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COPY

[redacted]

[redacted] Fifth Avenue

Pittsburgh 13, Pa.

May 17, 1950

Mr. Vandiver Brown, Secretary
Johns-Manville Corporation
22 East 40th Street
New York, NY

Dear Van

Enclosed is an excerpt from an article on occupational cancer by Dr. May R. Mayers of the New York State Department of Labor, which appears in the March 1950 issue of Compensation Medicine. This may have already come to your attention.

Have there been any such cases reported in this country or Canada?

Sincerely yours,

John F. McMahon
Managing Director

JFMcM
encl.

cc: Mr. J. P. Woolard
Mr. T. H. Waters

EXHIBIT 0122-0223
FOR I.D. 3-23-84
BARRY SCHLOFF, C.S.R. 3088
WITNESS

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The relation of asbestos to lung cancer has been long suspected. Actually, considerable confirmation has recently been provided by the Chief Inspector of Factories in England, in his Annual Report for 1947. During the period from 1924 to 1946 inclusive, there were 235 deaths either caused by asbestosis or in which asbestosis had been established at necropsy. Cancer of the lungs or pleura was found in 31 of these cases or 13.2 per cent, which is very high compared with a general incidence of one per cent for cancer of the lungs among all adults examined at necropsy. Moreover, the sex distribution seemed also to suggest the presence of an occupational carcinogen. The histologic character of the cancers — squamous cell, instead of adeno-carcinoma — and their histogenetic derivation, in that the bronchial mucosa was involved rather than the alveolar epithelium, was interpreted to indicate the presence of a specific exogenous carcinogenic agent as the etiological factor; in this instance, inhalation of asbestos dust.

It has been estimated that 25,000 workers are now employed in asbestos-producing industries in this country and Canada. The development of cancer of the lungs in these workers is believed to be more directly related to asbestosis, the disease, than to the inhalation of asbestos dust per se. Differential diagnosis by X-ray between asbestosis and lung cancer presents all of the difficulties one would anticipate. It has been suggested that cytological examination of the bronchial secretions might well be included in periodic examinations of workers exposed to asbestos dust whenever clinical or X-ray evidence suggests the possibility of a pre-cancerous lesion. Careful histological studies of lung tissue, postmortem, in all cases would provide valuable data.

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