Discovery

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF SOUTH CAROLINA
CHARLESTON DIVISION

IN RE: ALL ASBESTOS CASES
(INSULATOR CASES)

Deposition of Dr. Alfred A. Angrist, taken before Martin M. Theobald, Notary Public, in the Conference Room of the King & Queen Building, 145 King Stree Charleston, South Carolina on Tuesday, January 1978, commencing at 4:26 o'clock, P. M.

APPEARANCES:

For the Plaintiffs:	Ronald L. Motley, Esq. Terry E. Richardson,
For the Defendants Forty-Eight Insulation, : Keene Corporation, Raybestos Manhattan, Owens Illinois	Sinkler, Gibbs & Simons By: Robert H. Hood, Esq.
For the Defendant Johns-Manville :	Lively Wilson, Esq. William A. Horger, Esq.
For the Defendant Owens-Corning :	Barnwell, Whaley, Stevenson & Patterson By: Robert A. Patterson, Esq.
For the Defendant NICOLET :	Bailey & Buckley By: Edward D. Buckley, Esq. Mark H. Wall, Esq.
For the Defendant CASSIAR :	Gibbs, Gaillard, Rowell & Tanenbaum By: A. Hoyt Rowell, Esq.

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For the Defendant UNARCO	:	Stuckey, Wise & Cole By: Michael T. Cole, Esq.
For the Defendant Atlas Asbestos Co.	:	William S. Davies, Esq. R. Bruce Shaw, Esq.
For the Defendant Eagle Picher & Pittsburg Corning	:	James S. Pressly, Jr., Esq.
For the Defendant PROKO	:	E. W. Laney, Esq.
For the Defendant Covil	:	John J. McKay, Jr., Esq.

(Dr. Angrist did not waive the reading and signing of the deposition)

(Dr. Alfred A. Angrist, having been duly sworn, testified as follows:)

DIRECT EXAMINATION BY MR. WILSON:

Q. Doctor, my name is Lively Wilson and I'll start by asking you a few questions. If you don't understand my question, I hope you will not hesitate to say so. I'll be glad to repeat it if you would like for me to. Will you give us your name, please, sir?

A. Alfred Alvin Angrist, A-N-G-R-I-S-T.

Q. And you're a licensed and practicing physician, Dr. Angrist?

A. Yes, sir.

Q. What states are you licensed to practice medicine?

A. In New York and New Jersey.

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Q. Did you ever examine the patient prior to autopsy?
A. No.
Q. Who would have taken the history from the patient?
A. It would have been the resident on the clinical ward, ordinarily.
Q. Would that have been Dr. Holleb?
A. No. Holleb was a resident in pathology, studying pathology under me. I was the Director.
Q. In other words, you and Dr. Holleb both got to the patient, Mr. W. M. at the time he was deceased?
A. Of course.
Q. And you did the autopsy?
A. I did not do the autopsy. He did the autopsy; I reviewed the organs with him.
Q. I see. And did Dr. Holleb write the paper or did you write the paper?
A. Most of this is my writing. Holleb prepared this table; I remember that.
Q. What about the second case?
A. Now, you know, I don't remember who did that but I gave it to Holleb to include in his paper because he was working on the subject. I can't answer the question.
Q. Do you think this was done by somebody else?
A. I really don't know, sir. I wouldn't want to go him an unjustice and say he didn't do it. I don't remember.

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As a matter of fact, in partial answer to your question, when I knew I was coming here I tried to get the records on this thing, you know, and I went to Queens General and called these people and the records are destroyed; so I couldn't get the chart and go over the chart and get all the detailed information I wanted beyond what we have recorded.

Q. But what about the section of the article that is labeled "Comment" and "Conclusion"?

A. Mine.

Q. That's yours, all of yours?

A. Well, I discussed it with Holleb. He might have agreed with a comma or not; I don't know. But that's all mine. I was the one who suggested get the silicosis level, the silica level, and all of that. And I'm not stretching the truth when I say that.

Q. I gather that this was of some interest to you at this time?

A. Very.

Q. Why is that?

A. Well, don't forget that I had had some experience with chest pathology by this time. Don't forger that I spent, as I said, this period with going over chest pathology and this looked cockeyed crazy unusual lesion to me. For instance, the ordinary bronchogenic has an area of

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ulceration in the bronchus, you know. This one didn't. There was no ulcer in that bronchus. The tumor was encircling the bronchus, going beneath the base of the membrane, encircling the bronchus and extending along the bronchus. That's a bit unusual, not the usual picture. There was a lot of fibrosis in this lung that was diffused. You don't get that kind of diffused, that type of fibrosis in an ordinary bronchogenic cancer. And besides that, when we saw the asbestos bodies, why you could see them in the tumor, right in the tumor. Now, that seems to be significant, you know, to me, and there were some other features about it too; but those are the features that caught my eye and I have a pretty good eye for gross pathology. I think if you speak to pathologists in the country as a whole, or particularly our eastern section, people will agree that Angrist is one of the best gross pathologists in America.

