

ER-681



E. I. DU PONT DE NEMOURS & COMPANY
INCORPORATED

WILMINGTON, DELAWARE 19898

SAFETY, HEALTH AND ENVIRONMENTAL AFFAIRS

PLAINTIFF'S
EXHIBIT
DUP-2061

24. 10/5

January 30, 1985

WILLIAM E. NEELD, JR., M.D.
DIRECTOR, MEDICAL DIVISION
CHAMBERS WORKS
DEEPWATER, NJ 08023

X-RAY REPORTS DATED JANUARY 18, 1985

Your memo about asbestos related x-ray reports has been referred to me. Olin Allen will discuss your very pertinent concern with his group. Thank you for bringing this to our attention.

MEDICAL DIVISION

R. Keith Whiting, M.D.
Manager, Medical Services Section

RKW:brs

DUP 0948054



E. I. DU PONT DE NEMOURS & COMPANY

CHAMBERS WORKS
DEEPWATER, NEW JERSEY 08023

January 18, 1985

~~B. W. Culpepper, M.D.~~
ERD - N-11,400
Wilmington (W)

BWP

JAN 23 1985

Barford W. Culpepper, M.D.

*Review - you may
want to meet
this by Olsen.
054
Will speak to group
RECEIVED*

X-RAY REPORTS FROM DU PONT-RETAINED RADIOLOGISTS

CW Medical only reacts (or does not react) to the reports from Du Pont radiologists, regardless what chest x-ray readings are reported as by non-Du Pont radiologists, in suspected asbestos exposure cases.

When the Du Pont radiologist places the infamous stamped description on our x-ray reading card, that case is entered into the CW Asbestos System. If nothing else, this protocol yields a consistency in the handling of asbestos cases.

In cases where additional oblique views ~~do not confirm~~ the original suspicions suggested by the PA chest views, I believe these negative findings should be so described in the x-ray report back to CW Medical. That description should suffice in making it unnecessary to place the infamous "stamp" on the chart.

The attached copy of a CW x-ray reading report presents a problem when 2 dissimilar descriptions are entered at the same entry location. By following the dates on the x-ray reading card, beginning 10/9/84, you can reconstruct what occurred here. The recall was to clarify an uncertainty observed on the PA view. The oblique views failed to demonstrate the changes the reader was uncertain of in the PA view - these negative observations were written in at 10/18/84. Simultaneously, the infamous stamp is placed next to the written report. Trying to explain conflicting reports to an agitated worker is not an easy task.

Could you speak with the Radiology group and encourage them to try to maintain consistency in reporting.

William E. Neeld, Jr.

William E. Neeld, Jr., M.D.
Director, Medical Division

WEN/saw
Attach.
330N

DUP 0948055

McKie, William C. No. 60246
PT AREA No.
AREA No.

RADIOGRAPHIC REPORTS

CHAMBERS WORKS - MEDICAL DIVISION

9-24-32

ite 9-9-82 X-Ray No. 27 Tech. *TC*
Region *Chest* Emp. ☐ Annual ☒ Special ☐ Recheck ☐ Injury ☐
Significant Findings
Interpretation

NO SIGNIFICANT CHANGE

McH. Peters, M.D.

M.D. Date SEP 10 1982

ite 9-6-83 X-Ray No. 8 Tech. *TC*
Region *Chest* Emp. ☐ Annual ☒ Special ☐ Recheck ☐ Injury ☐
Significant Findings
Interpretation

NO SIGNIFICANT CHANGE

McH. Peters, M.D.

M.D. Date SEP 09 1982

ite 10-9-84 X-Ray No. 8 Tech. *TC*
Region *Chest* Emp. ☐ Annual ☒ Special ☐ Recheck ☐ Injury ☐
Significant Findings
Interpretation

Please do both shallow obliques for
pleural thickening.

H. J. STEIN, M.D.

M.D. Date OCT 15 1984

ite 10-18-84 X-Ray No. 2/26 Tech. *K*
Region *Chest* Emp. ☐ Annual ☒ Special ☐ Recheck ☐ Injury ☐
Significant Findings
Interpretation

These findings, although not diagnostic nor
indicative of any specific condition or
etiology, are consistent with changes which
could be due to previous exposure to asbestos
or other irritant materials. Further
evaluation of previous work and personal
history, including hobbies, should be
conducted.

*Suppression of
pleural thickening
seen on chest
X-ray.*

DU 039007

A. R. RYAN, M.D.

M.D. Date OCT 23 1984

DUP 0948056