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News and Comment

POSTGRADUATE COURSE IN COMPENSATION MEDICINE

Dr. Anthony J. Lanza, professor of industrial medicine at the New York University Postgraduate Medical School and director of the Institute of Industrial Medicine, has announced a postgraduate course in compensation medicine to be held at the New York University Postgraduate Medical School from Feb. 27 to March 4, 1950.

The course is being co-sponsored by the New York University Postgraduate Medical School and the American Academy of Compensation Medicine. It will be an intensive one, covering all aspects of medicine in compensation work. The tuition will be $25.

Leading physicians from New York and the surrounding area are participating and covering both the general and the specific specialty problems that arise in compensation medicine. For example, there will be symposiums in such fields as dermatology, arthritis, peripheral vascular disease, pulmonary diseases, orthopedic problems, occupational diseases, neuropsychiatry, rehabilitation, tumors and radiology.

This comprehensive and intensive program is highly recommended to physicians and others whose work requires a general knowledge of the broad phases of medical practice involved in compensation medicine.

Any one interested in this postgraduate course should write to the Office of the Dean, New York University Postgraduate Medical School, 477 First Avenue, New York 16, N. Y.

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June 19, 1950.

Mr. A. L. Feehale,
Asbestos Corporation Ltd.,
Thetford Mines, Que.

Re: Pulmonary Cancer in the Asbestos Industry.

Dear Mr. Feehale:

I have the pleasure to submit a preliminary report on the meeting which took place at the Institute of Industrial Medicine, Columbia University, New York, on June 12, 1950.

Were Present: Dr. A. Lanza.
Dr. A. Smith.
Dr. Nelson.
Dr. Kenneth Smith.
Dr. J. Cartier.

The main subjects exposed and discussed were the following:

Dr. Lanza recalled that he has been invited by the executive of the Memorial Hospital to take charge of any research or survey work on Occupational Cancer and for that purpose Drs. A. Smith and Nelson have been transferred from the Memorial Hospital to the Institute of Industrial Medicine under Dr. A. Lanza.

Drs. A. Smith and Nelson made a brief exposé of the work involved in a study on the potential hazard of the asbestos fibers as a carcinogenic factor, which work will consist of:

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1. Epidemiological Study.

Such epidemiological study is very valuable provided it is well conducted and as a matter of fact Hercewether in Great Britain and Kuepar in our Institute have based their conclusions purely on epidemiological or statistical study. So as there is the province of Quebec the more accurate material on which a scientific epidemiological study could be made.

2. Experimental Study:

Such investigation is very complicated, is a long and expensive affair and includes consideration of many problems.

A. Material to be used?

(a) Air-borne material.
(b) Short or long fibers.
(c) Nature of fibers and rocks.
(d) Fibers from South Africa.
(e) Fibers from Canada.

B. Different technics of experimentation?

(a) Implantation.
(b) Intra-tracheal injection.
(c) Intra-peritoneal injection.
(d) Intra-pleural injection.
(e) Inhalation method.

3. Apparently there is no objection on the part of the Institute to ask for the collaboration of the Ceramic Laboratory.

4. The approximative cost of the projected study will be known with the official report of Dr. Ignatz.

Personal Remarks:

1. Although in all probabilities Dr. Ignatz and his associates could find the necessary additional qualified workers, the actual staff at the Institute is not sufficient to make a complete

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2. Would this recent New York Institute of Industrial Medicine have the same prestige and authority on questions of Cancer as has the Memorial Hospital, this aspect has its importance when will come the time of the conclusions or the time of having these conclusions accepted.

3. With some reluctance because as a doctor I am indeed interested in any research work but nevertheless I think I must say that such experimental study could be regarded as being rather of a scientific than of a practical interest due to the fact that if experimentally the pulmonary cancer is reproduced on animals, it would mean a positive relationship between the asbestos factor and the cancer, but on the other hand if experimentally the cancer is not reproduced by asbestos fibers even then, it would not be possible to say that there is no relationship between asbestos factor and cancer.

Conclusion.

For the numerous reasons given in this report, I would be inclined to think that a scientific epidemiological study would be quite simple, quite rapid and above all more conclusive than the experimental study, in any case this latter could be realized afterwards.

Yours very truly,

PC/ds

Paul Cartier, M.D.

CC to Mr. L. C. Smith.
Mr. W. J. Johnston.
Mr. Ivan Sabourin, Q.C.

NEW YORK UNIVERSITY-BELLEVUE MEDICAL CENTER
OF NEW YORK UNIVERSITY
POST GRADUATE MEDICAL SCHOOL
[illegible] FIRST AVENUE NEW YORK [illegible] N.Y.