Q. Doctor, with respect to the first case where you recite that there were a moderate number of asbestos bodies, ...

A. Yes.

Q. ... with respect to the second case you recite that there were only occasional asbestos bodies?

A. Right. If I said it, it's there.

Q. It isn't unusual, of course, to find asbestos bodies in

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any of them, is it?

A. You find some asbestos bodies, but these were more than that, than the occasional one you run into in an ordinary autopsy. Oh, this was not of that magnitude at all. It was a different order of magnitude, you see.

Q. Did you say anything about that in your report, in the article, that this was a different order of magnitude?

A. No, why should I? I just said they were occasional and I categorized them by the ordinary adjectives that are used in pathology. Those adjectives apply.

Q. Occasional and moderate?

A. Yes.

Q. And what criteria did you apply in determining the presence of asbestosis?

A. Now you're testing me in pathology and I think you're making a mistake. The criteria that are accepted, and were accepted then and are still accepted; first, looked at them, their character under the microscope under the low and high power, their shape, their bulging ends, their constructions, ...

Q. I'm not talking about asbestos bodies, Doctor. I asked you about asbestosis?

A. I'm sorry, you'll have to go back because I don't understand your question. I probably missed it.

Q. Was it your opinion at that time that there was no

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reference in the literature that provided any strict criteria for diagnosing asbestosis?

A. You may be right in the pathology literature, but there should have been some in the X-ray literature. Cunningham did that, I think, in Philadelphia.

Q. Do you have your article in front of you?

A. What, Cunningham?

Q. No, your article.

A. Yes.

Q. Would you turn to page 129.

MR. MOTLEY: Where abouts?

MR. WILSON: Right in the first sentence under "COMMENT".

A. "No reference could be found in the literature providing strict criteria for the diagnosis of pulmonary asbestosis."

Q. Was that a correct statement at the time?

A. Yes, for pathology, but not for X-ray. That was done long before that, I think.

Q. And, Doctor, in thecourse of the preparation of this article did you review the Nordmann article that you made reference to here?

A. I had read that some time ago, you see. I had pretty good recollection of it. Let's see, in one of the reprints I had some notes on it. There were two separate

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case reports by Nordmann. Just let me think a minute and maybe I'll be inspired to bring this back.

MR. MOTLEY: Doctor, you discuss that article on the first page.

A. Yes, here it is. "Nordmann analyzed the recorded cases after having two of his own. His views on the relationship between the two diseases were revealed by the title of his paper, "Der Berufkrebs der Asbestarbeiter" (Occupational Cancer of the Asbestos Worker)."

Q. Turn to page 130 of your article, if you would, Doctor, and you find the comment in there with respect to the Nordmann article that he had reached the conclusion that pulmonary cancer is an occupational disease among Asbestos workers?

A. "Came to the conclusion that pulmonary cancer is an occupational disease among asbestos workers," yes. I take my hat off to him.

Q. And Gloyne stated that no definite conclusion could be drawn on the relation between these two diseases until more material is available?

A. Yes, that's a good conservative viewpoint. I have no fault to find with that. Gloyne reported several cases, not just one.

Q. And you made it a point to stress in your article, did you not, that you were not undertaking to confirm

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Nordmann's opinion about this?

A. I didn't start off doing that, but I ...

Q. And you didn't end up doing it either, did you?

MR. MOTLEY: Let him finish answering the question, Mr. Wilson. Doctor, would you finish answering the question, if you would like.

A. Well, I don't recollect now. But I think I did; I did, because I was convinced even after that first case, these two cases, that there was an association between asbestosis and cancer.

Q. Did you say that in this article?

A. Let's see now. I know I believed it, if I didn't say it. "Two cases of bronchogenic carcinoma in association with pulmonary asbestosis are presented. An attempt to demonstrate unusual amounts of silica in the lungs was unsuccessful. An explanation for the absence of elevated silica values in the presence of asbestosis is offered." I went into the reasons for that. "The relevant date of all reported cases of pulmonary asbestosis and carcinoma are presented in tabular form." I did not go beyond that, but I believe it even though I didn't say so. I'm a conservative pathologist. I don't go out on a limb when I shouldn't.

(The deposition recessed at 9:53 o'clock, P. M.)

(The deposition reopened at 10:01 o'clock, P. M.)

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Q. Turn to your 1951 article, if you would.
A. I've done so.
Q. You've done so?
A. Yes.
Q. Is that the next case of asbestosis associated with bronchogenic carcinoma that you observed?
A. Yes. It came not too long after, too. I forget the interval, but not too long.
Q. Would you identify Dr. Stoll?
A. Stoll is a resident of mine.
Q. And Dr. Bass?
A. Bass is a Clinicianist.
Q. Who?
A. He's a Clinicianist, and you know, the organization of medicine is such that you have to give due deference to a Clinicianist if you use his case material. I imagine you know that. For instance, in the first case if you look at the bottom of the article you'll find that we say, "We express our appreciation to Goodwin A. Distler," who was the Chief of that particular service on which this patient came. In this instance, Bass wanted his name stuck on the paper and it didn't mean anything to me; it was perfectly all right.
Q. And so you stuck it on?
A. Yes.

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