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DOCUMENT DESCRIPTION: Letter to J-M from James Hardie RE Chest Films &
Sub-Pleural Fat

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22 Feb 83.

Chief Medical Officer,
Johns-Manville Corporation,
Ken-Caryl Ranch,
Denver,
COLORADO. 80217. USA.

Dear ?

I am sorry about the ? but, although I know people do retire at JH, it is, at least from this distance, difficult to tell if they have done so. I mean, George you retired years ago but no-one would have noticed the difference; Paul, I think you retired a little way back but you still seem to be involved as ever and I am not quite sure who succeeded you, another Paul I think but at the other end of the name which doesn't confuse things at all. Please, dear ?, unbuilder me in your reply.

The first, a bit of background. Recently one of the unions in New Zealand got a bit disgruntled and asked for our employees' chest radiographs so that they could be sent to Mt. Sinai to see what they thought of them there; to grumble them again the company agreed. They are probably already in New York where they will shortly be joined by Dr. Paul White, the radiologist who advises us in Auckland, New Zealand, and who will, I trust, join the Mt. Sinai in a joint reading of the films.

The particularly interesting thing about a New Zealand population is that in their p-a chest films it is impossible to distinguish between the shadow of ILO 1980 diffuse pleural thickening and the shadow that results from the deposition of sub-pleural fat - though the distinction can be made on a CT scan.

It is my impression that only in New Zealand is it recognised that sub-pleural fat can enter into this differential diagnosis. Certainly the possibility is not mentioned in the text of ILO 1980, the possibility has never even been suggested by any of the radiologists who report our films in Australia, Malaysia or Indonesia and I cannot recall ever having heard it mentioned either in the literature or in conversation with various people around the world.

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The reason that this phenomenon has been recognised in New Zealand is probably due to the fact that a large proportion of the population is Polynesian. Polynesians, especially on a western diet, grow to be very large people indeed; to auscultate them you don't stand behind them you walk around them; weights of 125 kg while not usual, are not uncommon and a weight of 150 kg is not unknown and not inconsistent with a man's happily holding down his job in the factory. However, sub-pleural fat is not confined to Polynesians and we have had it demonstrated by CT scan in at least one lean man of Anglo-Saxon descent.

Now Irving Selikoff and Mt. Sinai will take to the idea of sub-pleural fat I don't know but it will be interesting. However, as I said, this is really just background.

It is said that the College of American Pathologists is about to launch a major one year study designed to determine the frequency of circumscribed pleural plaques in some 4000 necropsies in 20 US cities. If it can possibly be done, at what I imagine is rather a late stage, this will be a magnificent opportunity to determine the importance of sub-pleural fat in a population genetically more heterogeneous than is that of New Zealand.

It is to be observed that people who come to necropsy usually do so by way of a hospital admission and that people who are admitted to hospital very commonly have a pre chest radiograph. If radiologists can possibly be persuaded to review these films to see if they show ILO 1980 diffuse pleural thickening the pathologists should then be asked to take a biopsy, on the side or sides affected, in the mid axillary line some 3 or 4 inches above the costo-phrenic sulcus.

If the possibility exists of doing this it is, I think, too good an opportunity to be missed.

Paul White tells me that the sub-pleural fat story has been written up in the literature but I am afraid I have not seen the papers nor do I have the references. He will be arriving in New York on 26 Feb 83 and leaving on 03 Mar. If you would like to have further discussions with him you should be able to find him at Mt. Sinai. I shall copy this letter to him for his information.

I trust, dear ?, to see you in one or other of your incarnations at Geneva later this year.

With my kind regards, I am,
for JAMES HARDIE INDUSTRIES LIMITED,

Very R/C
S. P. McCULLACH,
M.D., B.Sc.(Med), F.A.C.O.M.,
Principal Occupational Physician.

c.c. Dr. Paul White.

*you must be a doctor, and you are not
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