0029794

March 8, 1968

Mr. H. M. Jackson
Director, Industrial Relations
Johns-Manville Corporation
22 East 40th Street
New York, New York 10016

Dear Hugh:

Attached are four copies of the Michael F. Diagula report.

An invoice will be attached with the final report.

Sincerely yours,

Robert T. P. deTreville, M.D.
Managing Director

deT:ejd
Enclosure - 4 copies of report.

note:
Reviewed c Dr gross.
No action required
unless further studies
requested. Est 4 hrs.
of Dr g's time so far.
D

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INDUSTRIAL HYGIENE FOUNDATION OF AMERICA, INC.

4400 FIFTH AVENUE PITTSBURGH, PA. 15213

Opinion Based on the Autopsy Protocol of

Mr. Michael F. Diagula

by

Paul Gross, M.D.
Director
IHF Research Laboratory

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Opinion Based on the Autopsy Protocol of
Mr. Michael F. Diagula
by Dr. Vern L. Zech (St. Therese's Hospital, Waukegan, Illinois)

The description of the findings leave no doubt that Michael F. Diagula died of a cancer, a cancer that probably originated in a bronchial passage of the right lung and had extended and spread to other parts of the body.

What is not clear is the nature of the "micronodular pulmonary fibrosis with asbestos bodies" and its relation to the lung cancer. The reader of the protocol is left with the impression that the prosector was in doubt regarding the nature of the pulmonary fibrosis and purposely inserted the ambiguous descriptive diagnosis rather than a definitive one.

The pathologist, Dr. Zech, was unwilling to designate the pulmonary fibrosis as an asbestotic one inspite of the presence of asbestos bodies because, "It might be noted that asbestosis in its typical form is generally more diffuse than it is micronodular."

It is true that the microscopic anatomy of the disease found in these lungs does not coincide with that generally recognized as being asbestotic. Nevertheless, the presence of ferruginous bodies—apparently in abundance—together with the history of known exposure to asbestos dust suggests that the ferruginous bodies are asbestos bodies and that there has been a deposition of asbestos dust in the lungs of Michael Diagula.

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Since this man had been working with asbestos cement products, he was also exposed to dusts other than asbestos. It has been my experience that men working with asbestos cement products are exposed not only to chrysotile, cement, and other silicates, but also crystalline silica.

It is, therefore, logical to suspect that the "micronodular pulmonary fibrosis" referred to in the protocol has a silicotic background.

However, the possibility remains that, in addition to silicosis, there may be an asbestotic component to the pulmonary fibrosis and this possibility is, of course, greatly strengthened by the presence of asbestos bodies.

In addition to the presence of asbestos bodies, an important criterion of pulmonary asbestosis is, as stated by Dr. Zech in his protocol, the presence of a diffuse fibrosis. In other words, it is important to know the character of the pulmonary tissue between the nodules. If pulmonary fibrosis is present between the nodules that is consistent with asbestosis, the probable presence of pulmonary asbestosis must be accepted.

Unfortunately, the protocol is silent about the character of the lung tissue between the micronodules;and it is not possible, therefore, to formulate an opinion in regard to the presence of an asbestotic inflammation.

The presence or absence of significant pulmonary asbestosis has relevance to the question of causation of the lung cancer. If significant pulmonary asbestosis is present, it would be very difficult to defend the position that the lung cancer found in Michael Diagula is non-occupational even if Michael Diagula had been a heavy cigarette smoker.

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Summary

Mr. Michael F. Diagula died of a lung cancer associated with a pulmonary fibrosis that is probably silicotic. Whether or not a significant asbestotic component is present in the pulmonary fibrosis cannot be determined without examining the lung tissue microscopically. The presence of significant pulmonary asbestosis is relevant to the question of whether or not the lung cancer can be regarded as occupational in origin.

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