PLAINTIFF'S EXHIBIT
K-307

Produced in camera under seal by order of Judges Paul Briley and Gordon Peag October [illegible] 1969 in Jamison [illegible] [illegible] 87-[illegible]

Robert L. Logan - Toledo

February 9, 1968

Jon L. Konsen, M.D. - Toledo

J. M. Briley - Toledo

I have reviewed the interrogatories submitted to Dr. Selikoff on February 11, 1966.

Briefly, Dr. Selikoff reviewed a series of films on Mr. Tomplait dating from 1961 through 1964, which he interpreted as showing progressive changes consistent with asbestosis. From his narrative description, without seeing the films, the x-ray picture would be consistent with such a diagnosis.

This man apparently has a 25 year history of exposure to asbestos laiden dust. From an environmental health aspect, it would be important to determine just how much of this time was spent installing asbestos containing products, whether this was done in open or closed areas, and how frequently he used our brand of asbestos containing insulation.

From a clinical point of view, it would be important to determine to what degree his condition has progressed since 1961 and to determine if there are other contributing factors to the possible deterioration of the patient's condition. Such additional factors might be the presence of a chronic disease such as diabetes. Included in such a clinical evaluation should certainly be current x-rays and pulmonary function studies. Such pulmonary function studies should include tests to determine if a capillary alveolar block exists. Such a condition in the lung is characteristic of asbestosis.

Such an evaluation as mentioned above, is the only medically reasonable method of determining the patient's present state of disability. It is my understanding that the patient alleges to have used OCF's asbestos containing insulation only after an initial diagnosis of asbestosis had been established. It would be very difficult to determine to what degree handling our insulation contributed to his disease. It would seem reasonable that if he handled our insulation infrequently and for relatively short periods of time, that our contribution to his total disease would be minimal, although there is no way that this can be stated with medical certainty.

In a letter from Mr. John D. Rienstra, an attorney in Beaumont, Texas, dated 1-16-68, addressed to yourself, he has added 3 additional interrogatories to be addressed to Dr. Selikoff. The point of these questions appears to be to establish that asbestosis was a well-known entity to industrial medical practice over the entire period that Mr. Tomplait handled asbestos containing insulation. The answer to the three questions can be

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summed up by saying that the condition was well known and well documented in the literature during the entire time that Mr. Tomplait used the insulation.

If we can be of any additional help, please let us know.

Jon L. Konzen, M.D.

JLK:jl

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