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NEW YORK UNIVERSITY-BELLEVUE MEDICAL CENTER
OF NEW YORK UNIVERSITY
INSTITUTE OF INDUSTRIAL MEDICINE
477 FIRST AVENUE, NEW YORK 16, N.Y.

MURRAY-HILL 3-1600

August 16, 1951

Dr. Pierre Cartier
Asbestos Corporation
Thetford Mines
Quebec, Canada

Dear Dr. Cartier:

Allow me to express our appreciation of your courtesy in forwarding the data contained in your letter of July 19th. It would appear that the Canadian experience does not support the English view, and I think this is important to record simultaneously with any discussion of the English material.

In reference to the table you sent me I note that your patient Branka is stated to have had no significant exposure. I trust therefore that it would be correct to insert the words "no asbestosis" with the pathological findings in that case. Since your patient Simard is listed as having a secondary pulmonary carcoma, it would seem to me that he should be omitted from the table if his primary tumor was in a site from the respiratory tract. I was interested to see the diagnosis of pleural mesothelioma in your patients Gosling and Lessard. Would it be possible for you to send me sections on these two?

In your letter you bring out the point that any given causal factor should produce the same variety of tumors. This has been true in the case of betanaphtylamine which seems to produce exclusively epithelial tumors in the urinary tract. However, the coal tar type of carcinogens are known to produce tumors of almost any tissue that becomes adequately exposed to them. Among the metals, chromate workers have shown a variety of epithelial tumors in the lungs whereas beryllium experimentally produces sarcomas in the bone. In the event that asbestos might be carcinogenic, it would not be surprising to me to see pleural mesothelioma in some cases and bronchogenic carcinoma in others. Rather than the variety of tumor types, the finding that strikes my eye most forcibly from the data on your table is that, with a single exception, the patients had either no asbestosis or only minimal asbestosis.

I note that your data derives from a population of 4000 asbestosworkers over the period 1930 - 1950. Could you advise how many deaths occured in that population during that period and how many came to autopsy?

The various lectures presented to the Cancer Prevention Committee are now being reviewed and after certain revisions have been made I will send you the section on asbestosis and would very much appreciate your criticism of it.

With all best regards,

Sincerely yours,

1690

William E. Smith M.D.
Asst. Professor.