PLAINTIFF'S EXHIBIT

ATI-177

ASBESTOS TEXTILE INSTITUTE

AIR HYGIENE COMMITTEE

Report of Meeting dated 10/6/54

Members Present:

R. B. Smith
J. W. Weber
B. W. Luttenberger
D. R. Holmes

Doctors Present:

Dr. K. W. Smith - Johns-Manville
Dr. E. S. Myers - American Asbestos
Dr. D. W. Martin - Raybestos-Manhattan
Dr. H. W. Hetherington - Keasbey & Mattison
Dr. O. A. Sanders - Southern Asbestos
Dr. G. W. H. Schepers - Medical Director, Saranac Laboratory
Dr. P. A. Theodos - representing Asten-Hill
Dr. H. White - representing Asten-Hill

The meeting began promptly at 9:30 A.M. with D. R. Holmes acting as Chairman. The chair commented he was pleased to see the large turnout of representative doctors.

1. The meeting got under way with an explanation by Dr. Theodos of his Research Program Proposal of heart function to asbestosis. A copy of Dr. Theodos' proposal is enclosed and is to be included in the minutes. In conjunction with this proposal, Dr. Theodos advised that the cost to a Company for an employee to participate in this program would run about $250.00 to $300.00 on a semi-private basis with a maximum of $500.00 as the ceiling which should include hospitalization, transportation, etc. However, he advised that most Companies could have this service performed by using their hospitalization program if one is available. Dr. Theodos in the past, with our Company and with American Asbestos, has classified the diagnosis to be pulmonary fibrosis. When completing the hospitalization forms, this has worked out in every case and the Insurance Company has paid claims without comment. Also in these cases, one question is to be answered on the insurance form; "Is accident, illness or disease caused by the occupation?" and we have always had this answered, "No". It has never been challenged by the Insurance Company.

Under this program, Dr. Theodos would like to have about fifty patients take this treatment in one year's time. This would average one a week from some Company.

Dr. Schepers showed slides of specimens taken during an autopsy of an asbestotic. These slides showed the different findings present in the lung area. These slides were very beneficial to all doctors present as many of them saw lung conditions of an asbestotic which they had never seen before. Dr. Schepers' demonstration indicated that when a biopsy is taken the surgeon should cut down low and obtain an area large enough to definitely show whether or not asbestosis was present and to what degree, coupled with clinical findings.

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At the end of Dr. Theodos' presentation, Dr. Sanders suggested that some employees who believed that they had some degree of asbestosis be hospitalized for this survey in order to conclusively prove their condition one way or the other. It was the opinion of the Company representatives of this Committee that we endorse Dr. Theodos' proposal. The medical men also approved of this program after approximately two hours discussion. Ralph Smith suggested that all information gathered from this program be made available to all members of the Institute. This also was approved by the joint committee of members and doctors.

The committee presented the following proposal to the Board of Governors:

> We propose that the Institute approve Dr. Theodos' proposal provided that member Companies would have a hospital program available to share the cost of the program, or absorb the cost which could run up to $500.00 maximum per case for hospitalization, biops: , transportation, wage loss, etc.

The program was approved by the Board on the basis that member Companies could participate in the program on an individual basis, and there would be, therefore, no financial responsibility on the Institute.

2. Dr. Smith presented the details of obtaining autopsy specimen studies from the Saranac Laboratory. Outline of the medical routines, the employment and medical histories and specimen preparation were given each Doctor. The several values of such a program were emphasized. Animal experimentation has contributed greatly, but even more complete knowledge of the disease process can be obtained through this study. Collectively, the industry experience can be extremely valuable in this regard. Individual reports to the submitting company will establish, in a manner not possible by x-ray and clinical diagnosis, the extent of the disease process and, therefore, the extent of Workmen's Compensation liability for a particular case.

It was agreed that each member company, through its Doctor, would process as many cases as was possible under this program. The Saranac Laboratory will make individual report to the submitting company, and, when sufficient studies have been made, review the collective experience for a report to the industry.

3. A review of the articles by Drs. Knox and Beattie entitled, "Mineral Content of Lungs After Exposure to Asbestos Dust" and "Distribution of Mineral Particles and Fibres in the Lungs after Exposure to Asbestos Dust" was made by Dr. Schepers of Saranac Laboratory. His numerous comments on these two articles were discussed by the group. It was the consensus that the premise of the disease mechanism developed in these papers was not substantiated by the details of their research or that of others.

