

FILE NAME: Metropolitan Life (ML)

DATE: 1933

DOC#: ML207

DOCUMENT DESCRIPTION: Dr. Lanza Answers "Verbatim" on Protective Measures at Johns-Manville Waukegan, IL Plant, Recommending Against Warnings to the Workers

that such airline respirators were "on the market," he was fully aware that they cannot be worn except by a person who stands in one place as they have to be hooked up with a rubber tube to an air line. I doubt if they would be practical in a textile plant."

Exhibit:

"Questions Asked Dr. A. J. Lanza and His Answers Verbatim," forwarded by S. Williams to A. Fisher (August 29, 1933).

3034. Asked whether the workers should be warned of the hazard in breathing asbestos dust, Lanza responded that no such warnings should be given, "especially ... in view of the extraordinary legal situation" (presumably a reference to the recently settled asbestosis suits).

Exhibit:

"Questions Asked Dr. A. J. Lanza and His Answers Verbatim," forwarded by S. Williams to A. Fisher (August 29, 1933).

3035. Asked whether employees diagnosed as having asbestosis would be removed from areas that produce dust, Lanza responded that it would depend on a number of factors:

If he is well along in years and shows no disability, it may be just as well to leave him alone. One of the difficulties and vexations in trying to deal with the problem of pneumoconiosis is that economic as well as production factors must be balanced against the medical factors.

*Lanza advises
against warning
signs on asbestos
at J-M plant in
1933*

General Headquarters,
August 29, 1935.

Personal & Confidential

Mr. S. B. Fisher,
Manager,
Danville Factory

QUESTIONS ASKED DR. A. J. LARIA
AND HIS ASSISTANT VERMATH

Attached is copy made by Mr. Lottcamp's office of questions asked Dr. A. J. Laria by our local physician at Danaham and his answers; also the recommendations by our plant physician.

I would like to have you turn this over to someone who could review this correspondence and then go over it yourself and write me your opinion of it.

S. A. WILLIAMS,

Vice President

cc - Mr. J. E. Lottcamp
Danaham Factory



**RECOMMENDATIONS OF PLANT PHYSICIAN FOLLOWING
EXAMINATION OF EMPLOYEES IN TEXTILE DEPARTMENT AND COMMENT BY**

DR. A. J. LAMIA

1. The provision of the best type of dust collection and exhaust ventilation equipment.

Comment: By all means.

2. Personal respiratory protection of an adequate and approved type for every employee in this department.

Comment: I do not know.

3. Employees in the textile department should tactfully but definitely be made aware of the fact that work in asbestos dust is hazardous to their health. Every reasonable effort should be made to induce them to wear respirators. They should be instructed in the necessity of thoroughly cleansing their hands before eating lunch and after work and provided with adequate facilities for doing this.

Comment: I think this is art, at least for the present. Personal cleanliness does not enter into this problem.

4. I advise rigid adherence to the factory manager's order that no employees be hired or rehired in this department without first being examined and approved by the plant physician and further that no employee be transferred to this department without first being approved by the physician.

Comment: Absolutely correct.

5. I advise re-examination, as indicated, of all workers in asbestos dust and x-rays of any suspected cases. I consider the re-examinations and the continued study of this hazard and its effects of more importance than the first examination. From this point of view, the study of some of these cases may be considered complete.

Comment: Entirely correct, with the understanding that no examination without an x-ray is worth anything in dealing with pneumoconiosis.

6. I request, if possible and approved by Mr. Williams, contact with some authority on asbestosis who has x-ray films showing the condition. This for the purpose of comparative study of our suspected cases.

Comment: We can probably help you in this if your company is willing.

7. My rejection of Mario Intusch, made at the time of first examination, stands.

Comment: This is outside of my knowledge.

8. I have deferred rejection or classification of Louis G. Bell, first, because of the delicacy of the situation which might arise in connection with his case, and secondly, because it is generally believed that removal of a worker from the dust will not retard or affect the progress of the disease once it is established.

Comment: Right.

QUESTIONS ASKED DR. A. J. LARLA AND HIS ANSWERS VERBAFIM

Question No.1.

Among eleven employees in the Fertilizer department, all exposed to asbestos dust, one only wears a respirator, several on being questioned claim they cannot wear them continuously especially in hot weather.

