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C O P Y

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January 25, 1950

Mr. J. P. Woodard
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Dear Page:

I have your letter of January 24th and will give you my slant on this.

This matter of the piezoelectric theory was presented at a meeting in Chicago last fall and the doctor in Milwaukee who did the work had an exhibit. He read his paper and Dr. Vorwald discussed it. Dr. Vorwald got out his bowie knife and proceeded to skin the gentleman alive. This irritated a number of people particularly his friends in Milwaukee who felt that Art was a little bit rough.

The theory is interesting and I think it is quite possible that this electrical reaction of molecules or molecular structure may turn out to be the key to a number of riddles that now confront us particularly in the field of surface irritation whether we are talking about the skin or the surface linings in the lungs.

From your standpoint I don't think that the matter is particularly important especially at this time. We know, and everybody admits, that silica dust causes silicosis and that asbestos dust causes asbestosis and we know how to diagnose these diseases and we know how to prevent them within reason. We also know that amorphous silica does not produce disabling pneumoconiosis or any condition resembling silicosis proper. The statements in Mr. Elwers' article are inaccurate and fall under the general classification of journalistic pseudoscience. He states, "In recent years the list of mineral dusts known to be capable of causing the disease has grown to include such minerals as wulfenite and berillite, which do not contain silicon . . ." No dusts cause silicosis except silica dust. No dust causes asbestosis except asbestos dust.

The proof of the pudding is in the eating. We do not, in industry, know of disabling pneumoconioses except those due to silica and asbestos. It is possible that other materials may be found which will cause a disabling pneumoconiosis. The beryllium problem which is still being intensively studied may finally come under this classification or may fall into the category of acute toxic effects. The causative factor in Shaver's disease is still in doubt. It is quite possible that both of these diseases may ultimately be classified as pneumoconioses. It is also possible that silica may be the offending agent, at least in Shaver's disease.

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Mr. Elvers propounds the theory that only those diseases that show the electrical reaction which he describes cause pneumoconiosis. Yet, he admits that asbestos does not have this electrical reaction so of the two principal industrial dusts that cause disabling pneumoconioses, only one of them falls into Mr. Elvers' category.

There is no question that these types of research are extremely valuable and if we can ultimately find out why and how certain dusts produce a disabling reaction and why and how some of these reactions are tied in with susceptibility to tuberculosis, our work in prevention and control will be greatly aided.

With respect to diatomaceous earth, this shows a negative reaction under Mr. Elvers' classification and so would be a non-producer of pneumoconiosis. A great deal more work has to be done before your investigators at Marquette are going to be in a position to affirm or deny the correctness of this electrical reaction theory.

With best regards,

Sincerely yours,

/s/ Tony

A. J. Lanza, M. D.

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