FILE NAME: Quebec Asbestos Mining Association (QAMA)

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GOVERNMENT EXHIBIT 3021

Montreal,
January 28, 1930.

K. F. Lindell

Notification of Occupational Diseases

You will recall that at the ~~mid-Winter~~ Meeting on January 23, 1930 the Association was informed that new Provincial Health Regulations require all physicians to report all cases of occupational disease among their patients. Asbestos is included in the list of notifiable diseases.

I outlined my reasons for believing that the diagnosis of asbestosis should be made only in the presence of:-

(a) an adequate history of exposure to dust,
(b) positive and typical x-ray shadows,
(c) physical disability.

I also stated that while discussing these regulations with Dr. F. J. Tourangeau, The Director of the Division of Industrial Hygiene for the Province, he had requested me to notify all cases who had only very early evidence of dust ~~exposure~~ ~~disease~~ ~~because~~ ~~the~~ ~~law~~ ~~requiring~~ ~~notification~~ ~~should~~ ~~because~~ ~~disabilities~~ ~~which~~ ~~would~~ ~~interfere~~ ~~with~~ ~~the~~ ~~object~~ ~~that~~ ~~the~~ ~~Company~~ ~~should~~ ~~be~~ ~~faced~~ ~~with~~ ~~claims~~ ~~for~~ ~~compensation~~. My recommendation for the present was to do nothing about these notifications.

Yesterday I discussed this matter with Dr. [illegible] and I am in complete agreement with him that this Company had only 22 of the cases which might be notifiable, there were over 60 such cases in Montreal. We believe that we should co-operate with Dr. Tourangeau as much as possible, but we do not recommend the notification of these cases at present unless all industries in the Province are doing the same thing.

We believe that the purpose of this regulation is to find new cases of occupational disease and the recommended steps to prevent further exposure. The medical program of the asbestos and Thetford clinics are providing more efficient control of conditions that would be possible through the government agencies. Because of our zeal for examination and prevention of asbestosis we do not want to have this industry unduly penalized. This could happen if we fail all to do as requested.

Our recommendation is to co-operate with the Division of Industrial Hygiene as much as in the other industries of this Province. We suggest that this subject could be reviewed at the next mid-Winter Meeting. Dr. Cartier and I would appreciate an invitation to be present when the matter is discussed.

KHS/h.m.

Kenneth H. Smith, M.D.

c - C. V. McCue
T. B. Jackson, Jr., Esq. K.C.



Confidential

Hospital,
January 28, 1949.

E. P. Lovell

Pulmonary Malignancy.

There has been a tremendous increase in the number of articles in medical journals during the past year which deal with the subject of occupational cancer. Very high on the list of causes of environmental or occupational cancer is asbestos. There seems to be increasing proof that asbestos fibres do cause lung cancer. This conclusion is drawn only from articles reported in the journals, and having carefully studied these writings, I do not feel satisfied that their conclusions are just.

I have been unable to find any proof evidence of lung cancer among our employees. The local practitioners and the local V.A. unit have of no cases, but this is not important because the diagnosis of malignancy arises in most outside a hospital or a central clinic such as we operate here. Recently in Hartford I saw seven cases of pulmonary cancer. These probably are not due to dust exposure, but this whole subject could cause Johnson Asbestos embarrassment and should approach if labour leaders made use of our limited knowledge of the subject.

I strongly recommend that we should endeavour to learn more about the relationship of asbestos and pulmonary cancer. If we are to defend ourselves in the compensation courts we must have proof. Today the evidence is/is not in our favour, although I believe that a satisfactory series of experiments would establish evidence more suitable to us. I believe that we should discuss this matter at a Medical Meeting and if action on the subject is approved would recommend that the J.M.M.I. should ask the Trudeau Laboratory at Saranac Lake to outline a suggested plan of study and action for our consideration.

Dr. Gartlan and I agree on this subject and he is recommending to his Corporate in Hartford the consideration of advice and help from Saranac Lake.

Kenneth F. Smith, M.D.

KFS:m.

cc - C. V. Gates
E. P. Jackson, Jr., Esq. M

[redacted]

COPY

January 30, 1950

Dr. Arthur J. Vorwald,
The Trudeau Foundation,
Saranac Lake, N.Y.

Re: Cancer and Asbestos Factors

Dear Dr. Vorwald,

As mentioned in previous letters, I still remain very interested in co-operating with you in the study of cancer in the asbestos industry.

As primary details, I want to say that from 9 cases of tumors of the lungs, 1 case was a bronchogenic cyst confirmed by a successful operation and histological study and 8 cases of cancer confirmed by autopsy from 1944 to 1948.

I hope to be able to give you as soon as possible some statistical tables and a short summary on each case.

Moreover Ken and myself will propose at the next meeting of the Asbestos Association that you be authorized to do some research work on this problem which is presenting an increasing actuality, at least in the medical literature.

Yours very truly,

Paul Cartier, M.D.,

[redacted]