Should all employees be forced to wear these respirators whether subjected to much or little asbestos dust? Is any such difficulty experienced at the Shreveville N.C. 3-4 plant or other places of which you have knowledge?

Answer:

Respirators are not satisfactory. It is possible to construct a respirator which will filter out fine dust, but it would offer so much resistance to respiration that it could not be worn continuously on an eight hour shift. There are on the market small face mask respirators which are equipped with positive pressure and these are both satisfactory, efficient, and comfortable but they cannot be worn except by a person who stands in one place as they have to be hooked up with a rubber tube to an air line. I doubt if they would be practical in a textile plant.

Question No.2.

Do you agree with my recommendation that employees definitely be made aware of the fact that asbestos dust is hazardous to their health? My idea is that a poster be placed at one or more conspicuous places in the department, signed by the physician, stating that the dust is injurious, advising the continuous use of respirators while at work and cleansing of hands before eating lunch and after work.

Your comment on this plan and particularly is there any additional advice that should be given?

Answer:

This is partially covered by No.1. I doubt if the board is sufficient to justify warning posters as might be used where lead, benzol or carbon monoxide are concerned. This is especially true in view of the extraordinary legal situation. If anything is said at all, it would be better to make a general statement that the Company is taking steps to control the amount of dust in the air for general health purposes. Any action contemplated at Washington would probably be influenced by the experience at other plants of the Company.

Question Book.

Are you of the opinion that the actual information derived from stereoscopic films of the above justified the procedure of taking a series in every case that is to be reported? This is the conclusion I drew from Dr. Forester's talk in Chicago.

Do you consider it advisable and practicable that in every film in which a very small area in the background has shown who is supposed to be interested or taken care of, to take a large enough only those cases suggested, from history or physical findings, of having interests of other long possibility.

Answer:

Stereoscopic films are better than single films. They are also more expensive. In our work at the Police Academy, we used single films simply on account of the expense involved. You can dispose efficiently of any other form of presentation from a single film. In the other hand, you can probably get a more complete and accurate idea of the most exact view of any given case from a stereo.

It is in the business to determine what may be the extent of responsibility among employees, especially the only thing to do in the way of all of them and then correlate your findings with the length of exposure and nature of the job in order that you may get a fairly accurate idea of what the hazard is.

Question No-1.

Do you regard the finding of subversive tactics in the system as prejudicial to subversives?

I have two employees with many and physical findings pointing toward subversives but not sufficiently definite that I can be positive as to whether or not they are subversives. However, many one of four or five spots some of system indicated show typical subversive tactics. On the other hand, it is possible for a person to have subversive and not be able, with careful and thorough search to find subversive tactics in the system?

Answer:

The presence of subversive tactics in the system only implies that the individual has been exposed to subversive tactics. It is not evidence of the exact psychological alignment. My hypothesis is that the presence of subversive tactics in the system indicates some definite long probability. I believe it is quite possible for an individual to have subversive at times subversive tactics in the system.

Question Mark.

I have made a diagnosis of asbestos as an asbestos who has been working in the card room of the textile department this year. This place is extremely dirty. It is not clean. In my judgment the best disposal of such a case is to remove him from the work and give him a job in some other part of the plant. From your remarks in the case I believe this was your advice as to the disposition of such cases.

Answer.

It is difficult to answer this question. I think it would depend upon the man's age, the nature of his work, his length of service, and other factors. If he is young and has been working in the card room for a long time, it is difficult to remove him from the work and give him a job in some other part of the plant. From your remarks in the case I believe this was your advice as to the disposition of such cases.

Question Three.

We have just seen to us an important situation existing in the fact that the various trade department including loans, industries, trade, etc. examples are also or almost half the width of a long building, the other side of which is occupied by the justice, trade union and other departments in which there is very little work. The card room or most busy part of the trade department is included by justice. Further inclusion of the trade department involves considerable expense. Such complete inclusion of the trade department is unfortunately recommended or would you be guided by the fact rooms and other departments in these adjoining departments?

Answer.

