CANADIAN Johns-Manville CO. LIMITED

ASBESTOS FIBRE DIVISION

You may be interested in the attached letter from Dr. Paul Parrot, of the Provincial Ministry of Health, regarding health conditions in the asbestos mining areas of Quebec.

MINISTERE DE LA SANTE
Hotel du Gouvernement
Quebec

Division De La Demographie

MINISTRY OF HEALTH
Parliament Buildings

Division of Demography

QUEBEC, May 26th, 1949.

Mr. W. H. Soutar,
Asst't to Mine Manager,
Canadian Johns-Manville Co., Limited,
ASBESTOS, P.Q.

Dear Sir:

At your request, I have taken cognizance of the various articles in some newspapers and dealing with the question of the mortality from tuberculosis in the asbestos mining districts.

It is my pleasure, and duty I believe, to give my opinion and relative comments on the matter. However, and in the very first place, I wish to emphasize the stand I desire to hold: that I shall confine these comments to the statistical aspect of the problem only.

In the accompanying table, which will be of great assistance in the following study, I have compiled the crude totals of deaths from tuberculosis with those from cancer, violence (all kinds of accidents) and heart diseases. This first comparison is intended to demonstrate that tuberculosis is NOT the leading cause of death in the mining cities, nor in any other. Same table then compares the same totals and please notice that we are here dealing with totals and not rates - the latter being mostly and time misleading for the general public - in Asbestos-Thetford with those in six other cities where the social and occupational levels are about identical. The further comparison is intended to show that the mortality from tuberculosis is not greater in Thetford-Mines or Asbestos than in any city. Finally, same table establishes a third comparison over a period of five years (1944) to 1948, latest available figures, so to prove that if there exists a variation, the

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latter is merely "annual" and without any significance whatsoever. Besides all this, the totals are broken down in relation to sex and this illustrates that, in Thetford-Mines, the number of women dying from tuberculosis is sometimes larger than the number of men, which leads us to conclude that the "employment" clause cannot be regarded as "exposure" to the disease.

Before analyzing some of these data, it seems appropriate to consider three important facts:

1. The death rate from tuberculosis in Thetford-Mines has been published as 236.1 in 1944. This rate is exact, but its publication as such was erroneous in its underlying significance. I observe that the publication of this rate was made on May 14th, and wonder why the rate of 1944 was been used and not that of 1945 or 1946, both of which were available? In 1944, the rate of 236.1 for Thetford-Mines is exact as already explained, but the rate of 1945 is 117.1 and that of 1946, 137.1, both rates being evidently much lower. Is there any reason for using only the rate of 1944?

2. From this we observe quite a variation between 1944 and 1945. How does it seem that this rate registers such a sharp decline in the single year? The explanation is true, inclusive of all prior to 1945 we were (in Canada as a whole) tabulating all deaths by places of occurrence, while, with 1945 and since, we are now compiling by place of residence. The latter method is internationally accepted as a true picture of any demographic situation. The place of death is not rather misleading, in that a person can be hundreds of miles away from home for treatment, but the residence of the deceased is more logical as a basis for analysis. As a consequence of this, the rate of 236.1 for Thetford-Mines in 1944 thus includes a certain number

of deaths which occurred in that city of people who were not residents of the city, while the rate of 147.4 in 1945 does consider only deaths of residents of the city, no matter the place of their death. So, when publishing the 1944 rate, a similar explanation should have been provided, and mainly because this rate can be compared with those of Grand Mere and Sorel, in which cities no institution for the treatment of tuberculosis is located. My belief is that the comparison was dishonest.

3. Dealing with rates, either general or specific (a T.B. rate is always specific) is somewhat misleading and great precaution has to be used in their production. As a rule, rates are a fair way of study if derived from a grand total. For instance, when we say that the tuberculosis rate, for the province, was in 1946 of 72.1 per 100,000 population, this is easily understood. On the other hand, if such a rate is established for a small population, it has always to be borne in mind that so many factors are to be involved that the rate loses its significance. It is much better to work with the crude totals of deaths which everyone understand, and it is explains why the enclosed table has been built up with those numbers only.

Let us now consider a few of those numbers and, to abbreviate, only those of 1947. We then see that in Témiscamingue there were 29 deaths from tuberculosis, 21 from cancer, 4 from violence (all kinds of accidental and 36 from heart diseases. In that city, tuberculosis thus comes in the second place, not very far ahead of cancer, while heart diseases claimed twice more victims. Let us now consider the sex distribution. We find that there were 16 men and 13 women, (leaving to 20% there were only 21 deaths : 7 men and 15 women) : can we conclude from this that tuberculosis is the first cause of death amongst the miners?

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What is the situation in the other urban centres?
Asbestos: 5 deaths from T.B. against 4 cancer, 4
accidents and 13 heart diseases.
Valleyfield : 15 T.B., 19 cancer, 6 accidents, 34
heart.
St. Hyacinthe : 15 T.B. 37 cancer, 7 accidents, 67 heart.
Jonquière : 32 T.B., 8 cancer, 13 accidents, 41 heart, etc.
After all, comparing the mortality of these cities for
tuberculosis only, Jonquière registers 32 deaths, Chicoutimi : 24;
St. Hyacinthe and Valleyfield : 15 each against the 29 in Thetford-
Mines and the 5 in Asbestos. Is there such an extraordinary preva-
lence of tuberculosis in the asbestos mining district. I think that
some other cities register as many, if not more deaths from tuber-
culosis and the conclusion comes to the mind: Why should only the
situation of Thetford-Mines be "publicised"?

As stated in the beginning, I have confined the above
comments to the statistical data only, with the hope that this may
be of assistance to all. Statistics are very important but their
value is derived from the "objective" which one has in mind.

Yours very truly,
the Demographer,
(Signed) Paul Parrot, M.D.