THE SARANAC LABORATORY
FOR THE STUDY OF TUBERCULOSIS
OF THE EDWARD L. TRUDEAU FOUNDATION
SARANAC LAKE, N.Y.

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Dr. George M. Wheatley
Assistant Medical Director
Metropolitan Life Insurance Company
New York, New York

Dear Dr. Wheatley:

Your letter of the 3rd arrived at a most opportune moment as I am just planning to go up to the asbestos mines next week to review again the situation there. I am bringing Dr. Vestal of the North Carolina Board with me because he has had so much experience with the real asbestosis that they see in his vicinity.

The films that I have already reviewed from Quebec generally fail to show characteristic shadow patterns and I have reached the conclusion that the disease which they have is minimal and quite different from the changes produced by inhaling fibre in the fabricating mills. Most of the Quebec cases show little more than non-specific, linear exaggeration which I believe is due to particulate serpentine and other non-fibrous silicates.

I have had three or four autopsies from the Thetford region; all of them complicated by advanced tuberculosis. Microscopic examination revealed minimal amounts of asbestosis but the change was not sufficiently marked to be diagnosable on gross inspection. I have felt however, that the infection was incidental and not a specific result of occupational dust. This opinion is strengthened by the fact that in North Carolina the incidence of tuberculosis is lower in the asbestos employees than in the population at large. If a predisposition were involved it should operate with equal effect in every part of the world.

I would think that mortality checks such as you propose collecting would be extremely valuable. In fact I have urged the Canadian group to obtain figures for men in Thetford and in Asbestos as well as other communities of the Province. We know that the tuberculosis rate is excessive everywhere up there but reliable figures on the comparative mortality in and out of the industries are not available. If you can get any data I am sure it would be most helpful.

I am in correspondence with Fehnel about the matter of collecting more dust samples to determine the relative number of fibres and particles in air-borne dust. The former, I believe, are the only ones capable of producing fibrosis and up to now we have based our estimate of the hazard on the total dust count. If we can get a more refined standard it should be of practical significance.

With best wishes,