

M E M O R A N D U M

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There was recently held in New York a conference attended by representatives of the asbestos industry in Canada and other persons concerned. The asbestos industry is disturbed because a vigorous effort is apparently being made in Quebec to compensate tuberculosis among asbestos workers on the basis that the inhalation of asbestos dust predisposes to tuberculosis.

All the evidence that is available at the present time based upon clinical studies and by the researches conducted by Dr. Gardner and his colleagues and successor at the Saranac Laboratory, indicates that asbestos does not have any relationship to tuberculosis in which respect, of course, it differs diametrically from the relationship between silica and tuberculosis. Nevertheless, physicians in Quebec as well as the sufferers from tuberculosis themselves continually urge and press this type of claim.

The asbestos industry, for some years, has sponsored and will continue to sponsor research at Saranac and other places into the nature of asbestos and its relationship to tuberculosis. The conference above alluded to was called primarily to discuss how such research might be furthered and what new approaches, if any, should be made.

In commenting on this situation, I urged that the industries concerned focus their attention on the basic problem, namely, the very high mortality from tuberculosis in the Province of Quebec. This high mortality rate is present not only in the manufacturing centers but throughout the Province in logging camps, fishing villages, and other locations where there is obviously no relationship between tuberculosis and occupation. However, as long as this high mortality which is four or five times that in the Province of Ontario or Saskatchewan, continues to prevail, constant efforts will be made to pin the responsibility for this condition of affairs on industry wherever this can be done.

Consequently, I urged the industries to sponsor a long continued program of health education in the Province of Quebec, bringing to bear an active program of all possible agencies including the Provincial Government, the church, the Provincial Anti-Tuberculosis Association, and the various associations representing industry and manufacturers. It seems obvious that as long as this high mortality from tuberculosis prevails, there will continue to be efforts to bring it to as great a degree as possible within the scope of the compensation law. Such action would accomplish in itself nothing towards prevention.

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Personally, I am strongly of the opinion that sooner or later tuberculosis will be made compensable wherever possible and when that situation arises, industries will find themselves faced with the necessity of paying a never ending series of claims, a huge expense to themselves.

The Metropolitan has a considerable amount of insurance in force in Quebec and hence has an interest in this situation. It may well be that if the interested parties succeed in launching a determined drive to lower the mortality from tuberculosis by providing sufficient sanatorium beds and by conducting a campaign of education among the medical profession as well as among the communities, the Metropolitan can be of assistance, especially in the health educational phase.

The initial steps to ascertain whether such a campaign as described above is timely and how it can best be launched are largely in the hands of Mr. Ivan Sabourin, K.C., Aldred Building, Montreal, Quebec, Canada.

From the industrial standpoint, the object of this campaign would be to conserve man power in the Province of Quebec upon which the industries depend.

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