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PLAINTIFF'S EXHIBIT

MBL-114

19 June 1974

Dr. Arend Bouhuys
Yale University School of Medicine
Lung Research Center
333 Cedar St.
New Haven, Conn. 06510

Dear Doctor Bouhuys:

I would be pleased to visit with you on 1 July 1974 as we discussed on the telephone the other day. I will be arriving by train and should be there at about 11:00 A.M.

I look forward to meeting with you and discussing the asbestosis study.

Sincerely yours,

H.A. Sinclaire, M.D.
Medical Director

HAS:jd

7/1/74 Discussion held @ Dr. Bouhuys - (Dutch) and advs. re.: protocol for asbestosis study. They would want to do concurrent hist. + pul. functions on site; med. dep'ts. submit X-Rays for readings @ Yale after local examination of chest for rales + reading of X-Ray, as well as, results to employee. To allow a 1 yr. period for X-Ray + exam. To send protocol + costs.

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INTEROFFICE CORRESPONDENCE

DATE 14 June 1974

RECEIVED
JUN 17 1974
P. C. K.

TO

C.C.

Mr. P.C. Krist

Five Refinery Study of Asbestosis

I have been trying to interest Cornell University in supervising this study on asbestosis without results, so I wrote to Dr. A. Bouhuys at the Yale University Lung Research Center. Attached is a copy of his reply. He has invited me to go visit the school and his laboratory to discuss the project before he submits a formal protocol. I would like to do this on 1 July, if it meets with your approval.

OK

H.A. Sinclaire

H.A. Sinclaire, M.D.

6/17/74

HAS:jd
Attachment

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ale University New Haven, Connecticut 06510

SCHOOL OF MEDICINE
333 Cedar Street

YALE UNIVERSITY LUNG RESEARCH CENTER
AREND BOUHUYS, Director

JUN 6 1974

une 5, 1974

. H.A. Sinclaire
dical Director
bil Oil Corporation
) East 42nd Street
/ York, New York 10017

r Dr. Sinclaire:

ık you for your letter of May 30, 1974. I would be very interested in doing
: study for your company as well as for the other oil companies involved in
project.

respect to the protocol, our experience has been with medical histories
nistered by trained interviewers (not physicians). I have looked into
ossibility of self-administered interview questionnaires and have talked
a number of people about them. The general experience seems to be that
sonably complete history often takes at least 45 minutes or an hour if
self-administered: in contrast, our interviewer administered questionnaire
only 10 to 20 minutes depending on the number of symptoms reported.

'er whether a complete physical examination is required. We feel that
tation for basal rales is a very important component of a search for
osis but, unless there are other compelling reasons to do a complete
I. I feel that a more general physical examination can be omitted.
spect to the lung function test, we derive values for vital capacity,
as well as additional measurements of maximum flow rates, from a flow-
curve recorded with electronic equipment. We have a system that can do
-line and which provides a complete report for immediate review as well
ter compatible tape for processing of group data. We feel that the
such a system is preferable over the use of the Pulmonor. I would fur-
ommend that measurement of single breath diffusing capacity be included
persons with an abnormal chest X-ray and/or vital capacity less than 80%
redicted value. I quite agree with your recommendations for X-ray review
I further recommend that the UICC Cincinnati classification be used in
nces to objectivate the reporting as much as possible.

certainly be important to include control subjects from refinery offices
ır groups. We will also have available control data from community
is in three different towns in the U.S., which allow us to determine
ues for rural and urban dwellers, blacks and whites, males and females,
: smokers and non-smokers. Thus, we would be able to make a sophisti-
ment as to whether each particular individual's loss of lung function

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