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MANUFACTURERS OF ASBESTOS AND MAGNETA PRODUCTS SINCE 1873

AMBLER, PENNSYLVANIA

June 2, 1943

KEM No. 2880

W. W. F. Shepherd, Esq.
Turner & Newall Ltd.
Spotland, Rochdale

Dear Mr. Shepherd:

Subject: Dr. Leroy U. Gardner's Asbestos Dust Experiments

Thank you for your letter, KEM No. 2880, of May 15th enclosing copy of Dr. Francis' notes written after perusal of the outline of the proposed monograph by Dr. Gardner. I am sending a copy of Dr. Francis' notes to Dr. Gardner and hope to have his reply within a reasonable period of time, after which I will of course send it along to you.

As yet I have not received Dr. Gardner's final report and am today writing to find out when we may expect to have it in our hands.

Yours sincerely,

KEASBEY & MATTISON COMPANY

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THE SARANAC LABORATORY
FOR THE STUDY OF TUBERCULOSIS
of the Edward L. Trudeau Foundation

Saranac Lake, N. Y.

June 9, 1943

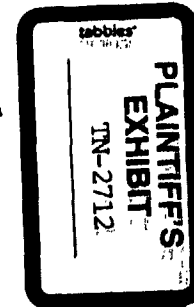
Mr. Vandiver Brown, Secretary
Johns-Manville Corporation
22 East 40th Street
New York, New York

Dear Mr. Brown:

I am pleased to submit the following comments on Dr. Francis' pertinent questions about our experiments upon asbestosis. He is correct in assuming that these points will be discussed in the forthcoming publication but for his benefit I will amplify them at the present time.

The differences that we have observed between Bolivian and South African blue asbestos may not apply generally to commercial products. We worked only with small samples furnished us by Professor Larsen of the Harvard Department of Mineralogy, which he had selected because of their purity. In these particular samples the differences in fibre flexibility were very obvious; the Bolivian material being composed of a bundle of straight, stiff fibres over 3 inches long while the South African sample was a block of mineral from which the fibres could be scraped off as a fluffy mass of fine fibre. In our effort to determine the effect of very pure substances we may have defeated one of our purposes. Nevertheless, I trust that the further experiments still in progress with the latter type of asbestos may establish the importance of fibre flexibility in the production of pulmonary fibrosis.

The question of tuberculosis in association with asbestos is one that has been long discussed. All observers have been impressed with the very obvious differences in the incidence of this infection in American and English asbestos fabricators. I have corresponded with Dr. Mareweather about this subject for many years and on the occasion of his recent visit to this country we discussed the matter at great length. Unlike silicosis, which is universally associated with an excessive incidence of tuberculosis, asbestosis is apparently so complicated only in certain locations. In the United States surveys of asbestos workers have never revealed an unusual frequency of this infection. In Quebec the rates are high but as far as one can learn they do not surpass the generally high rate for that province. In England, the incidence of tuberculosis in asbestos factories is generally accepted as excessive but the basis for belief is largely post mortem material. I know of no report based upon roentgenographic surveys of large groups of living employees. While autopsy



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