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January 24, 1986

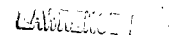
Dr. David Sheehan
Attorney General's Office
7 North Calvert Street
2nd Floor
Baltimore, Maryland 21202

Dear Dr. Sheehan:

Please find enclosed herewith copy of correspondence between Dr. Ritterhoff and Dr. Leroy Gardner which I had previously indicated I would forward on to you. I apologize for the delay in getting this to you, but it took me a while to find it. I will be getting in touch with you prior to the Ritterhoff deposition for further discussion. If there is any additional information which you feel you may need, please do not hesitate to let me know.

Your cooperation and assistance in regard to this matter has been greatly appreciated. I remain,

Very truly yours,



Lawrence Madeksho

LM:mkd
Enclosures

cc: Dr. Barry Castleman
1722 Linden Avenue
Baltimore, Maryland 21217
(With Enclosures)



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November 1, 1944

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Doctor Leroy U. Gardner
Director of Saranac Laboratory
Saranac Lake, New York

Dear Doctor Gardner:

Again, I am writing to you for an opinion, this time in regard to a case thought to be one of asbestosis. Dr. Slavica and I would greatly appreciate it if you would find time to review the case.

The gross findings are, I believe, consistent with published reports. However, microscopically, numerous active and regressive tubercular lesions are encountered in the lungs and the tracheobronchial lymph nodes and a rare tubercle is found in the spleen, liver, myocardium and kidneys. The character and distribution of these non-caseating tubercles is suggestive of sarcoidosis. Yet, in the lung asbestos bodies are present within some of the lesions, and within foreign body giant cells. In addition, there are areas of linear fibrosis with intact asbestos bodies.

The paucity of asbestos bodies, as compared with sections you kindly sent to me several years ago, the absence of a more pronounced fibrosis in the lungs, and the tubercular lesions in the lungs, nodes, and several of the organs, have led me to believe that the lesions are mixed, being one predominantly of sarcoidosis, and minimally one of asbestosis.

This is, to my knowledge, the first necropsy in which asbestosis bodies have been demonstrated in our series or that of the Cincinnati General Hospital. In view of this and, to me, the peculiarity of the lesions it would be extremely desirable to have your expert opinion.

I am sending under separate cover, stained and unstained slides, the necropsy report, and clinical abstract. The limited occupational history is all we have at the present time.

Very truly yours

R. J. Ritterhoff

R. J. Ritterhoff, M. D.
DIRECTOR OF LABORATORIES

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November 10, 1944

Dr. H. J. Ritterhoff
Director of Laboratories
County of Hamilton
The Tuberculosis Hospital
Price Hill
Cincinnati 8, Ohio

Dear Dr. Ritterhoff:

I am most grateful to you for allowing me to see the sections on your unusually interesting case of asbestosis and sarcoid of the lungs. I agree that this combination is not on the record as far as I know and that it would be most desirable to publish your findings.

Obviously the sarcoid constitutes the predominant pathological change and there is in addition a minimal amount of asbestosis. It is hard to be sure exactly how much of the fibrosis is due to the inhaled dust. However, this is no where extensive as you wrote and the number of asbestosis bodies is smaller than seen in many cases. One would infer that the man's exposure to asbestos fibre had been limited although the occupational history says nothing about the nature of his work.

I hope I may be permitted to keep these slides as they are really very beautiful.

It might help to have a chemical analysis of the tissue to determine the amount of Magnesium present. We have a fairly extensive series of figures on the findings in asbestosis. X-ray diffraction, however, is of no help as to quantity of hydrated magnesium silicate. It is too small to register even in advanced cases.

If we can be of any service in this regard we will be very glad to cooperate. Again may I thank you for allowing me to review the material.

Sincerely yours,

Leroy U. Gardner, M. D.
Director

LUG:RE

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MORRIS A. WERKING

December 23, 1944

Dr. Leroy U. Gardner
The Saronac Laboratory
Saronac Lake, New York

Dear Dr. Gardner:

I am very grateful to you for reviewing my case of sarcoidosis and asbestosis. Needless to say, your confirmation of the diagnoses, even though I was wrong as to the degree of asbestosis present, made me very happy—even produced a few "chuckles." Your suggestion as to publication will be followed; I would like permission to quote you and include your findings in that report.

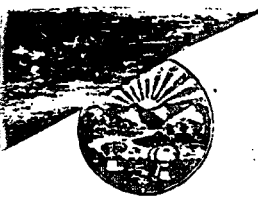
Tissue is being sent for chemical analysis. Would it, also, be advisable to have x-ray diffraction studies for silica? Unfortunately, I am unable to give you supplemental data in regard to his occupational history, as the local factory concerned has been uncooperative. They have not permitted me to visit the plant, nor have they given in detail his occupational history.

