accounted for around ninety percent of imports. SPAID were formed in 1978 with the purpose of gathering knowledge independent of industry and aiding victims in the fight for compensation. The ability to gather resources and expertise in one locality was central to the role of SPAID. This was an invaluable resource as claimants were required to provide the names of witnesses who could confirm employment and exposure to asbestos before compensation could be granted (Harry and Craig 2001, p.42). SPAID then intended to use this centrally collected case information to raise publicity about the lack of action over asbestos and push for

tighter controls. SPAID, therefore, became a counter movement to the ARC and AIC, which had been unchallenged, and hoped this would also allow space for researchers to question the findings of the industry funded organisations.

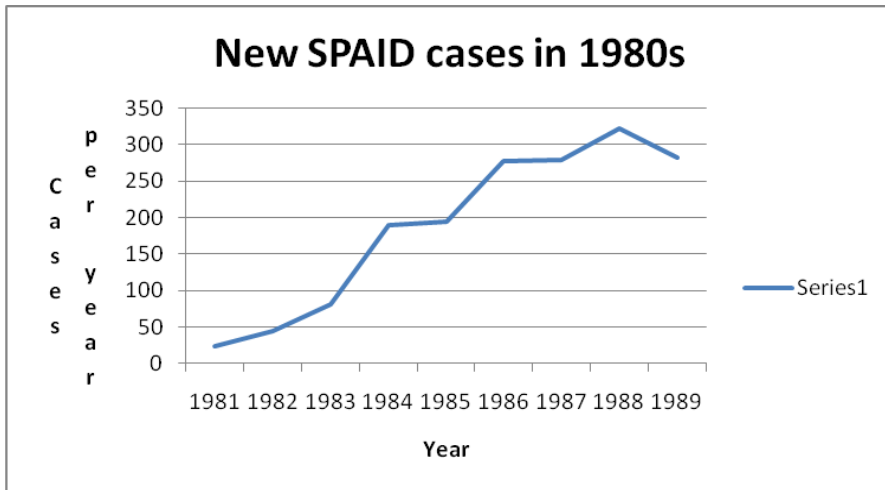


Fig.1 – SPAID cases recorded by year in the 1980s

SPAID opened 40 cases from 1980–81. However, by 1985–86, there was an increase to 481, and case numbers remained high throughout the rest of the decade. Until 1985, SPAID had opened 371 cases in total and thus would open more cases in the following two years than they had in the previous nine. Initially it was difficult for SPAID to handle cases far away from their base in London. Resultantly, when in the late 1970s, SPAID were contacted by victims in Glasgow, they were wary about getting involved in setting up an organisation in Glasgow, in case it collapsed letting down victims (OEDA Archive: Tait to Margaret 1977). It was not until the case known as ‘Alice’ came to prominence that SPAID expanded. ‘Alice’ became a major landmark case in terms of its impact on asbestos discourses. Tweedale points out that when the television programme *Alice: A Fight for Life* was screened at prime time on July

20<sup>th</sup> 1982, it became something of a sensation, adversely affecting the share price of T&N (Tweeddale 2000, p.251). The impact of the programme cannot be understated as one trade union official who had warned of the dangers of asbestos claimed that this programme had influenced him stating that after watching he was “just as shocked as the next person, yet, I have seen many cases of advanced mesothelioma....some of them close friends and workmates” (OEDA Archive 1982, p.1).

SPAID should have been in an advantageous position in the aftermath of the publicity and the subsequent concerns that ‘Alice’ raised. Nevertheless, a severe lack of resources slowed down SPAID’s momentum, and it was not until they were granted Greater London Council funding from 1983 onwards that they began to rapidly expand. The importance of this funding was demonstrated in the first year it was received as the number of SPAID cases increased from 81 to 190 in 1984. Funding would be problematic for the rest of the decade after 1985 but SPAID never had fewer than 200 cases started each year. In certain years such as 1988 they had over 300 cases started per year (*fig. 1*).

Nevertheless, by 1991 SPAID still had only Nancy Tait and three part time staff as well as volunteers in local areas dealing with enquiries and cases (OEDA Archive 1991, p.13). SPAID aimed to set up a network of 40 regional contacts that could both raise funds and advise workers for them. However, due to funding constraints and a change in emphasis this became impractical. Instead, SPAID used ad-hoc contacts in various areas (OEDA Archive 1984, p.37). SPAID formed an advisory service and would comfort and then encourage claimants with advice on how to fill in forms, what benefits they were entitled to, and solicitors that may be of help should they require one. SPAID would also refer patients to consultants in order

to check a diagnosis and could attend hearings on behalf of claimants and their families if nominated to do so. For difficult cases, a legal advisory panel which met monthly, was formed (OEDA Archive 1984, p.37).

