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OCCUPATIONAL DISEASES OF THE LUNGS

Recent Trends in Industrial Health

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On behalf of the Institute of Industrial Medicine, may I express my appreciation of the opportunity to participate in this rather unique meeting? May I also express my admiration for the work which Dr. Marble and his associates in the Massachusetts Medical Society have done in achieving the turnout that we see here today?

Industrial medicine is not static. Research goes on and clinical knowledge progresses, so that all of us continue to learn more and more. That being the case, it does not behoove any of us to be too dogmatic. We must learn to adapt our thinking to the changes in our knowledge and, if necessary, to change our minds. When I was a boy, they used to have a saying, "It was only a wooden Indian and a certain kind of fool who wouldn't change his mind." And occasionally we have to make up our minds that we have to change our minds.

This matter of occupational diseases of the lungs is not a simple one. It is very complicated and, as in all chronic diseases, presents a number of variables, the effect of which we have not always learned how to evaluate. We have learned a good deal about silicosis. We have learned something about asbestosis. Those are the two main forms of pneumoconiosis which cause disability and sometimes death. At the same time we must always remember that in spite of the enormous amount of research that has been done in most of the civilized countries of the world on the subject of silicosis—almost enough to fill an ordinary library—we still do not know what is the nature of the action of the silica particle upon pulmonary tissue. Nor do we know why it is that the silicotic is more susceptible than the normal person to tuberculosis.

Likewise, for instance, in asbestosis we do not know what is the nature of the action of the asbestos particle upon the pulmonary tissue. The late Dr. Gardner propounded the theory that, contrary to the action of silica, the action of asbestos was largely mechanical. That may be so. On the other hand, it is only fair to state that there is a considerable body of opinion that does not go along with that. Diagnosis is not always too easy and calls for all the skill that we can muster with respect to getting a careful occupational history, as well as the clinical and roentgenological evidence that may be available. It is incumbent upon us to be very careful and very precise in our use of terms. All too commonly people are apt to use these various terms signifying different types of pneumoconiosis as interchangeable, which is not correct. These different types of pneumoconiosis, like silicosis and asbestosis and siderosis, are different diseases; and if there is any sloppiness in our use of terms, we only confuse ourselves and make the matter of diagnosis and the just treatment of the individual worker who may be claiming compensation difficult.

While it is true that we have a fair knowledge of the action of silica particles and asbestos particles upon the pulmonary tissue as far as the pathology is concerned, we must always remember that these dusts may not,

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under factory or manufacturing conditions, occur as pure homogeneous particles, because there are often other dust particles among them. As pointed out years ago in researches at Saranac, these other dusts present along with silica modify the action of the silica particles. So we have to approach this whole subject with a considerable degree of humility, because there is so very much concerning these diseases about which we know very little. Our only hope here lies in the progress in the type of work that you will hear described later in the afternoon by Dr. Wright.

The pathologists and physiologists are the only ones who hold the key that may unlock the door to further knowledge of what really goes on in the lungs of persons who breathe the various kinds of dust that we find in our working places. So far our estimation of this disability consists mostly of rule-of-thumb methods, and if they can be combined with a certain amount of common sense, we hope that the standards of dealing with claimants for disability may be of a moderately high order.

Again let me emphasize that there is a great deal of work to do. There is a great deal of knowledge that we do not have. You will hear much more on that from our distinguished speakers this afternoon.