[redacted]

[redacted]

Please address any reply on this subject to:
THE SECRETARY
Our Reference [redacted]

6th December 1950.

Dear Dr. Lanza,

I have received your letter of October 26th, and I am very happy to help you. The Society's Committee and all the persons who have replied to the Society's Questionnaire [redacted] with which [redacted] a number of diseases characterised by the [redacted] Pneumoconiosis, [redacted] the general [redacted] of the lungs, due to [redacted] inhalation of [redacted] the condition of the lungs [redacted]

The National Insurance (Prevention) Industrial [redacted] gives us [redacted] power to have a medical examination [redacted] of the lungs.

You ask also that a [redacted] meeting be [redacted] especially for any form of pneumoconiosis. [redacted] to the matter of the Questionnaire [redacted] with [redacted] all Officers of the Ministry of National Insurance.

A pamphlet, Medical Notes on Pneumoconiosis, was prepared by this Ministry for the guidance of General Practitioners who may meet with cases of pneumoconiosis.

Please note that we may accept diagnosis "the diagnosis of silicosis, as of all forms of pneumoconiosis, rests primarily on the X-ray findings". In fact no form of pneumoconiosis is diagnosed without an X-ray examination to hand. The difference between silicosis and pneumoconiosis is that we might find little clinical signs or symptom in a silicosis with marked radiographic changes but in a case of asbestosis the radiographic changes might be slight compared with the clinical findings. This is explained in the pamphlet under "diagnosis" of asbestosis.

It is therefore not correct that workers are compensated for asbestosis on the findings of a clinical examination without X-ray and I personally would regret such a proceeding in exactly the same way as you do.

Yours sincerely,

/s/ Charles L. Sutherland

[redacted] GP-100