

LOUIS FRIEDMAN: ORAL HISTORY INTERVIEW
ON COAL MINERS' RESPIRATORY DISEASES

by Alan Derickson

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D: I'm in Las Vegas, Nevada. It's February 8th of 1992. I'm in the home of Louis Friedman. It's nine o'clock in the morning, and we're conducting an oral history interview. And just for the record, Dr. Friedman understands that I'm doing this historical research, that I'm tape-recording this. The tape recorder is in plain view here. And it's our mutual understanding that I may use this in a book or in articles, that I might quote him, and that he is giving his informed consent. I guess I'm asking you, would you give your informed consent?

F: Yes

D: . Informed consent

F: I will not give you any information that you can't repeat.

D: Okay, and if there's anything sensitive, we can always turn off the tape and go off the record.

F: But before you publish, it may be judicious for you to let me review anything that is referable to our conference.

D: Okay, sure, anything that we're quoting.

F: Of quoting or otherwise, with reference to this.

D: Okay

F: derogatory or praiseworthy or neither.

D: Okay

F: It makes no difference to me.

D: So let's get just a little background information here. You graduated from medical school from the University of Arkansas in 1941. And then you did an internship and a residency in New Orleans. During that training what, what were you taught about respiratory diseases of miners or of other workers?

F: The only occupational disease was of the chest with which we were familiar at the time of my graduation was silicosis. In New Orleans I came into contact with another occupational disease, byssinosis. While I was in New Orleans, I was in charge of John Bibert Tuberculosis Hospital as a resident. And I

D: Could you spell that name of that hospital?

F: B-i-b-e-r-t. John Bibert, which is a subdivision of Charity Hospital, it was one of the buildings in the complex. It was as resident in tuberculosis in charge of the LSU division under Dr. Monte.

D: M-o-n-t-e. Okay

F: And a professor of medicine Dr. Edgar Hull, E-d-g-a-r H-u-l-l, I began to learn about pulmonary diseases, particularly tuberculosis, because that was my primary concern at Bibert. And naturally, if you learn about one disease of the lungs, you have to learn about others to be sure you know what you're doing and differentiating properly. In 1945, they started a new medical school in Alabama. Dr. Kracke, the first dean of the school, K-r-a-c-k-e, Roy Kracke was a native Alabaman from Hartselo, Alabama, H-a-r-t-s-e-l-o, who specialized in hematology at Emory University. But when they started the four-year medical school, [inaudible], and the first classes began June 1945. Prior to that time, Dr. Krocke needed somebody who could teach medicine and someone who could, had administrative ability. And he contacted, and contacted in fact a professor of medicine at LSU, Dr. Edgar Hull, and also Dr. Raymond Musser, who wrote the textbook on medicine. They recommended me for that position. Well, I came there as assistant professor of medicine, as assistant to the dean, assistant dean, and I was in charge of organizing a house staff because this is the beginning of a four-year school.

D: Then you came there in 1945.

F: Yeah.

D: Okay.

F: April '45.

D: Okay.

F: In June I taught the first class in medicine at the new four-year school. While I was there, I enjoyed my teaching,

but I had a problem with the head of the department of medicine. He was James McLester. Doctor McLester was a past president of the AMA, and he was closely allied with the industrial complex in Birmingham, Alabama, in Jefferson county, which primarily is TCI, Acipco, A-c-i-p-c-o, which constituted the backbone of the community, the mining of ore, and the making of steel.

D: Now, how exactly, were those relationships formed?

F: I'm going to tell you.

D: Okay, between the medical establishment and the coal and iron interests? How

F: Well, first of all you have to understand that Birmingham is unique, they have all three ingredients necessary for the making of steel. I don't know whether you know that or not. That's why you found it in the South. Now, TCI is a giant. The medical care rendered to the miners and their families were all through company doctors.

D: Now at that time, we're in the mid-40s, was this people who were actually direct employees of TCI and their medical department, or were they contract practitioners, out doing it on a check-off basis.

F: Contractually working for United States Steel, TCI, either full-time or part-time.

D: But it was by contract?

F: That's when we referred to contract physicians. These doctors by far and large, were nice fellows. I knew them. They were very benign. They were making a living which was good at the time. And they didn't upset anything, and didn't, wouldn't anything earth-shattering and upsetting, took care of the miners and their families. The important medical man in the community was Dr. Lloyd Noland. Dr. Noland was important not only because he controlled so much of the compensation for the doctors in Jefferson County, but he also was politically affiliated with Dr. James McLester. Because, to be successful in Birmingham it was good for Dr. McLester or anybody in his position to hobnob with the power base.

D: Okay. Now just to backtrack one second. McLester's name is spelled

F: M-c-L-e-s-t-e-r

D: L-e-s-t-e-r

F: Excuse me. I got off the track a little bit, but here I go. I'm back to the point where I was beginning to tell you I didn't get along with Dr. McLester. What happened was, that Dr. McLester had a son, Jamie Jr., who was coming out of the service. And Dr. Kracke solicited me and my services because I had experience in the Charity Hospital administrative work and teaching and organizing wards and so on, medical care. He came here, and so he solicited my services. Dr. McLester didn't like that. His timing was off. He would rather that his son was there first. Well, this is fine. And we, we were always at arms length, even though he gave me a big welcoming hello when I came in.

D: Now, just in terms of the general situations there at that time. Do you think there was some anti-Semitism in that?

F: With my background it's difficult for me to think of it in that way, but, I didn't witness any. And if there was, I didn't know it. I always took it on a basis as one on one. Didn't make any difference if you're Baptist or Methodist, Jewish, Catholic or a Mormon, it never occurs to me to be for, or against. But I've noticed in my life some people have strong prejudices against Jews, Catholics, Mormons, Baptists and Methodists. I personally have a little theory about Baptists. But that's a personal thing. I mean, I wouldn't go out of my way to hurt anybody. I would fight for anybody's freedom to practice what they want. Now, back on this historical background. Everything, my frustrations with Dr. McLester, came to a head in September-October 1945, when both of us were asked by the pathologist to discuss an autopsy, a clinical pathology, a clinical pathology. I discussed it after Dr. McLester did, and by sheer luck and not by genius, I think, I made the diagnosis which he failed to make with the material he had. I was looking at the same material. Both of us had no access [inaudible]. And after that he wrote me a note, telling me that I should not discuss cases of clinical pathology any more. The same thing is done with a pitcher, but from now on you don't pitch.

D: Yeah.

F: Because this was my life. I never even intended to practice medicine. I thought I was destined to be an instructor or teacher or make \$65 a month in New Orleans and they engaged me at Charity, at Birmingham, I was in high cotton. I was getting \$300 a month, room, board and laundry. And I had a fancy car. I'm assistant to the dean, and all those other things. So I couldn't get along with him. So I told Dr. Kracke. Oh, we were great friends. I

ate at his home, you know what I mean. Even after I left the medical school, we continued a very warm relationship, very warm. I went there, I saw Dr. Kracke. I said, "I like you, and I know you like me, but I can't get along with my boss in medicine." We discussed it for a while. I said, "I hate to do this, but I want to leave." So he told me, "[inaudible] I think you're right, but we'll still be able to count on you if we need you, if we need to talk to you." I said, "Yes, sir." "What do you plan to do?" he asked me. I said, "Well, I've got two offers. I got an offer to go back to Charity Hospital to teach at LSU, and I have another offer to go to Galveston under Dr. Raymond Gregory who was my old professor of medicine in Arkansas, to head up the Department of Pulmonology and associate professor of medicine for pulmonary disease. I also turned down an opportunity to join Dr. Ochsner at the Ochsner Clinic in New Orleans in his pulmonary department, when he was setting it up. He said, "Why don't you go up there and make peace with Dr. McLester before you go." I said, "I think that's a good idea. I don't want to carry any [inaudible]." I walked up the hill to his office in the medical school on 20th street, that's where his office was. And I was received, I came into a room that was this large, but the light was subdued, had a conference table and old-fashioned doctor's [inaudible]. He said, "Come in, come on in." We sat down and started talking. I said, "Dr. McLester, you and I, or I, to you, are not making it. And I feel very uncomfortable, and I want to leave." He says, "What do you plan to do?" And I said, "I have an opportunity to go back to LSU to Galveston Texas or to one of the founding people of the pulmonary division of the Ochsner Clinic. And also some people have mentioned to me that I ought to stay in town and start a private practice." As soon as I got that out of my mouth, he said, "If I were you," he said, "I'd leave town." I said, "What did you say?" He said, "If I were you, I'd leave town." Now I lost my cool. Now this, in structure of medicine he was the sine qua non, the boss of medicine in Alabama. I mean nobody could make do without his blessing.

D: Yeah, yeah.

F: That was all I needed. I said, "You old son of a bitch."

D: You said that to him?

F: Yes. I said, "You just made up my mind. I'm going to start a practice up in Five Points."

D: Five Points was where?

F: That's a location in Birmingham.

D: Okay.

F: And with that I left.

D: This was the fall of '45?

F: Yeah. I think it's '45. I think it's back then in '45. With that I left. I started making arrangements to set up my office, but I had no money. I only had \$1,100. So I went down to the bank where I'd been depositing my \$300-a-month check and asked them if they'd lend me some money. So of course they said, "Sure, we'll lend you some money." They handed me some paper and said, "Fill this out." (Turn that off a minute) He said, "Here take these with you and fill them out." I said, "What are these papers?" He said, "You put down your liabilities and your assets and stuff like that." I said, "Mr. Fore [F-o-r-e], Bob Fore, you're a nice guy." He's the vice president. I said, "Mr. Fore, I don't have any assets. I tell you what I've got, I've got what I've got in your bank. I think it's a couple hundred dollars, I've got my medical textbooks, a stethoscope, my bag and my clothes. He said, "Well, we can't lend any money without any background, you know

D: Collateral

F: Collateral. In those days it wasn't easy for doctors to make money. And I had nobody that would go to the bank and back me up. I didn't know anybody. Well, in New Orleans, Louisiana, there is a Dr. Herbert Wineburger.

D: Is that e-i-n or i-n?

F: Wine. He was an internist, who practiced at Bibert Infirmary, where I did my internship. He and I liked each other. I liked him because of his niceness to people and his kindness to the house staff. So in the course of events it turned out that his little son Scotty at the age of thirteen developed a tumor of the anterior mediastinum, malignant, and he was dying. When the child died, Dr. Wineburger was distraught -- that was his life, that was his love, that was his everything. Subsequently, got divorced, it just destroyed his life, so, he asked me if I would cover his practice for two weeks, while he took some time off. I said, "Well, I can't do that, because they won't permit me to do it, the Charity Hospital, because I can't do private practice." So between the three of us they gave me permission to take two weeks off to take care of his practice, because he was very well liked. (Hi Dave). When he came back, he asked me what he owed me. I said, "You

really don't owe me anything." I said, "I did this because I felt terrible." He gave me a, he said, "Well, I got to give you something." I said, "Well, give me \$50 each week and my expenses and give me some money to buy some new tires." Which he did. And he said to me, "If you ever need anything in your life, call me." Well, this was a good time to call Dr. Wineburger. He got me the money, and I opened my office.

D: And this is now, what, late '45 or late '46?

F: When we go to the office, remind me to look at my first ledger from Kracke, and we'll see the dates.

D: Okay, good. Now from the outset was your operation, when did it become the Friedman Diagnostic Clinic? Was that

F: 1952.

D: Okay

F: In Alabama

D: . Okay

F: But this is prior to when it became the clinic. And I'll show you pictures in just a minute. And I started practicing, and while I was here, I began to notice that the X-rays I saw in New Orleans which I thought were normal, every once in a while I'd run across an X-ray, I could say it was abnormal, I couldn't say it was normal. I'd never seen anything like it. Well, I took X-rays and sent them to various people in the country whom I knew.

D: At the risk of belaboring the obvious, these were X-rays of coal miners or former coal miners?

F: Yes. (Turn it off) So I sent these X-rays to numerous people, and they didn't know.

D: Numerous people in Alabama?

F: All over the country.

D: Occupational docs, or pulmonologists, radiologists?

F: Radiologists. They didn't know.

D: On that score, did you for example at that time or other times, I'll just mention this while I think of it, have any dealings with the radiology department of the University Of Pennsylvania -- Pancoast, and then Pendergrass.

F: Not that I know of. I know Pendergrass. I know all of them, and they all know me, because of the American College of Chest Physicians, and they all knew my work, eventually. In the beginning, nobody was paying attention. This is all right. And a new girl around the block has a hard time establishing her qualifications, you understand. Anyway, I understood all that. I didn't start with a gold spoon or silver spoon in my, I started as a hod-carrying common laborer to get through medical school. So I knew the way up and down and around, so nothing like that. Anyway, I could not get any help from my associates. Some of them went so far as to say that they didn't know, you know what I mean, but there's something there. So I had to pursue it on my own.

D: Well, were there people, including yourself, like your colleagues who looked at these images

F: What did they say?

D: Did they, was it in their view, was it your sense that at that time it was a silicosis-or-nothing proposition? If you didn't see the classic signs of

F: It was already

D: Classic signs of silicosis there was really nothing else you

F: There was not, because these unusual X-rays when I started practicing were all centered on coal miners. In various degrees of information from the X-rays, the little fibrosis, the little ventricular change, that's what I saw that I didn't understand. But I formed my own opinion after a while, that's where my classification comes from. Take a look at that.

D: Ah ha.

F: See what it says about the classification and logic. And that wasn't popular at that time. People didn't know about that. And most of the time when they had changes like that in an X-ray, it would be reported as, incidentally there's increased fibrosis with no consequence. This is consistent. Well, I started getting pathologic specimens and shipped them off to Dr. Lynch, Professor of Pathology in South Carolina, assistant to Auerbach, who currently is the pathologist up at the veterans hospital in New Jersey, outside of Newark.

D: Auerbach would be A-u-e-r-b-a-c-h

F: C-h. I sent specimens to any number of pathologists. I sent them the ones that were suspicious. You could see the deposits of coal, but they did not know what it was.

D: And what, how would they respond?

F: The lungs look essentially normal. Well, I found out that there was a Dr. [inaudible]. No, that was Schepers.

D: Schepers. Okay.

F: You've come across that name?

D: Sure.

F: So, when I got in touch with him, he worked with Orenstein in South Africa. And he was a good pathologist. And he told me that there was such a thing, that there was something wrong in the material I showed him.

D: When did you contact Schepers? Schepers was still in South Africa?

F: No. He came over here. You'll notice that at one of the meetings he was in a symposium I chaired for the American College of Chest Physicians. Now I began recognizing all of this. I'm going to have to go on two different roads for just a minute. I started accumulating very detailed evidence, history, of all the coal miners.

D: This is, now again, just describe that for me. When people came into your office

F: I'll give it to you in just a minute.

D: Okay, good.

F: I didn't open my office to become a coal miners' doctor. I opened my office to practice diagnostic medicine and in line with that question. As soon as the community of doctors found out what I had said to McLester, every man who was a dictator or boss has got enemies. Well, first of all, they were so tickled to death that I would call him a son of a bitch that at one of the meetings of the medical society, just about the time I was opening my office, one of the doctors wrote a song about Louie Friedman calling McLester a son of a bitch.

D: A song?

F: Yeah. And he sang it

D: In an open meeting?

F: In an open meeting. It was incorporated with another to take the bite off, you understand.