I think the answer to the situation outlined in this question is the removal of work in these processes that come in. Then everything possible has been done to accomplish this result. It may then be necessary to include or combine the busy processes so as to avoid needless expense of other employees not concerned in these processes. This is a situation that occurs in many different types of industrial layout. It calls for nothing more than the application of common sense to the problem.

QUESTIONS ASKED DR. A. J. LANZA AND HIS ANSWERS VERBATUM

Question No. 1.

Among eleven employees in the Textile department, all exposed to asbestos dust, one only wears a respirator, several on being questioned claim they cannot wear them continuously especially in hot weather.

Should all employees be forced to wear these respirators whether subjected to much or little asbestos dust? Is any such difficulty experienced at the Manville N.J. J-M plant or other places of which you have knowledge?

Answer:

Respirators are not satisfactory. It is possible to construct a respirator which will filter out fine dust, but it would offer so much resistance to respiration that it could not be worn continuously on an eight hour shift. There are on the market small face mask respirators which are equipped with positive pressure and these are both satisfactory, efficient, and comfortable but they cannot be worn except by a person who stands in one place as they have to be hooked up with a rubber tube to an air line. I doubt if they would be practical in a textile plant.

Question No. 2.

Do you agree with my recommendation that employees definitely be made aware of the fact that asbestos dust is hazardous to their health? My idea is that a poster be placed at one or more conspicuous places in the department, signed by the physician, stating that the dust is injurious, advising the continuous use of respirators while at work and cleansing of hands before eating lunch and after work.

Your comment on this please and particularly is there any additional advice that should be given?

Answer:

This is partially answered by No. 1. I doubt if the hazard is sufficient to justify warning posters as might be used where lead, benzol or carbon monoxide are concerned. This is especially true in view of the extraordinary legal situation. If anything is said at all, it would be better to make a general statement that the Company is taking steps to control the amount of dust in the air for general health purposes. Any action contemplated at Waukegan would probably be influenced by the experience at other plants of the Company.

#3977

Question No. 3.

Do you regard the finding of asbestosis bodies in the sputum as pathogenesis of asbestosis?

I have one employee with x-ray and physical findings pointing toward asbestosis but not sufficiently definite that I can be positive as to whether or not she has asbestosis. However, every one of four or five specimens of sputum examined show typical asbestosis bodies. On the other hand, is it possible for a person to have asbestosis and not be able, with careful and thorough search to find asbestosis bodies in the sputum?

Answer:

The presence of asbestos bodies in the sputum only implies that the individual has been exposed to asbestos dust. I am not certain of the exact pathological significance. My impression is that the presence of asbestos bodies in the sputum indicate some definite lung pathology. I believe it is quite possible for an individual to have asbestosis without asbestos bodies in the sputum.

Question No. 4.

Are you of the opinion that the added information derived from stereoscopic films of the chest justified the procedure of taking a stereo on every case that is to be x-rayed? This is the conclusion I draw from Dr. Pancost's talk in Chicago.

Do you consider it advisable and practical that an x-ray film be taken of every employee in the Waukegan J. M. plant who is exposed to asbestos or silica dust? To date I have x-rayed only those cases suspected, from history or physical findings, of having asbestosis of other lung pathology.

Answer:

Stereoscopic films are better than single films. They are also more expensive. In our work at the Picher Clinic, we used single films simply on account of the expense involved. You can diagnose silicosis or any other form of pneumoconiosis from a single flat film. On the other hand, you can probably get a more complete and accurate idea of the exact condition of any given case from a stereo.

If it is the intention to determine what may be the extent of pneumoconiosis among employees, obviously the only thing to do is to x-ray all of them and then correlate your findings with the length of exposure and nature of the job in order that you may get a fairly accurate idea of what the hazard is.

Question No. 5.

I have made a diagnosis of asbestosis on an employee who has been working in the card room of the textile department six years. This place is extremely dusty. He is not disabled. In my judgment the best disposition of such a case is to remove him from the dust and give him a job in some other part of the plant. From your remarks in Chicago I believe this was your advise as to the disposition of such cases.

Answer:

It is difficult to answer this question. I think it would depend upon the man's age, the nature of his work, his length of service, and other considerations which might have some bearing. If he is well along in years and shows no disability, it may be just as well to leave him alone. One of the difficulties and vexations in trying to deal with the problems of pneumoconiosis is that economic as well as production factors must be balanced against the medical factors.