I have several questions concerning phases of this case about which I would like your opinion:

First, in some of the giant cells and occasionally within areas of fibrosis there are rare calcium encrusted asbestos bodies. Have these been previously described?

Second, would you care to comment upon the possible etiologic and chronologic relationships of these two diseases. I note in your letter, that pathologically "it is hard to be sure how much of the fibrosis is due to inhaled dust." Is it probable that sarcoidosis antedated and predisposed to asbestosis, or conversely no? On the basis of Pinner's belief that sarcoidosis is a modified tuberculous infection and your

CFR



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report, Jour. of Indust. Hygiene Vol 13, March 1931, on experimentally produced tuberculosis in asbestos dusted cavies, I favor the belief that in this case it is likely that asbestosis predisposed to sarcoidosis.

I will greatly appreciate your help in regard to chemical analyses, and your comments, if time permits, to the above questions.

Yours truly,

R. J. Ritterhoff, M. D.
DIRECTOR OF LABORATORIES

RJR/bmr

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December 27, 1944

Dr. R. S. Rittorhof
Director of Laboratories
The Tuberculosis Hospital
Price Hill
Cincinnati 5, Ohio

Dear Dr. Rittorhof:

I am very pleased indeed that you could let us have such a generous sample of tissue for chemical analysis of your fascinating case of sarcoid and asbestosis. We will give it the works in order to ascertain what are present. The story will include not only chemical and X-ray diffraction analyses but I shall send it off for a spectrographic analysis. I am doing this because I am looking for control material to a series of sarcoid or sarcoid-like cases from the fluorescent lamp industry. I am doing everything that I can to determine whether there may be an industrial environmental factor involved in the etiology. Thus far we actually know very little; these people make fluorescent and other types of lamp and radio bulbs in a very clean factory. Beryllium is under suspicion but in spite of intensive study the exposure to any particular substance seems very limited. Experimental work upon many of the chemicals involved has as yet produced no decisive results.

It is my own feeling that sarcoid is probably due to some infection whose cause is unknown at the present time. Perhaps it is a virus. I can't reconcile the histological picture with tuberculosis as Finner does so easily nor does it seem likely that the disease is due to *Coccidia* or other acid-fast organisms. I believe that if any non-specific irritant is concerned, its role must be a minor one, probably acting as a trigger mechanism to allow the virus or whatever to do its act.

In your case the presence of asbestosis would seem to me probably merely coincidental, at least this is the first time this combination has been reported. I have studied on approximately fifty cases of asbestosis and I have never seen one complicated by sarcoid. I would infer that in your case the two conditions developed more or less simultaneously but that probably the asbestosis was present to some degree before the sarcoid appeared. This opinion is based on the occurrence of asbestos fibres and other iron-containing particles in the interior of the tubercle-like nodules and in some cases within the giant cells themselves. The calcium encrusted inclusions in the giant cells are very frequent in all of the pulmonary sarcoids that I have studied. I do not know what they are but they look like bits of elastic

Dr. R. J. Ritterhoff

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December 27, 1944

bodies that have attracted lime onto; others have an oyster shell appearance whose origin is hard to imagine. I saw in the sections of your case a few of these deeply stained bodies which are a feature of sarcoïd and in addition, I noted, as you mentioned, certain portions of fibre that have a yellowish cast which one suspects may be asbestos. These, of course, are not uncommon in uncomplicated asbestosis. On the other hand, some of the asbestotic bodies in preparations have assumed most bizarre appearances.

At the risk of being monotonous about the occupational exposure I would appreciate it if you would tell me what sort of a plant the Philip Carey Manufacturing Company operates and whether you have any idea of the nature of their products. I am interested, of course, not only in the exposure to asbestos but in the possibility of an exposure to fluorescent substances. We shall probably be able to determine the presence or absence of the latter by spectrographic analysis but it would be helpful to know what possibilities are involved.

Personally I would hesitate to commit myself on the question of causal relationship between asbestotic and sarcoïd. Such relationship may exist but from the evidence before us I would find it difficult to decide which was cause and which was effect. In view of the fact that the two conditions occur so rarely in the same lung I would rather entertain the opinion that chance was responsible for their simultaneous occurrence in your case.

After we get our various chemical and other analytical data together I would be very glad to give you my further comments to be used in your case report, if you so desire. I will admit that after inspecting the gross material I am more impressed with the extent of the asbestosis. In comparison with our other material the pigmented foci in your case seem to show more fibrosis and less localized emphysema. Histologically this can probably be explained by the presence of sarcoïd nodules within the asbestotic zones of reaction.

Again may I express my appreciation for being allowed to study this unusually interesting case.

Sincerely yours,

Leroy U. Gardner, M. D.
Director

LUG:RH

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