D: Okay

F: So, I started getting patients. I mean, I opened my office, I had patients like I'd been in practice fifty years, coming from all parts of town, [inaudible] everybody. It turned out they all didn't like McLester. And they wanted me to stay. They thought I was just doing it for my ego and that I'd leave, but they wanted me to stay. And that's why I said I never felt any anti-Semitism because [inaudible] Kirby was in the Baptist church, a big shot, you know what I mean.

D: Now were these people, they were independent practitioners in private practice? They were not

F: Company doctors.

D: They were not company doctors. It was funny. Birmingham was a big enough town not everyone was under TCI's thumb.

F: When I came there, eighty percent of them were.

D: Contract doctors.

F: Well, in one way or another they were influenced

D: They had some relationship with TCI and the coal operators

F: They were scared to move against them 'cause Dr. Noland's tentacles extended to the Baptist Hospital. In other words, nobody wanted to antagonize him. Anyway, those doctors made me, made me. I made \$18,000 the last couple months there I was opening in my office. The next year I grossed over \$60,000. I mean, coal miners kept coming in. But I finally I got enough of them, and I said there's something wrong. That's when I started writing around and asking questions.

D: So this, again I'm trying to pin this down. Maybe it's not possible to do it, but this is back in '46, '47?

F: This is about '46, '47, '48.

D: Okay.

F: Now, by '48 I have a pretty good collection. So I sent my X-rays off to people who published work for the Grant roentgenology books, X-ray books, Dr. Garland and others, and they didn't know. Well, you know where I am now: I don't know, the pathologist doesn't know, the X-ray man doesn't know, nobody knows. The reason, as you'll see later on, is because these people had not exposure had no exposure to coal workers' pneumoconiosis and didn't know what was going on.

D: Okay.

F: So, in particular I sent it to Dr. Waring, professor of medicine at the University of Colorado School of Medicine. In his honor, there's now an institution called the Webb Waring Institute.

D: Which is W-a-r

F: I-n-g

D: One "r." Okay

F: So, I going to have to do this. I have to go out of order a little bit. Anyway subsequently, when the disease became manifest, and it was established, Dr. Waring didn't have any, asked me for some representative X-rays of coal workers, which are now in the Webb Waring, hanging in the Webb Waring Institute.

D: At the University of Colorado.

F: Yeah. So, and there's one doctor there, Dr. Allen Hurst. H-u-r-s-t, I think he's dead now, I'm not sure, was one of the first doctors to give me support in the fact that he saw these X-rays, too, but not many coal workers

D: How did he express that? Did he write you a letter or did he

F: No. We talked to each other.

D: Okay. But he didn't become a big public proponent of this.

F: He told me. See there are coal mines in Colorado, too. I saw Miss Roche, what's her first name?

D: Josephine.

F: Josephine, became friendly with John Lewis, through that accident in that coal mine. So, he said, he called me and said, "You're right." And he backed me up in medical meetings, too, of course. I'll get to that. Now, by now you can see that I have accumulated X-rays, I showed you one.

D: Yeah. Then you were taking these X-rays yourself, and reading them yourself, to start with?

F: Yes. But then I sent them to Meadows and Kesmodel, M-e-a-d-o-w-s and K-e-s-m-o-d-e-l, roentgenologists, and they started

D: Where were they?

F: In Birmingham.

D: Okay

F: And they started seeing the disease, too.

D: Oh, really?

F: And reporting it in the X-ray reports.

D: Oh, really?

F: Yes.

D: What were they like when they made the report?

F: Compatible with pneumoconiosis.

D: They wouldn't say coal workers' pneumoconiosis. They just said pneumoconiosis?

F: But this was a coal worker

D: Yeah, with pneumoconiosis. But they didn't say CWP. They said pneumoconiosis.

F: Right

D: Which was a lot.

F: Oh, what an accomplishment for me to get there.

D: And they didn't say silicosis? They just said pneumoconiosis?

F: That's right, or silicosis, or whatever.

D: Anthracosilicosis?

F: No.

D: Whatever

F: That really didn't make too much difference. The fact that these borderline X-rays were now being recognized before they had a big [inaudible] of change. That's what I was after.

D: Yeah, yeah.

F: Now, lo and behold, while I'm going through, and incidentally, miners when they first came to me, they had no money. They were busted. So if they lived thirty, forty miles from Birmingham, I'd give them money on the bus to come down so I could follow them and

D: Give me a profile of these patients.

F: I'm gonna get old guys, middle-aged guys.

D: Okay, all right.

F: Oh dear, and you'll be happy, let me finish. You ask me questions when I'm through with this junction [inaudible]

D: Okay.

F: Now, lo and behold, a lawyer from Bessemer, Alabama, comes in, and he says, "I heard that you diagnosed somebody in the Bessemer, Bessemer as having anthracosis. Remember that was anthracosis, they didn't

D: What was that lawyer's name?

F: I can't, it started with a B, Brown, I tell you what, if you get the list of lawyers that belong to the Jefferson County Medical, Jefferson County a

D: Bar Association

F: Bar Association and send it to me, I'll mark off his name.

D: Okay. Just in terms of early lawyers here, did you have any dealings with a fellow William Partlow?

F: Billy Partlow.

D: William D. Partlow, Jr., would that be Billy?

F: No. Wait a minute

D: What was his role in all of this?

F: Nothing in the beginning. The early ones, the earliest ones that, the lawyer I'm telling you, the first lawyer subsequent to that there was a William Mitch and a Jerome Cooper, but the one that I'm telling you about

D: He came to you.

F: He came to me, fortuitously. He said, and I said yes. He said, "Well, you know we don't have a compensation law in this state, and we've never collected any damages for this.

D: Had people been suing before this time?

F: They never had, I don't know, they never had collected damages.

D: Okay.

F: You have to wait a minute to get the picture. This is complicated. It's very complicated because it involves not only medicine, physiology, economics and the power of an industrial giant. So you see, some of the questions you ask, fit into one of the realms, you see, but I'm trying to give you an introduction to the overall picture. Now, and your questions are good ones, incidentally. So, he says, "What can we do about this?" He says, "I want to sue them." I said, "That's good". So from that case on, I started supporting him in any, anytime he wanted to sue a company, and I knew that the patient had coal workers' pneumoconiosis. And I was as lonely as a pregnant nun in the front row at church. I had no support, none. And opposing me was Carey Joseph, who was a consultant for TC&I, Abe Russakoff, who was opposed, who was antagonistic to it and

D: Russakoff was in the medical school, is that correct?

F: Well, no, he came here to practice, but he came at the terminal part of this thing. He was, he used to be a health officer in Montgomery. And when he came to Birmingham, he automatically said he knew all about coal workers' disease, and he opposed it. I got the support in here. So, we go, by golly, to Dr. Grzhan, Edgar Grzhan.

D: How do you spell that?

F: G-r-z-h-a-n was the spokesman for Dr. Noland, in the community.

D: And now, just, I have to ask this. Noland didn't dirty his hands with this himself, and Noland didn't get into this. He was above this?

F: He was. Nobody could find his trails. Don't you understand, nobody could find his trails. Now, Grzhan was the private man out of it, but some relationship there with Grzhan would say whatever needed to be said for TC&I.

D: You mean, what do you mean say? You mean they would

F: He would sponsor their attitudes in medicine

D: But when you had individual cases, when you were in court, and you had a medical report that said the person had occupational disease, they would have a medical report, I presume, that said he did not have occupational disease.

F: I don't know what they had, but they'd contest it.

D: . Okay.

F: Now what could I do at this time? I became puzzled. How come a community that's established in 1882 to mine dolomite, iron ore and coal, and I went back through Commissioner George Dennison at that time the public health officer. D-e-n-n-i-s-o-n.

D: What -- county health officer or state health officer?

F: County. And I asked him if I could look at some of their old death records. Well, as far back as I could go, I don't remember, you know, after all I was trying to making a living, too.

D: Sure

F: I didn't find one case of coal workers' pneumoconiosis, silicosis, anthracosis, miners' asthma.

D: They never listed miners' asthma as a cause of death?

F: No.

D: Never?

F: Well, they may have, but I didn't find one.

D: And you were going through the old manuscript list death records? These weren't death certificates?

F: I looked at some death certificates, too. Maybe there was some, but I didn't see any.

D: Yeah, okay. And you went through a lot.

F: I went through a lot, and

D: Going back how far? How far back?

F: Oh, I spotted the years, you know, ten, fifteen, twenty years from.

D: So then you went back at least twenty years?

F: Spotted, I didn't have the money to do it. I was doing it independently. Nobody would support my, this is research. They died of backache, I think one of them died of miners' asthma, a couple of them died of backache, you know what I mean.

D: . The common one in the old days, I've gone through a lot of old death records.

F: Chronic bronchitis.

D: Yeah. And they used to say things like "breakdown." He died of breakdown, or they'd say "general debility."

F: That's right.

D: Old age. They put old age.

F: So, when I started lecturing, by that time I had the materials. And of course I'd give them the history, and tell them I couldn't find anything, I said actually if you go to Boyd's textbook of internal medicine, which I'll show you at the office, I'd never get rid of that book, which in the 1930s he was an authority, William Boyd thinks that if you work in a coalmine you have healthy lungs. Can you understand, young man, what I was confronted with? I was confronted with the pillars of medicine saying there was no such disease. Do you understand now, why I'm taking this time, because it gives you a view of where it came from? Well, we started winning these cases, and I started teaching.

D: Now, just in terms of winning those cases. Did you actually go in and provide expert testimony?

F: Yes.

D: So you would go in and testify that on such and such a date you saw this patient, and then would you describe your workup there in court or what?

F: I'd just tell them the patient's got this, then they'd question me.

D: I see

F: I show them how I'd make the diagnosis, and I'd show them a normal X-ray and the X-ray of the one I saw.

D: Okay. I think this is a good point to bring this in. What were your workups like? Describe for me how you would work up a normal patient at that time.

F: A complete workup

D: So you would do

F: Just like I would do a history.

D: Occupational?

F: Occupational, social history, family history, physical examination, in those days you weren't limited. You could do blood counts, urines, and a few chemistries. And we didn't have any pulmonary function tests.

D: So you did no pulmonary function tests?

F: No.

D: When did you start doing pulmonary functions?

F: We didn't have any pulmonary function equipment so I used to do my pulmonary function on a BMR machine, basal metabolism machine. And I used to measure the curve of expiration with a Hirschfuss Seigel ruler. This ruler was marked off in lines, one second a line. And if it took him more than three seconds to blow out all their air, or it was slow in coming out, we knew it was an indication of emphysema or pulmonary dysfunction.

D: And that was the test you were doing back then?

F: Before we got pulmonary function. Now, in 1949, or '48, out comes the Warren Collins machine, and I got [one of] the first thirteen machines, [inaudible] testing pulmonary function. As a matter of fact, I just gave it away to the

community college. So if you want, you can go out there and take a picture of it.

D: I don't have a camera, but. Okay. What was your workup, you would do

F: Complete with the times.

D: X-rays, and you would do

F: Some of them, we even had lung biopsies.

D: How common was it for you to do a biopsy?

F: Uncommon.

D: Uncommon.

F: I got somebody else to do it. But gradually, of course, I referred my cases to doctors who knew me. And actually my consultants would say, "Man, your man's got it." He'd start seeing that he's got coalworkers' disease, so that a nucleus of doctors wouldn't talk, but they knew I was right. You understand?

D: They were sending cases to you?

F: Oh, well, they sent me important cases. See I'm a diagnostician. But I sent them cases, for instance, pulmonary surgery, you know, prosthetic surgery and so on. Anyway, as we go along, young man, I think I've lost some of my trend, but we'll get back to it. Anyway, I now began to see an awful lot of coal miners because they found out there's a doctor, they found out there's a doctor in Birmingham, Alabama, who would diagnose their pulmonary disease and back them up.

D: Now, were you still basically working with one attorney, this attorney who was in

F: In the beginning it was just this attorney

D: In Bessemer, Alabama.

F: Yes, mister, David [sic], he was a pioneer. Imagine him, coming to my office and asking me.

D: Just to back this up one step further. Had he had a miner come in and inquire to him, or did he just walking around on the street and seeing a lot of guys? [material lost changing tape] not in state court?

F: Some in the state court, some in federal court.

D: Why, because

F: I don't know why.

D: Because the coal operators were interstate

F: I don't know.

D: Whatever. Okay

F: Of all the suits we ever filed, we lost two.

D: Out of how many? How many suits do you think you were involved in, before the workers' comp law passed?

F: The workers' comp law was passed in Alabama in 1950.

D: '51

F: '51 under the influence of my prodding.

D: . We'll get there in a second. Just in terms of the period.

F: Well, I'll tell you, they probably in about six or eight years time, they probably filed about 2-300 law suits.

D: Two or three hundred, between, say, '46, '47 and '51.

F: From '48 on up to '52, '53, something like that. And when they found out I kept winning in the courts for my patients

D: Just to stop for a second. What did that mean? Did that mean that they actually brought suit, the whole case was heard, it went a jury, and the jury came in with an award, or would the company start settling out of court?

F: I'm going to get to that. Now when they found out that they were losing these cases, a lot of them were filed and never go to trial, because they would settle.

D: When they would go to a jury and get an award, what would, what were we talking? How much money would they get?

F: I don't know, 8, 9, 10, sometimes they'd get, sometimes, depends upon the jury. Some of them would give them thirty, forty thousand. They would, some of the awards were starting to hurt. You ask good questions, young man. No, you do. No, you do, I don't pee in your ear. Let me tell

you. So [inaudible] by that time, most of the time they'd get my opinion for disability and that would just be a [inaudible]. Now it got down to the point where they'd recognize the disease. There was a question of disability.

D: Well, now, that's my next question. Were these the days when they would try to put a percentage number on disability, and they'd say he'd lost so much lung function? Okay. So, did you then provide percentage numbers? Did you say, this man is 90% disabled or 100%, how would you do this?

F: Read some of this literature. I said there's no such thing as percentage disability. Because a coal miner, once he has the illness and it's a progressive disease, so for all practical purposes, it's 100% disabled if they can't get a job any place else. But if you have to have physiologic disability, it's about 35-40% of the man's ability to perform energetic work. But it doesn't say anything about their overall disability.

D: Sure

F: That's why it's broken down like that. Now, the next thing was, so now it was a question of disability. They brought experts from all over.

D: Really?

F: They brought in doctors, they brought in Oscar Sanders from Milwaukee, who was a, who was the authority on silicosis

D: Yeah, he was a big foundry guy.

F: That's right. And in the course of events they

D: They, that they means TCI?

F: Well, whoever, now the course of events, in my working at the American College of Chest Physicians and teaching my fellow physicians, who they were easy to teach, at that point had began to see it. They formed the Occupational Diseases of the Chest Committee, and I was, I was the first chairman of that committee. There never was an occupational disease of the chest committee before I became chairman. And then I was the chairman of the joint committee of the American College of Chest Physicians, the Industrial Medical Association, and the American Trudeau Society.

D: During what years was that?

F: Late '40s, early 50s. Where was I going?

D: We can stop.

F: The industry recognized that I had something. Under my prodding, Dr. Jim Folsom, Governor Jim Folsom.

D: Is that F-o-l-s-o-m?

F: Right. Got them to pass an occupational disease law in the state, which didn't adequately cover the lungs, but you had to win the case to get it. You still had litigation.

D: You still had litigation?

F: Sometimes, I didn't understand all of that. Now you ought to ask, what, how much did I get this for this. Why don't you ask me that question, are you going to wait?

D: No. It seems, these were patients, you'd bill them.

F: I billed them. If we were going to court, I charged them \$100 [inaudible] \$200

D: As an expert witness.

F: Yeah.