Afternoon Session

The entire afternoon session was spent in listening to the discussion of the "Relationship of Asbestosis to Pulmonary Cancer" by Dr. Schepers. A number of slides containing facts and figures concerning the subject of cancer were shown. At the latter part of his discussion, he made some conclusions concerning

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the relationship of asbestos to lung cancer. Here are some of the highlights I gleaned from this discussion:

Both asbestos and silicosis dust do not necessarily lead to lung cancer. In some cases, asbestos will protect the lungs from cancer. The first case of cancer of the lungs due to asbestos was found in England in 1932. These are English statistics.

Lung cancer has been on the increase for the past thirty years. Industrial cancer averaged 9.5 cases out of 100,000 persons in a 1948 survey. Lung cancer is usually present in the fifty to fifty-five year age group. However, when exposed industrially, this group age may be as much as ten years earlier. Listed below are some of the carcinogens that cause cancer:

Tars
Oils
Nickel
Copper
Chrome

These last three cause a high percentage of cancer, particularly chrome or chromium.

The West German government in 1951 recognized lung cancer caused by asbestos. In another British survey it was found that 1.32% of 6,000 silicosis cases had cancer while 13.2%, or ten times more persons out of 266 asbestosis cases were affected. Therefore, the incidence of lung cancer with asbestos is ten times greater than that of silicosis. However, it was pointed out that experience in North America does not correspond to these figures. We have seen very few cases of asbestos and cancer. Possibly the different experience is due to the fact that in England a considerable amount of amosite fibre is used, while over here we use mostly chrysotile fibre and little amosite.

In the same survey it was found that the average age for cancer to strike for males was 55 years, females, 44.6 years. Exposure time was 20 years for the male and 7.6 for females. These are averages. There was a carcinoma found in a male as low as six years exposure and as low as six months exposure in a female.

After Dr. Schepers concluded his discussion, the writer suggested a proposal to the Board of Governors as follows:

> Dr. Schepers of Saranac Laboratory suggested that particles of asbestos be inserted in animal lungs in order that research be done on this problem (cancer and asbestosis) so that facts may be determined to combat unjust compensation claims.

This proposal was offered to the Board and it was their recommendation that Dr. Schepers be requested to sumbit a proposal for further consideration.

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At this point, the chair adjourned the meeting with the doctors and we were all in accord that we had a find meeting which was instructive and beneficial to all.

4. The next item was Dust Control at the Winders.

On this subject there were prints and pictures sub
following Companies:

Raybestos-Manhattan
General Asbestos
Asten-Hill

This information is to be studied by members of the Committe
the dust hazard at the winders can be reduced or entirely el
prints and pictures are enclosed and shall be a part of the m

D. R. Holmes

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ASBESTOS TEXTILE INSTITUTE

Air Hygiene Committee Meeting
10/6/54

Prospectus for the Study of Asbestosis

Dr. P. A. Theodos

The clinical, roentgenographic and pathological features of asbestos are fairly well known, numerous studies dealing with these aspects having been reported over the years. However, the exact nature of the respiratory impairment produced and the relationship of the heart and pulmonary circulation to the lung changes has not been the subject of extensive investigation, primarily because of the lack of adequate means for study. The development of pulmonary function studies, newer electrocardiographic techniques and cardiac catheterization make a direct approach to these problems now possible.

To properly investigate the problem of asbestosis a sufficient number of patients with adequate industrial exposure must be studied. It is felt that a group of 50 patients studied over a period of a year would yield sufficient data of statistical significance. It is proposed to do the following studies on this group:

1. A complete medical and industrial history, physical examination, and certain routine laboratory studies including x-rays of the chest and electrocardiograms.

2. Complete pulmonary function studies including measurements of the ventilation, degree of emphysema and the respiratory gas exchange.

3. Cardiac catheterization to determine the pressures in the pulmonary circulation and to correlate these with the clinical features and the pulmonary function studies.

4. Lung biopsy under local anesthesia in selected cases to correlate the pathological features with the clinical and laboratory findings.

The basic studies would require hospitalization for about one week. If a lung biopsy is done, an additional 3 days should be allowed for. Upon discharge from the hospital a complete report of all the medical data will be sent to the plant physician and to the family physician (if desired).

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