DEPARTMENT OF INDUSTRIAL MEDICINE

ORegon 9-1700

August 25, 1950

Dr. Kenneth Smith
Johns-Manville Company
Asbestos, Quebec, Canada

Dear Doctors Smith and Cartier:

On the basis of our discussion with yourselves this summer and further study of the problem, we should like to suggest the following for your consideration.

It appears that there are two distinct ways in which we may secure a more accurate understanding of the possible carcinogenicity of asbestos. The first of these is an epidemiological evaluation of present and past exposed populations. The second is animal testing of suspected materials.

With respect to the first of these, that is the epidemiological study, it is suggested that before definite plans are made the value of such a study be determined by a visit to Testford and Asbestos, at which time the available sources of information would be reviewed with you.

The second part, that is, the animal testing program, has several phases. As you know, there is now no technic by which we can, with certainty, evaluate the carcinogenicity of materials for lung tissue. Exposure by inhalation in cancer studies has not yet been extensively employed and is, at the moment, of completely unknown reliability. The Institute is at this time laying plans for the establishment of a long-range program involving a basic investigation of technics for the study of lung cancer arising by inhalation of carcinogens of many various types. A study based on inhalation of asbestos fibres, in our opinion, must be done. It is believed, however, that this study would be most effective if it were made a part of the larger program mentioned above which would be designed to test the validity of the technics employed, using a variety of known carcinogens and a variety of species. For these reasons, we believe that we will be in a better position to suggest concrete plans for inhalation studies in three or four months than we are now.

There remains, however, in the animal testing program the necessity for subjecting the materials to screening tests such as implantation with embryonic lung tissue and intratracheal injection.

These studies can be considered as indispensable preliminaries to any inhalation study planned on the same material, since they might very well provide a basis for selection of materials for use in the more elaborate inhalation studies. These the Institute could get under way any time after September 1st.

Such studies would involve exploratory implantation and/or injection of a group of materials to be determined jointly, using technics as now employed by Dr. William A. Smith. Such a study, which would include a number of materials, would come to about $10,000.00 for a one year study. Such a project would be carried out under a contract of the type enclosed.

In summary: (1) We suggest that the desirability of an epidemiological study be determined on the basis of a visit to your plants; (2) that definite plans for an inhalation study be deferred for three or four months; (3) that screening studies by implantation and/or injection be started immediately.

Sincerely yours,

A. J. Lanza, M.D.
Chairman
Institute of Industrial Medicine

AJL:le
Encl.
C.C.: Mr. J. P. Woodard
Dr. P. Cartier

NEW JERSEY DEPARTMENT OF LABOR AND INDUSTRY
WORKMEN'S COMPENSATION DIVISION
SOMERVILLE, SOMERSET COUNTY DISTRICT

MARY HAINES,

Petitioner,

-vs-

JOHNS-MANVILLE,

Respondent.

NOTED V.B.

TRANSCRIPT OF STENOGRAPHER'S NOTES OF the above entitled matter as heard before HONORABLE JOHN M. KERNER, Deputy Director

ON THE see below DAY OF A. D. 195

WITNESS	DIRECT	CROSS	RE-DIRECT	RE-CROSS
OCTOBER 20, 1950				
Mary Haines	2	12		
Dr. Irving L. Applebaum	18	24		
Dr. Samuel Spinner	32	36		
DECEMBER 1st, 1950				
Dr. E.G. Pendergras	47	69	77	79
Dr. Leonard J. Bristol	80	91		
Dr. Arthur Verwald	112	116		
Dr. Anthony J. Lanza	132	136		
DECEMBER 15, 1950				
No witnesses				

that he be continued, we usually accommodate i. instance. The men don't wish to be changed.

Q Doctor, among the things, among the various different types of association, you said you followed some organization of compensation medicine?

A Yes.

Q What organization is that? A That is an association for compensation medicine, New York City.

Q And you represent whom? A I represent no one, I am a member.

Q Oh, I see. A Of the associatio:

Q Who is your sponsor, doctor? A I don't have any sponsor.

Q Well, is it sponsoring of big industry?

A No, no.

MR. WILSON: I think that is all.

MR. HALL: Thank you, doctor.

(Witness excused.)

MR. HALL: Dr. Lanza, please.

D R. A N T H O N Y J. L A N Z A, called as a witness on behalf of the Respondent, being first duly sworn, testified as follows:

MR. WILSON: May I say, in the interest of economy of time, I would be very happy to admit Dr. Lanza's qualifications, he enjoys an eminent reputation. I think all of us have had opportunity and the pleasure of reading his books and we know his work. Is there any particular importance of spreading his qualifications on the record? I am perfectly willing to concede that Dr. Lanza enjoys one of the most eminent reputations in his field in the country.

MR. HALL: In that field, and you will further agree, Mr. Wilson--

MR. WILSON: And radiology.