D: Okay

F: Now, here comes some turning points. In 1952

D: I want to just stop for one second. In terms of a couple things, I want to catch up here. So far we haven't heard a word about the union. Was the union involved in sponsoring the law suits, or in channeling people to attorneys? They were not involved?

F: Now, they would send me patients for examination

D: They would send you patients?

F: Doctors

D: Before the workers' comp law was passed.

F: And after, too.

D: And after.

F: Right. Now, by this time I was lecturing all over the country. You'll see where I lectured from some of these

notes I'll give you later on. I can't remember every place I lectured.

D: I'll help you.

F: It'll be right in here. Next, in 1952, I was invited by the American College of Chest Physicians to participate in overseas point four program in South America, and I was assigned the subject of emphysema, coal workers' pneumoconiosis. My first presentation of that was in Mexico.

D: When in '52 was that? Is it in here?

F: I don't know. Sometime in the late '40s

D: Oh, really?

F: I was already, and the funny part about it is, the doctors in Central and South America accepted, accepted the disease before the doctors in this country did.

D: Oh, that's good. Now, so was this news to them, or did they know about the British developments on their own?

F: I'll get to the British development in just a minute. You're running ahead of time. So the reason they accepted it is because South America was populated because of the search for silver, gold and wealth. So they had long-term history with silicosis, and they were wide open and willing to accept coal workers' pneumoconiosis, and they became my strong advocates.

D: But they, the point I take is that they were willing to accept that there was a separate entity.

F: Yes, because I showed them.

D: Okay, because you know a lot of people who had big familiarity with silicosis thought there was silicosis or nothing.

F: They had nodules.

D: There weren't any nodules.

F: Yes, they got those X-rays in Alabama to show you. For example, the only case of silicosis in the coal mine that they admitted to us, or would admit, was for a fellow who drove the railroad track.

D: Locomotive

F: Do you know why?

D: Because they put sand on the track.

F: And they developed nodules. So if you don't have the nodules, you don't have silicosis. That's a lot of baloney. Anyway, so, I went all through South America with Paul Dudley White, the president's doctor.

D: Now you say you were put up for this by the American College of Chest Physicians. But was the tour itself sponsored by them, or was it sponsored by someone else?

F: It was sponsored by them in cooperation with the State Department because at that time they pushing Point Four, to educate people after the war. And my other two close traveling companions were J. Maxwell Chamberlain.

D: Who was he?

F: He was a thoracic surgeon from New York. And Dick Overholt, Brookline, Massachusetts, the Overholt Clinic. Incidentally, he, O-v-e-r-h-o-l-t, he modeled his clinic after mine.

D: Okay

F: Anyway, in 1952, I'm a little

D: Want to stop for a second.

F: Yeah, in 1952 I made that tour and came back and lectured in Guadalajara. By that time I was overtly lecturing on pneumoconiosis of soft coal workers. I no longer hesitated.

D: But you weren't using the term actually "coal workers' pneumoconiosis."

F: Soft coal -- I used this term at the head of that. See it.

D: Yeah.

F: So, when I got through there, I was invited to participate in a Saranac Lake Symposium, at Saranac Lake, New York. You may be interested at what happened.

D: Oh, I'm very interested. I'm going to ask you

F: Because this is the turning point of my life. You ready?

D: I'm ready.

F: Saranac Lake, New York, was the, at that time the mecca, the sine qua non of medical knowledge about tuberculosis, silicosis. And the research fellow there was a fellow named Wright, George Wright. He did all the testing. And Dick, I think, Dick Vorwald. We'll check to see the committee membership later on.

D: Arthur Vorwald.

F: Arthur Vorwald, he was the pathologist. And Roger Mitchell, who subsequently went to Denver to work in the Webb Waring Institute, he was their clinician, more or less. But none of them had ever seen or admitted to seeing a case of coal workers' pneumoconiosis. Their work at that time concentrated on aluminum dusting for silicosis, which originated at Hamilton, Ontario.

D: MacIntyre

F: At the MacIntyre mine. You wasted a lot of time, not coming here first. Now, what happens is that when I come up there, the reason they invited me, please understand this, the doctors who come to Saranac Lake are basically good doctors that go to that symposium, honest guys. But the research at Saranac Lake was supported by who?

D: Well, by industry, entirely.

F: So.

D: Almost entirely.

F: 99-1/2%. You know what happens there. So here I am, I'm being offered up. This is my first presentation to a group like this, you understand what I mean, to show people what I really am -- nothing, to discredit me.

D: Uh huh, they're going to trash you.

F: When I got through the meeting and the criticism they made of me, my wife went with me to that meeting. We were sitting down at dinner, in a little hotel there. I just started telling her that I'm sorry I came, despite the fact.

D: Wait a minute. You skipped over the paper. You gave, you were on a panel with Chick Sander.

F: This was not a panel.

D: Oh.

F: This was my paper.

D: At the Saranac Symposium

F: Yes.

D: In September of '52?

F: Yes.

D: But you're on a panel, Chick Sander.

F: At other times. All through '50s, all those years. Anyway, I'm on a panel there, I don't know, if you remember. Anyway, the only fellow I knew before I came to Saranac was George Wright. The reason I knew him was because I helped establish the first pulmonary function station, with George Beneely.

D: . How do you spell

F: B-e-n-e-e-l-y. Subsequently, he became dean of the medical school at Shreveport. Anyway, George Beneely went on a tour of the country to get information to have this pulmonary function, and George Wright was doing some there. We went to Rochester, we went to New York, 'cause the state of the art of pulmonary function at that time negligible. We used to test a patient's vital capacity, by getting a big Douglas bag, and having him breathe in through a gas meter that we swiped from somebody. And we'd roll it up some. The pulmonary station at Charity Hospital I established with George Beneely in 1942, '43. Now, so when we came there, I was delighted that they finally invited me to one of these things.

D: But when I interrupted you, you were at dinner with your wife.

F: With my wife, and two fellows, two doctors came over, and introduced themselves, my wife and I are eating, Dr. Kemp and Dr. Beatty from England. "Do you mind if we join you?" I said, "No." I was so depressed, I was ready for anybody.

D: Tell me why you were depressed. You had, you gave your paper, and they, what, they all attacked you, or what happened?

F: Nobody supported me.

D: They all, and they

F: They just actually denied what they saw.

D: Really? So you went in, and you gave a paper on this panel with Sander and

F: I gave a long paper on X-rays.

D: And people just what?

F: Either they said nothing at all, or they said something bad.

D: So, you, according to what I have here, your paper was called "Pneumoconiosis in Coal Workers in Alabama." You don't have a copy of that paper by any chance, do you?

F: No.

D: So they were just fighting you all the way?

F: So they sit down. "You know, Dr. Friedman, we are so happy to hear your paper." I said, "What, two guys from England are happy to hear this paper," I said. They said, "Your findings here are precisely the same as the Majesty's Pneumoconiosis Research Unit of England." And at that time I learned about Fletcher, Fletcher and Gough.

D: So wait a minute, prior to September of '52, you didn't, you were not aware of the British work?

F: I was aware of them, understand what I mean, but I never met anybody head on. I got their books.

D: You have these reports that come out in '43 and so forth?

F: No, I got these books later on.

D: You never had seen those reports?

F: I'd got them before that. But you know, nobody sends books around on pneumoconiosis of soft coal workers. And it's still in the research stage there. Doctors, that's when I met, I found out about Jethro Gough, the pathologist from Cardiff, Wales. Well, he and I became good friends.

D: Before we go on to that. Also, on that panel with you at Saranac was Philip Hugh-Jones. Did you form any

relationship with Philip Hugh-Jones? He was another of the British.

F: Yes, we both saw alike. Anyway, I didn't even know about, I didn't even remember the panel.

D: Well, I can tell you who else was on the panel. You also were also, the other guy on the panel, besides you and Philip Hugh-Jones and Sander, was Murley, ah, Murley, Hurley Motley.

F: Hurley Motley from Philadelphia. Hurley was chiefly interested in pulmonary function. He was doing research at Barton Memorial Hospital with Motley. But when it came to clinical, he agreed with me, you know what I mean. But he was the kind of guy that wouldn't stir the water. So I had very little support. However, he, I remember now he agreed with me, that there's something there, but. But, they didn't agree with, I didn't mind somebody not agreeing with everything I said. But agree with something. Anyway, I then became, anyway, they said they were thinking of abandoning the research program there. But after hearing my work, they were going to go back and make a recommendation to the royal house to keep it up, you understand what I mean? And they put me in touch with Gough. From then on, I started

D: So you write to Gough?

F: Oh, yes. I called him. From then on I started sending Gough lungs.

D: Sure, for dissection.

F: That's against the law.

D: So you're an outlaw, too? You just said, what, that was against a state law, or what?

F: Federal

D: Yes.

F: International. That's against the (what's the matter [inaudible]) Hugh Bane Jones. Was it Hugh Bane Jones?

D: Philip Hugh-Jones.

F: Yeah. Anyway, how did I get the lungs to Cariff, Wales? There's a law that says you're not allowed to send. (you don't have to do that, you'll hear me. I can cough hard but [inaudible] I don't think [inaudible]) There's a law that

says you're not allowed to send human tissue through international mail, no more than you can send a dead body. But I couldn't get permission. I called Senator Lister Hill, he couldn't do anything. John Sparkman couldn't do anything. Nobody could do anything.

D: Do you think they wanted to do something for you?

F: Yes, of course they did.

D: You think so?

F: Yes.

D: You don't think Lloyd Noland talked to them every day?

F: No.

D: No.

F: No. They needed me more than I needed, I needed them.

D: How could that be?

F: Because I was assistant to the governor, and they needed our political support in Alabama.

D: Wait a minute. What does assistant to the governor mean?

F: I have, they have elected, elected Lieutenant Governor, I was his personal assistant.

D: In what capacity?

F: In every capacity.

D: How did that happen?

F: Through friends.

D: From where?

F: Long time. Anyway, so they needed us, our political support when they ran for office, know what I mean. They'd go out of their way.

D: Okay, okay.

F: They couldn't do anything. How am I going to get these lungs to Cardiff, Wales, to see if they look like his lungs? And he wanted them.

D: And this is what '52, '53, thereabouts, early '50s.

F: So I figured out how I could do it. I'd get the lungs, I put them in a freezer, in a big freezer jars with chloroform, and wrap them up good. And I'd put on the outside "scientific tissue," no, "scientific material, for examination of nodules and linear changes."

D: And it went right through

F: Went right through

D: Really. How long did you do that? Years?

F: Couple of years, just enough to learn, just enough to

D: And what happened? Did Gough section these things and

F: Got the same thing out, whatever I had in Alabama

D: How about that. And then would he send you back the sections?

F: Of course, I'm going to show them to you. So that's how pneumoconiosis of soft coal workers was firmly established in this country. I'm coming, I've come to, then Dr. Gough was such an important person, and he had no money. I wanted to thank him, and he wouldn't take money. So I sent him some ties. He said, "Please don't send me any more ties, 'cause the tax on bringing it in costs more than the ties." So I said, "What can I send you." It was right after the war -- food. So I sent him care packages, you now what I mean. Finally, in 1952, or '4, or whatever it was, I paid for his initiation into the American College of Chest Physicians. I brought him here.

D: Let me back up for a second.

F: Now you can ask questions.

D: Ah, let me back up. I want to go back to this situation that leads up to the

F: I think that's Boynton, Boynton, something like that.

D: Boynton. Okay. I'll poke around. I'll see if I can find out.

F: Do you know who would know? Bromson, Bromson was his name.

D: Bromson.

F: Yes. Bromson

D: How do you spell it?

F: B-r-o-m-s-o-n, Bromson

D: B-r-o-m

F: s-o-n

D: s-o-n, Bromson.

F: Bromson

D: You don't remember his first name?

F: No.

D: All right.

F: But you know who will know, Billy Mitch or Jerry Cooper. William Mitch.

D: Mitch's son. Okay.

F: Yeah.

D: Okay. Now just to back up to that, especially when you mention Mitch. When the workers' comp law's being formulated in '51 in Alabama, were you involved at all in drafting that bill or just

F: Recommending

D: Or the language of that bill.

F: Unfortunately, no.

D: Because it has

F: It does not help too much.

D: It's very broad. The language, it's kind of an umbrella.

F: Yeah, you have to prove a fellow has coal workers' pneumoconiosis.

D: Because it is interesting they just reel off, I mean, I'll just read to you from the law. The terms occupational

pneumo -- all right, they actually have the extra syllable -
- pneumoconiosis, which the extra syllable dropped out
long ago.

F: The pneumoconiosis should be the way it's said.

D: Then that disappeared quite a while ago.

F: Because if you don't have pneumoconiosis, then
everybody's got silicosis. Do you understand the
differentiation?

D: Ah ha. Ah ha.

F: Now let me explain to you why that's important. You
still got that on or what?

D: Yeah, I'm on.

F: You've got berylliosis. You've got talcosis. You've
got byssinosis. You've got coal workers' pneumoconiosis.
You've got all sorts of pneumoconiosis today. And if you
drop off the pneumo, what have you got?

D: Go ahead. So you weren't involved in drafting that law.
Or were you involved in the political process? Did you
testify at hearings as they had for the law?

F: Jim handled that. They had a doctor down there. And I
told Jim we needed it so they wrote it

D: Okay

F: By that, you never get [inaudible]

D: What William Mitch, Jr., told me was that it was simple,
that he and the attorneys on the operators' side sat down
and worked something out. It was a compromise bill.

F: Neither he nor the, he didn't know anything about
workmens' comp. He was just starting out. The one who knew
about workmens' comp deliberately was Jerry Cooper,
assistant to Goldberg, the Supreme Court Justice. But
William Mitch, I had trouble convincing him.

D: Now, that's Senior?

F: Junior.

D: Junior.

F: I had trouble convincing him that there was such a disease.

D: Why would he had

F: I don't know.

D: His father believed.

F: His father and I, we were

D: Well, we're going to get to that in a minute 'cause I want to ask you about that, the old man.

F: Old Mitch was smart.

D: Well, I gathered that. They didn't call him Big Bill Mitch for nothing. Just in terms of the law, you didn't testify

F: [inaudible] no.

D: You were dissatisfied. You thought it was not the solution to the problem.

F: It wasn't because they were trying cases after that.

D: After the law, people were still suing.

F: Simply because no one would accept the disease.

D: So they couldn't win under the law?

F: No.

D: Very few cases got through this straight

F: Later on, of course, it changed.

D: But to back up even further. What I just wanted to get was a sort of a sketch of what your patients were like. Were they in their 40s, 50s?

F: Most of my patients that worked in the coal mines, very few started about 15-16 years, up to 40-50-55 years in the coal mine.

D: Okay

F: Now it's very important.

D: Now wait. When you say, you mean they would start at the age of 15?

F: Worked

D: Worked for fifteen years.

F: No, the ones that were 50-55 started working at the age of 8 or 9.

D: Okay, okay, that's what I wanted to get.

F: Now, there's a very interesting thing about Alabama and coal mines. Up in Pennsylvania you have big seams, big rooms, six, seven, thirteen [feet]. In Alabama we have mostly twenty-two-inch seams. So if a man worked on his side, he chopped away. He frequently got, you know, tendonitis of the elbow, and so on. And they had no protection. And they inhaled that dust. Some of the rooms were bigger than the big companies owned. And eventually the federal government became interested, the Bureau of Mines did, and they established certain regulations that there had to be 6,000 cubic feet of air per minute delivered to the furthest space, and specifications about water and so on. This was never followed.

