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May 15, 1964

Dr. Kenneth W. Smith
Medical Director
Johns-Manville Corporation
22 East 40th Street
New York, N.Y. 10016

Dear Ken:

This is an unofficial, tentative report on the sections of Garfield Goins. The case was sent to me with a covering letter by Louis Hemerda and was received by me on my return from the AEC symposium in Hanford, Washington, on May 10, 1964.

The case was signed out as pulmonary tuberculosis, chronic, cavitary; pulmonary emphysema; and other less significant diagnoses.

There is very little evidence of occupational disease in these sections. Pigmentation is minimal. There is an occasional nodule with concentric arrangement of fibers which could represent a silicotic nodule or an old healed tubercle. Only one asbestos body was found. Microscopically, there is no significant emphysema. This diagnosis may have been made grossly on the basis that the lungs were well expanded and did not collapse. However, these features could have been brought about by pulmonary edema and fibrosis.

If this is tuberculosis, it is atypical; probably as a result of chemotherapy. There is a good deal of vasculitis in the lung which raises the question of allergic or Wegener's granulomatosis being at the basis of the pulmonary fibrosis, necrosis, and cavitation.

The most facile explanation is, of course, tuberculosis.

I would like the opportunity to explore the other possibilities. I should like to do acid-fast stains and incineration studies.

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What do you think of me writing to the pathologist who did the autopsy? I would tell him what the problem is and ask him if he would work with me to resolve it. You would get blind copies of the correspondence.

I do not know the name or address of the pathologist. Do you?

I shall not write-up the formal report until I hear from you.

I am sending you some photomicrographs of some asbestos bodies found in smears of lung juice at the Presbyterian Hospital. Dr. Caunas, who has been doing all of the work, has records of 96 autopsies at present. She is now attempting to correlate her findings with the presence or absence of pulmonary fibrosis.

With best regards,

Sincerely yours,

Paul Gross, M.D.
Research Pathologist

PG:la
Enclosures

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