MR. HALL: In industrial medicine?

MR. WILSON: Industrial medicine.

MR. HALL: Including asbestosis and pneumonoconiosis?

MR. WILSON: Oh, yes, I have no quarrel with that. I have had the pleasure of reading Dr. Lanza's books.

MR. HALL: All right.

DIRECT EXAMINATION:

BY MR. HALL:

Q Doctor, what is your present position?

A I am professor of industry at New York University, Bellevue Medical Center, and Chairman of the Institute of Industrial Medicine, in the same place.

Q And you have been studying pneumonoconiosis, including asbestosis, for a great many years?

A Yes, sir.

Q Since about what date, doctor? A 1914.

Q And, as Mr. Wilson has so kindly indicated, you are the author of the leading treatise on the subject, if I may put it that way, is that right?

A Well, also, along with other people.

Q Yes. Are you still carrying on studies in these fields? A Yes, sir.

Q Now, doctor, based upon your studies and experience, particularly with the methods available for the diagnosis of asbestosis as known to the medical world today-- A The history of exposure and the characteristic x-ray film.

Q Are both required? A Yes, sir.

Q In other words, there can be no diagnosis with only one of these two elements that you mentioned?

A Right.

Q Now, doctor, you have had occasion to examine the x-ray films of the decedent now in evidence here,

exhibits R-1 to R-17, and P-1 and P-2, have you not?

A Yes, sir.

Q When about, did you do that, if you can recall?

25 A Oh, sometime in November of last year, 1949.

Q And without reviewing every film, in order to save time, will you summarize for us, generally, what these films showed to you, with reference to the condition of Mr. Haines' chest? A I will say that these films showed no evidence so far as an occupational disease of the lungs or pneumonoconiosis

Q Were there any changes in them of any significanc from the earliest film in 1936, R-1, to the latest film in October, 1948, P-2? A No, sir.

Q Now, you heard the hypothetical question that I proposed to Dr. Pendergras this morning, you were in Court? A Yes, sir.

Q And you heard all the facts set forth in that question? A Yes, sir.

Q And without repeating them, with the consent of Mr. Wilson, I will simply ask you the inquiring part of that question: Based upon the facts set forth therein, and on your examination of these films, and in the light of your training and experience, did John Haines have asbestosis at any time during the period of the films? A No, sir.

Q And why do you say that, sir? A Because there is absolutely no evidence of it.

Q You mean nothing in the x-ray films?

A Nothing on the x-ray films, yes.

Q Did he have any other disease of the lung that is shown by these films? A Nothing in his lung.

Q You also heard this morning, I think, my hypothetical question to Dr. Pendergras, reading from the records of the testimony of Dr. Applebaum as to his interpretation of exhibit P-2, do you agree or disagree with that opinion? A I disagree.

Q Why do you say that, sir? A Because there is no evidence in the x-ray film to support the statement.

MR. HALL: You may cross-examine.

CROSS-EXAMINATION:

BY MR. WILSON:

Q Then I take it, doctor, you mean by that, that is your opinion as to the fact that there is no such evidence to support that statement?

A That is right, and based upon many years of experience.

Q Of course. Doctor, did you not advise, in the

course of your writings that known silicotics or those suffering from pneumonocconiotic disease be removed from exposure? A I think before I answer that question--

Q I just asked you that question, if you don't mind, Dr. Lanza. A What?

Q I just asked you a simple question, and I think that can be answered yes or no. A I can't answer yes or no, because it depends on circumstances.

Q Well, doctor, I stated, did you not, in your writings make the statement that known silicotics or other people suffering from pneumonocconiotic diseases, I didn't say the exact nature of this disease, should be removed from further exposure? A I don't think so, not a categorial statement of that kind.

Q Well, qualifiedly, would you make that statement? A Qualifiedly? Yes.

Q What are the qualifications? A We have made many studies at the plant--

Q At what? A The plant.

Q Yes. A Industrial plants including asbestos plants. Now, in the given cases, I mean, of asbestosis fibre which involves exposure to asbestos dust, you have got people working there, and they may have varied degrees of asbestosis, but if

the plant is cleaned up, if the dust is removed, then there is no object of throwing all these people out of work and they do come back and start working again, because you know then that the amount of asbestos they are going to be exposed to from then on is not sufficient to materially affect their pulmonary condition. The same thing holds true with other varieties, I mean, you can go into silicosis.

Q If the plant is not cleaned up, and kept clean, you would advise the particular individuals removed?
A If he had asbestosis, yes.

Q Well, doctor, this man doesn't have tuberculosis, does he? A No, sir.

Q He didn't have pleursy? A I don't think so, no.

Q He didn't have bronchitis? A No, sir, not with the evidence on the x-rays.