D: But in the early days, did you get stories from your patients about what the dust conditions were like?

F: Sure

D: What did they say?

F: We went down in the mines.

D: You did. What was it like?

F: Terrible.

D: Could you see your hand in front of your face when they

F: Now that, I didn't stay, I'm not crazy. I wasn't going to be there after a blast.

D: Okay.

F: I'll get to that. They then went to, where they had larger rooms, they went to roof bolting. Now that was even worse because they were inhaling pure silica. It, then they had to put on a garment, you know, and soak it with water and drill. Most men couldn't stand the mask. And a lot of

men wouldn't wear the mask because it was so difficult to breathe.

D: Now was that in part because they were they already had respiratory impairment?

F: No.

D: They just didn't want to.

F: I don't know. They just didn't like it. I didn't delve into that. I'm certain what you just said has a place, especially with the older guys. Now the mine workers fought this tooth and nail because in order to deliver that much air at the furthest space, you had to have a fan in there, several quarter of a million dollar fans. Now you have to understand that the most expendable thing in the mine was the human being. We can always get another miner to go to work, but you can't always buy another, get another mule, or another piece of machinery. So you can see what they reacted to.

D: So your saying that the mine union itself opposed the

F: No. I'm not talking about the union, I'm talking about the mine worker, the owners.

D: Oh, the owners. Of for

F: Yes. The union never opposed anything. The union was for everything. That's why I became their friend, accidentally. I didn't even know anything about the mine workers' union. I did all my research without a nickel from them. But once they saw it, their eyes, gee, we've got a doctor that understands it. So I became their white knight. Anyway, mine conditions were terrible. Now there's a rule also they can't use black powder, and you can't come into a mine for eight hours after they blast. It was never observed.

D: And you regularly heard that from the workers?

F: Why is that an important thing? Why don't you ask me if the federal government said those were the standards, why wasn't it observed, why couldn't you do anything even though the federal inspectors would see it and complain about it? Do you know why?

D: Well, the usual reason, I assume.

F: The law had to be enforced by the state. Does that

explain a lot in Alabama? Who was going to enforce the law, huh?

D: Now the inspectors in Alabama, I assume, were not elected -- they were appointed?

F: They're, inspectors are all appointed. The federal inspectors, they'd write a bad report about a mine, nothing happened.

D: They were just spectators.

F: The federal government made recommendations. But the Germans came over here to ask me what I thought, they immediately instituted all the changes I recommended. Dr. Sawyer sent them to me.

D: When was that again?

F: 1950-some, I don't, young man, who the hell ever thought I was going to, you were going to write a book, I mean, who the hell ever thought you'd be a crazy counterpart to Louie Friedman. And you find anything today?

D: Find -- plenty. All right, so working conditions were bad. You've got these guys coming in your office there in their 40s, 50s.

F: 50, 55, 60.

D: You didn't see that many. I mean, I'm assuming most people were too disabled to be working by the time they're 60. You didn't see people in the mines over 60, did you?

F: Now, there's an unusual thing. It's a problem that we still don't understand, the differentiation in when people become disabled -- depends upon the conditions they worked under, depends upon how much ventilation they had, depends upon individual susceptibility, depends upon whether they smoke. Now let me give you an example of the [inaudible] brothers. I have their, I have all slides on these. I can run them off for you. Did you have a slide machine?

D: I can get one, yes, sure.

F: 3 x 4.

D: I can get one.

F: Can I trust you with those slides?

D: Well, I, yeah.

F: No, you'll have to come back for this, I wouldn't trust you.

D: In truth I would say, I wouldn't, you know, if I got robbed at the airport, then where are the slides?

F: Now, listen to this. Lots of members of the same, lots of members of the same family work together in a mine. Because they knew it was a dangerous occupation, these two brothers were loaders. They'd load coal on cars, coal cars, but because this was

D: This was still hand loading?

F: Well, yes.

D: They didn't have mechanical loaders.

F: Well, the big, (Earl, how you stand, are you finished?)

D: I'm not sure we're close enough here.

F: If I wouldn't be lazy, I'd take that film out and run it for you.

D: Your film?

F: I may do it.

D: Well, I'd love to see it. We'll see if we have the time.

F: I'm going to do something.

D: Let me stop here.

F: In conjunction with the whole-lung section done by Gough, I needed microscopic pathology. I needed it to be able to display adequately when I presenting. Nobody had the technique to do it, and I had to demonstrate, after I learned, what things I wanted. So I contacted Eastman Kodak and explained to them that I had a special project, that I always used Eastman Kodak X-ray films, so on and so on. They invited me to Rochester, New York.

D: When was this?

F: In 1950, early 50s, and I think Mr. Brownell, Vice President in charge of something, took me in hand and took their, took their top technologists and made my microscopic slides into color, into such a way that I could display them

as an 8 x 10 at my exhibits -- very important. Now, they have a doctor there Manuel Zarikley.

D: How do you spell that.

F: Z-a-r-i-k-l-e-y. He was their international medical consultant director. When he saw this workup, he became interested in it. And after we put together the film, he borrowed it to show what could be done with X-ray film and to talk about the disease in Mexico and other places. So he actually took it right on.

D: He was Mexican.

F: No, he was a Spaniard. So, isn't that interesting?

D: Yeah, how the idea spread

F: Like AIDS. Now, now we're at the other extreme. Now we compensate people who shouldn't be compensated, who really don't have the disease. You can't get pneumoconiosis of any kind by walking through a sand storm, or playing or making sand castles.

D: Just to back up to these patients you were seeing in your office in the late '40s, early '50s. Were most of them still working?

F: A lot of them were.

D: A lot of them were?

F: But complaining of shortness of breath, and

D: And they, were they, because of their disability moving into the light, so-called lighter duty occupations?

F: No

D: They were just struggling along?

F: They were afraid to tell them. If they told them, then you got fired. Men had to do eight hours' work. But, before that they had to do eighteen hours' work. And the fellows who worked there the longest, the older ones, were the ones who worked right in dust all their lives. Now let me go back to the story of those brothers, you interrupted. So these two brothers worked on opposite sides of a loading car.

D: Were they Erby?

F: Yearby, Yearby

D: Y

F: Y-e-a-r-b-y. You'll have to remind me to look some of it up at the office. They worked on the opposite sides of a loading car. Why would they? So in case they would see something bad was happening where they work in the rock, they could warn the other brother. They worked there for about the same number of years. Brothers, full-blooded brothers. Now, when I got down to where I could do some of the refinements, I showed them cases of brothers who worked at the same coal mine, come out with the same disease. And about the time I showed them five of those cases, they were all convinced that if you're brothers, then you come out with the same disease. And I said, "Now look here, look at these two, see the difference. They're brothers, too." And they worked together thirty-five years, indicating the individual variability of. Is that the answer to some of your questions? I got all that. If you have facilities, this is what I'll do for you, young man. If you have facilities in Penn State to copy

D: We can get anything reproduced.

K: Copy 3 x 4 slides, glass slides.

D: I assume we can, I mean, if we couldn't get it done at our campus, we have a medical school.

K: That doesn't mean anything.

D: Well, they might be more likely to reproduce them.

F: This is a technical thing. Now, if your university really becomes active and wishes to inform a young doctor about this, I wouldn't mind under the right circumstances donating these slides to an institution that will use them intelligently in order to inform the students in a kaleidoscopic fashion of the overall view of how a disease comes to be known. Here's a disease in 1930-something, nonexistent. Could you imagine what I was up against?

D: Well, just to trace some of that out, in terms of what you were up against. Was it common to have a periodic X-ray screening of employees by any of the coal operators?

F: I recommended it, but it wasn't always done.

D: So, not even TCI was doing annual

F: No, nothing routine.

D: But, what would they do? Did they have any sort of medical surveillance of their employees on a regular basis?

F: No.

D: Nothing?

F: Nothing. They'd go to the doctor if they complained of something, they only took an X-ray by accident. It's only after this now that they're taken regularly because they're exposed to the liability.

D: Again, in terms of what you were up against, was it ever the case that a company, a so-called company doctor, would ever diagnose an occupational disease?

F: I never, I never, I never heard of one.

D: You'd never saw a patient who came to you who'd seen another doctor before who had said

F: No company doctor ever referred me a patient with pneumoconiosis.

D: What Koplín said to me was that it was understood in Alabama, that if you ever made that diagnosis it was the last, you'd be cut off by the company.

F: Well, listen, they just didn't do it, because they had to make a living. Koplín was essentially correct, but as an unwritten law

D: It was understood implicitly.

F: Well, if you don't have, the doctor has a degree from the university medical school, and he's got walking-around sense, he knows if the disease is caused there by negligence and he has to make a living. And he can't see somebody dying acutely from it, you know what I mean, it takes the problem of doing something about it off, not like a case of acute appendicitis. So they let it slide through because they want their job. And the roentgenologist wouldn't make the diagnosis, but Meadows and Kesmodel started making it. And finally, my disease was contagious. I infected other people, like the outstanding authority Webb Waring. Now I'll tell you another doctor who supported me -- Edgar Mayer, who is professor of medicine at Presbyterian Medical, Columbia University. He's the kind of fellow, he was married to the Guggenheim, one of the Guggenheim girls. Here's the kind of a guy, didn't do much work on his own, but pushed young men to do it. Then he'd get part of the

credit. He heard about the work I was doing, he wanted to be a part.

D: When was this?

F: 1952. It all happened in a hurry. Once it came, it was like an explosion.

D: Well, then let's go back to '52. You go to Saranac, and you have kind of a rough reception.

F: Ooh, yes

D: And then you go later that year, a couple months later, you go down to Ben Golden's clinic in Elkins, for this Elkins Symposium.

F: I had a good, I had a good, a good response there because Fletcher was there. And we were talking the same language.

D: What kind of a crowd was there? Was that a coal company

F: See Dr. Martin, Dr. Martin, I interested him in the meeting. Some of them did not work for a company -- independent clinics. They came over and said that's right, I'm going to do something. So they had the money in the Golden Clinic to invite people down there. So they invited about 15-20 people.

D: And that, that was one of the places where you showed your movie. And what was the reception that the movie got?

F: They were horrified. Well, well, if you would see a guy in a tent and his X-ray along side of him, to show you he's got coal dust disease. What would you think?

D: And that's why, again, I may never see this movie, so I guess I'd better ask you. What, the movie showed everything?

F: The movie showed everything. It showed the history.

D: Did it show working conditions? Do you have any shots of them?

F: No.

D: Okay, okay.

F: It showed the history; it showed the X-ray of the chest; and it showed the patient with the pulmonary function. And sometimes showed the autopsy

D: Ah, ha, you didn't have any Gough sections at that time? This comes later?

F: I had some Gough at that time. I think I did.

D: You did?

F: I don't remember, but I always thought of getting some.

D: I'd love to see this movie. Is it possible to get a copy of the film? How could we do that? Is that doable? What is it on -- 8mm? What is it, 16?

F: Yeah. Let's see, 8mm, I think.

D: And you shot the film yourself? Well, are you open to that idea if I can find out? I'll try to get a grant, I'll try to get some money to get somebody to

F: Let me know if you get a grant. I think I could take it in here and get it copied.

D: Okay.

F: Not only that, if they can copy those glass slides.

D: I want to see what I can do. Okay.

F: Well, you'll need some help.

D: Yeah. All right, so you go to the Golden Symposium in November of '52. Is there any other recollection that you have of those meetings, conversations you had? Was that the point, you say, where you actually got Joseph Martin interested in this?

F: Before that, he came to a medical meeting and saw my display.

D: Oh, really? A national meeting or

F: Yeah.

D: I see. Up to that time he had no special interest in this?

F: Oh, but after that he became active.

D: I see. And you stayed in touch?

F: I stayed in touch with so many people at that time, I hired a secretary to carry on my correspondence with doctors all over the world about coal workers' disease, even Russia.

D: Who? They were writing to you?

F: Yes. Right now they want me to go to China.

D: Who does?

F: I've been invited by the Eisenhower Foundation to go to China, because they need somebody to talk to them on coal dust. You know what I told them? I've got no desire to go to China. I'm not interested in those things. I did my work. Do you know why I'm not interested? It's there now. There's only one significant paper I wrote, the one I showed you. This is a sine qua non of the disease. Isn't it? The progressiveness, what more are you going to do? Huh?

D: Well, along these lines of getting around here, in May of 1953 you go to a conference in Knoxville, Tennessee, with the Knoxville Chest Group.

F: Oh, yeah.

D: David Waterman. And do you have any recollections of that meeting?

F: No.

D: You made a presentation, but nothing comes up.

F: It became so routine by then that I didn't want to go.

D: Well, what I. One of the reasons

F: David Waterman believed in it, and his associates believed in it.

D: Did you have any dealings with the Welfare and Retirement Fund doctor there, Winebrenner, John Winebrenner.

F: Where's that?

D: In Knoxville.

F: No.

D: Okay, was there a lot of discussion with this group? Was there still a lot of skepticism, were they simply saying, "We don't believe it."

F: No, by then

D: You have no strong recollections of that?

F: I've given you essentially the, a good deal of the whole problem.

D: Okay. Let me just follow up on a few details here. The federal government is staying out of this issue at this time. The Bureau of Mines doesn't seem to be very interested.

F: They're very interested in it. What can they do about it? It wasn't until this fellow that had the disaster in West Virginia, and it came to a head and then they used it.

D: But in the early '50s, there's an effort to get the Public Health Service more

F: More interested.

D: Involved in doing some epidemiology and doing a prevalence study

F: I helped them start that productive

D: And what I was going to ask you about was that's a long process of trying to drag the Public Health Service into this. One of the early efforts was to send Henry Doyle and a fellow named Tracy Levy down to Birmingham, to sort of scout this out. And they come to Birmingham, in July of '53. They meet with, well, I'm asking you, they met with a number of people. Did they meet with you? Do you remember meeting the people with the Public Health Service?

F: Tracy Levy was one of my students.

D: No kidding.

F: He was a doctor at the Veterans' Hospital in Tuscaloosa to begin with. And I used to review, I was a consultant for the Veterans' Hospital there, and I used to review chest plates with him. So anything he knew of the disease is what he heard by way of mouth.

D: This was at the University of Alabama?

F: Yes.

D: But you don't have any recollections of that visit?

F: Nothing happened.

D: Okay. And then in, after that Kerr is pressing the Public Health Service, a fellow named Seward Miller, to do the prevalence study. And you write a letter in August in '53 supporting that effort, saying that they should get involved. Do you have any recollections of any interactions you had with Seward Miller?

F: Do you know how long ago this is?

D: I know. I was a little kid. Now what about some of these British visitors? There are a lot of British investigators that come through the country.

F: A lot of them came to see me.

D: Yeah, well, I want to ask you about, if I miss any you tell me. The first one I know of is a fellow named Robert Ian McCallum.

F: He came.

D: In '54.

F: He, I think

D: Do you have any recollections of that?

F: No.

D: No?

F: Of course, it was all so common by that time I'm not talking about, see that blonde, we're talking about something that's accepted. So you know, nothing has a, unless the guy and I developed an unusual friendship.

D: Uh huh. McCallum, the reason I asked about McCallum, was that you

F: I sent for McCallum, because he had no money. He wanted to come.

D: Oh, really?

F: I support [inaudible] by myself.

D: Out of your own pocket?

F: Yeah.

D: Really? And McCallum was involved in the dissemination of these ILO standard radiographs. When did you first encounter these standard radiographs? Did you use them?

