FILE NAME: Mundet Cork (MCK)

DATE: 1966

DOC#: MCK123

DOCUMENT DESCRIPTION: WC Claim of Peutz, Pt. 2

File Name	Contract Unit Claim File: Henry Peutz Jul.22/66; Amended Jan. 9/68
Scanned ?	yes
Source	JMA: NS-JM
Start Year	1966
Stop Year	1968
Contents	claim
Notes	

ANTIOCH COMMUNITY HOSPITAL
Antioch, Calif.

DEPARTMENT OF RADIOLOGY

MARSHALL B. TUCKER, M.D.
Radiologist

RADIOGRAPHIC REPORT

EXAMINATION: CER. SPINE, CHEST DATE: 2-27-64

INPATIENT ☒ XXX OUTPATIENT ☐ INDUSTRIAL ☐

DOCTOR Dowell X-RAY NO. 35465

NAME: PUTZ: Henry AGE: 56

The vertebral bodies of the cervical spine are normal in outline and density and without evidence of fracture, bone destruction or paravertebral mass. The alignment seems normal. Some narrowing of intervertebral spacing seems present throughout but particularly at 5 and 6. There is some anterior and lateral osteophyte formation. The pedicles seem normal. Some posterior osteophyte formation is present on the left at 5 and 6 and on the right at the same levels. The relationship of C1 and 2 through the open mouth seems normal. The apophyseal joints are not remarkable. Some degenerative changes are present about the covertebral joints. Transverse processes are normal. No cervical rib is present.

IMPRESSION: Degenerative osteoarthritic changes with intervertebral disc thinning.

The chest is symmetrical, the diaphragm is normal, the angles are clear. The heart and aorta, the hilus, the mediastinum and the trachea are not remarkable. Both lung fields show a fine, diffuse increase in the markings, particularly in the lower half with small nodular densities. The bony structures are not remarkable.

IMPRESSION: Bilateral disease. Since this patient works with asbestos, I suppose that this is the most likely diagnosis.

Respectfully submitted,

Marshall B. Tucker, M.D.
Radiologist

HISTORY

February 27, 1964

PATIENT: HENRY PUETZ

PHYSICIAN: R. J. DOWELL, M.D.

CHIEF COMPLAINT: Auto accidnt.

PRESENT ILLNESS: Patient failed to make a curve in his automobile while driving and rolled his vehicle. He was not wearing a seat belt. was not thrown from the car but does not know exactly what or where he struck in the machine. His chief complaints are soreness in the neck and difficulty breathing.

He was examined in the emergency room, x-rays were ordered and admission arranged following these procedures. He had not been unconscious.

PAST HISTORY: Patient has significant silicosis and emphysema and is under treatment for these by a chest specialist in Oakland. He has had hypertension and is under treatment. He recently saw a physician in Coalinga for chest congestion for which he was on trisulfaminic.

PHYSICAL EXAM: This is an alert, well developed, well nourished, white male in moderate distress. He holds his neck firmly to the guerney. No smell of alcohol is detected. He states his face is ruddy and red as usual.

HEAD: No bony abnormalities.
EYES: Pupils are round, regular, small but react to light.
EARS: Canals and drums are negative.
THROAT: This is injected diffusely. There is no exudate. He is edentulous. Tongue is negative.
NECK: Motion in any direction induces pain and is not attempted beyond perhaps 5°. No significant adenopathy. Thyroid is not palpable.
CHEST: Equal but minimal expansion bilaterally.
LUNGS: Breath sounds are somewhat distant, the bases bilaterally display occasional medium rales. The percussion note is less resonant than usually found. His AP diameter appears be to slightly increased.
HART: Sounds are fair to good quality. No murmur is heard. No enlargment is detected.
ABDOMEN: No organs or masses palpable. There is no localized tenderness.
GENITALIA: Normal adult male.
RECTAL: Not done.
NEURO: DTR present and equal. He is able to move all four extremities and reports no paresthesias of the upper extremities. No pathological reflexes are elicited, Babinski or Hoffman.

IMPRESSION: Probable soft tissue injury to the neck, not whiplash type. Will rule out fracture.
Chronic bronchitis, emphysema, silicosis with intercur-

SAN FRANCISCO OFFICE
444 MARKET STREET
SAN FRANCISCO 94111

SAN JOSE OFFICE
1671 THE ALAMEDA
SAN JOSE, CALIF. 95126

LAW OFFICES OF
HANNA & BROPHY
1540 SAN PABLO AVENUE
OAKLAND, CALIFORNIA 94612
PHONE: 832-8569

FRESNO OFFICE
500 DEL WEBB CENTER
FRESNO, CALIF 93721

SACRAMENTO OFFICE
926 J STREET
SACRAMENTO, CA. 95814

LOS ANGELES OFFICE
208 SOUTH BROADWAY
LOS ANGELES, CA. 90012

November 29, 1968

Dr. Joseph D. Coate
2976 Summit Street
Oakland, Ca. 94609

Re: Henry C. Pustz vs.
Philip Casey Mfg. Co., et al
Case No. 66 OAK 20668

Dear Doctor Coate:

We return herewith your records which were mailed to the Workmen's Compensation Appeals Board in response to the subpoena duces tecum served on you at our request.

Thank you for your courtesy in this matter.

Very truly yours,

[illegible] McMILLAN

DB
Enc.
c.c. W.C.A.B. with copy of records
c.c. Smith, Parrish, Sedwick & Delancy
c.c. State Compensation Ins. Fund, Oakland

ALEXANDER S. KEENAN
ATTORNEY AT LAW
SUITE 700
220 BUSH STREET
SAN FRANCISCO, CALIFORNIA 94104
YUKON 6-1589

December 4, 1968

Workmen's Compensation Appeals Board
1111 Jackson Street
Oakland, California

Attention: Referee Hickman

Re: Henry C. Puetz vs.
Philip Carey Mfg. Co., et al,
General Accident Fire and Life
Assurance Corp., Ltd., et al
WCAB No. 66 OAK 20668

Dear Referee Hickman:

This letter is filed pursuant to my request to note to you, in letter form, those parts of Dr. Crantz's records that I wish admitted into evidence.

The purpose of this letter is, therefore, to call your attention to those records which show that the applicant suffered from cervical and lumbar problems which may account for part of his disability today; and to show the early discovery of Mr. Puetz's lung condition.

Therefore, please find attached to this letter copies of certain documents contained in Dr. Crantz's records.

Very truly yours,

Alexander S. Keenan

Alexander S. Keenan

ASK:bh
Attachments

cc: State Compensation Ins. Fund
Sedgwick, Detert, Moran & Arnold
Brobeck, Phleger & Harrison
Norman Hays
Hanna and Brophy
John Wilkes
Smith, Parrish, Paduck & Clancy
Industrial Indemnity Company

RECEIVED

DEC 5 1968

FILED

Division of Industrial Accidents
OAKLAND OFFICE

Please have this form completed and returned as promptly as possible to insure that your claims will be paid on schedule.

When both parts have been completed, return this form to:

STANDARD INSURANCE COMPANY

(Consolidated form)

Group Claims

TO: HENRY C. PUETZ Employed by [illegible] & ASSOCIATES

(1) If still disabled, please answer the following:

I certify that I am / I was (check one) still disabled as of .... Date

I expect to return to work on or about .... Date

(2) If no longer disabled, please answer the following:

My last date of disability was .... Month .... Day .... Year

Dated .... Signed ....

[illegible]

ATTENDING PHYSICIAN'S SUPPLEMENTARY STATEMENT

(For Time Loss Benefits)

1. Patient's name HENRY C. PUETZ

2. Nature of sickness or injury (Describe complications, if any) Cervical strain, lumbar strain, cough with production of sputum, headache, emphysema.

3. (a) Date of first treatment 12-2-67 ...., 19......

(b) Date of most recent treatment 5-20-68 ...., 19.

(c) Frequency of treatment 12/2, 3, 4, 11-67 and 1/2, 3/1, 29 and 5/20-1968

4. Dates hospitalized: Admitted 12-2-67 .... Discharged 12-4-67

5. Has patient been continuously disabled (unable to work) from 12-2-67 .. [illegible] ....19....

If still disabled, when, or approximately when should patient be able to return to work? 6-2-68 ...., 19......

6. Remarks ....

Date 5-28-68 ,19

Signed .... Degree

Paul E. Crenca, M.D.

Address 127 E 10th St.

Antioch, CA. 94509

[illegible]

LEON LEWIS, M.D.
SHELDON MARGEN, M.D.
2435 WEBSTER STREET
BERKELEY, CALIFORNIA 94705
PHONE 548-2727

INTERNAL MEDICINE

October 24, 1968

Smith, Parrish, Paduck and Clancy
405 Fourteenth Street
Oakland, California 94612

Attention: Mr. David R. Nelson

Re: PUETZ, Mr. Henry
Employer: Western Building Materials Company

Gentlemen:

Enclosed find a copy of the second set of pulmonary function studies done on Mr. Puetz at the Cardiovascular Research Institute, San Francisco Medical Center, on September 24, 1968.

The lung volume studies are at slight variance with those reported on August 9, 1968, and somewhat more favorable, since the ratio of residual volume to total lung capacity is only 45 rather than 56, as previously found.

The second set of studies was particularly concerned with pulmonary diffusing capacity and, as noted, there is moderate reduction of this function.

The findings are characteristic of asbestosis with moderate restrictive lung disease. In general, the laboratory data confirm the diagnosis submitted on Page 9 of our report of July 9, 1968.

Sincerely yours,

Leon Lewis

Leon Lewis, M. D.

LL:ik

CARDIOVASCULAR RESEARCH INSTITUTE – PHYSIOLOGICAL SERVICES LABORATORY
UNIVERSITY OF CALIFORNIA, SAN FRANCISCO MEDICAL CENTER
ROOM 1351, MOFFITT HOSPITAL – PHONE: 666-1707

PULMONARY FUNCTION REPORT

UNIT # OPD-PVT. DATE: 9/24/68 SERIAL # 6192

NAME: PUETZ, Henry STUDIED BY: Dr. Read REFERRED BY: LEWIS

AGE 61 YR. HT ~~175~~ CM. WT 73.9 KG. S.A. M² CODE # FLOOR: OPD

REFERRAL DIAGNOSIS:

PULM. FUNCT. DIAGNOSIS:

LUNG VOLUMES	Predicted	Observed	% Predicted	After 0.5% Isoproterenol	% Predicted
VITAL CAPACITY inspired (L)	4.0	2.5	62		
INSPIRATORY CAPACITY (L)					
EXPIRATORY RESERVE VOLUME (L)					
RESIDUAL VOLUME (L)	2.4	2.1	87		
TOTAL LUNG CAP (TLC) (L)	6.4	4.6	71		
RESIDUAL VOL./TLC (%)	< 33	45			
FUNCT RESID CAP (FRC) 1 N_2 WASHOUT (L)					
2 THORACIC GAS VOL * (L) (plethysmograph)					
MECHANICS OF BREATHING					
FORCED EXPIR VOL (FEV_1) (L)					
% EXPIR IN 1 SEC (%)	> 79				
MAX EXPIR FLOW RATE (L/min)	400-500 **				
MAX. INSPIR FLOW RATE (L/min)	300-500 **				
AIRWAY RESISTANCE (cm H_2O/L/sec)					
LUNG COMPLIANCE (L/cm H_2O)					
COMPLIANCE/PRED FRC (L/cm H_2O)	0.04-0.07				
TRANSPULM PRESSURE (cm H_2O) AT FRC	4-7				
TRANSPULM PRESSURE (cm H_2O) AT TLC	> 20				

DISTRIBUTION OF VENTILATION	Predicted
ALV. GAS UNIFORMITY (% N_2 750-1250 ml) (%)	< 1.5
N_2 ELIMINATION RATE (% N_2 after 7' breathing O_2) (%)	< 2.5
DISTRIBUTION OF GAS TO BLOOD	**Predicted**
WASTED VENTILATION (physiological dead space) (L)	
WASTED VENT./TIDAL VOL. (%)	< 40
EFFECTIVE MIN. VENT. (L/min) (alv. vent calc. from wasted vent.)	
ART.-"ALV." CO_2 DIFF. (mmHg)	< 4
VENTILATION	**Before Test** / **Air**
RESPIRATORY RATE (breaths/min)	
TIDAL VOLUME (L)	
MINUTE VOLUME (L/min)	
EXPIRED PCO_2 (mmHg)	
"ALV." PCO_2 (mmHg) — Predicted	
ART PCO_2 (mmHg) (by gas rebreath) — 38-42	
DIFFUSION	**Predicted +**
PULM. DIFFUSING CAP. (Dco) (ml/min/mmHg)	21.2 / 15
PULM. CAPILLARY BLOOD VOL. (L)	
MEMBRANE DIFFUSING CAPACITY (L/min/mmHg)	

* WHEN THIS VALUE IS REPORTED, IT IS USED TO CALCULATE TOTAL LUNG CAPACITY AND RESIDUAL VOLUME.
** VALUES ARE LOWER IN CHILDREN AND THE ELDERLY.
+ ON BASIS OF ACTUAL LUNG VOLUME

COMMENTS

Dco uncorrected for hemoglobin. * Dco 71% of predicted.

