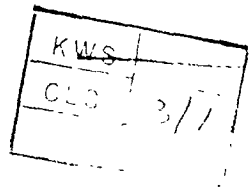
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February 28, 1966

Dr. Rex H. Wilson
The B. F. Goodrich Co.
500 South Main Street
Akron, Ohio 44318

Dear Rex:

Please forgive the delay in answering your letter. I have been out of the office for a considerable length of time - first due to travel and then due to illness. Now I shall try to answer your questions about asbestos.

There are several different types of asbestos fiber. The main commercial types are chrysotile, amosite and crocidolite. In the chrysotile-producing industry we have not seen malignant mesothelioma. I am speaking from personal experience in the Canadian chrysotile production and from information received concerning the African chrysotile. Certain authors have claimed that the South African blue crocidolite fiber can lead to mesothelioma. I have reviewed their writings and I am not satisfied that their conclusions are scientifically correct.

Other authors in this country have stated that they have found pleural mesotheliomas in asbestos workers. Some of these observations may be accurate, but many of them I doubt because in talking to certain authors I have found that they have used the term "asbestos worker" for the man's occupation and have not inquired whether or not the man uses asbestos in his work. For many years I have noted that the term "asbestos worker" has been used to designate an individual who works in the insulation trades. Asbestos was the original insulating material. Today, for instance, there are several thousand people using glass fibers for insulation purposes who have no exposure to the asbestos fiber whatsoever but still are called asbestos workers because of union affiliation.

I know this must sound confusing to you and it will not be easy for you to answer the questions which were submitted to you. Briefly as I see it, mesotheliomas of the pleura or peritoneum are not seen in the basic asbestos-producing companies. Whether or not they occur in the insulation trades I do not know but I have my doubts. Therefore, I can give you no answer to the question of how much exposure is necessary.

As far as the question about asbestos fibers in the air is concerned I think this bears clarification. This thought started in South Africa and was added to findings in Miami and Pittsburgh when investigators found so-called asbestos bodies in the lung juice at operation or autopsy. There are countless substances which we can inhale and which will produce something that looks like an asbestos body in the lung. The reports that I have seen to date have not bothered to identify positively that the asbestos-like body is due to the fiber and not to

some other substance. The earlier reports concerning these asbestos bodies in lung juice in nonexposed people simply postulated that the asbestos fiber must exist in the air in urban populations due to the disintegration of asbestos brake linings of automobiles. This is absolute nonsense because we have thoroughly investigated the brake lining dust at our Research Center and the tremendous heat caused by the friction of braking an automobile destroys the asbestos fiber. Personally, I do not believe that it is possible to have asbestos fibers freely floating in the air of any city so that the civilian population can have any exposure.

This is a rather lengthy letter but I am going to add one more thought. If we in the business of mining asbestos and producing asbestos products had all the troubles that are reported in the press today, I think we would be out of business. As it is, we are a pretty healthy industrial organization.

Sincerely,

Kenneth W. Smith, M.D.
Medical Director