F: [inaudible] no, why should I? Mine are better. Mine are simpler. See I objected to the international, you know, standard, you know, cataloguing. See, the more you complicate the reading of X-rays the more different interpretations you get. Therefore, I stuck to mine. (Drink it up) Look how simple this is, look how simple this is -- instead of going by 2 millimeters, a half a millimeter, and [inaudible]. It has nothing to do with the disability. The only purpose it serves is to identify linear, that's where primarily an increase fibrosis along, okay. Nodular, so it could be linear and its [inaudible]. Linear and nodular. Conglomerate coalescent, may be one two or three. Number 5 complicated, may be any of them, complicated with cavities, without. It's very difficult. You had a lot of trouble proving tuberculosis in these patients, even though we know they died of it. Sometimes we couldn't even prove it in an autopsy. But we used to attribute big cavities to aseptic necrosis. And I had a patient spit up a glass of more than 240ccs of black sputum a day.

D: Wow. In your office or in the hospital?

F: In the hospital, I collected it.

D: Really?

F: Just black.

D: Like ink?

F: Because that, yeah, because that's an aseptic. But a lot of them had tuberculosis, and we couldn't prove it with a tuberculin test, a sputum. They'd die, we'd finally find evidence of it. A lot of them had cancer, not very many of them had cancer. Despite what you may hear, I forget the percentages, I think the analysis is 1,500, I forgot what it was.

D: Well, how often were autopsies done on these cases?

F: Before I started?

D: Before, during, and after. Never?

F: [inaudible] Well, they were done, they weren't done for the same reason I was doing them. So I think I had the most autopsies done.

D: How many do you think you had done on coal miners?

F: Fifty or sixty.

D: Fifty or sixty? That is, what

F: That is all in a short period of time.

D: And what share of those cases disclosed pneumoconiosis?

F: I was very interested in proving the disease. So I got the ones that were most

D: You picked the likely candidates. And what was your batting average on that?

F: 101%.

D: Right. Don't be so modest. 101%, what period was this around 1950, or a little [inaudible]

F: [inaudible] The ones I picked I knew had it, and what I was doing was trying to show the different X-rays comparison with the pathology. You understand me, I was looking for individual presentations of laboratory X-ray [inaudible].

D: Again, to return to some of these British visitors.

F: I'd forgotten all about McCallum.

D: Well, that's what I'm here for to remind you some of this stuff. What about John Gilson, did you have any relationship with Gilson?

F: I was in communication with him similarly.

D: But he comes through the U.S. in '55, and I wasn't even sure if he went to Alabama. But he makes a visit. In late '55, there was another one of these Golden Clinic Symposiums.

F: I didn't go.

D: You didn't go then?

F: I didn't want to go.

D: Okay. What are some of the other. You know we haven't, we've gone here on

F: I went to Indiana.

D: Oh, tell me about that. When was that?

F: They called me to Indiana. I think the capital of Indiana is in Princeton or Vincennes. One of the, and I flew up there. I had my pilot fly me up there to testify on a case of pneumoconiosis and also to consult with the governor or the governor about the compensation act.

D: When was this?

F: '55.

D: '55 in Indiana. And what happened?

F: They did it.

D: They did what?

F: What I recommended. I don't know what it was.

D: But they didn't pass the law in '55.

F: They had a compensation act then.

D: In Indiana in '55?

F: I think so.

D: I'll have to look

F: Or right after that.

D: I'll have to look.

F: Anyway

D: It's new to me.

F: Anyway, most states didn't have recognition of the disease.

D: Well, that's my next question. This is puzzling to me. Here you have this breakthrough in 1951, and it's sort of like the tree that falls in the forest, and nobody hears. And why doesn't it sweep the country, the other coal-mining states?

F: Because, now you've got a conflict, the economic interests. Who was going to decide their disability? How much are you going to allow them? Actually, from the point of view of the worker, if there were honest juries, honest

judges and honest doctors, they'd be better off for suing for what it's really worth.

D: But nobody was doing that around the country that I know of.

F: Yeah, we were suing in Birmingham.

D: Yeah, but I'm talking about elsewhere.

F: No.

D: I don't know of any

F: No, if. The guy in Indiana did.

D: What was his name?

F: I don't know.

D: But it was

F: I wrote to him

D: How did you get in touch with him?

F: They [inaudible]

D: This is a physician in Indiana? And they were filing what, they just had one case, or they had a whole mess of cases?

F: They had a case, but they, they were getting snowed.

D: Uh huh. In the '50s he was working up cases and taking them to court. Was he winning cases?

F: I didn't ask for the details. All I know was that they wanted to see me.

D: And you went up there. Again, describe the full extent of your activity? This is all news to me.

F: It took me about ten-fifteen minutes. I told him what I thought, and they excused me. And then I spoke to somebody outside about, I talked to, I talked to somebody outside about the compensation law. I forget what.

D: But you testified in court in this?

F: No, it was sort of a hearing.

D: Oh, like a legislative hearing?

F: I don't know what it was.

D: In the state capitol?

F: Some building in the capital some place.

D: In Indiana?

F: Do you know how old I am?

D: How old are you? Wait a minute, I know the answer. You were born in '14, so you're 78 or 77.

F: You think I've got a pretty good memory without notes for, without remembering some son of a bitch's name.

D: Well, I have to ask. Hey, I've got nothing to lose. I got

F: I don't want you to think I'm avoiding you, and

D: . Or that you have Alzheimer's or something, I don't. If you asked me what I was doing on some particular day in 1954 and what somebody's name was, I have no answer.

F: I want you to know that I want to help you. Do you know why?

D: I already know that. I appreciate it.

F: Do you know why I want to help you? Hopefully, if you write this and present it properly, forget me, but if you present the evolution of different things in this country based upon fact, it may be a guideline for somebody else to pick up another disease with the occupational implications. And just think what that means.

D: It means, if they had recognized this disease in 1940 instead of 1970 or whenever they really recognized it

F: They could have recognized it in 1910.

D: Which they could have. Think of all the lives

F: Sure

D: I'm just going to stay down to the particulars here. What difference, if any, in terms, now I'm not talking about the larger structure of medical practice or anything else here, I'm just talking about in terms, how you recognized and dealt with coal workers' pneumoconiosis, how much

difference did it make when the United Mineworkers' Fund comes in?

F: Helped

D: In what way?

F: Because more people got examined.

D: So they now had better benefits and they

F: If they were sick, and I'd get a hold of them. Before that, you know, they just came to me as patients.

D: And so you could give them a better workup. You got better reimbursement or

F: No, I could get the reimbursement. Hell, I never got paid in the beginning. I was just one of the dumb bastards that wanted to do something good.

D: So the fund comes in and

F: Very good fund. And I become a good friend of John Lewis.

D: Okay. Now I want to know, explain that to me. Lewis didn't come to Alabama that often, did he?

F: You want the story?

D: Yeah. I want the story.

F: Don't interrupt me, because this

D: All right, I won't, I won't interrupt you.

F: I'm a hard worker. And I usually work when I get tired in the afternoon, I got no shirt, no tie on, and I don't have a white coat on in my clinic, and sometimes my shoes are off. After 5 o'clock one afternoon, it was either '49 or '50, I'd had a rough day and a half. My secretary said, "There's a man outside that wants to see you." I said, "You tell him some other day, I'm just too tired." So she says, "He says he's not leaving." I said, "What's his name?" She says, "John Lewis." I said, "Who's that?"

D: Ah, come on.

F: "Who's that?" I said. "Is this the man from the coal workers, coal miners?" I said, "Go out and look and see if he's got bushy eyebrows." She comes back, and she gives me

this. And who brought him? This son of bitch my friend's keepin' quiet, Bill Mitch, Sr. So he comes in.

D: So Lewis was there by himself. When was that?

F: I think it was '47 or '48, with Mitch. And he says to me, you know it's hard for me to put the dates [inaudible]. He says, "Well, I'm pleased to know you. I'm glad to know what you're doing for my miners." I said, "Well, I'm glad to do it." He says, "I've heard all about it." He says, "You're going to the front for us." He's blunt. [inaudible] the conversation was. He says, "They're going to have a fund, and they'd like for me, to continue seeing their patients, maybe more." I said, "Well, Mr. Lewis, [inaudible] I'm thinking of leaving Birmingham." I said, "I think I'm going to Texas." To take them up on their offer to be the professor of pulmonology and so on. I thought [inaudible] Well, to make a long story short.

D: No, don't make it short.

F: I said, "However, do you want to send me cases? You can send them, you can send them to me in Texas." "Dr. Friedman," he says, "How can I send coal miners to Texas where they don't even have a grant for a workup?" I said, "Well, I'll be there." He says, "That makes, anyway." He says, "We'll use you." I said, "I'm going to stay one year, then I'm going to leave." Well, they paid me a bunch of money to see their patients, more money than I ever knew there was in the whole world. I had to work hard for it. I had other doctors helping me. So I figured I'd stay a year, but instead I stayed on and completed my work.

D: And when Lewis said he knew what you were doing, he was talking specifically about the lawsuits on pneumoconiosis?

F: He knew everything. He knew everything.

D: And how did he? Mitch told him?

F: Yeah

D: How did he know?

F: The presidents of the various districts, you know, they could talk to Mitch. And since I worked with Urbaniak in District 19, and I worked with Kmetz, who was Lewis' assistant. I even worked a little bit with Barr, who killed somebody.

D: Well, now, that brings up an interesting little episode

here, I, but before I get into that. So you're sent, this is late 40s, maybe '47, '48 is when

F: Yeah, 'cause I was still thinking of going to Texas.

D: It's clear that Lewis knows about the problem, and he's approving it. He's approving what you're doing. He's supporting it. He's expecting that the fund is going to help out with this problem.

F: He's just asking me to please continue. But he's not offering me any money. I mean, I'm just going to see patients and work my ass off.

D: But you'd said before that he said we're trying to set up this fund. I mean the assumption was that the fund would then support, reimbursing this kind of care.

F: Support doing it [inaudible], too, overall care. He had a lot of trouble with his fund, too. 'Cause you have to remember that he had company members on that fund, too, who didn't want to think of Louie Friedman.

D: Well, Roche in particular got very, she got very nervous about anything related to occupational disease. That's what I was told.

F: At first she was a big help. But you know something interesting, eventually the compensation requests were so out of line, with no reason, that the company started using me, too.

D: Really, when was this?

F: The North American Bituminous Coal or somebody or other in the '50s. I told them that these people don't have coal workers' pneumoconiosis. They loved that. But if I said no, then nobody

D: That says something.

F: Oscar Sanders used to visit my home regularly.

D: Really?

F: I had to play ball with these people, make them friendly, try to win them over to my side, anything. I'll tell you somebody, somebody who was with an industry, that supported me right on when I, Lew Hamlin.

D: Who's he?

F: American Brakeshoe Company.

D: How do you spell his name?

F: H-a-m-l-i-n

D: H-a-m-l-i-n

F: When we go to go to the office, I'll show you the names of the committee members and so on

D: Good.

F: Now, let me run through this quick for you.

D: By the way, I want to ask. I got a couple questions here for you here. Lewis comes to your office because Mitch brings him there. We haven't talked at all about Mitch. What was your relationship like with Mitch? Tell me about Mitch.

F: Excellent.

D: What was he like?

F: Smart man, smart man. He was enamored with the fact that they finally got a doctor who would help his miners. Of course, he suspected all along that there was a pulmonary disease.

D: I found testimony that Mitch gave before Congress in 1940, 1940, when they're going for the federal coal mine inspection act, which of course, doesn't do a thing really for the disease. But the point is, they were talking about all the problems in the mines, and this comes up. And Mitch says, I think coal dust isn't just an explosive hazard, it's a health hazard. I mean, he had this, you know.

F: What did I just tell you?

D: Now, was he himself disabled at all? No, he wasn't. And what was your impression of Mitch. What kind of person was he?

F: Outstanding.

D: In what way?

F: He was a very cautious thinker. He had to think things over. And once he was convinced that this was the road to travel, you could depend upon his support 101%. And he was a fighter. And the industry knew it. When they spoke to

him, they spoke to him with some reverence because he talked with good English, good grammar, and he just was a. He had a wonderful wife, and he was just an outstanding man. I think Mr. Mitch is one of the outstanding people in my life that I had the opportunity to be around.

D: He apparently was someone who had sufficient stature that he was not like Lewis' little puppet. He would tell Lewis where to get off at certain points. He was one of the ones who apparently could, well, give and take with Lewis, which apparently not many people could do.

F: Well, because Lewis believed him. He wasn't currying favor with Lewis. He was working, he was talking for the workers. And if they had a difference of opinion, they talked it out.

D: When did you first meet Mitch? How did that, I mean, did you have a decisive encounters with him in the early days?

F: Somebody brought him to my office.

D: Let me tell you what I came across here, a couple things about Mitch. Mitch is a delegate to, I can't remember, one of these International Miners' Federation conferences or something in Britain in the summer of '51. And he goes to Britain and he goes to the meetings, and he hears one thing and another. And then he goes up and meets Gough. And he says he went up and had entree with Gough because you had given him a letter of introduction. So you, you already knew Gough.

F: Well, I must have known Gough longer than I thought.

D: 'Cause you suggested before there was an outcome of the '52 meeting.

F: Yeah, but he came back, he was enamoured with Gough that he told me Gough was outstanding, that I would do my work to make it, to show that there, they were going to abandon their project there.

D: Really?

F: Yeah, 'cause I don't know what I would have done without them. I don't know [inaudible] do

D: So, Mitch goes up, and at that point he

F: But I got Gough sections in '52

D: But Mitch then, I assume if Mitch ever had any question in his mind about the legitimacy all of this, when he went and saw this whole research unit and this whole way this was established, and they had workers' comp over there and all the rest of it, that must have just sealed the deal.

F: Oh, he came back, I remember now, he called me the night he came back. He says, he says, "Your ears must have been burning." I said, "Where are you?" He says, "That Dr. Gough thinks you're something." So we were good friends, so I said, "I think you're something. But I want you to know, I think I'm something too." We were just, we'd gotten very close. We used to play canasta together.

D: Okay.

F: You reminded me of something I forgot.

D: Well, that's what I'm here for. Now here's another thing. Mitch then now goes to the union International Executive Board meeting, right after that conference in the fall of '51. And he says that the British are doing thus and so and thus and so. And they have compensation, they have this research, and all this stuff. And Lewis says, tell me more, tell us more about this. And so Mitch comes back from the meeting in October of '51, comes back to Alabama and writes a letter to Roche. And he summarizes the British developments, summarizes what he told Lewis and then he says I'm quoting here from the letter, I'm quoting from the letter, he says, "Dr. Louis L. Friedman, many years ago, long before the Welfare and Retirement Fund was established, called to our attention pneumoconiosis cases he was treating" end of the quote. And then he goes on to describe how the problem at that time was misdiagnosis: they always said the miners had T.B., or bronchitis, anything but occupational disease. And then he says that this led, back a few years ago, to District 20 being involved in these lawsuits. Do you remember anything about what it was that District 20 was doing with these lawsuits? Were they [inaudible] in the process? What were they doing?

F: Well, they cooperated in so far as if I'd find a guy, we'd go to them. And they would request compensation, you know, through the business agent. And if they didn't get it, they'd send him to his son or Bromson for litigation. But Bromson, now there's a man that had balls. If it hadn't been for Bromson, I never would have gotten on board 'cause there was no lawyer in Jefferson County had the guts to sue the big companies.

D: They were all

F: If anybody deserves credit, if anybody ought to have a statue [inaudible] to them in Jefferson County, it's Bromson, if he's still living.