Pulmonary diffusing capacity was moderately reduced. This finding is consistent with emphysema, although a more marked reduction commonly is seen in patient's with this disorder.

[signature] [signature] [signature]

[illegible] Read, M.B., F.R.C.P. Jay A. Nadel, M.D. Julius H. Comroe, Jr., M.D.

LEON LEWIS, M.D.
SHELDON MARGEN, M.D.
2435 WEBSTER STREET
BERKELEY, CALIFORNIA 94705
PHONE 548-2727

RECEIVED
JUL 12 1968

TO Smith, Parrish, Paduck and Clancy
Financial Center Building
405 Fourteenth Street
Oakland, CA 94612

Attention: Mr. David R. Nelson

Re : PUETZ, Mr. Henry

FOR PROFESSIONAL SERVICES

June 21, 1968:

Diagnostic evaluation, opinion and report	$150.00
Vital capacity studies	10.00
	$160.00
Review of outside radiographs of the chest	30.00
	$190.00

(Note: Referred for other laboratory and radiographic studies; see attached bill.)

2435 WEBSTER STREET LABORATORY
SUITE B
BERKELEY, CALIFORNIA 94709
848-1551

TO: Smith, Parrish, Paduck and Clancy
405 14th Street
Oakland, CA 94612

Attention: Mr. David R. Nelson

Re: PUETZ, Mr. Henry

For Professional Services: June 21, 1968:

Previous Balance		$
Complete blood count	8628	6.00
Complete urinalysis	8936	3.50
Sedimentation rate	8718	3.50
Hematocrit	8681	
Serology	8675	2.50
~~Basic~~ chemistry group - extended (Sugar, Cholesterol, Uric Acid, Urea nitrogen and Transaminase.) + 10 other tests	8555	25.00
Protein-bound Iodine	8710	
White count and differential	8624 & 26	
Partial urinalysis	8956	
Hemoglobin	8622	
Electrocardiogram	9101	15.00
Master's Exercise Electrocardiogram	9104	
X-Rays:		
PA and Lateral Chest films	7101	15.00
PA Chest (only)	7100	
~~Other:~~ - superimposed inspiratory-expiratory		10.00

RECEIVED
JUL 1968

Laboratory tests (other):

Total $ 80.50

PLEASE MAKE CHECKS PAYABLE TO 2435 WEBSTER STREET LABORATORY

D-1
SCIF

H. CORWIN HINSHAW, M. D.
HORTON C. HINSHAW, JR., M. D.
450 SUTTER STREET
SAN FRANCISCO, CALIFORNIA 94108

YUKON 2-7188

October 8, 1968

RECEIVED

From: Horton C. Hinshaw, Jr., M.D.

To: State Compensation Insurance Fund
55 Santa Clara
Oakland, California

Subject: A15450
Henry C. Puetz

REPORT OF MEDICAL EXAMINATION

Present Illness:

Patient's principal complaint is shortness of breath. He states he first noticed shortness of breath in 1961 and has had gradually increasingly severe shortness of breath on exertion since that time. The shortness of breath became severe enough so he was unable to perform his regular work in November of 1967. He was off work from that time until five weeks ago. This last five weeks he has been working off and on doing easy work. He still feels he is not able to do his regular work which requires climbing which he is not able to do because of shortness of breath. The patient has also had a cough which began after the shortness of breath began but he does not recall exactly when the cough began. The cough has also gradually continued to get worse. He states he was hospitalized four or five times in the last year because of his shortness of breath. At the present time he is short of breath on climbing six steps of stairs. He is able to walk 400 to 500 feet on level ground. He is not able to run at all and if he has to climb a hill he becomes out of breath very promptly. His cough now bothers him mostly at night. At night he chokes up and produces considerable amounts of thick white sputum. Sometimes he has to sit up for an hour or two at night in order to clear out his lungs before he can go back to sleep. He has some cough during the day but it is not severe. He normally has about two colds per year. If he does get a cold his shortness of breath is worse. He feels he may have developed a respiratory infection during the last day or so, he has had symptoms of increased cough, sore throat and upset stomach. He has had pain in his chest and in the past when he has had bad spells of shortness of breath requiring hospitalization, otherwise he does not have chest pain. Lately he has developed frequent headaches. He states that he feels a little dizzy all the time. Last week he was evaluated at the University of California Hospital here in San Francisco with complete pulmonary function studies arranged by Dr. Leon Lewis.

RECEIVED
OCT 23 1968
OAKLAND LEGAL

System Review of Present Symptoms:

General Complaints - He has no chills or fever. His muscular strength is satisfactory. He has gained ten pounds in the last three years.

Cardio-respiratory Symptoms - See present illness. He has not coughed up any blood. He notices wheezing especially at night, sometimes this will wake him up. He has no anginal pains, palpitations or edema.

Gastro-intestinal Symptoms - His appetite has diminished. He has no abdominal pain or indigestion. Bowels are regular.

Genito-urinary Symptoms - No urinary frequency or nocturia. No pain or burning.

Eyes, Ears, Nose, Throat - He wears glasses. His hearing has been diminished for a long time.

Neuromuscular - No back pain, arthritis or rheumatism.

Personal History:

The patient used to smoke several cigars a day and an occasional cigarette until he quit entirely about 1961. He has never been a regular cigarette smoker and has never smoked heavily. He uses alcohol only occasionally. He has been married for nineteen years to his second wife.

Family History:

His mother is age 86 living and well. His father died at age 49 of pneumonia. He has seven brothers and three sisters living and well. He knows of no lung disease in the family and no other significant familial disease tendencies.

Past Medical History:

His general health has always been good. He had a goiter operation about 1932 and a hernia operation in 1957. He has never had pneumonia, pleurisy, jaundice, liver disease, rheumatic fever, malaria, known allergies, hay fever, asthma or known heart disease. He states he has had high blood pressure for about six to seven years. He has been told it is not severe. He takes medication for this.

Medications:

He takes high blood pressure medicine, one tablet a day. Otherwise, he takes no regular medication.

Occupational History:

The patient has worked as an asbestos worker for forty years beginning in 1928. During this time he worked steadily at this trade. This involved working with all types of insulating materials including asbestos. During the early years of his employment asbestos was used almost exclusively. He states that fiberglass and mineral wool began being used in 1941 and has been used in increasing amounts since that time, but he has continued to use some asbestos all along. He has done all types of insulating work and used all types of materials during the time he has worked. He would usually be required to cut the material that he is using and at times would be

Occupational History con't:

exposed to quite dusty conditions. The work he is doing at the present time involves applying styrofoam insulation to pipes. He is not using asbestos in his current employment.

Physical Examination:

General Appearance - Well developed well nourished white male in no acute distress.
Blood Pressure - 160/95.
Pulse - 80 and regular.
Height - 69 inches.
Weight - 162 pounds.
Eyes, Ears, Nose, Throat - No significant abnormalities found.
Lymph Nodes - No enlarged lymph nodes are felt.
Neck - The neck veins are not distended. The thyroid is not palpable.
Chest - The shape of the chest is normal. The lungs are clear to auscultation to percussion. The breath sounds are normal in intensity and quality. No rales or wheezes are heard.
Heart - Not enlarged. Rhythm is regular. No murmurs are heard.
Abdomen - No abdominal masses, organs or tenderness.
Extremities - Peripheral vessels are good. There is no edema. There is moderate clubbing of the fingers.

Electrocardiogram: Auricular Rate 75, Ventricular Rate 75, Rhythm sinus, T Waves normal, P-R Interval 0.15, Q-R-S Interval 0.07, S-T Segment isoelectric, Position semi vertical, Electrical Axis normal, remarks - normal record.

X-ray Examination of the Chest: Stereoscopic PA, expiration PA and lateral views were obtained. There is a generalized fine infiltrate throughout both lung fields consistent with an interstitial fibrosis. The diaphragms are sharply demarkated but the heart border is rather vague and fuzzy. Expiration view shows good diaphragm motion. Previous x-rays are also reviewed. Film taken in 1957 shows evidence of beginnings of the present disease process largely confined to the lower lobes at this time. The film taken in 1961 shows some advance in the interstitial fibrosis still largely confined to the lower lobes. The film taken in 1966 shows further advance and now there is some involvement in the upper lobes. The present films when compared with 1966 shows further increase in interstitial fibrosis.
CONCLUSION: Generalized interstitial fibrosis which has gradually increased over the last ten years. The appearance is consistent with asbestosis.

From: Horton C. Hinshaw, Jr., M.D.
To: State Compensation Insurance Fund
Subject: Henry C. Puetz

Pulmonary Function Studies:	Predicted	Observed
Maximal expiratory flow rate	300	165
Vital capacity in one second	2.95	2.00
Three seconds		2.57
Total	3.92	2.80
% Vital capacity in one second	75%	71%

INTERPRETATION: This study shows evidence of moderate restrictive abnormality. There is no significant degree of obstructive airway disease.

Discussion:

This patient does have a generalized interstitial fibrosis. His whole picture is entirely consistent with asbestosis and considering the patient's occupational exposure it is my opinion that this patient does have asbestosis and that this is the cause of his present symptoms of rather severe shortness of breath on exertion. The pulmonary function studies which I did here do not accurately measure the degree of functional abnormality in a disease process of this sort. The patient has had complete studies done at the University of California and I would like to review their findings if copies of this study can be obtained.

From the patient's symptoms, however, his disease is severe and causes severe limitation of physical activity. He is not able to do any work which would require very much in the way of physical effort and could not do any work which required climbing or sustained physical exertion.

This patient's asbestosis was gradually acquired over the many years that he has been working with asbestos and exposed to asbestos dust. Exposure to insulating materials not containing asbestos have not had any effect on his pulmonary problem. There is no specific treatment for his condition although he may well require medical attention and treatment for some symptomatic relief of the associated cough and expectoration and would also probably require treatment of an intensive sort for respiratory tract infections. He should avoid any further exposure to asbestos dust in the future.

Very truly yours,

Horton C. Hinshaw, Jr., M.D.

HCH/sw

LEON LEWIS, M.D.
SHELDON MARGEN, M.D.
2435 WEBSTER STREET
BERKELEY CALIFORNIA 94705
PHONE 548-2727

INTERNAL MEDICINE

RECEIVED
AUG 21 1968

August 20, 1968

Smith, Parrish, Paduck and Clancy
405 Fourteenth Street
Oakland, California 94612

Attention: Mr. David R. Nelson

Re: PUETZ, Mr. Henry
Employer: Western Building Materials Company

Gentlemen:

Enclosed please find copies of the pulmonary function report of studies performed on Mr. Puetz on August 9, 1968, at the Cardiovascular Research Institute of the University of California Medical Center, San Francisco.

