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*Can anyone
medical witness
juror accept verdict*

COPY/

N.A. Morling, Esq.,
Messrs. Turner Brothers Asbestos
Co. Limited,
ROCHDALE.

M.

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22 FEB 1950

JACKSON & CO,
Solicitors.

HENRY ARNOLD KILNER,
Clerk to County Justices.

GEORGE GEOFFREY COLLINS,
Clerk to Commissioners of Taxes.

EDWARD KILNER.

Telegrams-
JAGO, ROCHDALE.

TELEPHONE N7 4187 (ROCHDALE)

*Spring Gardens,
Lord Street,
Rochdale.*

24th March 1950.

Dear Mr. Morling,

Coroner's Inquests in Asbestosis
or Suspected Asbestosis Cases.

As arranged at our Conference on the 14th instant, I have seen Mr. A.S. Coupe, the County Coroner, about the various matters which I was told to raise with him. We had a long talk and I found Mr. Coupe very ready to listen to what I had to say. I explained at the beginning that your Company has no desire to avoid its responsibilities or to suppress any unpalatable facts. I told him that we will welcome cooperation with his Pathologist. I also told him what a lot has been and is being done in the way of research. It is the Coroner's intention to employ Dr. Manning in all cases where industrial diseases are present or are suspected.

It surprised me to hear from Mr. Renshaw that there have in fact been very few cases in the past 10 years in which the Coroner's Verdict has differed from the final conclusion reached by the Pneumoconiosis Board. I certainly thought that this sort of discrepancy had occurred on many more occasions. In view of Mr. Renshaw's information, I did not press this aspect of the matter very much, though I did point out to the Coroner that it was obviously desirable for him to return a true Verdict and one which is not later differed from by the Board, particularly as it is a fact that the country's vital statistics are based on the reports sent in by the Coroner to the Registrar General.

The Coroner quite agrees that you should be given the earliest possible notification of every case. I was able to tell him that in this respect we have had every assistance from Sergeant Gittins. He asked if it would be better for our Pathologist to attend the Post Mortem examinations, either instead of or in addition to Dr. Knox, but I told him that I did not think that it was necessary for our Pathologist to be

24th March 1950.

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(Continuation Sheet.)

H.A. Morling, Esq., Messrs. Turner Bros. Asbestos Co. Ltd.,

brought in at such an early stage and that it was likely that our Pathologist might not be available at short notice. The main function of the Pathologist, as I see it, is to give a histological report and, of course, he is not able to deal with this until a later stage when the slides have been prepared. I expect you and Dr. Knox will agree that your representative at these post-mortem examinations should be Dr. Knox.

I told the Coroner about the new process of inflating the lungs and explained how this would cause some delay in the preparation of the slides for microscopic examination. The Coroner had not heard previously about this new development. He appreciated that when the new process is used, Dr. Knox will be dependent on getting his sections of lung tissue from Dr. Manning, Dr. Knox being unable in such cases to take sections for himself.

*Each
Convergence
of medical
testimony
suggested
before
inquest*

I got the impression that the Coroner was very anxious indeed to avoid a clash of medical testimony. He had heard from Mr. Arthur Davidson about the difficulty in which Mr. Davidson found himself when acting as Coroner in Thomas Butler's case. You will remember that in that case, the evidence of Dr. Oddy of the Rochdale Infirmary (acting on that occasion as the Coroner's Pathologist) was in conflict with Professor Stewart's evidence. In order to avoid this sort of conflict, the Coroner would like the two Pathologists to meet and discuss these cases before the inquest. He would welcome the closest liaison between Dr. Knox and Dr. Manning and he assured me that Dr. Knox must consider himself entirely at liberty to discuss these cases frankly with Dr. Manning at any stage. If Dr. Knox does this, the Coroner will not take the line that his witness is being tampered with, he was most emphatic about this.

As regards the preparation of the slides, Mr. Coupe thought that something was to be said for leaving it to Dr. Manning only to prepare slides and for his slides to be examined by both Pathologists jointly. I told him that I thought it was probably better for each Pathologist to make his own slides, although I agreed that a full exchange of information would be helpful. I understand that only a very small part of the lungs is actually examined under the microscope even if a lot of slides are made. I had this in mind when I told the Coroner that I thought the duplication of work was not wasteful and was in fact to be recommended.

The actual programme to be followed in each case would appear to depend on whether Dr. Manning wishes to use the inflation process or not. The Coroner thinks that Dr. Knox

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(Continuation Sheet.)

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and Dr. Manning should make their own arrangements each time they meet at a post-mortem examination. I think it can be assumed that Dr. Knox will get every cooperation from Dr. Manning in this respect. No doubt Dr. Knox will be seeing Dr. Manning in the near future. I think they should have a preliminary talk as soon as possible.

I told the Coroner that we understand that Professor Stewart is likely to retire before very long and that the question of a pointing his successor will be coming under consideration. The Coroner appreciates that you will want an expert but he expressed the hope that you would find someone not too far away, so that it will not be made unnecessarily difficult for the two Pathologists to work to the same time-table.

