

SEVENTH SARANAC SYMPOSIUM

THE SARANAC LABORATORY of the
Edward L. Trudeau Foundation
Saranac Lake, New York

Session, Wednesday,
September 24, 1952



two weeks before they came to the clinic, and they could then be diagnosed as having lung cancer. The clinical symptoms and the pathology are no different in the chromate workers, as far as we have been able to determine, than in lung cancer of other origins. I think those are the principal points.

BY DOCTOR RHOADS:

That raises the question, Doctor Baetjer, of asymptomatic on cancer which simply means no symptoms referable to the lungs. What brought these patients to the clinic, symptoms to the lung?

BY DOCTOR BAETJER:

No, some came with lung symptoms, pain in the chest. Some of the patients I have read, came with symptoms referable to the metastases.

BY DOCTOR RHOADS:

Is there further comment on this?

BY DOCTOR SMITH:

Doctor Lanza, again commented on Doctor Mewether's discussion, asbestosis, and then went on to the chromate situation. I wonder if I may call for a little more discussion of the asbestosis problem.

At the end of the morning session, a question brought up as to association of lung cancer with the disease of asbestosis. Shortly before Doctor Glynn's death, I

an opportunity to visit him and learn something of the material that he had assembled. He had seventeen cases in which there had been co-existent carcinoma and asbestosis in the lungs. In his series, there was no relation that could be detected between the degree of asbestosis and the presence or absence of cancer, or the degree of asbestosis and fight of cancer.

Now, his series came from a plant that used the Rhodesian blue asbestos which, as Doctor Lanza has pointed out, has certain characteristics that are different from the Canadian asbestos. It's a more brittle fiber and, therefore, gives rise to more dust. However, it was my understanding that some of the cases described in Great Britain, had had exposure to the Canadian white asbestos.

I wonder if any of our colleagues from overseas who are in the room, might care to comment on that?

I would like also, to make one further point in connection with a matter that both Doctor Devan and Doctor Rhoads brought out, and that is the experiment of nature, where one may vary circumstances and see if that has anything to do with a phenomenon that has been observed. The question of exposure to nickel, which was brought up this morning, is something that I have been asked about by several individuals over the lunch hour.

I recently had an opportunity to visit with Do

Amore who was formerly medical officer for the plant in W where these nasal sinus tumors had been observed, and I also visited Doctor Morgan who is the Medical Officer there at the present time.

They both stated that the man who has developed the nasal sinus tumors were not men who had been employed in the part of the plant where there might be exposure to nickel carbonel, and they were, for that reason, very reluctant to believe that the nickel carbonel was a factor the nasal sinus tumors that had been observed.

They further pointed out that the tumors that occurred were in men who have been exposed to the calcine that is the ores with the - that since 1924, when the calciners were redesigned, they have not seen cancer of the nasal sinus in men whose employment in the industry has taken place only subsequent to 1924, so that it would seem that there is an instance which fulfills the stipulations that were raised this morning as to whether an experiment of nature might be performed which would have bearing on the question of an occupational hazard in the way of a respiratory tract carcinoma.

BY DOCTOR RHOADS:

Doctor Merewether, would you comment on these marks?

BY DOCTOR MEREWETHER:

I couldn't comment on some of them, but I think I can partially answer some of these, sir, and I think Doctor Knox can answer conclusively one of them.

First of all, I think Doctor Lanza is misinformed about the proportions of asbestos used and where they are used in England. The original cases of asbestosis, fifty years ago, were all Canadian asbestos. The earliest asbestos work in England was either seventy-eight or eighty-two and there may have been some crystalline fiber then, but very quickly the asbestos trade concentrated on the white Canadian crystalline.

Later on, the Rhodesian asbestos and the Rhodesian - the South African blue, and the third one which is also an iron silica, the amacite, came in. Now, of all of these, the amacite is definitely the most brittle. It has short fibers, it's brown and it's got fibers as long as that (indicating) whereas the best Canadian spinning fibers have only got fibers as long as that (indicating) and the best blue is about that.

Well, there is no doubt about the dustiness of the amacite. That is the brown long fibered stuff, to such an extent that it's very little used today, so it's at the period where some of these cases are concerned, or where the cases of asbestosis occurred - some of my old friend Glynn's cases occurred - there was a good deal of blue and

a good deal of amacite used.

Now, I think Doctor Knox will be able to tell us in his plant, which is the biggest in the country, what about the types of asbestos they use in that particular factory, and the - whether they have had any carcinoma of the lung.