Question No. 6.

We have what seems to be an unfortunate situation existing in the fact that the asbestos textile department including looms, twistors, pools, etc. occupies one side or about half the width of a long building, the other side of which is occupied by the packing, brake lining and other departments in which there is very little dust. The card room, or most dusty part of the textile department is isolated by partition. Further isolation of the textile department involves considerable expense. Should or would you be guided by the dust counts and other observations in these adjoining departments?

Answer:

I think the answer to the situation outlined in this question is the control of dust in those processes that cause it. When everything possible has been done to accomplish this result, it may then be necessary to isolate or confine the dusty processes so as to avoid needless exposure or other employees not concerned in these processes. This is a situation that occurs in many different types of industrial hazard. It calls for nothing more than the application of common sense to the problem.

RECOMMENDATIONS OF PLANT PHYSICIAN FOLLOWING
EXAMINATION OF EMPLOYEES IN TEXTILE DEPARTMENT AND COMMENT BY

DR. A. J. LANZA

1. The provision of the best type of dust collection and exhaust ventilation equipment.

Comment: By all means.

2. Personal respiratory protection of an adequate and approved type for every employee in this department.

Comment: I do not know.

3. Employees in the textile department should tactfully but definitely be made aware of the fact that work in asbestos dust is hazardous to their health. Every reasonable effort should be made to induce them to wear respirators. They should be instructed in the necessity of thoroughly cleansing their hands before eating lunch and after work and provided with adequate facilities for doing this.

Comment: I think this is out, at least for the present. Personal cleanliness does not enter into this problem.

4. I advise rigid adherence to the factory manager's order that no employees we hired or rehired in this department without first being examined and approved by the plant physician and further that no employee be transferred to this department without first being approved by the physician.

Comment: Absolutely correct.

5. I advise re-examination, as indicated, of all workers in asbestos dust and x-rays of any suspected cases. I consider the re-examinations and the continued study of this hazard and its effects of more importance than the first examination. From this point of view, the study of some of these cases may be considered complete.

Comment: Entirely correct, with the understanding that no examination without an x-ray is worth anything in dealing with Pneumoconiosis.

6. I request, if possible and approved by Mr. Williams, contact with some authority on asbestosis who has x-ray films showing the condition. This for the purpose of comparative study of our suspected cases.

Comment: We can probably help you in this if your company is willing.

7. My rejection of Marie Lutenski, made at the time of first examination, stands.

Comment: This is outside of my knowledge.

8. I have deferred rejection or classification of Dwain O. Bell, first: because of the delicacy of the situation which might arise in connection with his case, and secondly: because it is generally

believed that removal of a worker from the dust will not retard or affect the progress of the disease once it is established.
Comment: Ditto.



General Headquarters,
August 29, 1933.

Personal & Confidential

Mr. A. R. Fisher,
Manager,
Marville Factory

QUESTIONS ASKED DR. A. J. LANZA
AND HIS ANSWERS VERBATUM

Attached is copy made by Mr. Kottcamp's office of questions asked Dr. A. J. Lanza by our local physician at Waukegan and his answers; also the recommendations by our plant physician.

I would like to have you turn this over to someone who could review this correspondence and then go over it yourself and write me your opinion of it.

S. A. WILLIAMS,

Vice President

cc - Mr. J. P. Kottcamp
Waukegan Factory

- Andy Berkly's affidavit
- Parker's affidavit

QUESTIONS ASKED DR. A. J. LANZA AND HIS ANSWERS VERBATUM

Question No.1.

Among eleven employees in the Textile department, all exposed to asbestos dust, one only wears a respirator, several on being questioned claim they cannot wear them continuously especially in hot weather.

Should all employees be forced to wear these respirators whether subjected to much or little asbestos dust? Is any such difficulty experienced at the Manville N.J. J-M plant or other places of which you have knowledge?

Answer:

Respirators are not satisfactory. It is possible to construct a respirator which will filter out fine dust, but it would offer so much resistance to respiration that it could not be worn continuously on an eight hour shift. There are on the market small face mask respirators which are equipped with positive pressure and these are both satisfactory, efficient, and comfortable but they cannot be worn except by a person who stands in one place as they have to be hooked up with a rubber tube to an air line. I doubt if they would be practical in a textile plant.

