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[Closing Remarks]

are deeply indebted to you and to the participants in the program for the job that they have done in their contributions, and now, Doctor Vorwald.

BY DOCTOR VORWALD:

The end of this meeting is not easy to come before you as tired as I am and as tired as I know all of you are. I shall attempt to review the highlights of the symposium, to express to you my pleasure and the pleasure of all of us in having you with us during the course of the week.

At the outset of the symposium, I quoted from my foreword on your agenda, that at the symposium representatives of each of varying interests would have the opportunity to explore and to discuss common problems with the objective that industrial health be improved.

During the course of the week, we have had that opportunity to explore and to discuss and if we review the course of the week, we will find that the positive side of our hypothetical ledger is full, but I am distressed, as I am sure many of you are, by the negative side of that ledger. There are many, many things which we just do not know at the present time.

We have had discussion about definitions and terminology, even there there is not uniform agreement as to the concept of pneumoconioses. How broad shall it be? Shall it be limited? I think that the weight of opinion at

the discussions would indicate that the concept of the dust disease, the concept of pneumoconiosis should be a broad one, that it should not have reference only to those dusts which produce significant damage to the lung.

We have had discussions about the term silica, silicosis, what is silicosis. As our discussions have proceeded, is our definition of today a correct one? On that afternoon, there were general reviews with respect to some old problems, problems pertaining to silicosis and we attempted to show there that these - the mechanism, the mechanics or the method whereby free crystalline silica exerts its effect upon tissue, is not as yet definitely known. Varied theories were presented in even a more recent one, that which has emanated from our own department of Biochemistry under Doctor Sheean.

We have heard about asbestos, that there too, there are some differences of opinion, particularly between arbitrations which have been brought about or come about from patients, subjects, studies of industry in this country, as opposed to those in England.

Beryllium, as it was presented by Doctor Hardy, poses still many problems. We are not quite sure even today that beryllium is the only factor, as Doctor Hardy mentioned. She believes that there is perhaps a precipitating factor. The Factor X, which was forwarded by Doctor Gardner a good

many years ago.

With bauxite, it is - there is implication at least that the aluminum component of bauxite produces disease. What those implications are, I leave to your judgment.

The new synthetic silicas, by Doctor Pratt, the new horizons in that regard, which are complicated by many problems, the production by industry of ultra-microscopic particles which impose many, many difficulties, not only for the physician but also for the industrial hygienist who must detect those substances in the atmosphere, and also for our legal colleagues who must administer laws having reference to disease which might result from those older microscopic particles.

Then the next day we had a whole day of discussion on coal and we had the benefit of the opinions and observations and studies by our colleagues from England, but even there, we are not quite sure that was coal dust. We today do not know whether the carbonation component of coal, per se, is damaging to the pulmonary tissue or whether coal dust and the resulting or the damage seen in the lungs of coal workers, necessitates the presence of some other substance other than the carbonation component of coal.

We had discussions with respect to radiological classification, an attempt to introduce standardization in

the reading of shadows which are present in the Roentgenogram. I think it was obvious to all of us that the role of the radiologists, is indeed a difficult one. Visualize, if you will, the radiologist who must read shadows in the Roentgenogram and interpret those shadows. Can you, standing on the curbstone, watching the parade, and can you see the shadow of two men cast on the street, and look at those shadows and tell me which one is black and which one is white? Which one is twenty years of age and which one might be thirty? Which one has good pulmonary function and which one does not? I think, in a sense, the problems facing the radiologist are somewhat comparable.

The epidemiology of coal workers is more advanced in England than in our own country. We have heard about the problems pertaining to the coal miners in this country, but there I must admit that the - those, the problems pertaining to the coal miners and the coal mines in our country, have not been reviewed as avidly as they have been in England. In consequence, there are many areas in the coal mining enterprise which are not defined as or with respect to their problems.

