

FILE NAME: Asbestos Corp Ltd (ACL)

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DOCUMENT DESCRIPTION: Letter from NYU Bellevue Medical Center to Asbestos Corp Responding to Data Submitted by Dr. Cartier, Thetford Mines

NEW YORK UNIVERSITY-BELLEVUE MEDICAL CENTER
OF NEW YORK UNIVERSITY
INSTITUTE OF INDUSTRIAL MEDICINE
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KURRAY-HILL 2-1000

August 16, 1961

Dr. Pierre Cartier
Abasco Corporation
Theodore Mines
Quebec, Canada
Dear Dr. Cartier:

Allow me to express our appreciation of your courtesy in forwarding the data contained in your letter of July 15th. It would appear that the Canadian importance does not support the English view, and I think this is important to record simultaneously with any discussion of the English material.

In reference to the table you sent me I note that your patient breaks to stated to have had no significant exposure. I trust therefore that it would be correct to insert the words "no asbestos" with the pathological findings in that case. Since your patient seems to have a secondary pulmonary carcinoma, it would seem to me that he should be omitted from the table if his primary tumor was in a site from the respiratory tract. I was interested to see the diagnosis of pleural mesothelioma in your patient's family and record. Would it be possible for you to send me sections on these two?

In your letter you bring out the point that my given causal factor should produce the same variety of tumors. This has been true in the case of pneumoconiosis which seems to produce essentially epithelial tumors in the urinary tract. However, the only type of carcinomas are known to produce tumors of almost any tissue that becomes adequately exposed to them. Among the notable elements which have shown a variety of epithelial tumors in the lungs whereas benignly hyperplastic processes are common in the bronchi. In the event that asbestos might be carcinogenic, it would not be surprising to me to see pleural mesothelioma in some cases and bronchogenic carcinomas in others. Another than the variety of tumor types, the finding that asbestos is the most frequently seen in your table is that with a single exception, the patients had either no asbestos or only minimal asbestos. I note that your data derives from a population of 4000 asbestosworkers over the period 1950 - 1955. Could you advise how many deaths occurred in that population during that period and how many came to autopsy?

The various lesions presented to the Cancer Prevention Committee are now being reviewed and other certain revisions have been made I will send you the section on asbestos and would very much appreciate your criticism of it.

With all best regards,

Sincerely yours,

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William B. Smith M.D.
Asst. Professor.

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