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25th January, 1966

**II. Q. A. M. A. RESEARCH INSTITUTE OF OCCUPATIONAL
HEALTH IN MONTREAL**

**Record of discussions with Dr. John Beattie at Rochdale on
14th December, and with Mr. K. V. Lindell in New York on
15th December, 1965, and with Dr. Beattie again in
January, 1966**

Summary

- (i) The Q. A. M. A. has been committed for more than a year to sponsoring a Research Institute for Occupational Health in Montreal.
- (ii) It is now intended that the Institute shall start in a very modest way, with small rented offices, a Secretary and Librarian, with possibly a part-time Medical Director. There will be no laboratories but research will be sponsored.
- (iii) The main sponsored activity for the next few years will be an epidemiological survey of the Canadian asbestos mining populations by Dr. J. G. McDonald of McGill University.
- (iv) A subsidiary activity may be the setting up of a comprehensive information centre on matters concerning asbestos and health.
- (v) The decision to set up an Executive or Management Committee for the Institute and to vote the funds for Dr. McDonald's survey will probably be taken at the next meeting of the Board of the Q. A. M. A. about the end of January, 1966. Bell Asbestos Mines Ltd. seem likely to be represented on the Committee.
- (vi) The Canadian Federal Government is closely interested in these activities and may bear a share of the operating expenses.

A detailed report follows :

1. The Federal Government in Ottawa is taking a close interest in the health risks of asbestos and, in particular, in mesothelioma, which they have now made a registrable disease; from the data collected over the next three or four years by this registration a survey will be done by a Dr. de Villiers, a South African who was originally in a Pneumoconiosis Research Unit in Johannesburg and is now in the Government service in Ottawa.

2. The Q. A. M. A. approved, as long ago as November 1964, a budget of \$100,000 for 1965, for launching a Research Institute in Industrial Health, and they visualized that the cost might rise to \$200,000 a year in 4 or 5 years. The Federal Government is known to be willing

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to provide financial assistance but the Q.A.M.A. have not yet decided whether to accept this offer to the extent of, say, 50% of cost, at the expense of losing some degree of control of the ways in which the final results may be published and used. Mr. Lindell seems inclined to vote for accepting the Government help, mainly in order to keep the Federal Government's Department of Health and Welfare and the Q.A.M.A. closely together and avoid the danger of divergence.

3. It is intended in the Q.A.M.A. that the expenditure should be shared among the members on the basis of the agreed formula for the total contributions by the members. Because the formula takes account of the numbers employed and J-M. 's number of employees is relatively small because they do not mine underground, the Asbestos Corporation pay about 42%, J-M. about 30% and B.A.M. about 8 - 12% of the total income of the Q.A.M.A.

4. The objective behind all this activity by the Q.A.M.A. is, of course, their desire to preserve the industry on which their business depends. Mr. Lindell assured me that they were most anxious to avoid any undesirable publicity or any precipitate action by the U.S.A. or Canadian Federal Government which might be detrimental to the industry.

5. Dr. Beattie had reported to me before I left England, and Mr. Lindell confirmed, that the time at Antigua was almost wholly taken up with medical discussions (involving very few new points) and only at the very end was any work done on organizational matters. The vast majority of those present were Doctors, although there were representatives from some of the major companies in the Q.A.M.A., including Mr. Messel of Lake Asbestos and The American Smelting Corporation, who is at present President of the Q.A.M.A.

6. Mr. Lindell said that a full record of the medical conference at Antigua would be circulated confidentially to those present and to the sponsoring companies including, of course, B.A.M. Ltd. The circulation would be very limited and B.A.M. would receive only one copy though possibly another could be obtained for T. & N.

7. Dr. Beattie had clearly done his best at Antigua and subsequently in Canada to give a lot of wise advice, and a certain amount of this had been absorbed. Dr. Beattie's recommendations were as follows :

"I have expressed the opinion that whatever form the "institute" may take it should :-

(a) be financially independent and not rely on outside support from any source unless such support is "without strings"

"(b) be independent of any other institution - university or governmental - so that its policy can be determined by the needs of the industry.