There was a three-year time limit on claims for compensation and this made it vital that SPAID developed good contacts with professionals who could refer victims to them. SPAID established and maintained their credibility by forming relationships at the London Chest Hospital. There, they had contacts with social workers, consultants and first began using electron microscopy. The results of this strategy can be considered from the 1990 mesothelioma figures available as according to Wikely (1993 p.174); there were 462 mesothelioma claims that year. SPAID handled 112 new mesothelioma cases during that same period and so effectively were dealing with just under a quarter of all mesothelioma claims in the UK at that time.

SPAID's first success after their formation was in 1981 when Norman Fowler, the Under Secretary of State for Social Services amended the DHSS booklet NI226 on the hazards of asbestos cement from little risk to hazardous. The rules for the assessment of suspected asbestos sufferers before they could be examined were also reformed for the DHSS (OEDA Archive 1982, p.4). This was the result of SPAID successfully challenging the use of the optical microscope in examining lung tissue samples for asbestos bodies by the DHSS. SPAID worked with consultants using electron microscopy which was more accurate in detecting smaller fibres than the optical microscope. Eventually, SPAID purchased their own electron microscope and hired technicians. SPAID successfully won a case on behalf of a victim's family in 1981 after they persuaded a medical appeals tribunal to accept evidence using an electron

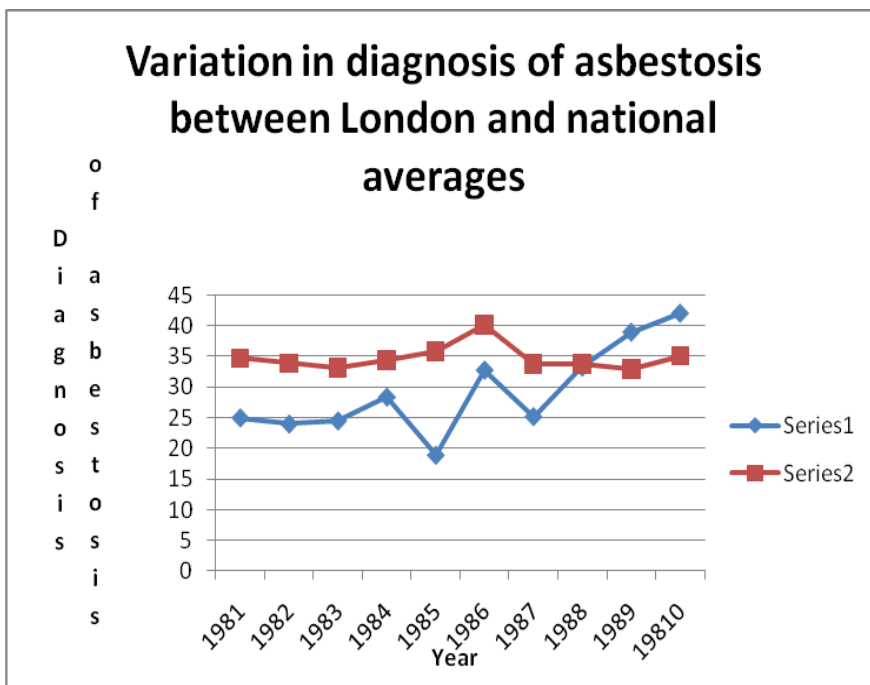
microscope.

This case helped set a precedent for future cases, although the DHSS were reluctant to accept this evidence. Further legislative success for SPAID followed when they cooperated with Nigel Spearing and then Max Madden MP (a SPAID trustee). Spearing's 1985 Industrial Diseases Notification Act created a new format for the cause of death. This included both a list of categories of industrial origin and asbestos as a disease. SPAID hoped that this would raise awareness amongst medical practitioners of the effects of the industry on workers' health (OEDA Archive 1985).