Pulmonary cancer, you will recall the discussions concerning pulmonary cancer, that in the final analysis, there are relatively few substances in industry which are definitely, definitely have the capacity to produce cancer

of the lung, but in the words of Doctor Hueper, there are many which certainly should be watched through the course of the years, which are indeed potentially hazardous.

We heard about the chromates, that the clinical evidence with respect to chromate being a carcinogen, is not too well defined, and that certainly from the experimental evidence of Doctor Baetjer, that evidence to date is negative. We have heard about the experimental production of pulmonary cancer by beryllium, but that is only an observation in experimental animals, and certainly should not have reference to human subjects, pending validation of those observations in experimental animals and pending the discovery of an incidence in individuals who have been exposed to beryllium.

The next day we had a very good discussion on pulmonary disabilities, disability, pulmonary function, disfunction, partial and total disability, breathlessness, loss of faculty, all of those things were mentioned; which one shall we accept?

Certainly, I think it is evident that from the physiologist's standpoint, there has been much improvement in techniques and methodology and design for establishing whether pulmonary disability exists, but irrespective of all those refined techniques, the evidence presented by the physiologists today, is somewhat disturbing. I'm sure that

after clinicians, the administrators of industry, the legal profession, are not willing as yet to accept those implications that there is often a degree of pulmonary disability which we have not realized would be free, and I hasten to add also that the evidence to date points to the fact that not all dust exposures in every single worker gives rise to a pulmonary disability, that we must remember that industrial workers are also individuals of this large population of the world and that they, as persons, are also subject to those pulmonary diseases which afflict the general population and having no exposure to dust. It is those cases which constitute a problem when, is the disease which an individual has - when is it the result of the inhalation of dust? When is it the result of his occupation, or when is it a disease which has no reference whatsoever to his occupation? Those are the problems.

So, in summary, in final conclusion, I believe that the objectives of this symposium have been stated, that we have had our exploration, that we have had our discussion. For that, I am grateful to all of you, especially to those who have sat here so long, to those who have often said so little, who have been here to many previous symposiums, who are really the experts in these problems, and I call your attention to our dear friend, Doctor Paul Richards, to Manfred Bowdich, to Raymond Hussey, and Doctor French, who

just left, they have said very little, and I had hoped that they would participate more than they did in the program of our symposium. Thank you. (Applause).

BY DOCTOR ORENSTEIN:

On behalf of the overseas participants in this symposium, many of whom have already gone, but who I'm sure would share my views, I wish to express our appreciation of the opportunity of attending the symposium. Our problems are perhaps not the problems of the various administrations of American men in this United States.

The symposium brought out once more that previous symposia have done, that the problems of pneumoconiosis are extremely complicated; that, at first sight, whether one deals with the etiology, the history of the disease or the various ways in which its effects could be prevented and ameliorated, the compensation and the administration of workmen's compensation laws, one feels that one is almost up against an elastic wall which, as one pushes aside, comes back, with almost equal force, but gradually, we are beginning to see daylight, and a symposium such as this, by posing the problems which, after all, is the first step in the solution of any problem, helps the forward march of knowledge. For the opportunity, therefore, of participating in this symposium, even in the role of listeners, we are all deeply grateful to all of those who have organized the

symposium and who worked to - worked so hard to make it a success, and in particular to Doctor Arthur J. Vorwald and his staff. Thank you.

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(Symposium concluded 5:10 P. M. September 26, 1952).

REPORTER'S NOTE: Proper names appearing throughout the transcript, where not specifically spelled by the speakers, are subject to change or correction.

Page 137 - Reference was made to periods of early earth history. The terms in the stenographic notes appear to be Carnivorous, Rotation and Tertiary, but because of inability to check their accuracy, the blank spaces have been left to be filled in.

Page 162 - Certain German language was used which was unintelligible. The words missing would appear to refer to "pinhead" type dust deposits in pneumoconiosis.

Medical terminology and spelling has been checked, wherever possible with Dorland's American Illustrated Medical Dictionary. Some errors, however, may appear through the reporter having incorrectly heard the particular terminology.