D: I don't know. You think I'm going to write a book with a lawyer as a hero?

F: You can tell what I said.

D: All right. I'm just joking with you. So Mitch writes this letter to Roche. And then he goes on and, I'm quoting again here, "Pneumoconiosis is a real problem that has not been given the attention it deserves" end of quote. Now my question is

F: That's understandable.

D: Yeah

F: You know why? 'Cause Dr. Boyd, the authority, said there was no disease. Let me tell you this. Let me give you an idea, I hate to interrupt you, but I want to

D: , That's all right, I interrupt you, it's only fair.

F: Good. I want to tell you how these empiric things come about. I had occasion to write one of my first articles in medicine on tuberculosis in pregnancy. I really had my own ideas. But I was a young man. And I had, young men look for precedent, just like I looked for precedent in those X-ray I couldn't understand. So I went back and researched the literature and Schaute -- S-c-h-a-u-t-e -- Schaute's dictums were for pregnant women, if a virgin, no intercourse, understand what I mean. If married, no children. I keep going. Ten or fifteen years later, let them pregnant. He said it applied to empiric things. So 'cause now the kids go to school, now they learn about coal dust. They don't know what happened. It's more important for you to write a book and lecture on what happened than it is for them to read two sentences [inaudible] in a book. See how important what you're doing is? Don't take this thing as a personal seat of glory for yourself, you know what this is? You're doing service. You're doing a service that has been neglected.

D: I appreciate that, that I appreciate. But just to follow up here, Mitch writes this big letter, sort of putting Roche on notice. And so she was, after all, the key person in this health and welfare, welfare and retirement fund. Did you get any sense of how the fund at the top, I mean, maybe they just didn't, there was no direct connection. Did Roche ever contact you about any of this?

F: No. But I'll tell you what. John Kmetz, one of the closest associates, you heard his name?

D: Sure.

F: He called me and told me, "We're off."

D: What do you mean?

F: He says, "We're going to beat this thing now."

D: When was this?

F: After Mitch's letter, I remember that.

D: Late '51 or '52, sometime in the early '50s?

F: I know one thing, his letter took effect.

D: But see what's interesting to me is that Lewis and Roche only engaged this issue up to a point. There's a way in which, I don't know, it's the joint structure of the fund or there's something, that they are not, they don't dive into this.

F: Well, I know one thing, that Mr. Lewis believed in it. And he eventually started a hospital in West Virginia some place for coal miners. And one of the reasons he started it, he wanted to have that research unit in Morgantown. And they brought in this fellow from England. What's his name? What was the fellow's name they brought in from Morgantown to do their work, from England.

D: Oh, well, yeah, he ends up there, Keith Morgan

F: Keith Morgan. So that, Lewis engineered that.

D: You think that that was part of Lewis' plan?

F: Oh, yes, oh, yes. So they could get some. One of the, first of all, they wanted the hospital to cut expenses. But second of all, they saw an opportunity to really do some work [inaudible] on coal miners.

D: Well, of course, the other thing they do right about this time is they put Lorin Kerr on the job. They basically assign him.

F: I taught him. Lorin Kerr, if he were living, would tell you that he followed me around and watched my lectures, you know what I mean, all over the country. Lorin Kerr was a

disciple. Lorin Kerr and I used to sit and bemoan the fact that the fund hadn't done enough, and we need more doctors who are honest and truthful to make this diagnosis.

D: So when did you first meet Kerr? Do you have a recollection of the first time you met Lorin Kerr?

F: How do I know?

D: Well, how about, I mean, the place that you both were, maybe for the first time, was this Saranac Symposium. You're both there.

F: Is he there?

D: Yeah, he was there in September of '52.

F: Well, that's where I met him.

D: Okay. And you, how would you characterize your relationship?

F: Good. I liked Lorin. Lorin was interested in people and the development of health management, controls. Koplín was interested in money. In other words, I had a falling out with him over what they wanted to pay me to see a patient so I told him, I'm not going, so you can let me go because I want out.

D: Well, I'll get to that in a minute. But just in terms of Kerr, did he seem to, one of the things he seemed to do a lot of was getting these medical case studies and other reports from Britain -- Fletcher's work and Gough's work. And these are the days before xerox machines. And it seemed what Lorin Kerr was doing -- I've gone through the archives of the Health Welfare and Retirement Fund -- is he just seems to be disseminating the stuff by the hundreds and thousands. He'd run off, you'd see him writing to these journals: send me 500 copies of a [inaudible]. And he would just be shooting this stuff all over.

F: He would get a lot of stuff from me and send it out. I'd pick something out of the literature, I'd send it to him. We worked together.

D: And did you, that seems to be the way that the fund, because he was working with the fund, was that the way that the fund, that was their participation?

F: Well, they had, look, they can't depend on Louie Friedman or Gough or Fletcher, you know what I mean, to be the sole, to be the sole dispensers of information. You

know, doctors and people and writers are funny people. If they listen to me, they don't believe me. But if they see it in print a couple times, it's

D: It's real.

F: Louis Friedman found out it was real. By Schaute, but Schaute wasn't around. It was this guy.

D: So is that part of what

F: Part of what helped develop the fund.

D: I guess I should stay with the fund for a second here. Your assessment in general of the role of the fund in creating knowledge about this problem, how

F: It was good.

D: Good, and

F: If it hadn't been for Mr. Mitch's coming to Birmingham, I'd have been in Texas.

D: Okay, okay.

F: Is that good enough?

D: That helps. Now in terms of the other point you just made about things having to be in print, is that part of what got you to reduce some of this to writing and get it out there? Is there a story about this? Did you have to shop around to fifty journals before you finally found one. That just went right in.

F: As a matter of fact, after I wrote that, a lot of journals wanted to know if I had any follow-up. I told them no. I said, "I put everything I know in there." And I made it very simple so anybody could read it. Besides, you see, you could write all you want to write about what happens, all you want to write, is that right? But you can't do this. This is the whole history of pneumoconiosis. See it. You understood this is the history of it.

D: Well, in terms of the X-ray progression, but then you have the basic problem that you pointed to and everyone else has, that there's no simple correlation between X-ray image and disability.

F: The fact, but the important thing here is the fact that it was not diagnosed here. In 1943 when he left the mine, he didn't manifest these changes 'til when? 1949, and then

look here, you see it, just a little bit. But look what happens in October 1950, once it starts. Once the progression becomes conglomerate, it goes boom. Look what happens.

D: Yeah.

F: '40, '50, look at '51. Look at '53, huh. Look at six months later. Eleven days to prior to death, March '54. I mean, it's like a

D: Especially, when you skip the stages and go from here over to here, I mean.

F: This proves a lot that the disease is progressive once you get out of the mine. Now you see ordinary silicosis, plain uncontaminated silica goes through the lymphatics. The reason I had trouble identifying this, laboring over the microscope, night after night, night after night, night after night. I found the focal emphysema that they spoke about. But I did not understand the disease until Gough told me that it was in the arteries. And all the pathologists in this country didn't know. Gough is a hero. Gough is a hero. As a result of Gough, there're lots of coal miners got some compensation in this country. Gough, Bromson, Mitch, and Lewis, and Lorin Kerr the disseminator, Lorin Kerr the town crier.

D: The town crier, that's a good one. Boy, let's see. I got a whole mess of things here. Well, what about this falling out that you have with Koplín. I mean, first of all, what was your relationship like with Koplín? When did you first meet him?

F: When he first came when the fund was established. I didn't like him.

D: Why was that?

F: Well, he didn't understand medicine. He was strictly one of these guys that came in to supervise things, like HMOs and stuff like. I mean, he was trying to figure out how not to give service instead of give service, cut down expenses. Why I didn't need the Mine Workers. I was making a bunch of money without them. Essentially, I did this because I liked it. You understand what I mean. So when I got into conflict with Koplín, and he tried to restrict me in certain [inaudible], I just had a falling out and that was the end of it.

D: But there were years, I mean, that's still around '56.

But there were years, long years there before that time when I'd assume that

F: I bided them. I managed. I liked him as a person, you understand. I liked him as a person but as a physician that understood problems, he was devious when you'd do business.

D: Oh. In what way?

F: He wouldn't come right out and say your charging too much money. He'd go around. Now he got a fellow named Sam Householder.

D: That name I've heard.

F: Sam was a good. Sam and I would talk. He'd say, this is it [inaudible]. The minute Koplun would get into a transaction, he had that eastern or whatever way. He should have been a rug merchant.

D: Oh, come on, you're from New York.

F: Don't make any difference. I was raised in the country mostly.

D: Well, in terms of all the years, I don't know from the late '40s up to '56, basically the fund did support what you folks, what you were

F: [inaudible] I took care of their patients. It didn't support me.

D: Well, I mean, they reimbursed you for services.

F: That's right.

D: They would anyone.

F: But I got reimbursed better by people who were sent to me from Mayo Clinic. See I was one of the first doctors to write a book on emphysema, to write the chapters on emphysema. See even emphysema was, so we used to think of emphysema in vague terms. We thought if you blew a horn you could get emphysema, maybe. But I did some of the, I got some books at the office that I wrote on emphysema way back, 1950 with Franklin Keiser and the American College of Chest Physicians, that I'd rather get a call from Georgia, and I had referral from all over the country. Of course there was very few doctors who knew how to treat emphysema, and very few doctors knew about occupational diseases.

D: Well, one of the things that interested me about this business with Koplín was that this parting of the ways, Mitch says that he disagreed with Koplín, that he knew you had a tremendous support among the miners.

F: Well, I told Mitch what I was going to do. You know what I told him? I said, "Hey, Mr. Mitch," I said, "you know I wanted to leave to begin with, I've accomplished what I wanted to do. I've proved there's a disease, I can't work with those people." I said, "Rather than go ahead and make it a bad relationship that hurts the patients," I said, "I don't want it any more, not unless he changes his ways." Mr. Mitch said, "Please don't do it." I said, "Mr. Mitch, if you have an individual case after that that you want me to see, I won't even charge you."

D: So, part of my concern here that, this is all to do with larger questions, is your specific parting of the ways with Koplín and the fund was not about the diagnosis of coal workers' pneumoconiosis or whether there was a disease or not. See that's all I'm concerned about here.

F: I said all you can say about that, that was over, that's all. I wouldn't that's just like you, that's just like you not renting cars from Avis anymore.

D: Yet you continued to see, the point is in terms of what sort of resources were available for sick miners in Alabama, you still were seeing sick miners?

F: No.

D: You weren't?

F: I didn't want to see any more of them. They saw me a lot, and they saw me outside the mine I didn't charge them.

D: Really?

F: I didn't want to have to report to Koplín.

D: See what that meant in effect was that you were still seeing, you saw a few of them, when you saw them you donated the services.

F: Well, if they had a couple bucks, you know what I mean.

D: Okay.

F: Besides at that time, at that time I was very busy because we came back into office in 1955 in Montgomery. So I was busy you know with politics, too.

D: This is Folsom again?

F: Yes. I was busy with politics for four years. So I didn't have time to fuss with Koplín and anyone else. But I still was helpful to the fund because whenever a legislative interpretation came up, you know, the compensation act. They knew to talk to me.

D: No kidding, including about the pneumoconiosis amendments to the act. Before you, now wait a minute, before you told me those amendments were lousy, now you're telling me

F: Even though the amendments were better, they still weren't right. But they were better enough.

D: Yeah. Were you able in this capacity politically to interpret this to the miners' advantage? Did you then?

F: I really, my primary interest was the diagnosis. And I explained to them, if they wanted to sue, they had to go to a lawyer. I had nothing to do with that.

D: Let me ask you about a couple of other curious developments. I came across an article in Coal Age in the middle of '56 about the research activities of something called the Southern Research Institute.

F: In Birmingham, Alabama?

D: In Birmingham. And the key man there seems to have been a fellow named Howard Skipper.

F: Yeah, I.

D: What was that?

F: Howard could not help me because he was funded by industry, and he could not get interested in my problem. Good guy.

D: What were they doing? I mean what

F: Other stuff, other things.

D: They weren't

F: They were not interested in coal dust.

D: They did not. Well, no, they were.

F: I know, but they didn't do anything. I asked them to do some stuff. But whatever they did, you had to write off because it was strictly funded by big companies. You had to be careful. What they wanted him to do is prove that it had nothing to do with the disease.

D: Right. They had this notion about the particular, what was it called, vitricin. They claimed, I guess, that their coal was special in that it had vitricin in it. You couldn't get sick. That didn't go anywhere. You pooh-pooing that. No.

F: It's not true. If it'd be true

D: Well, I know it's not true. But the question is, did it get any serious consideration in the state of Alabama in the 1950s?

F: No. They wouldn't bring it out, because they'd be afraid to enunciate the fact that coal workers got sick.

D: So they were still just denying.

F: Yeah, but, and besides that was such a flimsy thing.

D: Well, that's why I asked. It's so strange.

F: It's like saying you've got a little bit of AIDS, or a little bit of pregnancy.

D: So this Southern Research Institute didn't amount to much?

F: [inaudible] different. I told Skipper what I needed. As a matter of fact, I suggested way back then when they were able to label materials, you know, with radioactive substances that we ought to label some of the dust, you know, that people inhaled to see where it goes and then to run a, now they still [inaudible]. I asked Beneely to do it, I asked George Wright to do it, I asked Kopligher to do it in Rochester, but you know,

D: Didn't happen.

F: The nearest we ever came to involvement of science as a piezo-electric theory, piezo-electric theory. It's in there, you'll see it.

D: Fletcher, I'm not certain about this, Fletcher makes a visit to the U.S. in '57. Did he come to Alabama? Did you have dealings with Fletcher in Alabama?

F: He came to see me a couple times.

D: Do you have any recollections of Fletcher in any way?

F: Fletcher was inflexible in his thinking.

D: In what way?

F: If it wasn't exactly what he said, it wasn't so. He was completely opposite Gough and the other people that worked there. But still in all he was one of the pioneers. So you've got to give him a lot of credit. This never could have come about without Gough. It never could have come about without William Mitch and John Lewis. It never could have come about without Bromson in this country. And the funny part about it is, physicians at the federal level in public health and otherwise, they knew enough about my work that they'd want copies. That they'd send people to see me. Imagine sending a German delegation at the expense of the government to visit me Alabama to see the work. So you knew it was known.

D: But it only went so far. I mean, this is one of the

F: It's politics.

D: Yeah. Kerr

F: Don't forget, don't forget, for this bill to be introduced, it had to be introduced some place where they have coal workers. Well, if they have coal workers, they've got politicians. If they've got politicians, they're going to get contributions for their campaigns in enormous sums, from the steel companies, the coal companies, West Pittston coal, whatever it is, I mean, they're not going to get that. What the hell are they going to get from the rest of us? So naturally, you think they're going to sponsor, you think they're going to sponsor anything like that? No.

D: Well, Gough comes in '58. Did you have any specific recollections of his?

F: Called me. I couldn't see him. I was busy. I remember, I was busy entertaining, I was busy entertaining, was it Ben and Williams, the governor, one of the two. Oh, no, I was in Europe at the world's fair.

D: All right. Not promoting coal workers' pneumoconiosis, just a tourist.

F: That's it. Listen, I did my work. What more could I do? I even tell them how to treat it.

D: How?

F: Symptomatically.

D: Yeah, okay.

F: I didn't.

D: Yeah. Let's talk about that. Did you do a lot of positive pressure oxygen. What did you do?

F: I was just going to tell you about that. I did some of the original confirmatory clinical work on the Mine Safety Appliance and the Bennett. And Edgar, Alvin Barach did, too.

