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ADDRESS OF WELCOME - ARTHUR J. VORWALD, M.D.

BY DOCTOR VORWALD:

Ladies and Gentlemen: The members of the Staff of the Saranac Laboratory and of the other departments of the Trudeau Foundation, are delighted to act as hosts to you who come here for the Seventh Saranac Symposium.

On behalf of those members, I am privileged to extend a most cordial welcome to you all, especially to those of you who have come from distant lands, to participate in this Symposium. You represent many different interests and include physicians and engineers, lawyers and insurance executives, specialists in compensation and labor matters, and representatives of management and of labor.

~~Now,~~ Although those interests are diverse, nevertheless, ~~those~~ their interests have a common objective, namely, to give the utmost in health and happiness in our way of life, as indicated in the Foreword of your printed program.

I wish, again, to impress upon you that the topics to be discussed at this Symposium must be limited. Those topics have broad application, and they are not restricted to individual companies or industries, nor do they concern only a single group such as the employer or the employee, the insurer or the insured. The ~~terms here~~ discussions, during the course of the week, will cover a wide range of subjects, which you will be explore in friendly manner ~~discussion~~. As heretofore, this Symposium will give all of us the opportunity

to exchange ideas in an informal way, which will further our understanding and solution of problems pertaining to some aspects of pulmonary disease in the industrial worker.

We hope, sincerely, that your deliberations will benefit us all in our common objective, and that you will look back with pleasure and satisfaction to your so-journ here in Saranac Lake.

In opening this Symposium, it is my privilege to make certain announcements which I shall try to do every morning or periodically during the day, to keep you informed and to assist you in your stay with us.

As you realize, there is Registration at the John Black Room. We had hoped to register all before this session. However, shortly after nine thirty, we saw that was going to be impossible, because it would delay our meeting this morning. We thought it was more important to get on with our discussions than to have you register. However, we do hope that you will register sometime during the day.

Those of you who come to join us from outside of Saranac Lake, on registration, will receive white badges. Those of us who reside in Saranac Lake will receive colored badges, the green for members of the Trudeau structure, the pink for members of Saranac Lake medical profession, legal profession, and others who have an interest and will

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September 22, 1952
10 a.m.

PNEUMOCONIOSIS
A.J. Lanza, M.D.

As a preliminary statement concerning this Panel it is important to determine what it is we are discussing. If we can agree on that we may hope to agree on terms.

We are concerned with occupational diseases of the lungs due to the inhalation of dust--occupational diseases which occur all over the world, which may cause disability and death, and which do not occur except as occupational diseases. The importance of these diseases has become recognized, as far as modern industrial conditions are concerned, within the past forty-five years. The particular disease which has especially attracted attention is what we now call silicosis.

About 1918 Landis stated that organic dusts—textile dust, vegetable dust, wood dust—did not cause the definite occupational lung disease which was becoming more and more recognized as the evidence of surveys of many industries began to accumulate, and revealed that various diseases to which trade names had become attached were one and the same. The villain of this piece is silica--principally free silica and to a lesser extent various dusts of combined silica.

Almost everybody breathes silica in one form or another during his lifetime; everybody inhales water vapor. The one does not develop dust disease of the lung; the other does not drown. But when the dosage of either dust or water becomes too large for the respiratory system to cope with, unfortunate results follow. So to repeat: We are concerned with occupational diseases of the lungs caused by the inhalation of dust.

These diseases are of slow onset and are characterised by the formation of pulmonary fibrosis accompanied by a varying degree of dyspnea. Some of these diseases are further characterized by an increased susceptibility to infection, particularly by the tubercle bacillus. They present a radiologic picture which may be quite characteristic but which at times may also be confusing. However, these X-ray films of dust diseases of the lungs show a pathological involvement more or less evenly distributed throughout both lungs. The added factor of infection, when present, may confuse the diagnosis especially when the nature and extent of dust exposure ~~is~~ are not known.

We know a great deal about the occupational disease of the lungs due to the inhalation of ~~crystalline~~ crystalline silica. There is still much we do not know about silicosis, the term commonly applied to this disease, in spite of the fact that a tremendous amount of research has been carried on. We know less about the action of asbestos and still less about the results of inhaling diatomaceous earth. We may say the same about silicates such as talc, kaolin and others.

We recognize that each of these dusts acts in a specific manner upon the pulmonary tissue. We have also learned that a combination of one or more dusts or the action of silica in combination with a non-siliceous dust may alter the pathological and clinical picture. We still do not know too much about these dust diseases. Consequently I believe we should abandon any attempt or habit of referring to these diseases by a generic term unless the specific etiologic agent is mentioned also.

The word commonly in use today is pneumoconiosis. This word means nothing. The proper term is pneumonoconiosis which means something. There

is a tendency to include under this generic term various inhalation diseases of unrelated nature. These occupational dust diseases of the lung comprise a perfectly distinct clinical entity, at least to those who have worked in this field and who are familiar with working conditions and their effects upon health. Metal fume fever, - zinc chills, - allergic asthma, - carbon monoxide poisoning, - lead poisoning, - mercury poisoning, - nitrous fume poisoning are all inhalation diseases. Certainly there is nothing to be gained by attempting to lump all these under some generic term. I have not mentioned coal. The role of coal dust in causing pulmonary disease is still not clear particularly when we appreciate that many coal dusts contain varying amounts of silica. It is evident that there is an occupational disease of coal miners which by its nature and clinical manifestations can properly be classed as a pneumonoconiosis. Much research work is being carried on in many places. Until we know more, it would be an advantage if we abandoned such terms as pneumoconiosis or that still more objectionable term "silicatosis" and "siderosis" and use specific definitive terms, viz., occupational dust disease of the lungs - or pulmonary fibrosis - due to the inhalation of silica or of asbestos or coal in the so and so industry in such a place.

The terms silicosis and asbestosis have become so widely accepted that it is evident that they will continue to be generally used. The definition of silicosis is not entirely satisfactory, but it has been recognized and accepted by compensation tribunals all over this country. Consequently, I believe that the term silicosis should be restricted to the specific pulmonary disease caused by ~~crystaline~~ crystalline silica.

Comment M.E.M

DR. VORWALD: In summary, it would appear that Dr. Lemm is not inclined to retain the word pneumoconiosis but would keep the well-established terms silicosis and asbestosis, which refer to well-defined disease entities with known specific etiology. He deplores, however, the use of terms to identify those pulmonary conditions, caused by inhaled dust, which are not clearly defined with respect to etiology or to clinical signs and symptoms. Those conditions he would refer to as occupational dust diseases of the lung due to the inhalation of a specific agent in such and such an industry in such and such a place.