Q He didn't have any other pulmonary disease which is manifest on these x-rays? A That is right.

Q And still for years he kept on coughing, do you know why, doctor? A No, sir.

Q For years he kept on expectorating stuff that he inhaled in the plant, did he not? A No, sir.

MR. HALL: Where is there any evidence it was stuff that he inhaled in the plant?

MR. WILSON: Well, black stuff that he expectorated, he inhaled it because of exposure.

MR. HALL: There is no evidence of that.

THE DEPUTY DIRECTOR: Well, the wife testified that about April 26, 1948, he had a coughing spell that he passed up a lot of black dust. He got some medicine; he would use it at the next coughing spell and after he got itshe did not observe any expression of pain; that there was loss of weight, about
26 twenty pounds; he felt a lot worse in 1948 than before. That is some of the testimony with regard to the observations of the wife concerning the petitioner's condition at that time.

MR. WILSON: Well, I think I have lost my train of thought. May I have the last question, Mr. Schumann?

(The previous question read by the reporter as follows: Question: "For years he kept on expectorating stuff that he inhaled in the plant, did he not?")

MR. WILSON: I will withdraw the question. I think the question is improper.

BY MR. WILSON:

Q There are x-rays taken in December of 1948?

A Yes, sir.

Q I am talking about P-1 and P-2? A Yes.

Q Would you put them in front of you, if you don't mind. I want to read a statement. A Yes.

Q I will read the statement and ask you if you agree with that.

MR. HALL: I object, if the Court please unless--

THE WITNESS: 10-30-48, is that right?

MR. HALL: Yes, I object to reading the statement unless this concerns the case, to see whether it is proper or not.

THE DEPUTY DIRECTOR: Let him finish.

MR. WILSON: I will make the statement.

MR. HALL: Yes.

BY MR. WILSON:

Q I make this statement, doctor, and ask you whether or not you agree with it: X-ray examination of the chest shows the trachea, heart and mid-sternum to be normal, the right hilum is moderately prominent, and there stipled infiltration in both upper lobes, more marked on the right, the balance of the lung fields

are clear; do you agree with that?

MR. HALL: I object to that, if the Court please. There is an attempt to read here something into evidence, some kind of report by somebody, I haven't the slightest idea who, and it is not the proper way to do it.

THE DEPUTY DIRECTOR: I don't understand what the question is. You are asking the doctor if he agrees with a certain statement made by who, and at what time? And, with respect to what?

MR. WILSON: I am making a statement that was made to us as a hypothetical question, to lay a foundation for rebuttal. The statement was made and presented by this doctor, Dr. J. C. Boyes, M.D., FACS, a roentgenologist, of Plainfield, New Jersey.

MR. HALL: Well, the way to prove the statement is to call the doctor.

MR. WILSON: Well, will your Honor note this, I am asking him, the doctor may agree with the statement, then it wouldn't be necessary to call him.

THE DEPUTY DIRECTOR: Well, as propounded, I will sustain the objection.

BY MR. WILSON:

Q Doctor, do you believe that the film shows the right hilum to be moderately prominent, and there is stipled infiltration in both upper lobes, more marked on the right?

MR. HALL: I object to that on the same grounds.

THE DEPUTY DIRECTOR: I will allow the question.

BY MR. WILSON:

Q Answer the question, please.

THE DEPUTY DIRECTOR: Did you find that condition, doctor, on P-1 or P-2?

THE WITNESS: No, sir.

BY MR. WILSON:

Q Did you find any infiltration in both upper lobes? A No, sir.

Q With the history that this man found it, doctor, as furnished in the hypothetical question, if he had infiltration, would you then believe his complaints to be due to asbestosis? A If you say the infiltration was a characteristic type of asbestosis, but there is nothing even remotely resembling it there.

MR. WILSON: Will you read that back, please

(The last answer of the witness read by the reporter.)

MR. HALL: By, "there," you mean exhibit P-2, doctor?

THE WITNESS: Yes, sir.

MR. WILSON: I think that is all.

MR. HALL: That is all, doctor.

THE DEPUTY DIRECTOR: Doctor, from the hypothetical question and from your examination of the x-rays films, and from your experience, did you arrive at any conclusion as to what condition this man had been suffering from, during the period covered by the x-ray films?

THE WITNESS: No, sir.

THE DEPUTY DIRECTOR: That is all.

MR. HALL: The respondent rests.

MR. WILSON: I think, if your Honor please, in the light of this last answer we have to beg leave to produce Dr. N. G. Denny.

MR. HALL: For what?

MR. WILSON: I ascertained, apparently, he sent this report, that is, the report of Dr. J. C. Boyes, M.D., FACS, to Dr. N. G. Denny, I assume this is the report which