AIR MAIL

May 6, 1958.

A. O. Smith Corp.
Fiberglas Division
Kewaunee, Illinois

Attention: Personnel Director

Gentlemen:

I understand that recently you requested information concerning the potential health hazards associated with the handling of our Rock Wool products. Your inquiry was sent to me for reply.

To the best of our knowledge our Mineral Fiber does not contain any free silica, nor does it produce any form of pulmonary fibrosis or pneumoconiosis. For your reference I have enclosed a copy of a paper by L. T. Fairhall et al, entitled, "Rock Wool in Relation to Health". Unfortunately, I do not have any additional copies of a further reference, "Negative Chest Findings in A Mineral Wool Industry" by J. L. Carpenter and L. U. Gardner. This appeared in the "Journal Indiana State Medical Association", Volume 38 in 1945. The summary of this article was:

1. 84 workers exposed to mineral wool for periods ranging from 7 to 29 years showed no x-ray evidence of silicosis or fibrosis of the lungs.

2. The exaggerated linear findings exhibited were shown to be a characteristic of that community for that same age group.

A survey was conducted some years ago by the Industrial Health Section of the Metropolitan Life Insurance Company at one of our plants where mineral wool had been manufactured for nearly forty years. This survey was most thorough and included the examination of x-rays of four-hundred employees, a great majority of whom had been engaged in the manufacturing and handling of mineral wool for more than ten years, a large number for more than twenty-five years. Not a single case of silicosis or even of mineral lung fibrosis was discovered as a result of these examinations and we were advised that we might safely conclude that mineral wool was "innocuous from the point of lung fibrosis".

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Occasionally cases of skin irritation have been noted among those who handle mineral wool. This usually occurs during hot summer months when men are working under conditions which cause them to perspire freely. When it does occur it is seen more readily in fair-skinned individuals.

For the occasional case who exhibits the irritating effects of an initial exposure, the reaction can be minimized if the employee will wear long sleeves and keep his collar buttoned around his neck. A shower bath at the end of the work day will also help to remove any particles which might adhere to the skin. Protective skin barrier creams may be of some value for the hands but above all, the employee should be reassured that any rash which does develop is not progressive and should disappear.

I trust the foregoing will be of some assistance to you but if you require further information, please do not hesitate to call upon me.

Very truly yours,

Kenneth W. Smith, M.D.
Medical Director

cc: M. B. Roth, Chicago
E. W. Kertz, Chicago
E. D. Cox (3)
H. M. Ball