The comments on Continuation Sheet 3 serve adequately to complete the report previously submitted by our office. Even though the pulmonary diffusing capacity test was unsatisfactory and will probably be repeated by the Institute, findings reported are sufficient to confirm the existence of restrictive lung disease characteristic of pulmonary asbestosis.

Sincerely yours,

Leon Lewis

Leon Lewis, M. D.

LL:ik

CARDIOVASCULAR RESEARCH INSTITUTE – PHYSIOLOGICAL SERVICES LABORATORY
UNIVERSITY OF CALIFORNIA, SAN FRANCISCO MEDICAL CENTER
ROOM 1351, MOFFITT HOSPITAL — PHONE: 666-1707

PULMONARY FUNCTION REPORT

UNIT = PVT DATE: 8/9/68 SERIAL = 6192

NAME PUETZ, Henry STUDIED BY: ~~BXPXGB~~ HOLST HAMILTON, LILKER REFERRED BY: Lewis

AGE 71 YR. HT 176 CM WT 75 KG. SA 1.9 M² CODE # FLOOR: OPD

REFERRAL DIAGNOSIS: Asbestosis

PULM. FUNCT. DIAGNOSIS: Restrictive lung disease consistent with asbestosis

LUNG VOLUMES	Predicted	Observed	% Predicted	After 0.5% Isoproterenol	% Predicted
VITAL CAPACITY (L)	4.09	2.4	59		
INSPIRATORY CAPACITY (L)	2.72	1.46	54		
EXPIRATORY RESERVE VOLUME (L)	1.36	.92	67		
RESIDUAL VOLUME (L)	2.36	3.0	127		
TOTAL LUNG CAP (TLC) (L)	6.45	5.4	84		
RESIDUAL VOL/TLC (%)	< 33	56			
FUNCT. RESID CAP (FRC) He or N_2 WASHOUT (L)	2.8				
THORACIC GAS VOL * (L) (plethysmograph)	2.8	3.9	101		
MECHANICS OF BREATHING					
FORCED EXPIR VOL $FEV_{1.0}$ (L)		.77			
% EXPIR IN 1 SEC (%)	> 79	71			
MAX EXPIR FLOW RATE (L/min)	400-500 **	136			
MAX INSPIR FLOW RATE (L/min)	300-500 **	120			
AIRWAY RESISTANCE (cm H_2O/L/sec)	0.7-1.0	1.2			
LUNG COMPLIANCE (L/cm H_2O)					
COMPLIANCE/PRED FRC (L/cm H_2O)	0.04-0.07				
TRANSPULM PRESSURE (cm H_2O) AT FRC	4.7				
TRANSPULM PRESSURE (cm H_2O) AT TLC	> 20				

DISTRIBUTION OF VENTILATION	Predicted	Observed
ALV. GAS UNIFORMITY (% N_2 750-1250 ml) (%)	< 1.5	1.1
N_2 ELIMINATION RATE (% N_2 after 7' breathing O_2) (%)	< 2.5	1.2
DISTRIBUTION OF GAS TO BLOOD	**Predicted**	**Observ**
WASTED VENTILATION (physiological dead space) (L)		
WASTED VENT./TIDAL VOL (%)	< 40	45
EFFECTIVE MIN. VENT. (L/min) (alv. vent. calc. from wasted vent.)		5.2
ART - "ALV." CO_2 DIFF. (mmHg)	< 4	2
VENTILATION	**Before Test**	**Air**
RESPIRATORY RATE (breaths/min)		22
TIDAL VOLUME (L)		430
MINUTE VOLUME (L/min)		94
EXPIRED PCO_2 (mmHg)		
"ALV." PCO_2 (mmHg)	Predicted	
ART PCO_2 (mmHg) (by gas rebreath.)	38-42	32m
DIFFUSION	**Predicted +**	**Observ**
PULM. DIFFUSING CAP (Dco) * (ml/min/mmHg)		
PULM. CAPILLARY BLOOD VOL. (L)		
MEMBRANE DIFFUSING CAPACITY (L/min/mmHg)		

* WHEN THIS VALUE IS REPORTED, IT IS USED TO CALCULATE TOTAL LUNG CAPACITY AND RESIDUAL VOLUME.
** VALUES ARE LOWER IN CHILDREN AND THE ELDERLY
+ ON BASIS OF ACTUAL LUNG VOLUME

COMMENTS
* Test of pulmonary diffusing capacity unsatisfactory for technical reasons.

REV-E7

CARDIOVASCULAR RESEARCH INSTITUTE – PHYSIOLOGICAL SERVICES LABORATORY
UNIVERSITY OF CALIFORNIA, SAN FRANCISCO MEDICAL CENTER
ROOM 1351, MOFFITT HOSPITAL – PHONE: 666-1707

PULMONARY FUNCTION REPORT

UNIT # PVT DATE 8/9/68 SERIAL # 6192

NAME PUETZ, Henry STUDIED BY: LILKER, HOLST, HAMILTON REFERRED BY Lewis

AGE 61 YR
HT 176 CM
WT 75 KG
S.A. 1.9 M²

CODE #

FLOOR OPD

REFERRAL DIAGNOSIS: ~~Asbestosis- chronic bronchiti~~

PULM FUNCT DIAGNOSIS: Restrictive pulmonary disease

ARTERIAL BLOOD			Air	O_2
TOTAL O_2 CONTENT	vol %	Air - 20.6 O_2 - 22.9	19.1	
DISSOLVED O_2	vol %	Air 0.3 O_2 1.9	.3	
O_2 CAPACITY	vol %	20.9	19.6	
O_2 SATURATION	%	96 - 99	96	
O_2 TENSION	mmHg	Air > 80 O_2 > 550	72	530

ARTERIAL BLOOD			Air	O_2
HEMOGLOBIN	gm %	15.6	14.6	
HEMATOCRIT	(%)	45	46	
CO_2 CONTENT - BLOOD	mM/L	20.5 - 23	19.8	
CO_2 CONTENT PLASMA	mM/L	25 - 28.5	24.0	
CO_2 TENSION (measured)	mmHg	38 - 42	36	35
pH	units	7.38 - 7.42	7.44	7.4[illegible]

EXERCISE AND RECOVERY

TREADMILL / BICYCLE WD		Speed mph / Incline / Load 150 KgM/min			Speed mph / Incline / Load 2[illegible] KgM/min			Speed mph / Incline / Load 3[illegible] KgM/min			Recovery			Stopped exercise due to:
ARTERIAL BLOOD	REST	2'	4	6	2	4	6'	2'	4'	6'	2'	4'	6'	
O_2 TENSION mmHg	6[illegible]			9[illegible]			82			84			90	fatigue of l
Po_2(Al - [illegible])	9[illegible]			1.0			103			110				
O_2 SATURATION %														
CO_2 TENSION mmHg	35			2[illegible]			32			34			34	
pH units	7.45			[illegible]			7.46			7.43			7.44	
O_2 CONSUMPTION L/min	0.25			0.72			0.75			0.99				
R [illegible]	0.70			0.8[illegible]			0.85			0.85				
MIN VOL RESP L/min	[illegible]			[illegible]			3[illegible]			37.3				
RESP RATE breaths/min	28			3[illegible]			30			37				
HEART RATE beats/min	72			84			90			96				
WASTED VENTILATION	0.19			0.4			0.40			0.43				
(D, VT(?)	[illegible]			4[illegible]			[illegible]			40				

* [illegible] Asterisk — Blood determination done with patient breathing through mouthpiece

COMMENTS

PULMONARY FUNCTION CONTINUATION SHEET # 3

NAME PUETZ, Henry SERIAL # 6192
'as' name (caps)

HISTORY

This man who has been an insulation worker for 40 years was referred for assessment of functional impairment due to pulmonary asbestosis. He has noticed gradually increasing breathlessness during exertion for about 10 years. For a similar period, he has had a chronic cough productive of mucoid sputum. At the present time he has dyspnea when tying his shoes, when walking quickly, and on climbing 8 to 10 stairs. On physical examination the findings in the respiratory system are mild finger clubbing and fine inspiratory crepitations in the lower parts of the lungs.
The chest x-rays show an infiltrative or fibrotic process increasing on serial films since 1957.

PULMONARY FUNCTION RESULTS

Today's tests show a significant reduction of the vital capacity from the predicted values. This taken with the normal airways resistance indicates a restrictive lung disease. The high proportion of wasted ventilation is due to abnormalities of ventilation and perfusion relationships in the lungs, and this conclusion is supported by the finding of a widened alveolar-arterial oxygen gradient, and mild arterial hypoxemia at rest. The latter is not caused by hypoventilation since the arterial P_{CO_2} is lower than normal, nor could shunting of blood be responsible since the arterial P_{O_2} reaches the expected value during oxygen breathing.

There is chronic hyperventilation at rest and this becomes more marked during exercise. Although oxygen transfer is improved from the resting state at light workloads, the alveolar-arterial oxygen difference increases with increasing work.
Measurement of the diffusing capacity of the lungs was unsatisfactory for technical reasons. We shall send an appointment for repetition of this test.

CONCLUSION

There is impairment of pulmonary function consistent with pulmonary asbestosis. The test of diffusing capacity should be repeated.

SIGNED BY [illegible] SIGNED BY Julius H. Comroe, Jr., M.D., F.C.C.P.
[illegible], M.D. [illegible], M.D.

Mr. Puetz is a well developed and healthy appearing male of late middle age who is of mesomorphic build with excellent musculature. There is no apparent deformity. There is a faint thyroidectomy scar and a more distinct left inguinal herniorrhaphy scar. There are tattoos of both arms and forearms. The anterior and central hair is thinned and nearly bald. The hair is grey.

The cranium is smooth. There is no tenderness. The eyes are clear. There is some wax in both ear canals, but the drums are fairly well seen. A watch tick normally heard at a 10-foot distance is audible only when in contact with the right ear and at one-half inch distance from the left ear. The nasal mucosa is normal; septum is intact. The paranasal sinuses transilluminate poorly, obviously because of dense bony structure. The mucous membrane of the mouth is normal. The gums are clear. The tongue is normally coated. The tonsils are small and not inflamed. The mouth is edentulous, compensated by two dentures.

There is no tenderness in the neck. The thyroid gland cannot be felt. There are no palpable lymph nodes in the neck or elsewhere.

The thorax is well formed. Breasts are negative. There is generalized impairment of resonance throughout both lung fields. Breath sounds are bronchovesicular. There are scattered, crepitant rales in many areas over the posterior lung fields. Breathing is mostly diaphragmatic; abdominal excursion is normal. The heart size is difficult to determine. Heart rate, rhythm, and sounds are normal. There are no murmurs. Femoral and foot arterial pulses are normal.

The abdomen is rounded. There are no palpable organs or masses. The left inguinal hernia repair is satisfactory; however, there is now a small right inguinal hernia.

The external genitalia are normal. Rectal examination discloses no hemorrhoids. Sphincter tone is good. The prostate gland is not enlarged. There is no palpable mass.

The extremities are essentially normal, aside from hypertrophic changes at the small joints of the fingers. Foot and upper extremity temperatures are normal.

Neurological Examination:

Personality appraisal is rendered somewhat difficult by Mr. Puetz' obvious difficulty hearing. However, he seems to be an intelligent, well oriented, and very cooperative man who has no tendency whatsoever to exaggerate his clinical manifestations.

Gait, station, coordination, and equilibrium are normal. There is no dysmetria or nystagmus.

