

Dr. J. F. Knox.

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Mr. John Waddell

Mr. R. M. Bateman,

T. & N. Ltd.

JW/BW

12th April, 1966

Proposed Q.A.M.A. Research Institute of
Occupational Health

I return herewith Mr. Smith's letter of March 10th, which you sent me on 24th and which we discussed briefly subsequently.

The first point that strikes me is that Mr. Lindell cannot have expected any decision by the Q.A.M.A. on 7th March, as the letters from Dr. Wright were only handed out at the meeting and they require considerable study and digestion. I should have thought that all the Q.A.M.A. could do at that stage would be to appoint a sub-Committee to study the whole question in depth and bring back considered recommendations to the governing body of the Q.A.M.A. In spite of the Q.A.M.A. decision in principle in November 1964 which is reported in paragraph 2. of my report of 25th January, it would seem that Dr. Wright's letter may be the first detailed proposal to be put before the Q.A.M.A.

Our whole information about Q.A.M.A. thinking on this matter appears to be fragmentary. I have never seen a reasoned memorandum from Mr. Lindell or anyone else to explain the aims and proposed constitution and management of the Institute; without some definition of what they are trying to achieve and how, the Q.A.M.A. will surely get into difficulty. Mr. G. W. Smith has apparently made no attempt to pass on to you what may have been said verbally in the Q.A.M.A. nor to define what authority he wants from you. It is not clear to me whether Mr. Lindell and Mr. Sabourin

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have been acting on their own or at the request of the Q.A.M.A. in organising the Antigua conference and the several subsequent meetings with Dr. Wright and his medical colleagues which have clearly taken place since.

Anyway, Dr. Wright has submitted well thought-out proposals (elaborated largely from the modus operandi of the A.R.C. as described to Mr. Lindell in memoranda from Dr. Beattie) but he has "blown up" the cost very considerably with salaries and expenses for the proposed Scientific Secretary and for himself. I attach a summary of the main items of his proposals. The suggested annual Budget comes to \$112,000 per annum exclusive of the expenses of the Executive Committee or of the proposed Montreal office or of any research at all except the highly desirable epidemiological study by Dr. McDonald of McGill. Assuming Montreal office expenses of, say, \$30,000 and at least \$50,000 for medical research which Dr. Wright and Dr. Pelnar are sure to recommend, this comes to nearly \$200,000 in, say, the second year and will no doubt rise to \$250,000. This is in line with the Budget visualised already by the Q.A.M.A. (see paragraph 2. of my report of 25th January). In addition to research activities likely to be started by the Scientific Committee there are developments like engineering committees and health committees concerned with in-plant operations which have not yet been mentioned.

The proposals on the whole seem sound except that I think the arrangements for collecting and digesting information are being unduly elaborated. Dr. Knox comments:

"While the setting up of a new centre for research in the physical way contemplated involves the collection of published work I do not agree that such is not now available to an interested worker. The Pneumoconiosis Abstracts undertaken by the London School of Hygiene and published by Pitman Medical are available in any medical library. The Industrial Hygiene Digests of the Mellon Institute are also comprehensive in their scope and readily available. The past numbers of all medical as

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well as industrial medical journals are available in the libraries of any leading University Centre."

We cannot, I imagine, expect to control the details of this scheme at this range, bearing in mind B.A.M. Ltd.'s relatively modest share of the cost, and in any case Dr. Wright himself suggests that the proposals should be improved by further discussion. However, I offer the following comments, the first three paragraphs of which are from Dr. Knox:

1. The approach indicated in the correspondence is a professional one centring around the personality of Dr. George W. Wright. I first met him in SARANAC in 1952, where he was working in the field of respiratory physiology, and was impressed by him as a forceful personality of high academic standing. The Q.A.M.A. would be fortunate to get him as a Chairman of their Scientific Committee. He would suffer no fools and certainly would not wish to be connected with a halting enterprise.
2. As I see it the Q.A.M.A. is under considerable pressure to make a dramatic gesture and do something striking in the present situation. Federal and State agencies will be active as well as the organs of public opinion.
3. There is no Medical Research Council in Canada to which these problems can be referred. In Great Britain this body functions between State and Private Enterprise in a semi-independent way which can be very useful.
4. It would seem geographically inconvenient to have a H.Q., with library and information centre and "Executive Secretary" in Montreal, and the medical H.Q. with its Scientific Secretary, in Cleveland. This is sure to lead to a lot of travelling expenses plus duplication of staff. It was at one time thought that the Institute would be attached to the (Catholic) University of Montreal or to McGill but there may be advantages not only in having a man of Dr. Wright's stature in charge of the work but also in

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having an American interest. This would also avoid any political or religious rivalries in Canada.

5. The functions of Dr. Wright are not quite clear from his shorter letter of 28th February. The idea of having someone like Dr. Pelnar as "Scientific Secretary" (spending three-quarters of his time) seems excellent but Dr. Wright seems to visualise himself spending more time than could be explained by Chairmanship of the Scientific Committee meeting three or four times a year. He appears to be asking for a fee of \$10,000 plus 10% overheads plus travel expenses of \$5,000 and secretarial fees (his wife) of \$4,320 (plus 10%). This seems fairly steep, although no doubt Dr. Wright's full salary is of the order of \$30,000 to \$40,000. (Dr. Pelnar's salary is apparently about \$18,000 per annum).

6. I would strongly recommend that, if anyone from the U.K. is to be invited to join the Scientific Committee, it should be Dr. Knox and not Dr. Beattie. Dr. Beattie got connected with this enterprise through his attendance at the Antigua conference and his subsequent contacts with and advice to Mr. Lindell in Montreal, but for the last year or two Dr. Beattie has only been on the fringe of the work of the A.R.C., and in any case he is very much biased towards the academic and purely medical side of the research, which will already be heavily weighted by Dr. Wright and his colleagues. Dr. Knox has a far greater understanding of the needs of industry - whether it be mining or manufacturing - and I think his influence would be most valuable in the first two formative years in helping to keep the Scientific Committee's feet on the ground. He would be quite willing to make the necessary three or four journeys a year to Canada and/or Cleveland.

7. While it is desirable that the Executive Committee control publicity quite closely, it must be remembered that Dr. Selikoff has now got himself established in laboratories at Mount Sinai Hospital, New York, with the aid of U.S. Federal money and (probably) under-cover support from the Unions, and he will be quite irresponsibly alarmist if it brings him notice in the Press,

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which he loves; this has already been shown by the publicity he threw out not only at his Conference in November 1964 but again recently on the opening of his new laboratories. So a flow of more responsible scientific comment may be quite useful, and in any case we must all get hardened to seeing frequent press comment in all parts of the world about the health risks of asbestos.

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