D: How do you spell

F: B-a-r-a-c-h. He discovered, he developed the iron lung for polio.

D: Okay.

F: Let me tell you. That son of a bitch is dead now, may he rest in peace cost me a

D: Well, we're talking about therapy for coal workers' pneumoconiosis.

F: Anyway, [inaudible] with Hurley Motley in developing that machine, 'cause they knew each other in the service. And they, high flying, you know what I mean, and have oxygenated the man. So Ray Bennett, apparently, I must have done my work earlier than I dates because Lee Ray Bennett came to me in the '40s. And in my

D: This is when the equipment was being developed?

F: Yes, yes, that's right. He already had the equipment that he wanted me to say something good about it.

D: Did he want you to test it or

F: Yeah, I did. I tested Mine Safety Appliance, too. I liked the Bennett better. Anyway

D: Now when you say test. You would give it to a number of your patients and ask, you would observe them, or

F: For example, I used a [inaudible] nebulizer, hand nebulizer. And I thought that once they learned how to use

it, if they were strong enough to do it, the rubber bulb, do you know what I mean, press it, and teach them how to do it, that they, that they'd get rehabilitation at the same time, 'cause they had to breathe to get it down. Does that make sense to you? The machine did it for them. Instances, certain instances you need that. Well, he came to see me a couple times before he marketed the thing. He asked me if I wanted, if I wanted to invest \$7,000, for 10% interest or something like that, whatever it was. So I called Alvin Barach at Presbyterian College, said to him, in New York, who invented the iron lung. I said, "What have you done?" He said, "It's a gimmick." I said, "I'm not going to invest, either." And actually at the next meeting when they discussed the paper, both of us got up and said it works but it's essentially, essentially ended up saying it's a gimmick. Boy, I ended up using a lot of them. So

D: Wait a minute. You sound, this is a way of telling me you were wrong.

F: Yeah.

D: Okay, just to get that clear.

F: I thought it had a value. So if I hadn't talked Barach out of giving him \$7,000. Do you know what that \$7,000 would have. I mean he sold that company to Puritan or Ohio, about seven or eight years later for seven hundred million dollars or something. I wouldn't be sitting here talking to you.

D: You wouldn't?

F: No.

D: Well, I'm glad you didn't give him that \$7,000.

F: I mean, I'd be a big shot.

D: I thought you were.

F: Don't give me that bunch of baloney.

D: I don't think he got seven hundred million for it in the mid-50s, but anyway.

F: Yes, he did.

D: That's a lot of money. That was a lot of money back then. It's nothing now, but that was a lot of money.

F: It was the biggest thing in the country [inaudible]. I may have the number wrong but he had

D: Whatever. It was a lot of money.

F: Oh, he got a bunch of money. Maybe it advertised wrong. What else do you got?

D: I basically, I think that you said a number of times, your work is the early work, and I've got stuff that trails off in the late '50s. You weren't around in the late '60s. You're gone. When do you leave Alabama?

F: I left Alabama in '60.

D: And you came here?

F: I bought the Slipper.

D: The Slipper?

F: The Silver Slipper. I bought one of the major interests, my partner and I in the Silver, the gambling place.

D: Really?

F: Yeah.

D: How did that go?

F: Went fine.

D: That sounds like a major career change. You were still practicing medicine?

F: Yeah, when we got the clinic here. I started the clinic here in '70.

D: No coal miners here. Did you ever see any silicosis around here?

F: Yeah, they send them to me occasionally, but I have to get, they have to me through my secretary and all sorts of people before they even get to me 'cause my son does

D: Ah ha, let me, I really kind of covered the chronology of events that I want to cover. Let me just

F: I think you know how it came about now, and you'll know after you see Boyd's book, won't you?

D: Yeah, I think I will. Let me just leave you with the risk of repeating myself here. We talked about Lewis, we talked about Mitch. What about Mitch, Jr.?

F: He was a nice guy, I liked him because he was Mitch's son. He was never too enthusiastic about this. He tried and made money on this. Bromson was the real man.

D: So Mitch, Jr., was not a special concern of his.

F: He wasn't a campaigner.

D: Yeah, okay.

F: Bromson was interested in people and made a lot of money.

D: I'll have to dig. You keep mentioning him. I'll have to go find him. He is a, you don't know the first name on him. It was B-r-o-m

F: Bill Bromson.

D: , Bill?

F: Bill Mitch, young Mitch, or Jerry Cooper will know.

D: Okay. 'Cause I wrote to, I called, wrote to Mitch, Jr., and asked him for an interview, and he, I gave him some choices. One choice was just to write back to me. And that's all he did. He wrote back and gave me some information.

F: But it was very scanty.

D: He dismissed it.

F: Isn't this in line with what I just told you?

D: And he also, I will say he said nice things about you, I mean.

F: Of course he did. What could they say bad? I mean after all I went out there with a plug and found out that a bass plug will catch trout. Is that what I did?

D: I guess so.

F: It's the same thing as finding out the X-ray you could diagnose coal workers' disease like you can tuberculosis. I just, I tell the truth, I put in somebody's articles, I just

lucked out, out of ignorance, 'cause I couldn't interpret the X-ray.

D: Yeah.

F: Is that the truth?

D: Just tried to figure something out.

F: I've said that many times.

D: What about, you may not have had any dealings at all with these people, but I'll just ask. Did you have anything at all ever to do with Thomas Kennedy, who was the number-two guy behind Lewis?

F: I met him.

D: You had no dealings with him?

F: No, but he liked what was being done.

D: You see, because he was Lieutenant Governor of Pennsylvania in the mid-30s, and he always had, and he tried to get workers' comp for what was then called miners' asthma. He started that when he was a district union president in 1915.

F: He couldn't do anything about it. Oh, I think he wrote me a letter one time.

D: Tom Kennedy.

F: Yeah. [inaudible] down here. Weren't thinking about me. What else do you have?

D: Well, there's Tom Kennedy. I guess we talked about the British doctors. You gave me your impressions of a number of them.

F: For them we didn't do anything.

D: But it is surprising to me that until you got in touch with Gough, somewhere around '51, '52, that the British stuff that was coming out, all throughout the '40s

F: I got it. I got it all throughout the '40s, but there was nothing in there about the pathology until I

D: No, but Gough reports [inaudible]

F: I know, but I had the three volumes. I'll show them to you. There's only remote, after I started talking to them on the phone, then I found out about Gough.

D: What about the pathology? Did you then, did you end up ever doing your own Gough sections? You couldn't.

F: No. They didn't do them in this country until the late '50s.

D: Okay.

F: And then they had trouble with them.

D: In terms of, in terms of some of these people changing their opinion, one thing that seems to be sort of, there are many turning points. There's a gradual process when people start to recognize this. But one thing that strikes me as a turning point, because these Pennsylvania, University of Pennsylvania radiologists have a certain kind of stature, is when Pendergrass writes his textbook in '58 and acknowledges that there's a separate entity, that there is something that you can't just reduce it all to silicosis. Did that at the time seem like a victory? Even Pendergrass admits that it

F: They accepted what I was saying.

D: So that you, I mean, thinking back at the time did you greet that as

F: I loved to see it. I loved to see a name like that.

D: And you had no, I think we went over this before. You didn't have any special particular dealings with Pendergrass or any of those people?

F: Oh, I knew him. He questioned me about it.

D: Yeah. And how about

F: Dr. Gardner wrote a textbook, he believed it.

D: Wait, which Gardner are you talking about?

F: I don't. Not the one

D: Not Leroy Gardner.

F: No, this is the fellow that wrote. I think it's Gardner wrote on X-ray. Gardner's book on, I got it at the office.

D: How about some of these other people around Saranac. Did you have any dealings with Leroy Gardner at any point? No. He died probably too early. How about Schepers?

F: Schepers. Schepers was a pathologist came up from South Africa. He helped me. But they don't like Schepers for some reason or other. I liked him. He did, they didn't like him because he told the truth.

D: You think that was it. He didn't last very long, you know. He goes up to run Saranac, and he's out of there, I think, in a year.

F: Because he was doing what Louie Friedman was doing. He came from South Africa where the South African government told the truth about silicosis. Some of the best research work comes from Dr. Orenstein down there. And Schepers was a pupil of Orenstein's. And Orenstein didn't know anything about coal. I called to talk to him long distance, and he said, "I know about silica, doctor, I don't know about coal." But when Schepers came, he reviewed some stuff, and he said "Yes, this is it." He plus Gough, but mostly Gough. Schepers was not politically, he couldn't express things in an acceptable way. He dictated.

D: Ah ha.

F: But he was a great guy.

D: What about some of these public health people and mines people. Did you ever have any dealings with Royd Sayers? Or did he pass through?

F: Oh, yeah, yeah. He was one of my, that old, one of my big helpers. He approved of everything I did.

D: Really?

F: He lived in [inaudible].

D: But in the early days, you know, he was regarded by Lewis as a director of some medical

F: Did you hear what I said.

D: Medical advisory group or something. How, how specifically did he support or help you in your.

F: He helped me because every, I used to talk to him. He'd say, "You're on the right track, keep going."

D: When did he say that?

F: When I was working

D: Back in the '40s?

F: Whenever I started, he was one of my supporters.

D: The early days?

F: Yeah.

D: When you were doing, supporting these damage suits?

F: Yeah. When I, he says there is such a disease, get going. Royd Sayers, he loved me. Matter of fact, he called me and asked me if I was still doing my work.

D: No kidding? Did you know, he had been the director of the U.S. Bureau of Mines?

F: I know that.

D: He didn't do a thing about coal workers' pneumoconiosis when he ran the Bureau of Mines.

F: He didn't. What could you do?

D: You could, you could

F: Nothing, nothing.

D: Shine a little light on it.

F: In that position you don't do nothing, you just direct the department. [inaudible] Koplín, whatever he's doing now, he's nothing to do with research.

D: Which you either support or

F: All I can tell you is that Royd Sayers supported me.

D: Really? That's interesting. That's interesting.

F: You could put in a good word for him.

D: Well, that's the first one I've heard for him.

F: Well, they're all wrong because he used to come to the meetings unless he's a [inaudible] individual. He'd call me on the phone and meet me for lunch and come to every paper I gave.

D: No kidding? Because he is usually, I

F: What a fine gentleman.

D: Well, he was one of these who, at least in public, upheld this viewpoint that there was, there was only one pneumoconiosis that was worth worrying about, and that was silicosis.

F: Well he didn't

D: And all of these coal workers' problems could eventually be traced to silica.

F: I know that. But they did not understand why you don't get nodules with lungs, coal workers' lungs. You don't get nodules because it's a mixture of two different dusts, or three different dusts, or five different dusts. And besides this one goes in the arteries, and the silicosis goes through the lymphatics and makes nodes. Royd Sayers didn't know that. And nobody else knew it. Louie Friedman didn't know it. Auerbach didn't know it. Schepers didn't, didn't know it. Lynch didn't know it in South Carolina. Nobody. Gough, Gough found the pathology. Schepers learned it.

D: What about, we touched on

F: Say a nice word about, say a nice word about Sayers.

D: I'll see if I, I'll find a way if I can

F: No, he was a good advertisement for my work. He referred people to me.

D: Really?

F: He'd tell people that I was the one who knew more about it than anyone else. I mean, that's immodest. I shouldn't have said that.

D: I'm going to quote you on that. What about these people in Philadelphia? We've touched on them, but

F: Let me ask you a question. How far, how far Philadelphia.

D: What about the people at the Anthracite Health and Welfare Fund, Theodis and Motley and

F: Very simply, they did a lot of work on function. But they did nothing about advancing the disability of the disease to be effective in assistance to miners. In other

words, they did a lot of work on function, they really played very little part. They had one fellow named Burgess Gordon, who was in charge. And when I invited Burgess Gordon down to testify, and I got Burgess

D: Testify on what?

F: Disability. I called him as a consultant. I called Burgess Gordon down and decided I'd never call him again.

D: When did you have him down?

F: Some place in the '50s, I forget, early on. And I get, Burgess became dean of a medical school in Philadelphia. They asked me to be dean. I passed that to him, and Bill Soderman became dean of the Jefferson Medical School. They offered that to me and I got Senator Lister Hill to recommend him for that. So Burgess Gordon, he was a politician, a grey-haired, red-faced nice politician. He, "Oh, Louie" (cut this off for a second)

D: But in general the work of this anthracite fund didn't help promote the idea of a distinctive pneumoconiosis of soft coal?

F: The most important thing it did was help develop the Bennett machines.

D: Okay.

F: And the Mine Safety Appliance machine, and pulmonary function studies, which Hurley Motley would have developed without anybody because he's one of the world's outstanding pulmonary physiologists when it comes to the exchange of gases.

D: Well, I don't know, I think that's about as much as I wanted to cover. Just to double back to the very beginning, I would, what I would like to do in terms of using this material would be if I'm going to quote you, directly quote you

F: Let me hear about it.

D: Let you hear about it. But if I'm just going to refer to some fact that you mention, you know, that in 1949 a suit was filed or something of the

F: I'll get my kids to sue.

D: Okay. They can sue me for quotes.

F: Are you ready for this?

D: So we have the Birmingham News of April 4, 1950. Now you're having a fight here. You're having a fight with your friend Russakoff. Did he ever come around? What happened in the '50s as the evidence accumulated? Did these guys ever admit that they were wrong?

F: Oh, he finally admitted, but he took credit for finding the disease.

D: Ha, when was that?

F: Before I did.

D: No. I mean, when did he make that admission or change his position?

F: Once I left town.

D: Ah, ha. It was safe to come out then?

F: He taught one of my students, one of my sons, pulmonology. My son Jimmy, when he was, let me just, look here. And he said, he started saying this is what I did and so on about coal miners' disease. And Jimmy was standing there, and he recognized Jimmy. He says, "Well, his father." You know what I mean. Both of my sons are doctors.

D: Where are they in practice?

F: One's here and one's in [inaudible]. Look at. Do you want me to zerox that for you?

D: I'd love that, yeah.

F: I'll xerox that.

D: That would be great.

F: You get the idea of what's going on?

D: Yeah, sure. You're in a fight with these guys.

F: See this is the significant thing. We got about an hour.

D: What's curious to me is that you're both talking about silicosis. I don't see anybody saying

F: No, he's talking about it, not me.

D: Oh, yeah.

F: That's his wording.

D: Okay.

F: You know this is a newspaper report.

D: Yeah, yeah.

F: Dr. Russakoff and Dr. Urban were on a program and took one hour and a half to present their papers. Dr. Friedman, not on the formal program, was given ten minutes to discuss papers with the other two doctors. They weren't very partial there [inaudible]

D: I guess not, no.

F: Mr. Russakoff, look at that. He hit out against so and so. Dr. Friedman, where is it?

D: Well, all I see here is silicosis.

F: I know, but that's the way it was addressed at this meeting. Of course, they denied that. You understand what I mean?

D: Ah, ha.

F: But you read them.

D: Yeah.

F: Okay, this is Mr. Mitch.

D: Okay, this is the Birmingham News of July 11, 1950.

F: I went to that meeting and ate watermelon, see it.

D: Uh hum.

F: I don't pose for pictures. You see I always went after the unions, and I went down into the mines with these guys.

D: And would you be taken in, what, by the local president or whoever was working in the mines?

F: You got it. [inaudible]

D: And the company didn't have any problem with you walking

around in their mines, after all the trouble you were causing? Oh, they didn't?