Cranial nerve examination discloses quite contracted round pupils which react to light and accommodation through a small range. (Mr. Puetz states that he uses

considerable amounts of codeine-containing cough medication.) The fundi are poorly seen, but seem to be clear. Ocular motion is intact. Facial motor power and sensation are normal. There is no impairment of bone conduction over the mastoid processes. Air conduction is better than bone conduction, despite the impairment of hearing. The Weber sign lateralizes slightly to the left. The tongue protrudes in the midline without tremor. Palatal and pharyngeal functions are normal.

There is no disturbance of sensation for pain, vibration or temperature.

The superficial and deep reflexes are normal. There are no pathologic reflexes.

Musculoskeletal Examination:

Posture is good. There is no localized atrophy or hypertrophy. Joint motions are free and normal. There is no impairment of neck or spinal motion.

LABORATORY DATA:

Complete Urinalysis:

		Microscopic Examination:	
Color	Yellow	White Blood Cells	Rare
Character	Clear	Red Blood Cells	Rare
Reaction	pH 5.0	Epithelial Cells	1 - 2 squamous
Specific Gravity	Q.N.S.	Bacteria	Rare
Albumin	3+		
Sugar	Negative		

Complete Blood Count:

		Differential Count:	
Hemoglobin	17.2 grams (116%)		
Leucocytes	15,150	Neutrophiles	79%
Packed Cell Volume	48%	Basophiles	0
MCHC	36%	Lymphocytes	20%
Platelets	Adequate	Monocytes	1%
Morphology	Normal		

Sedimentation Rate: 24 mm./hr. (Westergren)

Serologic Test for Syphilis: VDRL Slide -- Non-reactive

Extended Blood Chemistry Group:		Adult Normal Ranges:
Glucose (1 hr pc)	130 mg%	72 - 120 mg% (fasting, on plasma)
Urea Nitrogen	16.0mg%	6 - 22 mg%
Uric Acid	7.1 mg%	3 - 6 mg%

LEON LEWIS, M.D.
SHELDON MARGEN, M.D.

Extended Blood Chemistry Group (continued)		Adult Normal Ranges:
Cholesterol (Total)	166 mg%	150 - 260 mg%
Transaminase (SGPT)	52 U. V. units	5 - 50 U. V. units
Calcium	9.7 mg%	9 - 11 mg%
Bilirubin (Total)	.6 mg%	0.4 - 1.1 mg%
Potassium	3.8 mEq./L	3.5 - 5 mEq./L
Sodium	137 mEq./L	135 - 150 mEq./L
Alkaline Phosphatase	36 intl. units	13 - 40 intl. units
Protein (Total)	9.3 gm%	6.0 - 8.0 gm%
Albumin	4.8 gm%	4.0 - 5.5 gm%
Globulin	4.5 gm%	1.5 - 3.5 gm%
A/G Ratio	0.9	
Protein Bound Iodine	3.8 mcg%	3.5 - 8.0 mcg%

Vital Capacity Study:

FEV_1 1 sec.	FEV_2 2 sec.	FEV_3 3 sec.	Vital Capacity
		2.2 L.	2.3 L.
		2.15 L.	2.2 L.
1.7 L.			2.3 L.
	2.1 L.		2.3 L.
	2.1 L.		2.3 L.

Predicted Vital Capacity (for height and age = 3.6 L.
Vital Capacity is 64% of predicted.
FEV_1 = 75%.
FEV_2 = 92%.
FEV_3 = 96%.

Electrocardiogram:

Rate 90 per minute. Sinus rhythm. PR 0.15, QRS 0.08, QT 0.36 seconds. Flat T waves in Leads V-1 and AVL. U wave present in V-2 through V-4.

Conclusion: Scattered ventricular ectopic beats. No evidence of right heart strain. Rule out hypokalemia (U waves). Non-specific T wave changes in AVL and V-1.

LABORATORY SUMMARY:

There is unexplained proteinuria of fairly marked degree. It is not associated with other urine or blood chemical abnormality. It was not possible to determine urine specific gravity. The red blood cell values (packed cell volume and hemoglobin) are high, suggesting polycythemia secondary to lung disease. However, the leucocyte count is also high, although differential count is normal. Neither the leucocytosis nor albuminuria is easily explained by clinical findings.

Blood chemical survey is normal except for elevated serum uric acid.

The serologic test for syphilis is negative.

Electrocardiogram is essentially normal. Blood chemistry studies did not reveal hypokalemia.

Radiographic findings are characteristic of progressive asbestosis. (See below.

REVIEW OF RADIOGRAPHS OF THE CHEST:

Outside Radiographs:

The first film, dated December 7, 1957, is identified as #759786, Kaiser Founda tion Hospital, Oakland. It showed a medium-type thorax which is asymmetrical with relatively greater expansion on the right than on the left. Bone structur are of normal density. The lung shadows show some prominence of central bronch vascular markings, and except for haziness of the cardiac outline because of overlying, somewhat greyish lung shadow, the pulmonary findings are not remarka beyond the limits of normal. Heart, aortic and diaphragmatic contours are norm although there is slight irregularity of the left leaf of the diaphragm.

The second radiograph is dated April 15, 1961, and is from the office of J. D. M. D., 2976 Summit Street, Oakland. By this time the pulmonary shadow is very normal. There is accentuation of central markings and faint, greyish mottling throughout. The heart shadow is distinctly blurred, as is the medial portion c the diaphragmatic shadow.

The third film on February 17, 1962, also from the office of Doctor Coate, sho a progression of the findings previously noted. There is slight thickening of the interlobar fissure between the right middle and lower lobes. This is fain visible in the film of April 1961 but is now much more marked. There is more diffuse greyness and mottling, and the cardiac border is no longer distinct.

A fourth radiograph of March 16, 1963, from Doctor Coate's office made with le penetration than the prior film shows relatively little progression of the pul monary disorder.

By February 2, 1964, another film from Doctor Coate's office shows findings si to those of 1962 but somewhat more diffuse. There is additional progression b February 13, 1965. A very light radiograph made on March 5, 1966, seems to sh less density than the prior films, but the most recent radiograph of February 1967, also from Doctor Coate's office, shows a very diffuse process involving both lung fields. By this time the cardiac shadow is distinctly larger, and i outline is blurred. The diaphragm is generally irregular. However, the diaph matic curve is well preserved; there is no flattening.

LEON LEWIS, M.D.
SHELDON MARGEN, M.D.

Radiographs made June 21, 1968:

As in the previously reported films, there is asymmetry of the chest. Bone structures are of normal density. Both lung fields show a diffuse greyness with reticulation and exaggeration of central pulmonary markings. The heart and aortic contours are not beyond the normal range of size; however, they are distinctly blurred and a clearcut cardiac outline cannot be made out. The diaphragm is slightly hazy along its margin, but the costophrenic sinuses are well preserved.

A superimposed projection of inspiratory and expiratory views of the chest shows a diaphragmatic excursion of 32 mm. on the right and 36 mm. on the left. (Measurements are made at approximately the mid portion of the diaphragms.)

The lateral view shows a prominent hilar shadow and generalized greyness of the lung fields with exaggeration of markings. The heart size appears normal. The dorsal vertebrae are well formed, and the interspaces are normal.

DISCUSSION:

Review of the previously made radiographs dating from 1957, interpreted in conjunction with the current film, discloses a gradually progressive, presumably fibrotic, process in both lungs which is evidently restrictive but not associated with marked secondary emphysema. Diaphragmatic excursion is quite well preserved. Heart and aortic size appear normal at present. The findings are consistent with occupational disease of the lungs due to asbestosis -- a diagnosis suggested by the employment history.

DIAGNOSES:

1. Asbestosis with moderate restrictive pulmonary disease.

    a. Probable secondary polycythemia;
    b. Probable chronic bronchitis.

2. Right inguinal hernia.

3. Proteinuria -- cause ?.

4. Leucocytosis -- cause ?.

5. Hearing loss -- fairly severe.

Sincerely yours,

Léon Lewis, M. D.

LL:d

LEON LEWIS, M.D.
SHELDON MARGEN, M.D.
2435 WEBSTER STREET
BERKELEY, CALIFORNIA 94705
PHONE 848-2727

INTERNAL MEDICINE

July 5, 1968

Smith, Parrish, Paduck and Clancy
405 Fourteenth Street
Oakland, California 94612

Attention: Mr. David R. Nelson

Re: PUETZ, Henry
Employer: Western Building Materials Company
Social Security Number: 532-112-4188

Gentlemen:

Mr. Henry Puetz, a 61-year old, twice married, Caucasian workman, was examined in this office on June 21, 1968, by the undersigned, Leon Lewis, M. D.

EMPLOYMENT HISTORY:

Western Building Materials Company; June 18, 1968, to present; asbestos worker (at the University of the Pacific, Stockton, California).

Prior employment: Western Building Materials Company, Stockton; asbestos insulation application; two weeks, November 15 - 29, 1967. Western McArthur Company, San Francisco, California; October 1 to November 15, 1967. Western Asbestos Company, Los Landing, California; April to October 1967. Mr. Puetz has been an asbestos worker since 1928, at first in Seattle, Washington, until 1941, then in Portland, Oregon, until 1945, and since 1945, in California.

DATE OF ONSET OF SYMPTOMS:

1957.

PERIOD OF DISABILITY:

November 29, 1967, to June 1, 1968.

PHYSICIAN:

P. E. Crantz, M. D.

HOSPITALIZATIONS:

See Chronological Medical History.

PERSONAL HISTORY:

Mr. Puetz was born in Seattle, Washington, on May 25, 1907. He moved to Portland, Oregon, in 1941, and to San Francisco, California, in 1945. He completed high school and served in the United States Army from 1925 to 1928, mostly serving in the Philippine Islands.

His first marriage, in which he fathered three sons, terminated in divorce. He has two living adult sons; the third son was killed in the Korean War. He was accompanied to the office by his present wife with whom he seems to have an excellent relationship.

He discontinued smoking cigarettes in 1965. Prior to that time he says he smoked about one-half package daily. He drank alcohol in moderation until fairly recently, but now does not drink at all.

FAMILY HISTORY:

His mother is living and in reasonably good health at age 82. His father died of some type of pulmonary disorder leading to pneumonia at age 49. Seven brothers and four sisters are living and well. His two sons are well.

He knows of no tuberculosis, cancer, or diabetes in the family.

PAST MEDICAL HISTORY:

In addition to the ordinary diseases of childhood he had diphtheria at age 12. In 1938 he developed hyperthyroidism, and thyroidectomy was performed at the Bremerton Naval Hospital. A left herniorrhaphy was performed at Antioch Hospital by Doctor Crantz in 1957. He was hospitalized for pulmonary disorder at the same hospital in 1958, 1959, 1960, 1962, 1964, 1965, 1966, and 1968. His last chest radiograph was made in March 1968. A gastrointestinal radiographic series was made in December 1967.

SYSTEMIC REVIEW:

Mr. Puetz sleeps poorly and has difficulty falling asleep. He does not use sedatives. He has frequent headache and dizziness. His memory has begun to fail. He wears glasses but has not been examined by an eye doctor within the past two years.

He is subject to frequent chest colds, and he has a chronic annoying cough, which is moderately productive.

He has been told that his blood pressure was elevated in the past. He has some chest discomfort but no characteristic anginal pain. He becomes short of breath on slight exertion.

All of his teeth have been extracted, and he has worn dentures for some time. He has a new set of dentures to which he has not yet become accustomed. His appetite is poor, and his abdomen is distended after meals. He has been told in the past that he had a stomach ulcer.

Nocturia occurs once. There are no other genitourinary symptoms.

Other general complaints are fatigability, nervousness and tension.

COMPLAINTS:

1. Shortness of breath on slight exertion:

   a. Walking causes dyspnea;
   b. Even tying his shoes causes some breathing difficulty;
   c. Climbing a flight of stairs, he must stop at least once to rest.