Nevertheless, changes in policy were only one part of the compensation process. The other was the effective implementation of reforms especially with the DHSS and Special Medical Boards. SPAID criticised the lack of knowledge of asbestos-related diseases within the DHSS; SPAID were often informed by claimants that they had been turned away from the DHSS because their staff were unaware of their own rules. During SPAID's first ten years DHSS leaflets continued to refer to pneumoconiosis and not asbestosis. It was found that many DHSS staff seemed unaware that asbestosis was a form of pneumoconiosis or that mesothelioma was a prescribed asbestos-related disease, however in 1988, a new DHSS leaflet was produced that reflected this (OEDA Archive 1988).

SPAID were critical of the SMBs for a number of reasons. From the outset, SPAID viewed the SMBs with suspicion and contended that the awarding of compensation and the recording of cases was inadequate and they considered that the Boards were at fault. SPAID were particularly critical of the London Board and its chairman Raymond Sparks. The London Board was considered by SPAID to be very conservative in its approach. Dr Rudd, who advised on many SPAID cases, claimed the chairman: "took a very

strict line on various issues and was inclined to turn down lots of compensation claims” (Rudd 2011, p.3). Rudd, who was first approached by SPAID to write reports to appeal cases in 1982, explained the process on how the SMB worked in practice stating that the Chairman had a small number of doctors who worked with him and undertook the statutory examination, but they took lead from him. This perhaps accounts for the discrepancies in the number of asbestosis recognised (see *fig.2*).



*Fig.2 – Variation of asbestosis between London and national averages*

*Fig.2* demonstrates that London in the early 1980 (represented by Series 1) was consistently beneath the national average (Series 2) for positive diagnosis of asbestosis until 1987. In the early 1980s out of the six boards, London was fifth for positive diagnosis of asbestosis (Wikely 1993, p.155). London had asbestos industry clusters such as Cape Asbestos in Barking and dockworkers who regularly worked

with asbestos, which led SPAID to be sceptical of these regional variations in diagnosis. SPAID argued that many asbestos disease deaths were not recognised and called for the Boards to be abolished. They also claimed that two female mesothelioma victims from Blackburn, with short occupational exposure to asbestos, had been originally diagnosed as having developed breast cancer (OEDA Archive 1980, p.17). In several other cases before 1980 SPAID noted that occasionally the cause of death would be given as cancer even if asbestos was present. For SPAID challenging such cases was crucial in asbestos becoming recognised as a major occupational hazard, as the number of successful compensation cases would increase the statistical evidence of deaths from ARDs and attract greater research. SPAID's campaigning for Medical Board reforms were eventually successful when the 'double diagnosis' rule was abolished by 2000. This meant that a report from a patient's doctor to the DHSS was enough for a diagnosis of an ARD rather than an assessment from a SMB (Rudd 2011, p. 15).

Peto et al (1995, p.535) published a report based on examining mesothelioma mortality as an index of past exposure in the population, on the incidences of mesothelioma and predicted the future risk of disease. One of the key findings of the study was that annual male mesothelioma rates would peak around 2020 with between 2,700 and 3,300 deaths per year. SPAID considered this to be a vindication of their strategy though they lamented that this had not been recognised earlier. The report accepted that there had been a substantial misdiagnosis of mesothelioma rates in the 1970s due to what was described as "past errors of diagnoses". (Peto et al 1995, p.538). Peto et al considered the possibility that there may have been some over-diagnosis in the 1990s, a reversal of the position SPAID had argued in the 1970s, but concluded that the total number of



asbestos-related cancer deaths must be substantially greater than the number of recorded mesothelioma deaths (Peto et al 1995, p.538). The Peto Report encouraged the Health & Safety Executive to launch an *Asbestos Dust, the Hidden Killer* campaign and was a factor in the debates on the ban on asbestos imports introduced in 1999 (OEDA Archive 1996, p.2). However, it is difficult to quantify the effect that SPAID and the other victims support groups had in influencing the study by Peto; no major studies have been undertaken of these victims support groups collectively and so this cannot yet be fully ascertained.

## **Conclusion**

SPAID were influenced by the experiences of Nancy Tait. The death of her husband demonstrated to her the risk from intermittent exposure and the award of the Churchill fellowship confirmed this. SPAID challenged the ARC and AIC on chrysotile and their use of the electron microscope led to legislative changes. However, effective implementation was more difficult to obtain. Campaigns by SPAID though, did lead to reforms of the SMBs. The campaigning by SPAID led to more compensation cases and influenced the study by Peto which accelerated the ban on all asbestos imports to the UK, including chrysotile.

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