Questions No.2.

Do you agree with my recommendation that employees definitely be made aware of the fact that asbestos dust is hazardous to their health? My idea is that a poster be placed at one or more conspicuous places in the department, signed by the physician, stating that the dust is injurious, advising the continuous use of respirators while at work and cleansing of hands before eating lunch and after work.

Your comment on this please and particularly is there any additional advice that should be given?

Answer:

This is partially answered by No.1. I doubt if the hazard is sufficient to justify warning posters as might be used where lead, benzol or carbon monoxide are concerned. This is especially true in view of the extraordinary legal situation. If anything is said at all, it would be better to make a general statement that the Company is taking steps to control the amount of dust in the air for general health purposes. Any action contemplated at Waukegan would probably be influenced by the experience at other plants of the Company.

- Explains why didn't check o/e if plant (a)
- Shows direct cause of their wonderful problem

Question No.3.

Do you regard the finding of asbestosis bodies in the sputum as pathogenesis of asbestosis?

I have one employee with x-ray and physical findings pointing toward asbestosis but not sufficiently definite that I can be positive as to whether or not she has asbestosis. However, every one of four or five specimens of sputum examined show typical asbestosis bodies. On the other hand, is it possible for a person to have asbestosis and not be able, with careful and thorough search to find asbestosis bodies in the sputum?

Answer:

The presence of asbestos bodies in the sputum only implies that the individual has been exposed to asbestos dust. I am not certain of the exact pathological significance. My impression is that the presence of asbestos bodies in the sputum indicate some definite lung pathology. I believe it is quite possible for an individual to have asbestosis without asbestos bodies in the sputum.

Question No.4.

Are you of the opinion that the added information derived from stereoscopic films of the chest justified the procedure of taking a stereo on every case that is to be x-rayed? This is the conclusion I drew from Dr. Pancost's talk in Chicago.

Do you consider it advisable and practical that an x-ray film be taken of every employee in the Waukegan J.M plant who is exposed to asbestos or silica dust? To date I have x-rayed only those cases suspected, from history or physical findings, of having asbestosis or other lung pathology.

Answer:

Stereoscopic films are better than single films. They are also more expensive. In our work at the Picher Clinic, we used single films simply on account of the expense involved. You can diagnose silicosis or any other form of pneumoconiosis from a single flat film. On the other hand, you can probably get a more complete and accurate idea of the exact condition of any given case from a stereo.

If it is the intention to determine what may be the extent of pneumoconiosis among employees, obviously the only thing to do is to x-ray all of them and then correlate your findings with the length of exposure and nature of the job in order that you may get a fairly accurate idea of what the hazard is.

Question No. 5.

I have made a diagnosis of asbestosis on an employee who has been working in the card room of the textile department six years. This place is extremely dusty. He is not disabled. In my judgment the best disposition of such a case is to remove him from the dust and give him a job in some other part of the plant. From your remarks in Chicago I believe this was your advise as to the disposition of such cases.

Answer:

It is difficult to answer this question. I think it would depend upon the man's age, the nature of his work, his length of service, and other considerations which might have some bearing. If he is well along in years and shows no disability, it may be just as well to leave him alone. One of the difficulties and vexations in trying to deal with the problems of pneumoconiosis is that economic as well as production factors must be balanced against the medical factors.

Question No. 6.

We have what seems to be an unfortunate situation existing in the fact that the asbestos textile department including looms, twisters, mools, etc. occupies one side or about half the width of a long building, the other side of which is occupied by the packing, brake lining and other departments in which there is very little dust. The card room, or most dusty part of the textile department is isolated by partition. Further isolation of the textile department involves considerable expense. Should or would you be guided by the dust counts and other observations in these adjoining departments?

Answer:

I think the answer to the situation outlined in this question is the control of dust in those processes that cause it. When everything possible has been done to accomplish this result, it may then be necessary to isolate or confine the dusty processes so as to avoid needless exposure of other employees not concerned in these processes. This is a situation that occurs in many different types of industrial hazard. It calls for nothing more than the application of common sense to the problem.

