General headquarters,
August 29, 19[illegible].

Personal & Confidential

Mr. [illegible] Fisher,
Manager,
Nanville Factory

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

Attached is copy made by Mr. Kettcamp'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. [illegible],

Vice President

Mr. J. R. Kettcamp
Waukegan Factory

PLAINTIFF'S EXHIBIT
03977.00

GOVERNMENT EXHIBIT
D-7481

PLAINTIFF'S EXHIBIT
WV-000844

QUESTIONS ASKED DR. A. J. LANZA AND HIS [illegible]

Question No.1.

Among eleven employees in the Particle 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 such or little asbestos dust? Is any such difficulty experienced at the Sherville U.S. dust plant or other plants 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 shaves so that they have to be locked 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 hazardous, advising the continuous use of respirators while at work and showering of heads before eating lunch and after work.

Your comment on this phase 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 wearing masks as might be used where lead, benzol or carbon monoxide are encountered. This is especially true in view of the controversy 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 taken at Lowell would probably be influenced by the experience at other plants of the Company.

PENGAD-Bayonne, N. J.
PLAINTIFF'S EXHIBIT
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Question No.3.

Do you regard the finding of asbestosis bodies in the sputum as pathognomonic 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. Pancoast's talk in Chicago.

Do you consider it advisable and practical that an x-ray film be taken of every employee in the Washington D.C. 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 Fisher 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 you can probably get a more complete and accurate idea of the exact [illegible] 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 [illegible] all of them and then correlate your findings with the length of exposure [illegible] nature of the job in order that you may get a fairly accurate idea of [illegible] the hazard is.

PENGAD-Bayonne, N. J.
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Question No. 5.

I have made a diagnosis of tuberculosis on an employee who has been working in the card room of the textile department six years. This plant 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 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 still young in years and shows no disability, it may be just as [illegible] [illegible] [illegible]

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 be hired or retired 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 none 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 [illegible], made at the time of first examination, stands.
Comment: This is outside of my knowledge.

8. I have deferred rejection or classification of Louis 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.

PENGAD-Bayonne, N. J.
PLAINTIFF'S EXHIBIT
3977.0
p5 of 10



General Headquarters,
August 29, 1933.

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Manager,
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S. A. WILLIAMS,

Vice President

cc - Mr. J. P. Kottcamp
Waukegan Factory

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, nd 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.

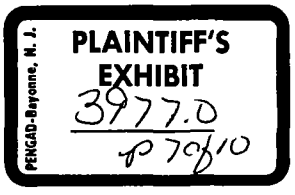
Questions No.2.

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 lants of the Company.



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Answer:

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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 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.

PENCAD-Bayonne, N. J.
PLAINTIFF'S EXHIBIT
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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, 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 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.



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Comment: I do not know.

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

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Comment: Absolutely correct.

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

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

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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.

