CONFIDENTIAL

Waukegan
November 6, 1962

KENNETH W. SMITH, M.D. - General Headquarters

After having had an opportunity to study our pneumoconiosis problem and the procedures under which it is handled, I have several points I would like to bring up with regard to the advisability of our carrying out diagnostic procedures for tuberculosis here and at the Victory Memorial Hospital laboratory as was suggested during your visit a few months ago.

It appears that biopsy of the lung showing asbestos fibre is the main point of concern. If a positive biopsy is held by specialists to be a positive diagnosis of occupational chest disease, it would seem that we have only established the diagnosis before roentgenographic changes appeared. If, on the other hand, we can get such men as Dr. Sander to maintain that a positive biopsy for fibres does not, in fact, establish a diagnosis of clinical pneumoconiosis, we have no problem.

Under present procedure the employee with an occupational chest disease is notified by the company medical officer only after personnel, safety and supervision have been advised and a job in dust free environment has been arranged. I see no way in arranging special studies to rule out tuberculosis through hospital appointments, etc. without the diagnosing physician giving the patient substantial reason for this work-up. On the other hand, a simple explanation of questionable X-ray shadows with a recommendation for studies at the T.B. Sanatorium, while our procedure is meanwhile set in motion, would allow continuation of our present procedures. This would eliminate the possible inquiry by the patient of why, if T.B. was considered, was he not sent to the T.B. Sanatorium.

Further, if we do send patients to Victory Memorial Hospital for gastric washings and get sputum tests, I feel these should be done in series in order that our procedure is as complete as would be done at the T.B. Sanatorium. Otherwise our results could not be considered as reliable and we may be assuming some liability in not providing comparable diagnostic attention for the patient. With this same line of thought, I am wondering what impressions our records will give if inquiry is ever directed as to why we would not refer a questionable tuberculosis case to the Sanatorium, which is both conveniently located and advantageous from a cost point of view.

As far as the actual performance of the tests, I have talked to Dr. Ellson, Pathologist at Victory Memorial Hospital, and they can be arranged. However, special arrangements will have to be made for a room, since normally such tests are done only on in-patients in their own rooms. They will not permit the use of Out-Patient department rooms because of the contagious disease aspect. Again, although it is technically possible to get them performed there, we are making it quite obvious that for some reason we are trying to avoid the T.B. Sanatorium.

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Dr. Davison to Dr. Kenneth W. Smith

In short, I would like to recommend that we continue to use the Lake County T.B. Sanatorium for cases in which tuberculosis is to be ruled out. If we can defend our position that asbestos fibresfound on biopsy do not mean clinical pneumoconiosis, fine; however, if we cannot, I feel that avoiding potential early diagnosis through biopsy will not serve our best interests in the long run. At best, it will only put off our potiential liability and, in the meantime, put us in vulnerable position of inadequately providing the best diagnostic opportunities for the employees.

I have a probable pneumoconiosis case, with possible active tuberculosis in mind and will proceed with the diagnostic work-up on the basis of your decision. You read this man's films while here and recommended further study. The work history is being prepared and a follow-up film has been read by myself and Dr. Pitts.

T. H. DAVISON, M.D.

cc: Boyd Mulder
John Anderson