Now, about the nickel cancer, it is perfectly correct that none of us think that nickel carbon has anything to do with it as such for the very simple reason that - well, one reason is that nickel carbon is so toxic that we should build a factory in order to get the - in order to get the little cancer, and of course, it might act in that proportion, then I should imagine a lot more people would have been effected.

Doctor Amore or Doctor Morgan and myself feel that the - that the re-building of the old calciners was the crucial change in the matter, though there was some operation in the constitution of the materials which are shipped from Fort Home in Canada. The difference, as I know, because I saw it before and afterwards, between the old and extremely dusty calciners and the modern build, is enormous. Therefore, there may be some hope in the fact that perhaps a lot of big dosage is necessary to produce some of these cancers.

BY DOCTOR RHODES:

Id Doctor Knox here? Do you care to comment on these remarks? (No response). Apparently not.

BY DOCTOR MEREWETHER:

Well, I can finish it if he won't.

BY DOCTOR RHOADS:

Why don't you?

BY DOCTOR MEREWETHER:

Because all of my information on this is derived from him; he's unduly modest. The fact is that it's mainly chrysotiles used in that factory. I don't think they use any blue at all, and they've had a number of cases of cancer of the lung as one might expect. Of course, not all cases of cancer of the lung, even if it is due or associated with asbestosis, must be included in the list that we have, because there must have been an ordinary occurrence of cancer of the lung quite irrespective of any factor of asbestos.

BY DOCTOR LEVIN:

It just happens that I talked with Doctor Knox about his data at lunch, and he showed me the data which he has. That's the occurrence of cancer of the lung at his plant.

Now, from 1932 to 1951, they have had exactly sixteen cases of lung cancer. Unfortunately, Doctor Knox did not as yet have the information which would enable either him or anyone else to say whether that was an ex-

number of cases. That's the kind of statistics, which we presented to statisticians, that makes them wish that they did have a psychiatrist.

BY DOCTOR RHOADS:

Very proper statement, I'm sure. Is there further comment on our questions of chromate or nickel?

(No response).

We have dismissed these conclusive topics. We will proceed to the paper by G. Burroughs Mider, Director of Cancer Research, National Cancer Institute. Doctor Mider - on Experimental Pulmonary Cancer.

BY DOCTOR MIDER:

(Doctor Mider read a prepared paper, which is on file with the Saranac Laboratory).

BY DOCTOR RHOADS:

Certainly a very comprehensive dissertation on this subject. It is most unfortunate to suspend these experiments at this stage of medical science. I am most interested to hear advocated the correlation of clinical observation and epidemiological studies. May I ask you the reference to the serial work, which is new to me, I think others might be interested in that since it hasn't appeared yet.

BY DOCTOR MIDER:

It has appeared in Lithgow & Finkel, Observations

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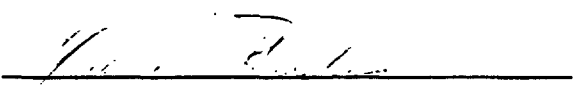
BEFORE ME, the undersigned Notary Public, personally came and appeared MICHAEL RHODE, a person of the full age of majority, being of sound mind and body, who, after being first duly sworn by me, did depose and say:

I, MICHAEL RHODE, am an employee of the Armed Forces Institute of Pathology, Washington, D.C. I am custodian of the original archives of Dr. Arthur J. Vorwald.

Pages 1 through 8 attached hereto are true, correct and authentic copies of documents from Dr. Arthur Vorwald's archives. The pages attached are DISCUSSIONS REGARDING THE ASSOCIATION OF LUNG CANCER WITH ASBESTOSIS by Drs. Smith, Rhoads, Merewether, and Levin at the Seventh Saranac Symposium, Sept., 1952.

Dr. Vorwald was the Director of the Saranac Laboratory of the Trudeau Institute. Upon his death, Dr. Vorwald's archives were donated to the Armed Forces Institute of Pathology by his widow.

Dr. Vorwald's archives are in such condition as to raise no suspicion concerning their authenticity; they were received by the Armed Forces Institute of Pathology from Dr. Vorwald's widow after Dr. Vorwald's death; they are presently on file as authorized by law in the National Museum of Health & Medicine, Armed Forces Institute of Pathology, Building 54, Walter Reed Army Medical Center, Washington, D.C. 20306-6000; and the archives have been in existence for 20 (twenty) or more years.


MICHAEL RHODE, AFFIANT

SWORN TO AND SUBSCRIBED before me, the undersigned Notary Public, on this the _____ day of _____, 1991.

My Commission Expires:

Indef.


NOTARY PUBLIC

Notarial powers pursuant to
10 USC 9361

LARRY D. WILLIAMS
LTC, JA, USA
LEGAL COUNSEL