



January 12, 1950

Mr. W. G. Hazard
Industrial Relations Division
Owens-Illinois Glass Company
Toledo 1, Ohio

Dear Bill:

In reply to your letter of January 5, we are enclosing herewith an interim report concerning our studies on Kaylo.

As you will note, the results to date, although not conclusive, indicate that Kaylo stimulates a tuberculous process in the lung. This stimulation is considerably less than that due to quartz; however, it is nevertheless significant. This unusual finding disturbs us because it is not in accord with the results which we anticipated. The chemical and petrographic analysis of Kaylo is not too unlike asbestos, as indicated in Table 6. In view of this, we had thought that it would act like asbestos and fail to stimulate a tuberculous process. However, that does not seem to be the case, irrespective of the fact that Kaylo produces less pulmonary fibrosis than does asbestos. At the moment, I am at a loss to explain this difference. It may be due to the calcium silicate component of the Kaylo, but many forms of calcium silicate which we have studied have thus far failed to stimulate a tuberculous process, and I doubt whether it is doing so in this case.

Subsequent findings may show that this stimulation is only a temporary one and that, in final analysis, the tuberculous lesion will regress and heal even under the influence of Kaylo. Should this be the case, I will notify you as soon as we observe it.

With every good wish to you,

Sincerely yours,

Arthur J. Verweid, M.D.
Director

AJV:LB

Encs. (4)

P.S. We are forwarding copies of this letter and report to Mr. Howard and Dr. Shook, believing that you would wish us to in order to keep them informed. The extra copies enclosed herewith are for circulation where you see fit.

January 12, 1950

Mr. W. G. Howard
Industrial Relations Division
Owens-Illinois Glass Company
Toledo 1, Ohio

Dear Bill:

In reply to your letter of January 5, we are enclosing herewith an interim report concerning our studies on Kaylo.

As you will note, the results to date, although not conclusive, indicate that Kaylo stimulates a tuberculous process in the lung. This stimulation is considerably less than that due to quartz; however, it is nevertheless significant. This unusual finding disturbs us because it is not in accord with the results which we anticipated. The chemical and petrographic analysis of Kaylo is not too unlike asbestos, as indicated in Table 6. In view of this, we had thought that it would act like asbestos and fail to stimulate a tuberculous process. However, that does not seem to be the case, irrespective of the fact that Kaylo produces less pulmonary fibrosis than does asbestos. At the moment, I am at a loss to explain this difference. It may be due to the calcium silicate component of the Kaylo, but many forms of calcium silicate which we have studied have thus far failed to stimulate a tuberculous process, and I doubt whether it is doing so in this case.

Subsequent findings may show that this stimulation is only a temporary one and that, in final analysis, the tuberculous lesion will regress and heal even under the influence of Kaylo. Should this be the case, I will notify you as soon as we observe it.

• With every good wish to you,

Sincerely yours,

Arthur J. Vernold, M.D.
Director

AJV:LB

Encs. (4)

P.S. We are forwarding copies of this letter and report to Mr. Howard and Doctor Shock, believing that you would wish us to in order to keep them informed. The extra copies enclosed herewith are for circulation where you see fit.

CC: Mr. W. G. Howard A.J.V.



January 12, 1950

Mr. W. G. Ezzard
Industrial Relations Division
Owens-Illinois Glass Company
Toledo 1, Ohio

Dear Bill:

In reply to your letter of January 5, we are enclosing herewith an interim report concerning our studies on Kaylo.

As you will note, the results to date, although not conclusive, indicate that Kaylo stimulates a tuberculous process in the lung. This stimulation is considerably less than that due to quartz; however, it is nevertheless significant. This unusual finding disturbs us because it is not in accord with the results which we anticipated. The chemical and petrographic analysis of Kaylo is not too unlike asbestos, as indicated in Table 6. In view of this, we had thought that it would act like asbestos and fail to stimulate a tuberculous process. However, that does not seem to be the case, irrespective of the fact that Kaylo produces less pulmonary fibrosis than does asbestos. At the moment, I am at a loss to explain this difference. It may be due to the calcium silicate component of the Kaylo, but many forms of calcium silicate which we have studied have thus far failed to stimulate a tuberculous process, and I doubt whether it is doing so in this case.

Subsequent findings may show that this stimulation is only a temporary one and that, in final analysis, the tuberculous lesion will retrogress and heal even under the influence of Kaylo. Should this be the case, I will notify you as soon as we observe it.

• With every good wish to you,

Sincerely yours,

Arthur J. Vorwald, M.D.
Director

508173

AJV:LB

Encs. (4)

P.S. We are forwarding copies of this letter and report to Mr. Howard and Doctor Shook, believing that you would wish us to in order to keep them informed. The extra copies enclosed herewith are for distribution where you see fit.