October 10, 1969

C. B. Burnett

X-Ray Study
Saranac Institute - Dr. L. J. Bristol

The comparisons of X-ray interpretations by Dr. L. J. Bristol and the plant physicians for Manville, Pittsburg, Marrero, Long Beach, Nashua and Waukegan locations are attached.

Using Dr. Bristol's readings as the criteria, it is apparent that with the exception of Manville (comparable) and Long Beach (over-reading), the plant physicians at these locations are under-reading the X-ray indications of pneumoconioses.

In the following tabulation, we have shown as "Pneumoconiosis" the total of the classifications Asbestosis I through III and Silicosis or Mixed Pneumoconiosis I through III. The potential Workmen's Compensation total disability liability is predicated on the unlikely assumption that all cases will proceed to total disability and calculated on the basis of typical case costs at current Workmen's Compensation benefit rates. This maximum liability potential would be incurred, obviously, over many, possibly 15 to 20, years.

	X-Ray Sets	Pneumoconiosis Plant	Pneumoconiosis Bristol	LJB % Pn to Total		Potential W/C Total Disability	
Manville	3,165	266	264	8.3	●	$77,000	$20,328,000
Pittsburg	199	17	22	11.0	●	49,000	1,078,000
Marrero	579	16	39	6.7	●	33,000	1,287,000
Long Beach	381	40	32	8.4	○	49,000	1,568,000
Nashua	154	7	18	11.7	●	42,500	765,000
Waukegan	1,100(1)	61	102	9.3	●	44,500	4,539,000

(1) Approximately 300 sets not yet reported.

Similar summaries will be made for each location as the interpretations from Dr. Bristol are received.

The variance in identification of pulmonary involvement by plant medical services is of definite concern. Dr. Wright and I have discussed this, but are not prepared at this time to make a specific recommendation. We are considering the feasibility of continuing education of the plant-related physician to improve his expertise.

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the utilization of local, but more expert roentgenologists, or a continuing program of X-ray reading by a single roentgenologist such as Dr. Bristol. There are advantages and disadvantages to each approach. We will evaluate these further and propose a specific course of action for improved quality control of X-rays and interpretation.

The data established here do not include any information regarding length or severity of exposure. The X-ray sets received were for all employees with three or more years of employment.

Based on our experience with the Retiree Study, we know that research in this area requires considerable expenditure of time and money. The knowledge of the relationships of exposure to disease production is important, however, and a proposal will be developed to obtain this information for our present and future employee populations.

The two-year Tulane University Study by Dr. Hans Weill should produce indication of what our present, as well as past exposures are doing to the health of our people at Marzaro.

These data do indicate, however, that past exposure levels, at least, have caused a substantial frequency of disease, and therefore environmental control to the new threshold limits must be obtained rapidly if we are to minimize future disease production and the attendant potential liability.

The forwarding of the X-ray sets to Dr. Bristol is proceeding on schedule. Dr. Bristol's readings, however, are behind schedule by about six weeks. Dr. Wright and I reviewed this situation with him on August 6 and there is reasonable expectation that the backlog will be reduced or eliminated within the next several months.

H. M. Jackson

Attachments

cc: A. D. Marchant ✓
G. W. Wright, M.D.

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