F: Anthraco-silicosis, this is the background of how the company doctors fought. He presented a coal miner with 90% of his lungs replaced with fibrosis due to silicosis. That's their words, you understand what I mean? A man could hardly walk, then that's the one I presented. You read that. But the point is this: that whatever they called it, they still fought the disease. And the fact that they're fighting silicosis is even more significant.

D: Yeah, 'cause that was the one they were supposed to be ready to concede.

F: Okay. That's Russakoff, okay. Let's see what else goes on here. What's this? Listen, I had to rely upon lay people to push and newspaper people. Newspaper guys, whether you believe it or not, some of them see the truth before anybody else does. And the doctors could not see the truth for fear of impairing their economic status. What a victory it was for me to get Dr. Meadows and Kesmodel to agree that there's X-ray evidence based upon my classification. So all of this is important.

D: This suggests that what you were doing was really important for the state workers' comp. This is the Birmingham News of April 16, of 1951. And it says, "Largely because of his study, too, an effort is under way in the state legislature to amend the Alabama Compensation Act."

F: Look at this.

D: Uh huh, yeah.

F: This is all about coal miners because this is a coal miners' story.

D: Yeah.

F: Do you want me to xerox that?

D: That would be great. Yeah, that would be great.

F: 'Cause otherwise, you would be here for days.

D: This is what, the Chest Physicians?

F: This is American College of Chest Physicians, and I delivered a paper.

D: Is this the paper in Atlantic City?

F: No, this is the one in Dallas. Let's see. No, I don't know where it is. No, I don't know where it is. Birmingham

D: Who knows? Now this is about the Southern Medical Association.

F: Who's on this program? Oh, this guy liked me, too -- Lanza.

D: Tell me about Anthony Lanza. What was your

F: Anthony Lanza was one of my big supporters. He said, "I [inaudible], go." Before, I used to call him on the phone, he'd say, "I think so."

D: When was this?

F: Back in the

D: Way back when?

F: '40s and '50s.

D: Really? And did

F: You can give him a way as being a knowledgeable individual, who was supportive of my position. The same thing with Sayers. But Lanza, Lanza gave it to me. No, they both were very good.

D: Uh huh. But you didn't have a lot to do with Lanza, though?

F: Edgar Mayer, the fellow who married the Guggenheim lady.

D: That's M-a-y-e-r?

F: He's the one that tacked on. He agreed with me, 'cause he was the kind of guy, he took young men with new ideas and associated himself with it. So he became my supporter in New York. See it?

D: Uh huh

F: All right.

D: Now here, what is this? This is the program.

F: Here it is.

D: This is the program for the Southern Medical Association.

F: This is the exhibit.

D: In Dallas.

F: This is the exhibit.

D: In Dallas in November of '50. But again I have to, uh huh

F: That's where I got this award.

D: But it's still striking that you still have to use the old-time terminology.

F: Because, I think

D: Not anthraco-silicosis, miners' asthma.

F: We're in the beginning.

D: Yeah.

F: We don't know whether its miners' asthma, anthraco-silicosis, anthracosis, or pneumoconiosis. But it's a progressive change.

D: Now here's the Birmingham News, November 9, 1951, and the article says, "Miners' asthma is the local doctors' popular term." So it isn't just a lay term. That's what the doctors in Birmingham would call that?

F: Everybody

D: Everybody called it miners' asthma?

F: Nobody was willing to admit it's a disease.

D: Uh huh. So if they'd call it miners' asthma, that would be a disease, of a sort?

F: That was nothing, miners' asthma. That was the connotation: miniscule, miners' asthma, so what. Asthma was never important, so why should miners' asthma

D: Ah ha. So that was then a connotation of asthma, not that big a deal?

F: Not that big a deal.

D: I see. But nonetheless a disease, just a disease, but not an important one, okay. That's interesting. That's interesting. When was this? Here you are here with Lanza. Is this it? Yeah. Anthraco-silicosis, X-ray and clinical manifestation. Do you have any recollections? This must have been a program, paper that you gave. It must have been in New York City. Do you have any recollection of that event?

F: I guess there's a date here some place.

D: Yeah

F: Can I see if there's a date? This is going to be a pain in the ass to do all of this.

D: Well

F: November 12, 1951.

D: Okay, November 12, 1951.

F: You don't need copies of this?

D: No, no, no, don't.

F: Do you need copies of any of this?

D: Well, you know, I will get the Birmingham newspaper on my own and go through and go through myself.

F: Have you got the dates?

D: Yeah, that's why I've been reading the dates onto the tape here.

F: So you don't need those copies?

D: No, it's too much of an imposition. That's really okay.

F: You through with this, too?

D: Yeah, that one

F: You through with this? Second award, I was glad to get that. Imagine, I got that in Southern Medical, where they had only one significant place with coal dust, Birmingham. But I had more people looking at it there than any place else.

D: That must have been a kind of a breakthrough, to get an award for your exhibit?

F: Oh, yeah, it was a breakthrough. Ask me how I felt about it. All these things are breakthroughs. The fact that Dr. Lanza would talk to me about the, Sayers would, I mean, I was lucky. Here's

D: Yeah, tell me about that.

F: Mellon Institute

D: What was your relationship like with the Industrial Hygiene Foundation?

F: None, until I was invited by Dr. Braun, B-r-a-u-n.

D: Braun, yeah.

F: He's sympathetic. Don't say he was sympathetic to what it was doing so they invited me the first time in 1951.

D: This is November 15.

F: Mellon Institute

D: In Pittsburgh.

F: And the only reason they invited me was to tear me apart. But that's when I trapped them with the two brothers.

D: Ah ha. Oh, so your two brothers, one of whom was sick and the other one wasn't?

F: Yeah, but one of them had one type of X-ray manifestation and the other had the other.

D: And what was your experience like, I mean, with the Industrial Hygiene Foundation in general? Did you have any further dealings with them?

F: Do you mean the Mellon Institute?

D: Yeah, with the

F: I think, if it didn't involve money, they were excellent. Now Dr. Walmer, Dr. Walmer was in charge of, W-a-l-m-e-r. He's the one who had the courage to invite me.

D: Walmer, I don't know him. W-a-l-m-e-r.

F: The one who preceded Braun

D: W-a-l-m-e-r

F: W-a-l-m-e-r

D: Okay.

F: Richard Walmer.

D: Okay.

F: He advised me. Boy, was the other side surprised to see me there.

D: I'd bet. They were, I mean, as I understand it, the basic purpose of that foundation was to help industry defend itself against occupational disease. That was what it was about.

F: Now Braun and I are still friends. He'll still say, "What a job you did, Louie." See a lot of these kind of doctors know the truth, but they're afraid to speak it. So they let me speak it. I wanted to speak. (Are you through, honey, let's go).

D: So this was the tour you made of South America, was in the summer of '52.

F: August.

D: August of '52. And how long were you down there?

F: About a month.

D: Terrific, as it says, you will journey from there to Saranac. So you must have been there in August and then went to Saranac at the beginning of September. Yeah, there you are, Rio de Janeiro. Do you have any recollections of that meeting? It looks like it was a fairly major meeting. No, no?

F: No, not major.

D: No.

F: Here it is. Pneumoconiosis. Lots of times, lots of times the title, they gave the title and didn't put my name down.

D: I see. So there was not precision in this -- whatever they, whatever label they put on it.

F: You have to understand, it's the beginning. Nobody would say for sure this is pneumoconiosis of soft coal workers. Nobody would say for sure it's anthraco-silicosis, nobody would. Nobody picked that definitive position that I did later on, when I had the paper, a significant case of pneumoconiosis in soft-coal workers.

D: What's this? This is Peru.

F: This is on emphysema. You see it.

D: Uh huh

F: This is in Peru.

D: This suggests that you went to Brazil and then went back to

F: No.

D: To Saranac

F: Yes

D: And then went back down to

F: No, I went to Saranac afterwards.

D: After this?

F: It was, I had just picked this out for ego.

D: Oh, that's what it is. I have the dates wrong. I thought the Saranac Symposium was the beginning of September. It was at the end.

F: Here, pneumoconiosis in coal miners. See, I'm getting there.

D: Yeah.

F: Oscar Sander.

D: Yeah.

F: See it, discussion, Hurley Motley

D: Yeah.

F: Philip Hugh-Jones, that's when those guys rescued me. Went to [inaudible]. I'm on the run.

D: And again they're still calling it anthraco-silicosis. But as you say, that was not your terminology.

F: That leads up to a post-graduate course. I can't help what they do to

D: To Chicago. Let's see on these other two, New York, okay.

F: I trotted regular.

D: So it appears

F: Boy, I worked my ass off.

D: Now, when did you start, in terms of all these appearances? When did you start showing your film, your movie? When did you start using that?

F: You'll have to check the dates.

D: Certainly, the one I know of, was the when you were in Elkins, West Virginia, in the fall of '52. You were using it by then, but you don't remember using it any earlier than that?

F: Nope.

D: Okay.

F: Listen, I was working to make a living. And at the same time I was doing this, it was hard as hell for me to do what I was doing, you know what I mean?

D: I believe you.

F: What the hell did I do here? I screwed something up, didn't I?

D: Well, here's

F: Let me fix this one up. These pictures, now how did you do this, you dumb bastard.

D: You were the first chairman of what agency?

F: The Occupational Diseases of the Chest Committee of the American College of Chest Physicians.

D: Uh huh.

F: And then I became the Joint Chairman of the American College of Chest Physicians, American Trudeau Society, and the Industrial Medical Association.

D: Uh hu.

F: Oh, there's another fellow in the Industrial Medical Association, Dr. Homblad, who is

D: How do you spell that?

F: H-o-m-b-l-a-d. Who was professor of public health at the University of Minnesota. He supported me.

D: Uh huh

F: And Dr. Andrew Banyai, B-a-n-y-a-i, from Wauwatosa, Wisconsin, with tuberculosis, he supported me.

D: Now here's an article in the United Mine Workers' Journal.

F: Yes.

D: In November of '52.

F: That's it.

D: Talking about, this must be about the Golden Clinic.

F: No, no.

D: No, this is about the Saranac meeting.

F: Ah ha.

D: And here we have a, reference to

F: They were treated for pneumoconiosis, you see.

D: Yeah. Here we have reference to Jethro Gough doing some autopsy work. So by November of '52, you were already getting Gough to look at lung tissue?

F: You don't need to see this, do you?

D: No, I have that one.

F: [inaudible]

D: Well, I read the union newspaper.

F: You got more than I got it. Oh, this guy is a friend of mine, he supported me, Duane Carr.

D: Uh huh.

F: You know, it's a good thing that you came here. Really, it is because you know, these things never, I only did it for, see. I started using the word, it didn't make any difference.

D: Let me see one here.

F: See the

D: Coal miners' pneumoconiosis.

F: They both used it.

D: Yeah.

F: What's this? Okay.

D: Let me just get that on the record that in, here's a meeting that was held in

F: That was Guadalajara.

D: Guadalajara in 19

F: January

D: January 1953 and a lecture title they give here is "Pneumoconiosis of Soft-Coal Workers," not anthraco-silicosis.

F: What's this one over here?

D: Oh, look at that. This is, what's the date on that one?

F: Shit, I don't know.

D: Well, here, right here, it says April 9th. Can we assume it's 1953? Sure, all the rest of it is.

F: I don't

D: Well, what's interesting is the name of your title, your presentation is, let me just read it off here -- "Newer Concepts of Anthraco-silicosis." So you can see ideas changing right there.

F: All I can say to you, I want you to cope with that.

D: I'm working on it. It's not easy.

F: You can see why, can't you?

D: Well, sure. You've got the miners' asthma, the anthracosis, the anthraco-silicosis.

F: I was happy that they let me talk. Don't you, you see what I, I was happy for them being able to present. Once they showed the X-rays, I don't care what they call it.

D: Uh huh. So as long as you got on the program, you didn't care what label they put on it?

F: Because I wanted them to see coal miners' X-rays.

D: Yeah.

F: I wanted them to see pathology. I wanted them to see the history of two brothers. I always liked to pick out some startling things for them to remember. I never confused them too much. What's this?

D: Somewhere in Texas, Houston.

F: I was an active guy. Here we go.

D: Pneumoconiosis in soft-coal workers. This is the Medical Association of Georgia meeting in May of 1953.

F: It was getting, it was getting around by then.

D: Boy, I guess so.

F: What's this date?

D: [inaudible] another one, I guess that's a deep

F: [inaudible]

D: Oh, that's also Georgia in May.

F: I have an idea, but how do I make a living?

D: I don't know. Well, here was a paper you gave on

F: Aerosol therapy.

D: Aerosol therapy in, this is at the alumni association meeting of the University of Arkansas School of Medicine in June of 1953. Any recollections of that?

F: No, this is when they gave me some money.

D: Let's get this one. This is the Twentieth Annual Meeting of the American College of Chest Physicians in San Francisco in June of 1954. And you are discussing, you give a paper on treatment of pneumoconiosis. Do you have any recollections of that event?

F: Yeah.

D: You have any recollections of that?

F: No, no.

D: Now here's a fellow who was on the program with you. This is one of these people around Pittsburgh at the Russellton Clinic and those. Did you have any dealings with those people at that group practice?

F: He was well advanced in his thinking [inaudible]

D: Really, he was? I can't remember him in particular. I think he was at the medical, I think he had an appointment at the University of Pittsburgh Medical School.

F: He was more advanced in his thinking than Theodos. That's all I remember.

D: Uh huh. So he wasn't giving you a hard time about anything?

F: No.

D: He was on the same team.

F: No, by this time people wanted to be on my side.

D: Uh huh.

F: What is that?

D: This is the American College of Chest Physicians Southern Chapter Meeting in St. Louis in November of '54. And the title of your presentation is "Pneumoconiosis in Soft-Coal

F: Workers.

D: Workers."

F: By that time.

D: And you had slides. It says you had slides.

F: By that time, oh, I had slides at every one of them.

D: Uh huh.

F: By that time, by that time, it tells you right here in

D: I'm going to shut the tape off.

D: In terms of spreading recognition of this disease in the '40s, 50s and thereabouts.

F: Acceptance of the existence of a disease of pneumoconiosis in soft-coal workers was the, the newspaper folks, the lawyers and very few doctors were responsible for disseminating the knowledge and existence and other facets of the disease.

D: And the media in particular?

F: You can change that language to say

D: No. I wouldn't change it but.

F: But don't quote me [inaudible], you understand. Let's put it this way. I'll do it again, in case you're going to quote me, put down newspapers, newspapers, information.

D: Was there anything in particular with this Birmingham News? Was there a particular reporter there who got on this and stayed with it?

F: Are you taping this?

D: Yeah.

F: He was my patient. He had emphysema. And the editor was my patient so they, whenever I spoke, they covered it.

D: I see. Oh, I see. That's interesting.

F: So I will have to say newspaper, I would have to say newspaper coverage, damage trials by lawyers, and only few doctors are responsible for the ultimate recognition and acceptance of pneumoconiosis in soft-coal workers as a disease entity.

D: Where would you put the union in that? You think the United Mine Workers did

F: That's, naturally, they'd be there. But I'm talking about the people, what, lay people.

D: And so what's, part of what's interesting about this to me in contrast to asbestos is the T.V. doesn't seem to have much to do with this.

F: In asbestosis, Kenny Smith was the that medical director of Johns Manville. And he was such a nice person and such a, such a great guy when it came to accepting the disease as an entity. He had me work with him.

D: When was this?

F: Back when I was on the occupational disease committee, he asked my assistance in that area. Harriet Hardy is the one who did the work on berylliosis.

D: Sure.

F: At the Cleveland Clinic.