RECOMMENDATIONS OF PLANT PHYSICIAN FOLLOWING
EXAMINATION OF EMPLOYEES IN TEXTILE DEPARTMENT AND COMMENT BY

DR. A. J. LANZA

1. The provision of the best type of dust collection and exhaust ventilation equipment.

Comment: By all means.

2. Personal respiratory protection of an adequate and approved type for every employee in this department.

Comment: I do not know.

3. Employees in the textile department should factually but definitely be made aware of the fact that work in asbestos dust is hazardous to their health. Every reasonable effort should be made to induce them to wear respirators. They should be instructed in the necessity of thoroughly cleansing their hands before eating lunch and after work and provided with adequate facilities for doing this.

Comment: I think this is out, at least for the present. Personal cleanliness does not enter into this problem.

4. I advise rigid adherence to the factory manager's order that no employees be hired or rehired in this department without first being examined and approved by the plant physician and further that no employee be transferred to this department without first being approved by the physician.

Comment: Absolutely correct.

5. I advise re-examination, as indicated, of all workers in asbestos dust and x-rays of any suspected cases. I consider the re-examinations and the continued study of this hazard and its effects of more importance than the first examination. From this point of view, the study of some of these cases may be considered complete.

Comment: Entirely correct, with the understanding that no examination without an x-ray is worth anything in dealing with Pneumoconiosis.

6. I request, if possible and approved by Mr. Williams, contact with some authority on asbestosis who has x-ray films showing the condition. This for the purpose of comparative study of our suspected cases.

Comment: We can probably help you in this if your company is willing.

7. My rejection of Marie Lutenski, made at the time of first examination, stands.

Comment: This is outside of my knowledge.

8. I have deferred rejection or classification of Dwain O. Bell, first: because of the delicacy of the situation which might arise in connection with his case, and secondly: because it is generally believed that removal of a worker from the dust will not retard or affect the progress of the disease once it is established.

Comment: Ditto.

General Headquarters,
August 29, 1941.

Personal & Confidential

Mr. G. A. Fisher,
Manager,
Beeville Factory

CONFIDENTIAL - MR. A. J. LITTLE
MR. L. J. HARRIS, JR.

Attached is copy made by Mr. Rothcamp's office of questions
raised by A. J. Little by our local physician at Beeville and
his answers, also the recommendations by our plant physician.

I would like to have you turn this over to someone who could
review this correspondence and then go over it yourself and
write us your opinion of it.

S. A. Williams,

Vice President

Mr. J. L. Rothcamp
Beeville Factory

GOVERNMENT
EXHIBIT

D-7481

This is partially covered by 201. I have to the extent of
 201. I have to the extent of 201. I have to the extent of 201.

Abstract

THE COMMISSIONER OF THE BUREAU OF LAND MANAGEMENT
WASHINGTON, D. C. 20250

[illegible]

Figure 1

Disputations are not satisfactory. It is possible to construct a
 proposition which will allow one to draw, but it would either be made pre-
 sumptuous to propound them or it would be to waste considerably on an abstruse
 matter. There are on the subject small tract treatises which are
 occupied with just the problems and these are both satisfactory, excellent,
 and instructive but they cannot be well conveyed by a person who stands in the
 place as they have to be limited as to a subject in an old class. I
 think it may well be presented in a suitable place.

1. **_____**

Some other evidence in the Little document, all agreed to be correct, was also correct, however, as being possible and that they were with confidence especially in the matter.

• 1944 = 1944

REPORT MADE BY THE POST 'I' T. THE COURT REPORTER

Question No. 3.

Do you regard the finding of subnormal bodies in the system as indicative of tuberculosis?

I have one capsule with many and several findings relating toward subnormal bodies but not sufficiently definite that I can be positive as to whether or not this has tuberculosis. However, every one of four or five species of system encased skin-apical subnormal bodies. On the other hand, it is possible for a person to have subnormal and not be able, with careful and thorough search to find subnormal bodies in the system.

Answer:

The presence of subnormal bodies in the system only implies that the individual has been exposed to infection dust. I am not certain of the exact pathological significance. My impression is that the presence of subnormal bodies in the system indicates some definite lung pathology. I believe it is quite possible for an individual to have subnormal bodies in the system without having tuberculosis in the system.

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Summary

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Question 2nd.