2. Productive cough, especially at night:

   a. Expectorates about one-half cupful of greyish-colored mucoid sputum;
   b. Has never expectorated blood.

3. Frontal headache, lasting several hours, in attacks.

4. Giddiness, occurring when he bends over.

CHRONOLOGICAL MEDICAL HISTORY:

During his early years and extending through his military service until 1928, Mr. Puetz was in good health. While on duty in the Philippine Islands he was well and was never hospitalized. He did not contract malaria, dengue fever, or other infections. He had no venereal infection.

After his return to the United States, he first began to work in the asbestos trade. His first employer was the United States Government at the Bremerton Navy Yard, where he was discharged from military service and became an employee. For 13 years he remained at the navy yard, and most of his work consisted of the application of asbestos covering on pipes. Most of this work was done on ships, and at times he had to work in relatively confined spaces. During the entire period of his employment by the naval shipyard, he worked without any kind of respiratory protection. No radiographs of the chest were made, and no medical examinations were done during his years of work.

After leaving the shipyard, he moved to Portland, Oregon, where he was employed by Plant Asbestos Company. He again worked applying asbestos insulation to pipes on ships. On this job he also worked without respiratory protective equipment. He does not recall having any chest radiographs made at this time.

In 1945 he moved to the San Francisco Bay area, where his first employer was Western Asbestos Company. He worked in the plant, and while his duty was still the application of asbestos coating to pipes, he was also exposed to the fabrication process. Ever since 1945 he has worked on and off for Western Asbestos Company or their successors. He was also employed by the Fiberglas Company in

San Francisco. There he worked not only with asbestos but also with Fiberglas and rock wool, all of these materials having been used for insulation. He also worked for Plant Asbestos Company in Emeryville, having spent about four or five years in their employ.

In short, since 1928, except for periods of disability in recent months, Mr. Puetz has been almost continuously employed in the asbestos insulation industry.

In 1938, while working at Bremerton, he developed hyperthyroidism for which a thyroidectomy was performed at the Bremerton Naval Hospital. He has not had to take thyroid extract. He was then quite well until 1957 when he developed a left inguinal hernia. At this time he was already somewhat short of breath and coughing. He remained in Antioch Hospital eight days after repair of the hernia; he was not hospitalized for pulmonary disorder at that time, but was under treatment by Doctor Crantz.

Although Mr. Puetz does not recall the exact dates, he believes that he has been hospitalized about 10 or 12 times, always at Antioch Hospital and always under Doctor Crantz' care. About 1962 he was in an automobile accident which required hospitalization for a back sprain. Later, in 1966, he suffered a neck injury and was again hospitalized. On each occasion, whether specifically for respiratory difficulty or for other causes, he was treated for his respiratory problem, usually with intermittent positive pressure devices and various medications.

At present his medical regime consists of two medications, but he does not know their identity. He also uses a cough syrup. He reports to Doctor Crantz about every four weeks. He has never used intermittent positive pressure therapy at home.

Recently, during each year, his condition has fluctuated considerably. He is especially short of breath during the winter, and there has been gradual progression of disability over the course of years.

Mr. Puetz left his work with Western Building Materials Company on November 29, 1967, because of shortness of breath, chest discomfort, and cough. He returned to work for the first time since then on June 18, 1967, and has put in two days with some difficulty (to the date of this examination). During the period off work, he rested most of the time. He now finds that it is difficult to work overhead, and he is easily fatigued. He finds that climbing and working at high levels are extremely difficult. He has not had to work above the ground the past two days of his resumed employment.

PHYSICAL EXAMINATION:

Height 63-3/4. Weight 161-1/2 pounds. Maximum prior weight 168 pounds in 1966. Blood pressure initially 138/102 in the left arm, sitting. After approximately 15 minutes, a second reading was 170/94. Pulse rate 88 per minute.

J. D. COATE, M. D.
RADIOLOGIST
2976 SUMMIT STREET
OAKLAND 9, CALIFORNIA
TELEPHONE TEMPLEBAR 6-0537

A-7121

February 13, 1965

Aet 5.

Patient: Puetz, Henry

Address: 1531 Marshall Street, Antioch

Physician: Mr. Holmes

CHEST

PA film of the chest again shows the rather extensive bilateral fibrotic changes throughout both lower lobes which have been observed on previous examinations at yearly intervals since 4-15-61. There has probably been no marked increase since the last examination on 2-8-64 but comparison with previous films is necessary to determine the progress of this involvement. The cardiac shadow is normal and the hemidiaphragms are smooth and rounded.

CONCLUSIONS

Bilateral chronic fibrotic changes in both lower lobes probably occupational.

J. D. Coate, M. D.

JDC:mc

J. D. COATE, M. D.
RADIOLOGIST
2976 SUMMIT STREET
OAKLAND 9, CALIFORNIA
TELEPHONE TEMPLEBAR 6-4057

February 17, 1962

Patient: Puetz, Henry C. Aet 54 22832

Address: Rt. 2, Box 192, Oakley

Physician: Asbestos Workers Survey

Both lung fields show considerable granular thickening of the root shadows in both perihilar areas along with discrete milliary densities. These changes were noted on examination 4-15-61. A direct comparison with the previous films would be important to determine the progress of this disease.

CONCLUSIONS

Pulmonary occupational disease probably asbestosis.

J. D. Coate, M. D.

JDC:mc

Dear Sir This is the rest to the last Report I have had from Dr Coate, We will [illegible] you on each report.
Thanking you H C Puetz

November 15, 1962

Joseph E. Smith
Smith, Parrish, Paduck & Company
Financial Center Building
405-14th Street
Oakland 12, California

Re: Puetz, Henry C.

Dear Mr. Smith:

Thank you for your letter of November 1st regarding Mr. Henry C. Puetz. Mr. Puetz has been a patient in this office since December 9, 1959. He has a history of having had asbestos inhalation many years duration which resulted in a chronic bronchitis and asbestosis. X-ray of the chest confirmed this diagnosis. Complaints included cough with production of sputum, general fatigue. Examination revealed rales present in the lungs.

I do not know of the circumstances causing this disease or whether or not it was occupationally induced.

If I can be of further help, kindly call on me.

Cordially,

[illegible]
[illegible]. Grantz, M. D.

rb

J. D. COATE, M. D.
RADIOLOGIST
2976 SUMMIT STREET
OAKLAND 9, CALIFORNIA
TELEPHONE TEMPLEBAR 6-4057

A-3460

February 8, 1964

Patient: Puetz, Henry Aet 56

Address: 1531 Marshall Street, Antioch

Physician: Mr. Holmes

CHEST

A single PA film of the chest shows the chronic bilateral fibrotic changes throughout the lower half of both lung fields, more marked on the right side, associated with moderate bilateral pericardial thickening. These changes have apparently been progressing over the past years since 1957. A comparison with all of these former films was made in this office on our examination of 3-27-62. From time to time, these comparisons should be made.

CONCLUSION:

...e fibrotic changes throughout both lower l... are marked on ... right side apparently due to occupational disea...

J. D. Coate, M. D.

J. D. COATE, M. D.
RADIOLOGIST
2976 SUMMIT STREET
OAKLAND, CALIFORNIA 94602
Telephone 836-4057

Name: Puetz, Henry Aet 59 # B- 5278 February 21, 1967

Address: Rt # 2- Box 101, Oakley

Physician: Asbestos Workers Survey

CHEST:

A single PA film of the chest again shows the extensive bilateral interstitial fibrosis generalized throughout both lung fields. The hilar shadows are also increased in density, somewhat more marked on the right side. No localized areas of parenchymal infiltration can be seen. The cardiovascular shadow is still normal in outline and the hemi-diaphragms are smooth and rounded. A comparison with previous films is necessary to determine the progress of the disease.

CONCLUSIONS:

Extensive bilateral interstitial fibrosis throughout both lung fields.

J. D. Coate M.D.

JDC:mc

J. D. COATE M.D.
[illegible]
[illegible]
ANTIOCH, CALIFORNIA 9[illegible]
Telephone 846-4957

Puetz, Henry Aet 58 # B- 1016 March 5, 1966

Address Rt # 2 - Box 101- D, Oakley, California

Subject Asbestos Workers Survey

CHEST:

A single PA film of the chest shows extensive bilateral interstitial fibrotic changes throughout both lung fields as previously observed, since examinations made annually from 4/15/61. The hilar shadows are also somewhat is normal.

CONCLUSIONS:

Extensive bilateral pulmonary fibrosis, probably occupational.

J. D. Coate M.D.

JDC:ag

[illegible]
[illegible]
[illegible]
[illegible]
Telephone 516 4057

Puetz Henry Aet 57 # A - 7121 February 13. 1965

1531 Marshall Street, Antioch

Asbestos Workers Survey

CHEST:

PA film of the chest again shows the rather extensive bilateral fibrotic changes throughout both lower lobes which have been observed on previous examinations at yearly intervals since 4/15/61. There has probably been no marked increase since the last examination on 2/8/64 but comparison with previous films is necessary to determine the progress of this involvement. The cardiac shadow is normal and the hemi-diaphragms are smooth and rounded.

CONCLUSIONS:

Bilateral chronic fibrotic changes in both lower lobes probably occupational.

J. D. Coate M.D.

JDC:ag

J. D. COATE M.D.
[illegible]
[illegible]
[illegible] CALIFORNIA [illegible]
Telephone [illegible] 3057

Puetz Henry Aet 56 # A- 3460 February 8, 1964

1431 Marshall Street, Antioch

Asbestos Workers Survey

PA CHEST:

A single PA film of the chest shows the chronic bilateral fibrotic changes throughout the lower half of both lung fields, more marked on the right side, associated with moderate bilateral peri-hilar thickening. These changes have apparently been progressing over the past years since 1957. A comparison with all of these former films was made in this office on our examination of 3/27/62. From time to time these comparisons should be made.

CONCLUSIONS:

Chronic fibrotic changes throughout both lower lobes, more marked on the right side apparently due to occupational disease.

J. D. Coate M.D.

JDC:mc

[illegible] COATE M D
RADI[illegible]
[illegible]
OAKLAND CALIFORNIA [illegible]
Telephone [illegible]

Puetz Mr Henry C Age 55 # A - 404 March 16, 1963

1531 Marshall St Antioch

Asbestos Workers Survey

PA CHEST:

Single PA film of the chest again shows the generalized fine fibrotic changes throughout the lower half of both lung fields, which have been reported on previous examinations. There has been no apparent increase since the examination made one year ago. The only areas showing any degree of emphysema are in the dependent portions of both lower lobes. The upper lobes of both lungs appear to be relatively normal in appearance. The hemi-diaphragms are smooth and rounded showing no evidence of any pleural adhesions.

CONCLUSIONS:

Chronic bilateral fibrotic changes, apparently pulmonary occupational disease.

J. D. Coate M.D.

JDC:ag

J. D. COATE, M. D.
RADIOLOGIST
[illegible] SUMMIT STREET
OAKLAND, CALIFORNIA 94611
Telephone 836-1057

Name: Puetz Mr Henry C Age 54 # 22832 March 27, 1962

Address: Rt 2 - Box 192, Oakley

Physician: Asbestos Workers Survey

PA CHEST:

A review of the recent film made on 2/17/1962 and compared with previous films made elsewhere in 1957 show a gradual increase in the degree of fibrotic changes in the peri-hilar areas and throughout the lower half of both lung fields. The film made in 1957 shows only a very minimal, however early changes. There has been no great increase in the degree of fibrosis as compared with the film made on 6/10/1961. However, I do feel that there is definitely a very gradual increase in the degree of interstitial fibrosis during the past five years. The inferior portions of both lower lobes appear to be somewhat more emphysematous as compared with the film made in 1959.

CONCLUSIONS:

The gradual increase in the bilateral fibrotic changes and the radiologic appearance of the process, strongly suggests that this is probably pulmonary occupational disease.

