

Silicosis Studies

October 13, 1939

Mr. A. B. Root Jr., Chairman
Occupational Disease Committee, N.E.F.A.
Hunt-Spiller Manufacturing Corporation
383 Dorchester Avenue
Boston, Mass.

Dear Mr. Root:

I have your letter of October 11. I am enclosing a mimeographed copy of a chapter which was published in the Washington Symposium on Silicosis conducted by the U. S. Department of Labor in 1937. To me was assigned the task of assembling the evidence with respect to the relationship between silicosis and tubercle infection. This chapter was the result and represents but a condensed portion of the evidence available. I think you might be interested to read it and don't think that you will find it very heavy going.

You might also check with Mr. Philip Drinker at the Harvard School of Public Health and some of the medical authorities at the Massachusetts General Hospital, also Dr. Timothy Leary, the widely experienced Boston Coroner.

One thing that has stood out in the twenty-five years that silicosis studies have been made in this country is how the general pattern has agreed with that in South Africa and in England, and later with the Canadian and Australian experience. Most of the studies in this country were made under the auspices of the Public Health Service, the U. S. Bureau of Mines, and the Saranac Laboratory. The x-ray pioneers in this particular field were the late Dr. Fancoast of Philadelphia and his associate, Dr. Prendergrass.

What may be the nature of the relationship between silica and tubercle bacillus has never been determined but that the relationship exists is amply borne out by all the testimony of recent years.

There is no evidence that dusts, other than those contained in free silica, (with the exception of asbestos) cause a specific disease of the lungs attended with an increased liability to infection. However, I am quite certain that the general trend in this country is to consider that there is a definitely occupational feature in those cases of tuberculosis in which it can be shown that the workman was exposed to any kind of dust. This is what might be termed the "legal" in contra-distinction to the medical hazard. In other words, I am quite sure that industry has to pay for tuberculosis to an increasing extent. I simply make this observation without any comment one way or the other.

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Please let me know if I can be of further service.

With best regards.

Very tr / yours,

A. J. Lanza, M. D.
Assistant Medical Director