I have made a dispend of an hour's time in writing the two last parties in the card room of the hostile department this year. This place is extremely dirty. It is not cleaned. In my judgment the best disposition of such a case is to remove the man from the duty and give him a job in some other part of the branch. From your remarks in the report I believe this was your advice as to the disposition of such cases.

Answer.

It is difficult to answer this question. I think it would depend upon the man's age, the nature of his work, his length of service, and other considerations which might have been bearing. If he is well along in years and doing an absolutely, it may be best to transfer him to some other part of the branch and position in which he could do his work. If he is young and energetic, it may be best to keep him in his present position and give him a job in some other part of the branch. The answer will depend upon the facts of the case.

大正

The following information regarding the

 activities of the above named persons

 is being furnished for your information

 and for the purpose of being included

 in the report of the Committee on

 Un-American Activities, to be

 submitted to the Senate and the

 House of Representatives.

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[illegible]

Question 34.3.

I have made a diagnosis of asbestososis in an employee who has been working in the card room of the textile department six years. His place is extremely dusty. He is not disabled. In my judgment the best disposition of such a case is to remove him from the dust and give him a job in some other part of the plant. From your records in Chicago I believe this was your advice as to the disposition of such cases.

Answer:

It is difficult to answer this question. I think it would depend upon the man's age, the nature of his work, his length of service, and other considerations which might have some bearing. If he is well along in years and shows no disability, it may be just as well to leave him where he is. But if the disability and weakness in working is such that he cannot do his present work, then consideration will be given to his removal to some other part of the plant.

Question 34.4.

We have what seems to me an unfortunate situation existing in the fact that the asbestos textile department including looms, twistere, spindles, etc. occupies one side or about half the width of a long building, the other side of which is occupied by the packing, waste lining and other departments in which there is very little dust. The card room, or most dusty part of the textile department is isolated by partitions. Further isolation of the textile department involves considerable expense. Should complete isolation of the textile department be immediately recommended or would you be guided by the dust counts and other observations in these adjoining departments?

Answer:

I think the answer to the question outlined in this question is the removal of dust in these processes first comes in. Then everything possible has been done to accomplish this result, it may then be necessary to isolate or confine the dusty processes so as to avoid possible exposure of other employees not concerned in these processes. This is a situation that occurs in many different types of industrial plants. It calls for serious study and the application of common sense to the problem.

RECOMMENDATIONS OF PLANT PHYSIOLOGY DIVISION

RECOMMENDATIONS OF DIVISION OF PLANT PHYSIOLOGY AND GENETICS

DR. L. J. LLOYD

3. The provision of the best type of dust collection and exhaust ventilation equipment.
Comment: By all means.
4. Personal respiratory protection of an adequate and approved type for every employee in this department.
Comment: I do not know.
5. Employees in the fertile department should carefully be advised to be made aware of the fact that work in sections that is hazardous to their health. Every reasonable effort should be made to induce them to wear respirators. They should be instructed in the necessity of thoroughly cleaning their hands before eating lunch and after work and provided with adequate facilities for doing this.
Comment: I think this is not, at least for the present. Personal cleanliness does not enter into this problem.
6. I advise strict adherence to the factory manager's order that no employee be hired or rehired in this department without first being examined and approved by the plant physician and further that no employee be transferred to this department without first being approved by the physician.
Comment: Absolutely correct.
7. I advise re-examination, as indicated, of all workers in sections that are subject of any suspected cases. I consider the re-examinations and the continued study of this hazard and its effects of more importance than the first examination. From this point of view, the study of some of these cases may be considered complete.
Comment: Entirely correct, with the understanding that no examination without a survey is worth anything in dealing with pneumoconiosis.
8. I request, if possible and approved by Dr. Williams, contact with some authority on asbestos who has been filing during the examination. This for the purpose of comparative study of our suspected cases.
Comment: We can probably help you in this if your company is willing.
9. My rejection of Maria Lehmstedt, made at the time of first examination, stands.
Comment: This is outside of my knowledge.
10. I have deferred rejection or classification of Paula A. Hall, first, because of the delinquency of the physician which delays action in connection with this case and secondly because it is generally believed that removal of a worker from the dust will not retard or affect the progress of the disease once it is established.
Comment: Agree.