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To: Warren F. Draper, M. D.

Date: October 14, 1952

From: Lorin E. Kerr, M. D. (K)

Subject: Trip Report, Saranac Seventh Symposium, September 22-26, 1952.

The above was the most informative meeting, scientific and otherwise, that I have attended for a long time.

Those attending the meeting were almost exclusively corporation attorneys and physicians. The only labor representation per se was myself and Mr. Paul K. Reed, International Representative of the United Mine Workers of America. Neither of us participated in the formal sessions. There was limited representation from federal and state departments of labor and public health and teaching institutions. With few exceptions, there appeared to be little or no difference between these individuals and those representing management.

The symposium got off on a confusing note with the first morning devoted to an attempted definition and clarification of terms pertaining to pneumoconiosis. It was finally decided to refer this matter to a committee to be appointed by the Industrial Hygiene Council of the American Medical Association with an assist from the Saranac Laboratory. Questioning revealed that the American Public Health Association, Industrial Hygiene Section, is already working on this matter. This could be a very important move in that much of the existing commutation, legislation on silicosis is based on the archaic definition put out by the American Public Health Association, Industrial Hygiene Section, in 1932. It is probable that any role we could play in this matter would ultimately bear fruit for the miners.

The remainder of the week was concerned with:

1. Pulmonary pathology in various industries other than coal mining;
2. Pneumoconiosis of coal workers; and,
3. Workmen's Compensation coverage for the above.

The best papers on the first subject were presented by state and federal public health personnel, Harriet Hardy, M. D., on beryllium; and Morton L. Levin, M. D., and W. C. Hueper, M. D., on different aspects of occupational lung cancer. Subsequent conversations with Dr. Hueper made me wonder about the incidence of pulmonary malignancy among our membership working around coke ovens. Dr. Hueper felt that those men "charging" the bee-hive oven would have a very great exposure to the tar laden fumes arising out of the top of the ovens. There is even some question about those men "pulling" the

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even. Mr. Roed indicated that the men employed in coke ovens rarely ever worked elsewhere, thus making a continuous exposure. He estimated that about six men per 100 ovens would be directly exposed to the fumes from the top of the oven. Both Dr. Hueper and Mr. Roed felt that there could also be a carcinogenic exposure for those men working with the new Koppers electric coke oven. They both agreed that present knowledge indicated the need for early investigation of the potential carcinogenic hazard of coke ovens.

As indicated in the UIMA Journal news release on the Symposium, the high spot of the week was the day devoted to Pneumoconiosis of Coal Workers. Briefly, the three papers presented by the two English physicians proved that there is specific lung pathology due to inhalation of coal dust per se. For lack of a better name, the disease has thus far been designated as Pneumoconiosis of Coal Workers. It is a disease entity separate and apart from silicosis, having no apparent correlation to silica. However, it is thought there may be some relationship to rank of coal, but this has not been substantiated.

The last day and a half was spent by the lawyers congratulating each other on how they censored the workers. They also gave due recognition to assistance received from various industrial commissions and physicians. There were no indications of any activity on the part of those present which would improve existing legislation. In fact, the representatives of "predatory wealth" were concerned with further legal restrictions.

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