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MINUTES OF THE AIR HYGIENE COMMITTEE MEETING

IN ATTENDANCE WERE: J. W. Weber
R. B. Smith
J. D. Beatty
D. R. Holmes
H. M. Jackson

1. The research proposal received from Saranac Laboratory pertaining to the relationship of pulmonary cancer to asbestosis was reviewed in detail.

   There is increasing publicity both in the professional and popular literature concerning the relationship of asbestosis to cancer. Several articles tying the two together were cited by the committee. For example, in the Consumers' Reports, a popular publication of national distribution, one of the member companies reported that they currently have a workmen's compensation case claiming that pulmonary cancer was caused by exposure to asbestosis.

   It is obvious from the Saranac proposal that research into this field is exceedingly complex; that the techniques are difficult; and that a considerable length of time and a large number of experimental animals are required. The Saranac proposal covered a three year period.

   It was the consensus of the committee that an additional proposal be obtained from another research agency and reviewed before making a definite recommendation to the Board of Governors. It was also suggested that when our thinking became crystallized, other asbestos industries, such as the asbestos cement, the insulation and asphalt tile groups, be approached to cooperate in the financing of the research

2. It was recalled that in Dr. Schepers' visit to the committee, mention had been made of the carcinogenic properties of certain oils and lubricating products that might be involved in the fibre conditioners. Recommendation was made that further information concerning this potential hazard be obtained and forwarded to each committee member. Toxicological information pertinent to other materials commonly used in member plants (solvents, degreasers, etc.) would also be obtained and disseminated.

3. The Committee reviewed the practices and methods of maintenance and operation of dust control systems. Since the standard dust survey methods are lengthy and costly procedures, it was the consensus that assurance of the effective operation of a ventilation control system could be obtained through frequent and regular checks of air flow and pressures.

   It was recommended that an initial relationship between satisfactory dust counts and operating pressures of the system be established. Subsequent

PLAINTIFF'S EXHIBIT
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checks of the system with the manometer would indicate whether the system was operating as designed. Such a test procedure is both simple and rapid.

The techniques of systematic inspection were reviewed and it was unanimously agreed that regularly scheduled, periodic inspection was an essential element in maintaining the efficiency of the system. A corollary of this was the preventive maintenance approach to bag, hood and pipe replacement.

4. John Beatty reported an effective design of dust control at the looms. Drawings and pictures will be distributed when received.

H. M. Jackson
Chairman
Air Hygiene Committee

PLAINTIFF'S EXHIBIT
450
3 of 4

Asbestos Textile Institute - Air Hygiene Committee
Proposal for Asbestosis Research

It is the recommendation of the Air Hygiene Committee that the individual members of the Asbestos Textile Institute participate voluntarily in further research of Asbestosis through (1) cardio-pulmonary and (2) autopsy studies.

1. Cardio-pulmonary Study.

The cardio-pulmonary studies would be conducted by Dr. P.A. Theodos at the Barton Memorial Hospital, 121 South Broad Street, Philadelphia, Pennsylvania. Approximately one weeks hospitalization per patient would be necessary for the studies which would include:

1. A complete medical and industrial history, physical examination, and routine laboratory studies including x-rays of the chest and electrocardiograms.

2. Complete pulmonary function studies including measurements of the ventilation, degree of emphysema and the respiratory gas exchange.

3. Cardiac catheterization to determine the pressure in the pulmonary circulation and to correlate these with the clinical features and the pulmonary function studies.

4. Lung biopsy under local anesthesia in selected cases to correlate the pathological features with the clinical and laboratory findings.

It is indicated that the hospital charges would approximate $300. per patient. The cost to the member company would, of course, include the additional expenses of transportation, wage loss, etc. A Group Hospitalization plan might absorb a portion of the costs.

Report of all medical data for each patient would be forwarded to the company physician and to the family physician, if desired. Following a series of studies, Dr. Theodos would summarize and report his findings to the Institute membership.

This type of investigation is of considerable value to each participating member and to the Institute as a whole. The results of the study of the patient would indicate objectively the evaluation of cause and extent of disability. Since the usual case sent for this examination would be a current or potential workmen's compensation occupational disease claim, this report would assist in determining the validity of the claim and the extent of the disability and therefore, the liability.

2. Autopsy Study.

The pathological and analytical studies of autopsy specimens would

PLAINTIFF'S EXHIBIT 450 4024

Autopsy specimens would be obtained and forwarded by the plant physician. Details of the medical routines, the employment and medical histories, and specimen preparation were given each doctor at the October, 1954 meeting.

Report of the study would be sent to the plant physician, with additional copies for the pathologist performing the autopsy and the family doctor as desired. The cost of the complete study approximates $200. - $250.

This type of investigation, too, is of considerable value to the participating company and to the entire Institute. The individual reports will establish, in a manner not possible by x-ray and clinical diagnosis, the nature and extent of the disease process. This will have important bearing on Workmen's Compensation liability for a particular case.

After a series of case studies, Dr. Schepers will summarize and report to the Institute membership his findings and observations. While animal experimentation has contributed greatly, the autopsy studies can develop even more complete knowledge of the disease process; which in turn can lead to more effective medical and exposure control.

Industry participation in these programs would insure advance in Medical Knowledge regarding Asbestosis. Since the cases in any one company are so few, the cumulative industry experience is necessary to provide a large enough sample to produce valid data.

The cost for each member is nominal and immediate value is obtained through the case reports which provide a basis for equitable settlement of Workmen's Compensation claims.

While the Board of Governors has approved these programs in principle, we desire to have a direct indication from each member company as to whether they will participate in them. It is understood that such might require clarification or modification of some management policies.

Would you kindly review the above proposals and indicate the intent of your company regarding them.

Should general participation be agreed to, complete details, procedures, addresses, etc. will be forwarded each member for distribution to appropriate company personnel.

H. H. Jackson, Chairman
Air Hygiene Committee