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THE SARANAC LABORATORY FOR THE STUDY OF TUBERCULOSIS
OF
THE EDWARD L. TRUDEAU FOUNDATION



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December 24, 1936

Mr. S. Simpson
Raybestos-Manhattan, Inc.
Bridgeport, Conn.

Dear Mr. Simpson:

It so happens that I reviewed Dr. Shull's paper on asbestosis only a few days ago. It was my feeling that the evidence was insufficient to warrant all of the conclusions which were drawn.

In the first place the occupational histories contain no reference to any employment other than that in asbestos plants. One wonders whether the periods of employment given in the tables cover work only in the last plant or whether some of the men may not have been exposed to asbestos elsewhere. Case 8, J.H., in the slightly advanced group, aged 24 worked only 1 1/2 years; cases 19 and 26, in the moderately advanced group, and case 2 in the markedly advanced group are all reported with the same exposure and yet the ages of the last two are such that these men had probably worked in other places.

It surprised me that men who showed the lung changes classified as slightly advanced should have had enough disability to warrant their discharge from the industry. When I read the paper I had the impression that there might have been other reasons for their being dropped. If the disease in the lungs was so slight that it could disappear after 15 months away from the industry it is hard to understand how it could have influenced the heart. One might infer that a causal relationship between the exposure to asbestos dust and the size of the heart shadow has not been demonstrated.

I agree with Dr. Shull that "without a history of exposure a certain number of slightly advanced"(and probably even more advanced) "cases will not be recognized." As I have mentioned in our conversations, I am quite certain that I myself, and I suspect many good roentgenologists would miss most of these cases unless we had been told that the subjects

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had worked in asbestos plants. But knowing the history it is difficult to restrain ones enthusiasm and refrain from attaching significance to appearances that would be disregarded in the absence of knowledge of the subjects occupation. The fact that "improvement" was noted after 15 months in 3 of the moderately advanced and 5 of the slightly advanced group would make one suspect that at least 8 of the total number of cases had little real asbestosis.

There were unquestionably some cases of true asbestosis in the series. Dr. Shull's illustrations of the gross autopsy specimens are not sufficiently characteristic to permit a diagnosis but he has privately sent me photographs of the lung and the autopsy protocol on another case, apparently No.17 R.G.J. of the moderately advanced group, which prove the presence of asbestosis.

In his markedly advanced cases it is hard to exclude the presence of complicating infection. As I think I mentioned to you in conversation, I have a suspicion that such infection may be present in most advanced cases.

I do not believe that Dr. Shull's series is sufficiently large to permit him to conclude that "asbestosis does not predispose to tuberculosis." Perhaps it is true although he has 11.3 per cent in his series. I do not believe that he has proved that the condition is not progressive. I would disagree with some of the technical points such as the elevation of the left diaphragm as a basis for diagnosis.

This paper and others which have been published from time to time make it obvious that our standards for the diagnosis of asbestosis are not sufficiently defined. We hope that the research which we are about to undertake with your assistance will clarify the situation.

With the season's greetings, I am

Cordially yours,

Leroy U. Gardner, M.D.
Director

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