The only cases which the Coroner considers urgent are those in which the relatives desire cremation. He would like in such cases to do everything in his power to enable the wishes of the relatives to be carried out. As I have explained to you before, cremation is not allowed unless the Coroner has reached a concluded verdict. If the relatives desire burial, the Coroner will have no objection at all to adjourning these Inquests so as to allow a generous amount of time for the Pathologists to have their joint discussions.

The Coroner told me that he would speak to Dr. Manning about these matters generally and I feel sure that Dr. Knox will find, when he gets in touch with Dr. Manning, that the latter will do what he can to make matters run as smoothly as possible.

As regards the choice of a successor to Professor Stewart, it seems to me that you must employ someone who is prepared to work at least as quickly as Dr. Manning, although the need for urgency only arises in the cases where cremation is wanted. It seems likely that, as time goes on, the proportion of cases in which the relatives want cremation may increase.

I am enclosing a copy of this letter in case you wish to send one to Dr. Knox.

Yours faithfully,

Erskine Collins

DEATHS FROM CARCINOMA LUNG 1930-1952

301/0044

NAME	AGE IN YEARS	YEAR OF DEATH	DEPARTMENT	DATES OF EMPLOYMENT	NO. OF YEARS OF EMPLOYMENT	SEX	PATHOLOGICAL REPORT
1. P. Flood	70	1932	Bag carrier & Fibreg.	1904-32	30	Male	Asbestosis & Carc. lung.
2. A. Gullen	80	1932	Boyer Eng.	1885-06	50	Female	Asbestosis & Carc. lung.
3. J. Low	82	1935	Weaving	1907-32	25	Male	Asbestosis & Carc. lung.
4. B. Greenwood	54	1935	Weaving	1919-32	23	Male	Asbestosis Old T.B. Carc. lung.
5. W. Pennington	65	1936	Wiring & Fibreg.	1913-36	23	Male	Asbestosis & Bodo thal-
6. J. R. Greaves	47	1938	Weaving	1910-12	19	Male	Asbestosis and Bronchial
7. E. Pilling	49	1939	Disintegrating, wdg.	1930-39	20	Male	Asbestosis & Bronchial
8. J. Pickett	48	1940	Disintegrator	1911-15, 1919-21, 1925-39	22	Male	Asbestosis and Carcinoma Lung.
9. S. Taylor	82	1941	Weaving	1913-38	25	Male	Asbestosis & cat celled
10. M. Bush	59	1942	Bag Carrier	1904-19	28	Male	Asbestosis " " " "
11. J. Dorber	80	1948	Weaving	1913-48	35	Male	Asbestosis & Carc. lung.
12. J. Isherwood	83	1948	Weaving	1923-35	13	Male	" " " "
13. S. Brown	43	1948	Cable & Spg.	1923-48	25	Male	" " " "
14. W. Cavanagh	64	1948	Maintenance	1919-48	29	Male	Asbestosis, T.B. and cat celled
15. L. Bonney	61	1950	Cable & Spg.	1913-42	27	Female	Asbestosis & Carc. lung.
16. Y. Dowling	74	1951	Fiberising	1917-43	26	Male	Asbestosis & Carc. lung.
17. E. Leach	60	1951	Weaving	1913-25	27	Male	" " " "
Average age 57				av. 25.4	av. 18.6		
18. F. Smith	56	1944	Weaving	1949-44	2	Male	Cat celled carc. lung & Broncho pneumonia.
19. J. Aubrey	43	1951	Fibreg.	1930-48	9	Male	Undifferentiated Carc. lung.
20. L. Chubb	51	1952	Weaving	1941-52	7	Male	Bronchial Carc. lung.
Average age 45.3							

Table 2
Fibre and particle counts in ash from incinerated lung tissue

Case	Interval between last exposure and death.	Asbestos present or absent -	Over 45 μ	45-36 μ	35-26 μ	25-16 μ	15-5 μ	Less than 5 μ
3 Spont.	0	++	0	3	5	15	29	51
12 Spont.	1	++	2	0	3	12	26	65
2 Spont.	2	++	0	2	6	12	23	52
5 Spont.	2	++	1	0	6	12	27	52
21 Spont.	2	++	0	1	3	22	37	38
6 Spont.	6	++	0	2	6	10	27	50
14 Spont.	4	++	0	2	5	15	32	51
20 Spont.	8	++	0	0	0	10	21	66
8 Spont.	8	++	0	0	0	10	22	61
13 Spont.	8	++	0	0	0	6	13	81
11 Spont.	14	++	0	0	0	10	18	72
15a Spont.	17	++	0	0	0	8	12	80
16 Spont.	21	+	0	0	0	5	14	81
9 Spont.	9	++	0	0	0	12	25	57
17 Spont.	14	++	0	0	0	5	31	62
14 Spont.	14	++	0	0	0	15	21	55
19 Spont.	22	++	0	2	7	10	23	53
10 Spont.	32	++	0	2	1	7	23	69
7 Spont.	32	++	0	0	0	2	17	81

Exposures after 1937.

Case 3 + 1 (12, 14)