General Headquarters
January 3, 1944.

(Pers. & Confid.)

Mr. M. S. Badollet,
Manville Research Laboratories,
Manville, Factory.

Please note the attached copy of a letter I have just written to Mr. H. K. Sherry, which I believe you will find self-explanatory.

I understand Report 23-1128 may be submitted to Workmen's Compensation authorities in the Province of Quebec as a means of proving that no silicosis hazard is involved in the mining and handling of asbestos produced at our Canadian mines. All that is necessary to accomplish this result is to show that there is no free silica in our material, since it is well-established that nothing other than free silica can produce silicosis.

Very little is known at the present time as to what, if any, connection exists between exposure to asbestos dust and lung cancer. In view of the purpose for which the report is intended, I believe you will agree it is not only unnecessary but also unwise that this bibliography be appended and I wonder if it would be possible to re-claim the copies which have been sent out and have the report re-written without the appendix or the references thereto.

Vandiver Brown.

VB:y

cc Mr. E. R. Williams (P&C)
Mr. H. K. Sherry, Asbestos (P&C)

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APPENDIX B (Bibliography With Notes)-Cont'd.

5. Shaw, A.
Composition of Stone and of Inhaled Dusts in Relation to Silicosis.
Colliery Guardian 158, 522-4. 1939.

The prevalence of silicosis among workers in the several mines in England is discussed in relation to the character of the inhaled dust. Silicosis cases among tin miners, gold miners, barytes miners, and coal miners of Somerset, North Staffs, and part of the steam coal area of South Wales, is almost invariably associated with long periods of work in rock containing 50 to 80% free silica. The many cases certified among South Wales anthracite workers exposed only to coal dust containing no more than 10% free silica are not believed to be silicosis - but rather a bronchitis.

Taken from Chemical Abstracts. 1939 p. 4697.

6. Shaw, A.
Proc. S. Wales Inst. Engrs. 55 - 96 - 142 1939.

Silicosis amongst English and Scotch coal miners is associated with work on rocks containing 34 - 80% free SiO_2; for metal miners 20 - 80% SiO_2; for S. Wales anthracite workers 11 - 44% SiO_2. The free SiO_2 content of atmospheric dusts generally is less than that of rock from which it is formed. The amount of reduction depends on the physical character of the rock and is greatest for soft sandstones and sandy shales. Dusts produced by crushing usually contain less free silica than those from drilling. Rocks known to cause silicosis produce 5 μ dusts containing more than 45% free SiO_2.

7. Report of Commission Appointed to Inquire into the Possible Prevalence and Origin of Cases of Silicosis and Other Industrial Pneumonoconioses in the Industry of the Colony of Southern Rhodesia, and of Pulmonary Tuberculosis in such Countries.
Salisbury: Rhodesian Printing & Publishing Co. 96 pp
Ch A. 1939 p. 5942

Not abstracted. Reference only.

8. Silicon-silicate silicosis. Giese, W., Klin, Wochschr. 19. 558 - 60 1940.

It has not been possible to produce silicosis or fibrosis with the silicates thus far tested. Quartz dust shows no morphologically evident signs of solution in the body; the dust remains deposited in the indurations, but also retains its capacity to produce fibrosis. Although silicic acid is liberated on solution of the silicates and opal, no fibrosis develops. The dissolved silicic acid therefore cannot be the cause of the formation of induration in silicosis. It is concluded that quartz dust is necessary for the production of silicosis.

C. A. 1942 p. 5577.

APPENDIX B (Bibliography With Notes)-Cont'd.

9. Occupational Lung Cancer.
Teleky, L. Acta Unio Intern Contra Cancrum Paris 3. 253 1938.
Zentr. Gewerbehyg Unfalluerhüt 27 33 (1940)
Chem. Abstract 1941 p. 3731.

A very detailed and critical work on occupational injuries which can lead to lung carcinoma..... Although it is theoretically possible that cancer can develop from the scar produced by dust induration in the bronchial mucous membrane, there is no practical basis for the development of lung cancer from pneumonoconiosis in general or silicosis in particular. It is highly probable, however, that asbestosis predisposes to the development of cancer (6 cases of lung carcinoma in 39 published autopsies on asbestosis). The irritant action of asbestos dust may be purely mechanical in contrast to the chemical action of quartz dust.

10. Occupational Lung Cancer.
Koelsch. Acta Unio Intern Contra Cancrum Paris 3. 243 1938.
Zentr. Gewerbehyg Unfalluerhüt 27 33 (1940)
Chem. Abstract 1941 p. 3732.

Practically dust inhalation alone cannot be recognised as a significant cause of lung carcinoma, in spite of the assumed anatomical possibility... The occurrence of lung cancer in asbestos workers (12 cases to date) must be studied further.

11. Sericite
Investigations in Slate Quarries. Observations on the Lungs of Slate Workers. Feil, A.
Ber intern Kong Unfallmed u Berufskrankh
2. 986 1939. Zentr. Gewerbehyg Unfalluerhüt 27. 40. 1940.

French slate contains 84% combined silicates (alumina, lime, Magnesium, potash, etc.) and only 6 - 7 % silicic acid. Examination of 251 slate workers who had been exposed to the dust under varying hygienic conditions, revealed no signs of silicosis. The tendency to emphysema and chronic bronchitis is increased. Since the slate contains much sericite, these findings do not indicate that sericite is the chief cause of silicosis. In spite of the relative harmlessness of the dust, prophylactic measures are necessary.

Taken from Chem. Abstracts 1941. p. 3357.

12. Asbestosis
Wolff, A. Nord Hyg. Tid. 21. 1-33-1940 in Norwegian
Zentr. Gewerbehyg Unfalluerhut, 27. 193-4. 1940

Three cases of asbestosis which occurred in Norway where asbestos was used as packing material for acid containers. In one case asbestos particles were present in the expectoration. The disease has not hitherto been observed in Scandinavia.

Taken from Chem. Abstracts p. 3357. 1941.

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