J. D. Coate M.D.

JDC:ag

J. D. COATE, M. D.
RADIOLOGIST
[illegible] MYRTLE STREET
OAKLAND, CALIFORNIA 946[illegible]
Telephone 536-4057

Puetz Henry C Aet 54 # 22832 February 17, 19[illegible].

Rt 2 Box 192, Oakland

Asbestos Workers Survey

PA CHEST:

Both lung fields show considerable granular thickening of the root shadows in both perihilar areas along with discrete milliary densities. These changes were noted on examination 4/15/61. A direct comparison with the previous films would be important to determine the progress of this disease.

CONCLUSIONS:

Pulmonary occupational disease probably asbestosis.

J. D. Coate M.D.

JDC:ag

J. D. COATE M.D.
RADIOLOGIST
[illegible]
OAKLAND, CALIFORNIA [illegible]
Telephone [illegible] 1057

Name: Puetz Mr Henry Age 54 # 21148 April 15, 1961

Address: Route Box 192, Oakley, Calif.

Physician: Mr Holmes (Asbestos Workers Survey)

PA CHEST:

PA film of the chest shows considerable bilateral increase in both hilar shadows with considerable generalized increase in the root shadows throughout both lower lobes. In some areas small discrete parenchymal densities can be seen. The heart shadow is within normal limits and the hemi-diaphragm are smooth and rounded.

CONCLUSIONS:

The findings are very suspicious for a possible early asbestosis.

J. D. Coate M.D.

JDC:ag

WORKERS' COMPENSATION APPEALS BOARD

STATE OF CALIFORNIA

HENRY C. PUETZ,

Applicant

vs.

C.F. BRAUN, et al, and AMERICAN MOTORISTS INSURANCE COMPANY, et al.

Defendant

CASE NO. 66 OAK 20668

C E R T I F I C A T I O N

I hereby certify that the attached documents are true and correct copies of the original documents filed in the record of this office in the above-entitled matter.

ATTEST my hand and the Seal of the Workers' Compensation Appeals Board of the State of California.

ALFRED C. WILLIAMS
Workers' Compensation Judge
Workers' Compensation Appeals Board

Dated at San Francisco, California, this 6 day of April, 1981

DIA WCAB Form 113 (NEW 1-78)

DEPARTMENT OF INDUSTRIAL RELATIONS
DIVISION OF INDUSTRIAL ACCIDENTS

WORKMEN'S COMPENSATION APPEALS BOARD

STATE OF CALIFORNIA

HENRY C. PUETZ, Applicant vs. C. F. BRAUN et al. and AMERICAN MOTORISTS INSURANCE COMPANY, et al., Defendants	CLAIM NO. 66 OAK 20568 FINDINGS AND AWARD

The above entitled matter having been regularly submitted before Richard A. Hickman, Referee, said referee makes his decision as follows:

FINDINGS OF FACT

1. Henry C. PUETZ, born April 25, 1907, while employed as asbestos worker within the State of California during the period beginning 1945 through November 29, 1967, sustained injury arising out of and occurring in the course of his employment, consisting of asbestosis.

2. Applicant was employed and injury was caused by exposure during periods of employment and insurance coverage as follows:

EMPLOYER:	YEAR:	INSURANCE CARRIER:
Cork Insulation Co., Inc.	1945	
Western Asbestos Co.	1946, 1947, 1954-1958, 1960-1962, 1964-1966,	State Compensation Ins
Marine Engineering &	1947	

1	Bay Cities Asbestos Co.,Ltd.	1948, 1949	Industrial Indemnity
2	J. T. Thorpe & Son	1948-1950	Pacific Employers Ins
3	Western Fibrous Glass Products Co.	1949	Industrial Indemnity
4	The Industrial Insulators	1949	
5	Johns Manville Sales Corp.	1949-1953) 1957	Travelers Insurance C
6			
7	Armstrong Cork Co.	1955	Travelers Insurance C
8	Mundet Cork Corp.	1962	Aetna Casualty & Sure
9	Thorpe Insulation Co.	1953	
10	Gay Engineering Corp.	1955	
11	Owens Corning Fiberglass Corp.	1955-1962,) 1964-1966	Aetna Casualty & Sure Co.
12			
13	Fluor Maintenance, Inc.	1955-1957	Continental Casualty
14	Coast Insulating Products	1956 1957	Argonaut Insurance Co Pacific Employers Ins
15	Harold G. Lorentzen, Lorentzen Co.	1956	Industrial Indemnity
16			
17	Owen E. Leinio San Jose Asbestos Co.	1957	
18	C. F. Braun	1958	American Motorists In
19	John Newkirk, Universal Insulation Co.	1960	
20	Armstrong Contracting & Supply Co.	1961, 1963	
21	Muldoon Co., Inc.	1961, 1962	Industrial Indemnity
22			
23	M. R. Carpenter,Inc.	1962	State Compensation In
24	Accurate Insulation Co.,Inc.	1962	State Compensation In
25	Hickman Bros., Inc.	1963	Pac.Employers Ins. Co

3. Applicant's earnings were maximum for both, tempo permanent disability indemnity.

4. The injury resulted in temporary total disability period November 30, 1967, to and including May 31, 1968.

5. The injury resulted in permanent disability of 64

6. Applicant is in need of further medical treatment or relieve from the effects of the injury.

7. Defendants failed to furnish medical treatment ne to cure or relieve from the effects of the injury subsequent 26, 1966, after notice of need, and applicant incurred expens therefor.

8. Applicant reasonably incurred medical-legal costs $295.50.

9. The reasonable value of the services of applicant attorneys is $1,500.00.

10. The Department of Employment paid UCD benefits at per week for the period December 2, 1967, through May 24, 196 currently with temporary disability found herein.

11. The claim is barred by the Statute of Limitations regard to temporary disability indemnity or medical expenses period commencing prior to July 26, 1965.

12. Defendants have not been prejudiced by lack of no the injury.

13. The injury has not been caused by the serious and misconduct of the employee.

Board upon filing of an appropriate request therefor, jurisd
such proceedings being hereby expressly reserved.

A W A R D

AWARD IS MADE in favor of HENRY C. PUETZ against STA
SATION INSURANCE FUND, PACIFIC EMPLOYERS INSURANCE COMPANY,
INDEMNITY COMPANY, INDUSTRIAL INDEMNITY EXCHANGE, EMPLOYERS
ASSURANCE CORPORATION, LTD., TRAVELERS INSURANCE COMPANY, A
CASUALTY & SURETY COMPANY, CONTINENTAL CASUALTY COMPANY, ARG
INSURANCE COMPANY, AMERICAN MOTORISTS INSURANCE COMPANY, HAR
ACCIDENT & INDEMNITY COMPANY, GREAT AMERICAN INSURANCE COMPA
INSULATION CO., INC., MARINE ENGINEERING & SUPPLY CO., GEORG
AND E. GUNDER, FIBREBOARD CORPORATION, THE INDUSTRIAL INSULA
THORPE INSULATION CO., GAY ENGINEERING CORPORATION, OWEN E.
SAN JOSE ASBESTOS CO., JOHN NEWKIRK, UNIVERSAL INSULATION CO
ARMSTRONG CONTRACTING AND SUPPLY CO., jointly and severally,
follows:

(a) Temporary disability indemnity at $70.00 per we
the period November 30, 1967, to and including May 31, 1968,
$1,840.00 to the Department of Employment in satisfaction of
for UCD benefits.

(b) Permanent disability indemnity at $52.50 per we
ginning June 8, 1968, and continuing for 256 weeks until the
of $13,440.00 shall have been paid; less $1,500.00 to Smith,
Paduck & Clancy as attorneys' fee.

(c) Further medical treatment to cure or relieve fr

Dr. Leon Lewis and $80.50 to 2435 Webster Street Laboratory.

(f) Interest as provided by law.

O R D E R S

IT IS ORDERED THAT State Compensation Insurance Fund be primarily responsible for the payment of compensation and costs for the furnishing of medical treatment, as hereinabove awarded subject to said defendant's right of contribution as provided in finding no. 14 above.

IT IS FURTHER ORDERED THAT Van Arsdale Harris Co. and The Budlong Corp. be, and they are hereby, dismissed as parties defendant herein.

Richard A. Hickman

RICHARD A. HICKMAN, Referee

hg
PUETZ
66 OAK 20668

SERVICE BY MAIL ON ALL PARTIES LISTED
ON OFFICIAL ADDRESS RECORD: SEP 8 1969

H. Gelfuso

INSTRUCTIONS

Do not use this form in death cases. Use Form 16. Do not use in third-party cases. Use 17.

If the injured employee be under 21 years of age and a guardian ad litem has not been previously appointed, a petition for appoint of guardian ad litem and trustee must accompany this agreement.

The guardian must sign this agreement on behalf of an injured employee who is under 21 years of age. If the minor is above the ag such minor should also sign this agreement.

Attach all medical reports not heretofore submitted to the Workmen's Compensation Appeals Board and advise when other reports we

WORKMEN'S COMPENSATION APPEALS BOARD
DIVISION OF INDUSTRIAL ACCIDENTS
DEPARTMENT OF INDUSTRIAL RELATIONS
STATE OF CALIFORNIA

COMPROMISE AND RELEASE

CASE NO. 66 OAK 2

SOCIAL SECURITY NO. 532-12-4188

(Mr.) ~~(Mrs.)(Miss)~~ HENCY C. PUETZ (APPLICANT) Rt. 2, Box 101-D, Oakley, Calif (ADDRESS)

vs.

C.F. BRAUN, et al (CORRECT NAME OF EMPLOYER) (ADDRESS)

AMERICAN MOTORISTS INSURANCE CO., etal (CORRECT NAME OF INSURANCE CARRIER) (ADDRESS)

The parties hereto, for the purpose of compromise only, hereby submit the following agreed statements of fact:

Henry C. Puetz, employee herein, born on 4/25/07

claims that he was employed on the 1945 to 1967 day of (MONTH) 19 (YEAR) at Various Places in Ca (CITY) (STATE)

as a asbestos worker (OCCUPATION) by Various Employers (NAME OF EMPLOYER) then insure

workmen's compensation liability by Various Insurance carriers (STATE NAME OF CARRIER OR WHETHER SELF-INSURED) a

he sustained an injury arising out of and in the course of his employment as follows: as evidenced by the medical reports on file with the WCAB.

The actual weekly wages of the employee at the time of injury were $ Maximum, while the average weekly wage $

3. The employee's present disability is in dispute (STATE PRESENT DISABILITY RESULTING FROM THE INJURY)

and the employee returned to work (IF SO, STATE WHEN)

4. (a) Temporary disability indemnity has been paid to the employee in the sum of $ None at $ pe beginning to and including. The amount due and unpaid to the employee is $

(b) Permanent disability indemnity has been paid to the employee in the sum of $ 1500.00 advanced covering period to

5. The parties hereby agree to settle any and all claims on account of said injury by the payment of the sum of $ 8280.00

7. Name and address of employee's attorney, if any Smith, Paduck, Clancy & WRIGHT 405-14th Street, Oakland, California

8. Said attorney requests a fee of $ 750.00 Amount of attorney fee previously paid, if any, $ None

9. Reason for Compromise The parties wish to compromise their dispute as to in AOE/COE, nature and extent of disability, need for future medical tr and statute of limitations.

10. The undersigned request that this Compromise Agreement and Release be approved.

11. Upon approval of this Compromise Agreement by the Workmen's Compensation Appeals Board or a Referee, and pa accordance with the provisions hereof, said employee releases and forever discharges said employer and insurance carrie claims and causes of action, whether now known or ascertained, or which may hereafter arise or develop as a result of sa including any and all liability of said employer and said insurance carrier and each of them to the dependents, heirs, representatives, administrators or assigns of said employee.

