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DIPLOMATE AMERICAN BOARD OF INTERNAL MEDICINE
CHEST DISEASES

June 30, 1992

FREEMAN & BASS ESQ.
24 COMMERCE ST.
NEWARK, NJ 07102-9838

REDACTED

Re: ____ Age 63
File No. 39678 C

Gentlemen:

At your request Mr. was re-examined in my office on March 13, 1992. He was examined before on October 25, 1985 and a report was sent to you dated December 30, 1985. He was seen again on February 2, 1990 and a report was sent to you dated March 13, 1990. Since that time he has continued to work for Sherwin Williams Paint Company and has had continued exposure to various dusts, fumes, chemicals and carcinogens in the workplace. He has not yet received an award after his first 2 examinations. has had a 30 year exposure to asbestos in his work, as well as a considerable exposure to chemicals and pigments in the plant over the 43 years of his employment. He ingested these as well as inhaled the dusts and developed difficulty breathing as well as an ulcer. He had surgery for his ulcers twice in the past. The complaints include cough, shortness of breath, difficulty breathing and chest pain; irritation of the eyes, nose and throat; pain in the back, legs and neck; ulcers and anemia; the patient is worried about these conditions.

He has a cough which is worse in the morning and produces yellow sputum. He has chest pain, tightness, congestion, pressure and wheezing. He uses 1 pillow to ease his breathing. He is short of breath walking ½ to 1 block, climbing stairs, lifting and carrying. He gets dizzy when he bends. He has arthritis in his shoulders and neck. He still has symptoms from his ulcers. He has an anemia and says he can't get his hemoglobin above 9.5 gm. He has had many outpatient tests in the past several years including upper and lower GI series and 3 colonoscopies to try to determine a bleeding source but none was found. He has heme-positive stools in the recent past. He had gastric surgery twice in the past. He had surgery to his left foot in the past. He does not smoke and drinks only an occasional beer. He is on Iberet folic, Zantac, Lozol and Tagamet.

PHYSICAL EXAMINATION
Appearance: he is average in height and weight. He is very pale and appears chronically ill. He walks with a stooped gait

Height 68 inches	Weight 182 pounds	Resp.16
Pulse 60	B.P. 120/70	

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Head and neck: the neck is supple; there is no adenopathy
Eyes: pupils are equal and reactive
ENT: upper and lower dentures in place
Chest and lungs: there is a marked increase in anterior/posterior diameter of the chest; no rales or rhonchi
Cardiac: there is a faint grade I soft systolic murmur at the apex; an S4 sound is heard
Skin: sallow, pale, anemic in appearance; the conjunctivae and pharyngeal mucosa are pale
Abdomen: there is diffuse tenderness in the lower quadrants; surgical scars are noted, 2 upper and left inguinal areas
Extremities: minimal digital clubbing, no edema

Chest x-ray: the heart is normal size with some straightening of the left ventricular border. The left hemidiaphragm is slightly elevated. The remaining mediastinal structures are normal. Pulmonary markings are prominent bilaterally with a diffuse fibrotic reticular pattern in both lungs. There are minimal emphysematous changes with a paucity of markings in the left upper lobe. The skeletal structures appear normal.

CONCLUSIONS:
Based upon the history and the findings, it is my opinion that now has a chronic industrial bronchitis with restrictive and obstructive airways disease for which I would estimate a disability of 65% of total. Based upon the history it is my opinion that this pulmonary condition is a result of the dirt, dusts, fumes and irritants as well as asbestos in his work at Sherwin Williams Paint Company. He now has severe pulmonary fibrosis, from the history a probable pulmonary asbestosis. Exposure to asbestos poses a threat to future health due to the known carcinogenic effects. The patient should have yearly chest x-rays to monitor this possibility.

Based upon the history and the findings, it is my opinion that Mr. has peptic ulcer disease, post-gastric resection, under treatment, for which I would estimate a disability of 40% of total. Based upon the history it is my opinion that this gastro-intestinal condition developed and progressed as a result of the physical and emotional stress and strain in his work.

He appears to have a chronic anemia and it is noteworthy that he was exposed not only to asbestos but also to benzene-like chemicals as well as other organic chemicals in his work. There is a possibility of an occult cancer to account for this anemia which has not yet been manifested. Considering the occupational history, this anemia should be counted as part of his occupational injuries.

It is my opinion that has a serious medical condition and that a Deposition should be taken in order to preserve the testimony.

Sincerely yours,

Sidney E. Friedman, MD

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SEF:jb