(c) not indulge in capital expenditure on buildings at least until the needs of the institute for office, library and other space are known more accurately.

(d) sponsor research in established university departments rather than to create a separate research unit which would be expensive both to build and equip. The principle of investing in the productivity of individual research workers is likely to prove more profitable both in the long and short term than to attempt to set up a research institute.

(e) provide in its "steering committee" a forum for discussion of immediate problems and a means to decide how such problems are to be attacked and by whom.

(f) have the resources to finance a modest programme of sponsored research and meet the cost of an information and archives section likely to become a world centre of information on every aspect of asbestos as an industrial hazard. Outside support for this latter programme would be forthcoming provided it is planned with imagination and foresight and administered with efficiency.

(g) require a minimum of unproductive administrative staff. It is questionable if at this stage a full-time "director" is required.

(h) be prepared to appoint on a consultative basis and for a limited time a few persons willing to assist the organisation in its initial stages of development."

8. Dr. J. C. McDonald, Professor of Epidemiology and Health at McGill University had submitted a paper dated 30th July, 1965, on his proposals for establishing an Epidemiological Research Unit. His proposals seem likely to be generally accepted by the Q. A. M. A. at their next Board Meeting in late January, except for a point of detail about the proposal that Dr. T. R. Grainger and Dr. Paul Cartier should share the work of re-assessing all the X-ray films available since 1935 (in J-M.) and 1945 (in other private companies). Mr. Lindell feels that this would be too heavy a burden and he had arranged for a retired professor of one of the Medical Faculties in the University of Pennsylvania to do this work; this will add slightly to the estimated cost.

9. A copy of Dr. McDonald's memorandum is available and deserves to be read in full but it may be worthwhile to quote the first paragraph from the Introduction :-

"Reports are accumulating of an association between asbestos exposure, lung cancer and mesothelioma (see Brit. med. J. 1964, 2, 202). Most of the relevant data was reviewed at a conference of the New York Academy of Sciences, Oct. 19-21, 1964, the proceedings of which are in press. The evidence for an association is not conclusive, association does not necessarily imply causation, and it is uncertain whether all types of asbestos fibre are implicated equally. In a world increasingly dependent on this valuable mineral, clarification of these questions is urgent. Canada, by far the largest producer of chrysotile fibre outside the Soviet Union, has a special interest in the problem and is well placed to supply some of the answers. These facts were recognized by the International Union against Cancer which set up a committee to encourage and co-ordinate international research, by the Department of Health and Welfare in Ottawa with its committees for a National Study of the Biological Effects of Asbestos, and by the Quebec Asbestos Mining Association in its effort to establish a research institute."

10. It will be noted that the Federal Government in Ottawa has set up a Committee for a National Study of the Biological Effects of Asbestos and Dr. McDonald is a member of this Committee. It would seem that this Committee may be intending to make a separate study of mesothelioma, under Dr. de Villiers, but on the other hand the Committee may be only a political gesture and may wait for the results of Dr. McDonald's proposed survey.

11. It is clear that there is a mass of data available in the mining areas of Quebec which could provide a unique basis for a survey of this kind, which should give results of the greatest value. There are at present approximately 6,000 employees in the Quebec mining Companies and records exist for about 12,000 more who have worked at one time and have now left, retired or died. It is believed that records are available for at least 80% of the total, and in the J-M. Company records are available for almost all who started work since 1895. B.A.M. Ltd., who contribute about 5% of the total number, have records since 1925. X-ray films are available in J-M. since 1935 and in other companies since 1945.

12. Dr. McDonald apparently intends to concentrate mainly on the study of fibrosis and lung cancer, although he mentions mesothelioma in Paragraph 4 on Page 2 of his memorandum, and mesothelioma in the chest would presumably be included with "lung cancer".

13. The cost of this survey is estimated as \$45,000 a year for 3 years, plus non-recurring expenses of \$12,000 - say \$150,000 altogether. This would come well within the Q.A.M.A. budget.