12. It is agreed by all parties hereto that the filing of this document is the filing of an application on behalf of the employee, the W.C.A.B. may in its discretion set the matter for hearing as a regular application, reserving to the parties the right issue any of the facts admitted herein, and that if hearing is held with this document used as an application the defend have available to them all defenses that were available as of the date of filing of this document, and that the W.C. thereafter either approve said Compromise Agreement and Release or disapprove the same and issue Findings and Aw hearing has been held and the matter regularly submitted for decision.

13. For the purpose of determining the lien claim filed herein for the unemployment compensation disability benefits which l paid under or pursuant to the California Unemployment Insurance Code, the parties propose the following division of the su upon for settlement and release of this case: SEE ADDENDUM

$_____ for temporary disability covering the period _____ to _____

$_____ for accrued medical expense paid or incurred by the employee.

$_____ for future medical care.

$_____ for permanent disability.

(The above segregation must be fair and reasonable and must be based on the real facts of the case. There should be no made to deprive the lien claimant of a reasonable recovery consistent with all the amounts involved.)

WITNESS *the signature hereof this* 21st *day of* November, 1969, at Oakland, C

Henry Craig Doss

APPLICANT

Mary D. Kittelsrud

Sharon V. Doss

WITNESSES

THE INJURED APPLICANT'S SIGNATURE MUST BE ATTESTED BY TWO DISINTERESTED PERSONS OR ACKNOWLEDGED BEFORE A NOTARY PUBLIC.

SMITH, PADUCK, CLANCY & WRIGHT

BY: O.W.C.

STATE OF CALIFORNIA } ss.

_____ County of _____ }

See attached for signatures and

ADDENDUM TO COMPROMISE & RELEASE AGREEMENT

HENRY C. PUETZ v. C. F. BRAUN, et al

66 OAK 20668

Carrier	Pro-Rated Amount	Signature
Employers Liability Assurance Corporation, Ltd.	$ 546.48	KIERNAN & MISCIAGNA By:
Industrial Indemnity Company	1,068.12	INDUSTRIAL INDEMNITY CO. By:
State Compensation Insurance Fund	2,045.16	STATE COMPENSATION INS. F By:
Pacific Employers Group	571.32	JOHN P. HERLIHY, ESQ. By:
Fibreboard Corporation	107.64	BROBECK, PHLEGER & HARRIS By:
Travelers Insurance Co.	794.88	HANNA & BROPHY By:
Aetna Casualty & Surety Co.	2,541.96	SEDGWICK, DETERT, MORAN&AR By:
Continental Casualty Company	82.80	CONTINENTAL CASUALTY CO. By:
Argonaut Insurance Co.	66.24	HANNA & BROPHY By:
American Motorists Insurance Co.	124.20	HANNA & BROPHY By:
Hartford Accident & Indemnity Co.	264.96	SEDGWICK, DETERT, MORAN&ARN By:
Great American Insurance Co.	66.24	HANNA & BROPHY

CLAIM NO. 66 OAK 20668

HENRY C. P U E T Z

REFEREE: Richard A. Hickman

Dictated: October 2, 1969

C. F. BRAUN et al. and AME MOTORISTS INSURANCE COMPAN

INJURY: from 1945 through November 29, 1967

REPORT AND RECOMMENDATION OF REFEREE ON PETITIONS FOR RECONSIDERATION

I

INTRODUCTION

Asbestos worker, born April 25, 1907, alleges injury to his l consisting of asbestosis as the result of harmful exposure durin various employments in California during the period 1945 through 1967.

In the Findings and Award, issued on September 8, 1969, it wa found that applicant has sustained compensable injury consisting asbestosis during various employments by various employers durin the period 1945 to and including November 29, 1967. Compensation awarded for temporary total disability beginning November 30, 19 through May 31, 1968, and for permanent disability of 64 %. It wa also found that the claim was barred by the Statute of Limitatio only with regard to temporary disability and medical treatment f any period of disability beginning prior to July 26, 1965. It wa further found that the injury was not caused by the serious and wilful misconduct of the employee.

Timely Petitions for Reconsideration have been filed on behal of various defendants contending primarily that applicant is not entitled to an award for compensation benefits because the claim barred by the Statute of Limitations, and that the amount of any

contended on behalf of Aetna Casualty and Surety Company and Mundet Cork that Mundet Cork should have been dismissed because applicant's employment by said employer was outside of California.

II

DISCUSSION

Statute of Limitations

Applicant testified that he first began to experience lung proble including shortness of breath, in about 1961, that he was hospitaliz many times for this problem thereafter, that he was treated by Dr. Crantz and had periodic chest x-rays by Dr. Coate. Applicant further testified that he first quit a job because he could not perform the climbing work involved because of shortness of breath in 1965 when he was working for Plant Asbestos. The social security records, however, indicate that applicant did not work for Plant Asbestos in 196 and that he last worked for said employer in 1964. In his Deposition applicant testified (page 9) that Dr. Crantz told him in about 1962 to get out of the business and that it was harmful to his health. He further testified (page 10) that he lost an average of two months of work per year and that Dr. Crantz told him four or five times that he should get out of that type of work. Applicant further testi fied (pages 12 and 13) that he was examined at U.C. in 1964, that a report of the examination was sent to Dr. Crantz who told applicant it indicated what Dr. Crantz already knew, that applicant had emphysema or asbestosis of the lungs. The application herein was fil on July 26, 1966. It was concluded that applicant had suffered disability as a result of asbestosis more than a year prior to July 26,

and certainly by 1964. It would seem clear, however, that applica should have an enforceable cause of action for an industrial injur occurring within one year of the date on which the application was filed. There does not appear to be any reason why applicant's cla should be barred to the extent that it is based upon any period of exposure during employment subsequent to July 26, 1965. Applicant' claim alleges an injury which is cumulative in nature. The medical evidence, including the report of Dr. Horton C. Hinshaw, Jr., date October 8, 1968, (exhibit D-1), filed on behalf of State Compensati Insurance Fund, indicates that applicant's asbestosis and present disability is attributable to applicant's continuing harmful expos subsequent to July 26, 1965, as well as to exposure during various periods of employment prior to said date. On the basis of the prin ciples set forth in the decisions in Miller vs. WCAB, 33 CCC 68, an Burris vs. Southern California Rapid Transit District, et al., 33 C 419, applicant's claim for permanent disability and for the tempora disability found herein should not be barred by the Statute of Limi tations. Although the cited cases did not involve an occupational disease, the theories are equally applicable to an occupational dis ease case which by its nature is a cumulative injury. Under the pr visions of Labor Code Section 5412, not one, but numerous dates of injury might be found on the basis of the history of applicant's various employments and recurrent periods of disability. The Statut of Limitations should not be a bar to applicant's recovery for dis- ability which has resulted from the cumulative effects of his vario periods of exposure.

Serious and wilful misconduct of employee

of continuing to work as an asbestos worker after being advised b physician that such employment would be harmful to him. Applicant fied that he has worn a respirator whenever he worked with asbest in California. There is no indication that applicant performed his any different than any other employee or in a manner not anticipat by his various employers. It is apparent that applicant knows no t other than insulation work and that to give up his trade would be face starvation or, at best, becoming a Welfare case. Applicant's duct in this situation does not constitute serious and wilful mis conduct.

Form of award

State Compensation Insurance Fund protests the form of the awar in that said defendant is required to pay the benefits awarded and seek reimbursement in subsequent proceedings. This is the proper cedure in cases involving cumulative injury with multiple defendant as set forth in the decision in Burris vs. Southern California Rap Transit District, et al., 33 CCC 419.

Dismissal of Mundet Cork

Defendants, Aetna Casualty & Surety Company and Mundet Cork, con that Mundet Cork should have been dismissed since applicant testifi that his work for Mundet Cork "was back East" and that "he was hire East for that job." Applicant's testimony indicates that he first c California in 1945, but went back East in 1948 for 2 years. He retu to California in 1950 for 2 years and then went back East again unt 1954, when he again returned to California. The social security re indicates that applicant was employed by Mundet Cork in the fourth of 1953, and also in the second quarter of 1962.

employment by Mundet Cork was found to be only in 1962.

RECOMMENDATION:

Deny defendants' Petitions for Reconsideration.

RICHARD A. HICKMAN, Referee

hg

66 Oak 20668
PUETZ

SERVICE BY MAIL ON: OCT 2 1968

Smith, Parrish, Paduck & Clancy, 315 Financial Center Bldg., Oakla
Hanna & Brophy, 1540 San Pablo Ave., Oakland, Calif. 94612
(for Argonaut Insurance Company
Travelers Insurance Company
American Motorists Insurance Company
Great American Insurance Company)
Kiernan, Misciagna & Golman, 142 Sansome St., San Francisco, CA 94104
(for Employers Liability Assurance Corporation, Ltd.)
Sedgwick, Detert, Moran & Arnold, 111 Pine St., San Francisco, CA 94
(for Hartford Accident & Indemnity Company
Aetna Casualty & Surety Company)
John P. Herlihy, 244 Pine St., San Francisco, Calif. 94104
(for Pacific Employers Insurance Company)
Fermin J. Ramos, 220 Bush St., Suite 700, San Francisco, CA 94104
(for Industrial Indemnity Company
Industrial Indemnity Exchange)
Brobeck, Phleger & Harrison, 111 Sutter St., San Francisco, CA 9410
(for Fibreboard Corporation)
State Compensation Insurance Fund, P. O. Box 1010, Oakland, CA 9460
Department of Employment, P. O. Box 1857, Oakland, Calif.
(Soc.Sec. No. 532 - 12 - 4188)

BEFORE THE WORKMEN'S COMPENSATION APPEARS BOARD OF
THE STATE OF CALIFORNIA

HENRY C. PUETZ, Applicant, vs. C. F. BRAUN, et al., Defendants.	Claim No. 66 OAK 20668

PETITION FOR RECONSIDERATION

Defendant Fibreboard Corporation herewith petitions for reconsideration with respect to the Findings and Award served September 8, 1969 upon the following grounds:

1. That the Board acted without or in excess of its powers;

2. That the evidence does not justify the findings of fact;

3. That the findings of fact do not support the order, decision or award; and

4. That the order, decision and award are not supported by substantial evidence based upon the entire record.

early as 1962, lost time from work because of it, claimed that it was apparently related to his work and consulted his present counsel in that year, although an application for benefits was not filed until 1966.

In support of defendant's position that the case is clearly barred by the statute of limitations, defendant adopts and incorporates herein as Exhibit A the Memorandum of Points and Authorities submitted by counsel for Hartford Accident & Indemnity Company and Aetna Casualty & Surety Company, dated December 9, 1968.

Defendant further submits that in any event any finding for the applicant should have been decreased by 50% because of the employee's serious and wilful misconduct in continuing in employment in conditions injurious to his respiratory system, although advised by his physician that this type of work was harmful. With respect to this facet of the case, defendant adopts and incorporates herein as Exhibit B the Points and Authorities Regarding The Serious and Wilful Misconduct of the Employee submitted by counsel for State Compensation Insurance Fund, dated December 6, 1968.

Defendant submits that no defense of the statute of limitations could be more valid than in this case where the applicant supplied his attorney years before the filing of the application and after he had lost time from work because of the injury, with a medical report with his

and therefore this stale complaint is clearly barred by the statute of limitations.

WHEREFORE, defendant prays that reconsideration be granted and without further proceedings, an order issue directing that applicant take nothing.

Dated: September 16, 1969.

Respectfully submitted,

Brobeck, Phleger & Harrison

Attorneys for Defendant.

VERIFICATION

I am one of the attorneys for the defendant named in the foregoing Petition For Reconsideration and make this verification on behalf of the defendant for the reason that the facts stated therein are within my knowledge. I have read the said Petition For Reconsideration and know the contents thereof and the same is true of my own knowledge, except as to the matters which are therein stated on information and belief and as to those matters I believe it to be true.

