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INTERNAL MEDICINE
(DISEASES OF THE CHEST)

OFFICE TR 5-6946

RESIDENCE TR 5-6712

November 4, 1964

Mr. J. T. Griffis
H. K. Porter Co., Inc.
1000 Seaboard Street
Charlotte, N. C.

Dear Sirs:

Recently, at the request of H. K. Porter of Charlotte, N. C., I had the opportunity of attending an international conference on asbestos with particular reference to asbestosis and cancer. In my opinion, the research workers there presented certain findings of major importance to the entire asbestos industry. Briefly, I would like to report their major findings:

1. On the basis of evidence thus far accumulated crocicolite and amosite are the important types of asbestos as far as disease is concerned. (In the Charlotte plant, it appears that crysotile and amosite are used in a ration of 20 to 1.)
2. In a group of 585 people dying of asbestosis, 50% were found to have some type of malignant neoplasm.
3. A surprisingly large number of patients with asbestosis develop pleurisy on one or both sides.

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This pleurisy eventually leads to a malignant disease of the pleura, called mesotheliona.(In this type of tumor, asbestos bodies and asbestos fibers are found.)

4. The time interval from the onset of pleurisy to the development of a malignant tumor varies from 5 to 43 years.

5. In many patients with carcinoma(cancer), asbestosis was shown to be a definite causative factor.

6. In 500 autopsies in Cape Town, South Africa and in 600 autopsies in Miami, Florida, 30% of the men and 20% of the women were found to have asbestos bodies. (This is damaging evidence as to the extent of inhalation of asbestos fibers in urban dwellers.)

"The changing pattern of hazard can be summarized thus. In the early days men working in uncontrolled conditions developed asbestosis within a few years and died young often of its complications, pneumonia or tuberculosis. As factory conditions altered and the control and treatment of tuberculosis and pneumonia improved, the onset of the disease was delayed and the late effects of fibrosis, such as bronchiectasis, bronchitis and cor pulmonale were more common. Still more recently the workers who have developed only

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moderate degrees of asbestosis have survived long enough to develop the associated bronchial carcinoma. In addition, and unexpectedly, we are at this time seeing the late effects of exposure to certain types of asbestos (occasionally only environmental) which were insufficient to produce appreciable lung fibrosis but have after a delay of 40 or more years led to mesothelial tumours in the pleura and elsewhere."(Taken from M.R.C. Pneumoniosis Research Unit, Glamorgah, Wales.)

There are certain suggestion which I think are pertinent to this situation. These are:

1. Dust control in the amosite portion of every plant should be reviewed at this time and appropriate measures taken to provide maximum control. (Compulsory wearing of masks would apparently be indicated.)
2. If feasible, more crysotile and less amosite should be used. (That may not be possible or desirable.)
3. Workers in this division should be more carefully and more frequently examined.
4. Autopsies on those dying of asbestosis should be done if at all possible and funds for such endeavors should be provided for. (These would shed more light on the problems of the industry.)

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5. No one with asbestosis should be allowed to work either with or without a waiver for these are the people who will eventually develop mesotheliomata and other forms of cancer such as bronchogenic malignancy. (This requirement would work to the benefit of the individual as well as the entire industry.)

This letter was written only in the hope of helping the industry in this serious situation which is developing in the wake of this recent conference. (Other conferences such as this one will no doubt materialize in the future.

Sincerely yours,

Hillis L. Seay

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HLS:mnp