PLAINTIFF'S EXHIBIT

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Medical Director

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file Asbestosis study
Will answer when file protocol comes in

Harry A. Sinclaire, M.D.
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Dear Harry:

After being in and out of town a great deal recently, I've had a chance to review the Tabershaw-Cooper and Discher proposals.

With regard to the latter, I suppose you know that Discher is leaving the University of Washington and is, as far as I know, without a new home. It is possible he will not be engaged in the kind of work enabling him to do research, so I think his proposal is moot for the present.

As for the Tabershaw-Cooper asbestos proposal, I question whether it will answer some of the questions it addresses itself to.

For example, individuals "directly" and "indirectly" exposed to asbestos are, at least in our company, impossible to define. In our refineries, for example, where asbestos is ubiquitous, almost anyone is or has been at one time or another "directly" exposed.

Secondly, I am extremely hesitant to rely entirely on chest X-ray as the technique used for diagnosing asbestosis. The other parameters to be examined for (pulmonary function, clubbing, etc.) are of course completely non-specific, and I believe chest X-rays are hardly more so unless one can show that the only exposure had been to asbestos (as, with coal miners, one could say that their pathology had to originate from the coal dust).

In an environmental world as complicated as ours (witness the vinylchloride problem, including the possibility that it causes pulmonary fibrosis), I'm afraid that the TCA study might raise more questions than it answers.

Perhaps when the API medical information computer system is developed by Tabershaw-Cooper and we can call define somewhat more precisely the population groups we wish to study, we can do such research amongst ourselves, and over a somewhat longer period of time.

Thanks for having asked for me to look at these proposals.

All my best.

As ever,

Peter Wolkonsky, M. D.

PW/rl