I certify under penalty of perjury that the foregoing is true and correct.

Executed at San Francisco, California, this 16th day of September, 1969.

Rinaldo Sciaroni, Jr.

SEDGWICK, DETERT, MORAN & ARNOLD
Attorneys at Law
111 Pine Street, Eleventh Floor
San Francisco, California 94111
Telephone: 982-0303

Attorneys for Defendants

BEFORE THE WORKMEN'S COMPENSATION APPEALS BOARD

OF THE STATE OF CALIFORNIA

HENRY C. PUETZ, Applicant, -vs- PHILIP CAREY MFG., CO., et al., Defendants.	WCAB Case No. 66 OAK 20563 MEMORANDUM OF POINTS AND AUTHORITIES

Applicant, by his application filed herein on July 26, 1966, alleges lung disability as a result of his em ment for the period 1945 through 1957.

The evidence on file herein clearly shows that applicant was disabled and had knowledge of the reason for h disability at least one year prior to the filing of his appl Therefore, applicant's claim is clearly barred by the Statut Limitations.

POINTS AND AUTHORITIES

Labor Code §5412

> The date of injury in cases of occupational disease is that date upon which the employee first suffered disability therefrom and either knew, or in the exercise of reasonable diligence should have known, that said disability was caused by his present or prior employment.

It is a well settled princial that injury in occupational disease cases is when the accumulated effects deleterious substance manifest themselves, and this would b when the employee becomes disabled and entitled to compensa that is when under the well-established meaning of the term "disability" as used in compensation law, there is a combin of partial or total physical incapacity and inability to wo Associated Indemnity Corporation vs. Industrial Accident C 124 CA 378.

"The Statute of Limitations commences to run the employee suffers work disability and knows or in the exercise of reasonable diligance should know, that he is suffering from a disease or injury caused by the employment Argonaut Insurance Company vs. Industrial Accident Commissi 28 CCC 175.

ARGUMENT

Dr. Crantz's records indicate that applicant

began six days ago and developed productive profuse cough wi a whole cup of sputum this morning which he describes as mi On May 14, 1962, the doctor reports, "There are still rails the base bilaterally: and coughing less; some pain in the lo anerior chest wall due to coughing."

On May 21, 1962, the doctor notes, "much impr still rails in the right base, will keep off work until June

The above entries clearly show that the appli was off work because of his lung disability as early as May 1962. On February 2, 1963, Dr. Dowell in these same records states that "he is to see the consultant in Oakland soon abo his chest for his attorney, I told him it would be a good id to get his films and he could use our EKG if he desires." Therefore, by these records, it is clear that in 1963 the ap cant had knowledge that his disability was related to his employment, and he in fact was to see his attorney about his chest condition.

The fact that applicant had knowledge that hi disability was related to his employment is further evidence by Dr. Cote's report dated February 17, 1962. Said report h been made a part of applicant's deposition, which is on file the Commission and concludes:

> "Pulmonary occupational disease, probably asbestosis."

Applicant explains the note on the bottom of

There is no question but that applicant had report in his possession and, in fact, wrote on the bottom that report a note to his attorney, Joe Smith. The report applicant's note thereon indicates that applicant had know that his disability was related to his employment back in 1 which was some four years prior to the filing of the applic herein.

Further evidence of applicant's knowledge of disability being related to his employment is on Page Six, lines 1 through 15 of his deposition where he indicates tha has had knowledge of his condition being related to his employment for some period of time and, furthermore, he sta that he has been hospitalized perhaps eight or nine times because of his lung condition. On page 7, lines 5 through the applicant again indicates that he has had x-rays for hi lung condition since 1957 and, in fact, the x-rays were pai for through a union arrangement. Applicant acknowledges receiving copies of these x-ray reports from Dr. Cote whic on file with the commission. On Page 9, lines 9 through 1 his deposition, applicant further discusses his knowledge o his lung condition being related to his employment and stat that as early as 1962 Dr. Crantz told him to get out of the business.

On Page 9, lines 22 through page 10, line 4,

work? A. Some, I don't know how much. Not too much. Q. Was there some work you couldn't do because of shortness of breath? A. Well, I've got so I can't hardly work now. They fire me every time I get a job. I can't do anything. Q. Have there been any jobs that you have actually had to quit because you haven't been able to do it? A. Yes, going up in the air and that, we do a lot of work in the air. I can't climb. Q. When did you first have to actually quit a job because you felt you couldn't do it? A. Way back in 1965. I'd say back in 1965. Q. Who were you working for then? A. Western Asbestos. Q. And what was the nature of the work that you couldn't do? A. It was on the towers at Standard Oil. Q. And why couldn't you do the job? A. Because I couldn't climb. That was Plant Asbestos instead of Western."

The Social Security records on file herein in that actually applicant was employed by Plant Asbestos durin the quarter ending December 3, 1964, and as the application filed July 26, 1966, clearly this disability predated the filing of the application by more than one year.

CONCLUSION

It is submitted that the medical records and applicant's deposition indicate that he has had periods of disability from time to time since 1962 which is approximate four years prior to the filing of his application. The reco is clear that applicant has been aware that his lung problem were caused by his employment as an asbestos worker. As

Labor Code sections cited above applicant's claim is barred b
the Statute of Limitations.

Respectfully submitted,

HARTFORD ACCIDENT & INDEMNITY CO
AETNA CASUALTY & SURETY COMPANY,
By Their Attorneys,
SEDGWICK, DETERT, MORAN & ARNOLD

BY /s/ William R. Thomas
William R. Thomas

DATED: DECEMBER 9, 1968.

PARTIES SERVED:

HARTFORD ACCIDENT & INDEMNITY COMPANY, Oakland

AETNA CASUALTY & SURETY COMPANY, Oakland

SMITH, PARRISH, PADUCK & CLANCY, Attorneys at Law, Oakland

PACIFIC EMPLOYERS INSURANCE COMPANY, San Francisco,
ATTN: NORMAN HAYS

CONTINENTAL CASUALTY, San Francisco
ATTN: JOHN WILKES

BROBECK, PHLEGER & HARRISON, Attorneys at Law, San Francisco
ATTN: RINALDO SCIARONI, JR.

STATE COMPENSATION INSURANCE FUND, Oakland

KIERNAN & MISCIAGNA, Attorneys at Law, San Francisco

HANNA & BROPHY, Attorneys at Law, Oakland
ATTN: JAMES McMILLAN

ALEXANDER KEENAN, Attorney at Law, San Francisco

BEFORE THE WORKMEN'S COMPENSATION APPEALS BOARD

OF THE STATE OF CALIFORNIA

CLAIM 66 OAK 20668

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SEP 17 1969

FILED

Division of Industrial Accidents
OAKLAND OFFICE

HENRY C. PUETZ,

Applicant,

vs.

INSULATORS & ASBESTOS INDUSTRY OF CALIFORNIA, LOCAL 16 and STATE COMPENSATION INSURANCE FUND,

Defendants.

POINTS AND AUTHORITIES REGARDING THE SERIOUS AND WILFUL MISCONDUCT OF THE EMPLOYEE.

Section 4551 of the Labor Code of the State of California sets out as follows:

> "When injury is caused by the serious and wilful of the injured employee, the compensation otherwise recoverable therefore shall be reduced one half, except (none of the exceptions here apply)....."

The evidence in this case shows, through the deposition of the applicant, Henry C. Puetz dated November 8, 1968, the following:

On Page 9, line 9:

Q. When you were originally treated by Dr. Krantz you ever have any discussion with him about your difficulty?

A. You mean my lungs?

Q. Right.

A. Yes, he told me to get out of the business. He said its harmful to my health.

Q. Did you make any attempt to try and get out of

line 15 through 20).

ARGUMENT

The serious and wilful misconduct of an employee ex
of: (1) knowledge of the risk and/or danger and (2) that th
danger and/or serious and wilful misconduct must be the
approximate cause of his injury and or his condition. (Hann
Frazier Co. vs. I.A.C., 13 Cal Comp Cases 3, 40 Cal 2nd 102)

As indicated in the deposition, Mr. Pucts had full
knowledge of his condition and what effect continued exposu
to asbestos might have. Dr. Krentz informed him that to ge
out of the asbestos business as it was harmful to his healt
But, the applicant refused to leave such business and chose
continue to expose himself to asbestos.

The medical reports on file herein show that this
continuous and deliberate exposure was the proximate cause
the present condition of the applicant.

Applicant's knowledge of his condition plus his
willingness to accept the consequences of continuing in the
employment after being warned not to do so by the medical e
shows applicant's disregard for his own health and/or safet
This is serious and wilful misconduct on his part.
(E. Clemens Horst Company vs. I.A.C., 7 I.A.C. 180, 184 Cal

Respectfully submitted,

H. V. [illegible]
Attorney for Defendants

c - Henry G. Sanford, Esq., 714 Hobart Bldg., San Francisco, Calif.
c - S. Norman Hays, Esq., 244 Pine Street, San Francisco, Cal
c - Sedgwick, Detert, Moran & Arnold, Attorneys at Law, 111 P Street, San Francisco, California
c - Kiernan & Misciagna, Attorneys at Law, 142 Sansome St., San Francisco, Calif.
c - Hanna & Brophy, Attorneys at Law, 1540 San Pablo, Oakland Calif.
c - Robert C. Taylor, Esq., 233 Sansome Street, San Francisco Calif.
c - J. Patrick Goodwin, Esq., 41 Sutter Street, San Francisco Calif.
c - William R. Thomas, Esq., 220 Bush Street, San Francisco, Calif.
c - Brobeck, Phleger & Harrison, Attorneys at Law, 111 Sutter Street, San Francisco, California.

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DEPARTMENT OF INDUSTRIAL RELATIONS
DIVISION OF INDUSTRIAL ACCIDENTS

FEB 26 19

WORKMEN'S COMPENSATION APPEALS BOARD

STATE OF CALIFORNIA

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ANSWER of THE EMPLOYERS' LIABILITY ASSURANCE CORP

HENRY C. PUETZ (INJURED EMPLOYEE)

Case No. 66 OAK 20668

Route 2, Box 101-D Oakley, Calif.

Date of alleged injury: 1945 through

vs.

PLANT ASBESTOS COMPANY (CORRECT NAME OF EMPLOYER)

1300 64th St., Emeryville, Calif (EMPLOYER'S ADDRESS)

THE EMPLOYERS LIABILITY ASSURANCE CORP. LTD. (CORRECT NAME OF INSURANCE CARRIER)

235 Montgomery St., San Francisc Californ (INSURANCE CARRIER'S ADDRESS)

(CERTIFICATE NUMBER IF SELF-INSURED)

ANSWERING DEFENDANTS deny the allegations of the Application as indicated below with such explanations as expressly set forth and admit all other material allegations.

DENIALS (MARK X IF ALLEGATION IS DENIED)		EXPLAIN BELOW
X	Employment	
X	Occupation	
X	Injury	(IF DENIAL IS BASED ON DATE OR PART OF BODY INJURED, EXPLAIN FULLY)
X	Insurance coverage	Admitted for Plant Asbestos Co., during years 1963 (CHECK IF EMPLOYER HAS BEEN NOTIFIED TO APPEAR AND DEFEND) 196
X	Liability for self procured treatment	
X	Liability for future medical treatment	
X	Medical-legal costs	
X	Earnings	
X	Periods of disability	(GIVE LAST DAY WORKED AND CORRECT DATE OF RETURN TO WORK)
X	Permanent disability	~~Apportionment~~ (IF APPORTIONMENT IS CLAIMED, SO STATE)

IT IS FURTHER ALLEGED:

1. Defendants have paid disability indemnity in the total amount of $ None at the rate of $_____ a week beginning_____ through_____ plus_____

2. Affirmative defenses and other matters: 1. Statute of Limitations
2. Lack of Notice