

THE DR. MONTAGUE MURRAY CASE

by Leigh A. Kirmssé¹

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In 1907, a year after Lady Inspector Lucy Deane had described the “evil effects of asbestos dust” when “the worker can continue for a very long time apparently unaffected,” Dr. Montague Murray reported the a case of pulmonary fibrosis attributed to the inhalation of asbestos dust. Dr. Murray, a Senior Physician at Charing Cross Hospital in Britain, gave his account of a 33-year-old male carding room worker to a British government committee studying compensation for industrial diseases. In Dr. Murray’s words:

The patient was a man of 33 years of age. He had been at work some 14 years, the first ten of which he was in what was called the carding room, which he said was the most risky part of the work. He volunteered the statement that of the 10 people who were working in the room when he went into it, but he was the only survivor. I have no evidence except his word for that. He said they all died somewhere about 30 years of age. After he had been there 10 years, he was put into another room, where there was much less dust. During the later part of the 10 years he had two attacks of what were diagnosed as bronchitis, which incapacitated him for a few weeks. In 1899, after he had been at work some 13 or 14 years he was sent to me, and I found he had marked pulmonary fibrosis, which was more like potters’ asthma than anything I had seen.

Greenberg, M. Classical Syndromes in Occupational Medicine: The Montague Murray Case. *American Journal of Industrial Medicine* 3:351, 352-356 (1982). A copy can be viewed here at _____ **(Web Link)**.

Dr. Murray examined the man’s lungs after his death and found the lungs “tough and fibrous.” (*Id.* at 352.) Microscopic examination of lung tissue revealed “spicules of asbestos.” (*Id.* at 353.)

When he appeared before the compensation committee, the committee asked Dr. Murray if he thought that asbestos induced illness should be added to the list of compensable diseases. A naive Dr. Murray replied: “One hears, generally speaking, that considerable trouble is now taken to prevent the inhalation of the dust, so that the disease is not so likely to occur as heretofore.” (*Id.*) One committee member persisted: “Do you think it still may occur?” (*Id.*) Dr. Cooke responded “If there is dust, certainly.” (*Id.*) Dr. Murray’s misguided advice was taken, asbestos was not added as a compensable disease, and a few short years later (discussed in my next column) the death of Nellie Kershaw sparked additional attention and tragedy.

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