

FILE NAME: Raybestos-Manhattan (RBM)

DATE: 1940 Jan 25

DOC#: RBM090

DOCUMENT DESCRIPTION: Letter from Lawyer to Raybestos RE Dr. Gardner at Saranac Lab

January 25, 1940.

Mr. Sumner Simpson
Raybestos - Manhattan Co.
Stratford, Conn.

My dear Mr. Simpson:

You have asked me to comment on the report of experimentation by Dr. Leroy U. Gardner at Saranac Laboratory, and also to make suggestions for further experimentation. Permit me to refer to Public Health Bulletin #241, printed by the United States Government Printing Office at Washington, 1938, titled: A STUDY OF ASBESTOSIS IN THE ASBESTOS TEXTILE INDUSTRY. Here is a report of every possible angle of the industry and has been most thoroughly studied. The hazards of the work and the end results of the effect in mild to severe forms of the presence of the dust concentrations have been discussed, where a human being is the guinea pig and not an animal.

From page IX of the abstract, I quote: "Asbestosis, a lung disease caused by long-continued inhalation of asbestos dust, was the principal physical defect found on medical examination of 541 men and women employed (or recently employed) in three asbestos textile factories. The primary effect of asbestos dust seems to be initiation of fine, interstitial, pulmonary fibrosis which was not observed to progress as far as the nodular stage. This fibrosis was observed in post-mortem examination of three former asbestos workers. During life, lung fibrosis can be detected by X-ray examination. The more important symptoms of asbestosis are progressive dyspnoea, variable cough, which sometimes raises blood-streaked sputum, and loss of weight. The processes that produce dust in asbestos textile factories were studied and recommendations for dust control are incorporated in this report. Enough dust counts (342) were made in all parts of these factories so that the dust exposure of each worker can be estimated. The percentage of persons in different occupational groups who were affected by asbestosis or any of its symptoms varied with the average dust concentration to which they were subjected, and with their length of employment. The only cases of asbestosis, three in number, found below 5 million particles per cubic foot were diagnosed as doubtful; well-established cases occurred at higher concentrations. It appears from these data that if asbestos dust concentrations in the air breathed are kept below this limit new cases of asbestosis would

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not appear".

Note the post-mortem reports given with a resume of the findings: p. 101, a case report where the patient died of myorcarditis (heart muscle pathology); case 2, p. 106, pneumonia, a perfect history of influenza which would predispose the lungs to low resistance; case 3, p. 112, lobar pneumonia directly following influenza as a complication. Here I desire to add one of our own cases (Kisley) whom I was fortunate to be able to autopsy, which showed the man to have extensive bronchogenic carcinoma with metastasis to the lumbar spine. All these cases did show the presence of asbestos in the lungs to variable degrees, but I do not think that the presence of the asbestos contributed as a concomittent factor to their death.

Great respect should be given to anyone who attempts to experiment on animals in the hope of discovering some means of helping the human being who is subject to the ravages of modern industry. The findings in this report are of no more practical importance or value than those already reported in the Public Health Bulletin. Further investment of grants to carry on this work, I feel, would be of no practical value to the industry.

To further direct experimentation I cannot suggest; but with what knowledge at hand and the report of the summary of medical findings, as on p. 116, which I quote:

"A medical examination was made of each employee in three asbestos textile plants employing 423 men and 118 women. These persons were much younger than the average industrial employee and they had been employed in this industry for relatively short lengths of time. Almost half these workers had been previously employed in cotton or woolen textile mills. Only 23 persons had been employed in a trade in which workers are known to be exposed to inorganic dust, and only 1 of these 23 persons had pneumoconiosis. For this reason, it is believed, asbestos-dust exposure can be held responsible for the cases of pneumoconiosis that were found in these three factories.

"Asbestosis is a form of pneumoconiosis caused by long-continued inhalation of asbestos dust. The primary effect of asbestos dust on the body is to set up an interstitial, pulmonary fibrosis. This may be seen at autopsy, and reports on three cases

appear in the pathological section of this bulletin. This type of fibrosis may also be detected by X-ray examination of the chest. On the X-ray film the shadows cast by this type of fibrosis resemble ground glass in appearance and usually extend over the lower portions of the lung fields, frequently being heavier on the right side. Unlike silicosis, nodular fibrosis has not been detected in asbestos workers.

"As in silicosis, the chief symptoms of asbestosis are progressive dyspnoea, variable cough, substernal chest pain, decreased chest expansion, emaciation, weakness, clubbed finger tips, and curved finger nails. Most of these symptoms seem to be the result of the pulmonary fibrosis set up by inhaled asbestos dust, and the concomitant pathologic changes, such as emphysema, bronchiectasis, and bronchiolectasis, which can be demonstrated at autopsy.

"The percentage of persons affected by asbestosis or by any one of these symptoms depends upon the dust exposure. In all cases the percentage of persons affected by any given sign or symptoms of asbestosis is greater than in control groups of industrial workers who were not exposed to inorganic dust.

"A characteristic of asbestosis is the finding of asbestosis bodies in the lungs and in the sputum. Although it does not appear from these data that a finding of asbestosis bodies can be used to establish a diagnosis of asbestosis, nevertheless it is evidence of asbestos exposure.

"Only three cases of asbestosis, all of them diagnosed as doubtful or borderline cases, were found to be exposed to dust concentrations of less than 5 million particles per cubic foot. (These three individuals had dust exposures of about 4 million particles per cubic foot.) Above 5 million particles per cubic foot numerous cases of well-marked asbestosis were found. It would seem that if the dust concentration in asbestos factories could be kept below 5 million particles (the engineering section of this report has shown how this may be accomplished), new cases of asbestosis probably would not appear."

And, as a conclusion, let it be recommended:

1. Seriously face the problem of dust control where asbestos is being used. There should be dust concentration counts to be sure that the percentage of dust does not go beyond the danger point.

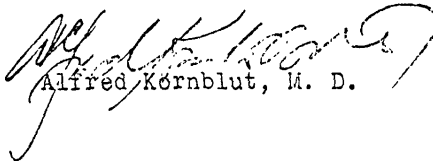
ALFRED KORNBLUT, M. D.
1839 FAIRFIELD AVENUE
BRIDGEPORT, CONNECTICUT
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TELEPHONE 5-7133

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2. A complete physical examination of everyone employed, and particular stress should be laid upon chest examination, where the lungs have been X-rayed, and anyone who shows any type of lung involvement should be rejected for employment. A complete work-up in blood which would show the possibility of any other concurrent disease, these examinations to be done at compromising intervals. The social standard under which the individual lives should be given great thought for here is a great basic factor and the foundation and beginning of many diseases. Recommend vacation periods from work so as to relax the mental stress under which one has been employed and thus build up the individual's morale.

Thus, I feel that you will be more than fair to the individual who is exposed to some hazard which is trivial and would not physically handicap him any more than ordinary wear-and-tear to his body of his daily existence.

Very truly yours,


Alfred Kornblut, M. D.

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