14. Dr. Beattie believes that unless the Institute authorises Dr. McDonald to start soon, the project will be taken over by the Canadian Federal Government.

Possible future activities of the Q.A.M.A. Research Institute

15. The Institute will have a very small headquarters office in rented accommodation and a staff which initially will consist only of a Director (who should be a Chest Physician and may be part-time) a Secretary and a Librarian. Dr. Beattie told me that a Medical Director had already been appointed by Mr. Sabourin but that Mr. Lindell did not agree with the appointment and would quite possibly arrange for it to be changed. Some remarks to me by Mr. Lindell tended to support this interpretation. Dr. Beattie feels strongly that it is much too early to appoint a Director and that a small consultative committee should first be formed to determine scientific policy. (See Paragraphs 7(g) and 7(h) above.)

16. Mr. Lindell visualized that the Board of the Q.A.M.A. at the end of January 1966 would set up an Executive Committee to control the activities of the Institute and he mentioned that he would probably be asked to be Chairman of it. In view of B.A.M. Ltd.'s financial contribution to the Institute Mr. Lindell seemed to take it for granted that one of the Smith brothers would be asked to serve on this Committee but it was difficult to pin down Mr. Lindell on this point.

17. Mr. Lindell visualises sponsoring animal experiments to explore the characteristics of different types of fibre. He also stated that there was some conflict between the views of the pathologists and further animal experiments would be necessary to resolve these differences. Facilities could be made available for this work at the Sacred Heart Hospital at Montreal. (See footnote overleaf).

18. Dr. Beattie said that a Miss Beatrice Simon, a noted expert on Technical Libraries, had been authorised to produce a report on the practicability of setting up a Library and Information Centre on all matters concerning the health risks of asbestos. Her report would be ready in about a month and it would then take probably three months to decide whether or not the idea would be practicable. Mr. Lindell did not seem very much interested in this aspect, but Dr. Beattie has convinced me, since my return, that such an Information Centre in Canada or the U.S.A. is essential, as there

was much evidence at Antigua of ignorance on the part of the Americans and Canadians of published information on dust diseases and asbestosis.

Asbestos Research Council

19. Mr. Lindell is very anxious that Canadian Johns-Manville should become a member of the Asbestosis Research Council in Britain - preferably a full Member rather than an Associate Member. He said that it would be convenient for Canadian J-M. rather than the American J-M. Corporation to hold this membership, but liaison would be maintained through him with all parts of the J-M. organization. I asked him to write formally to me on this matter. (It is hardly likely that the A. R. C. will readily alter its Constitution - newly revised in August 1965 - in order to permit full membership by an overseas company, but it is very probable that Canadian J-M. would be accepted as an Associate Member, and this would help to facilitate a two-way traffic of information between the respective research workers.)

John Waddell. *GW*

Footnote to Paragraph 17 : On this paragraph Dr. Beattie has commented :-

"It is clear that Mr. Lindell and those with whom he has discussed the question of animal experimentation are unaware of the intensive work already in progress along such lines in the U. K.

"I am disturbed that the facilities at one institution were mentioned without reference to the individuals who would undertake the work. Surely the art of successful sponsorship of research work lies in being able to get the right man or men and then, if need be, build up around him facilities and eventually a research team?

"I cannot agree with the statement attributed to Mr. Lindell that there was some conflict between the views of pathologists. There was none at Antigua and my knowledge of the opinions of pathologists both in the U. K. and the U. S. A. on the nature of the lesions of asbestosis suggests to me that none exists. With the rapid advance of

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our knowledge of the intimate effects of asbestos dust on lung cells due to John Davis at Cambridge and the close collaboration between him and Paul Gross of the Mellon Institute. The pathological picture and its implications are emerging clearly and precisely. I agree that some divergence of opinion does exist on the question of the criteria for diagnosis (by the optical microscope) of mesothelioma but these divergences have been narrowed down during the past year and with Davis' recent work on these tumours, using the electron microscope, it would appear that divergences will disappear, within the foreseeable future."