HAROLD G. REINEKE, M.D.
CINCINNATI, OHIO

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Dr. Robert A. Kehoe, Director,
Kettering Laboratory of Applied Physiology,
College of Medicine,
Cincinnati, Ohio.

Dear doctor Kehoe:-

I have very carefully studied the twenty seven sets of stereoscopic chest films which you submitted for my consideration.

In a general way, there seems to be nothing definite in any one of the cases as regards an occupational disease. It has been interesting to note that a large percentage of these men have many very small punctate calcifications in the mesial lung fields. These minute lesions are more numerous in this group of men than one ordinarily sees in a similar number of adult chest films. However, there being a small group who have none of these calcifications to speak of, one must wonder whether or not this finding is of significance. I do not see how one can be sure of this until a considerable time interval has elapsed and another series of films made on the same group of men. The group who are notably free from these small [redacted] consists of [redacted] and [redacted]. Those who have just a very few of these calcifications are [redacted]. The rest have these deposits in such numbers as to be noticeable when one studies the group as a whole although in none of these films is the finding very pronounced or thought to be of any particular moment.

Old tuberculous lesions are seen in the chests of [redacted] and [redacted] The latter also has very definite emphysema. [redacted] has very heavy vertebral trunks bilaterally with calcifications along their course. These findings suggest an old minimal tuberculosis which is now apparently well healed.

As a general rule in all of these chests, the hilum markings are increased in number and density and there is also rather consistent increase in the broncho-vascular markings in the central dependent lung fields. What connection this may have with the work of these men is questionable, since the same findings are present in persons with nasal accessory sinus disease as well as in

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persons breathing smoke-laden and dust-laden air over long periods of time.

I do not believe that there is evidence of bronchiectasis in any of these men.

The entire group of men is singularly free from pleural thickening, only two or three presenting even slight thickening of an interlobar septum.

The reports of Drs. [redacted] and Furst which accompany the films have been carefully read in connection with the perusal of each set of films. While we may differ in our views on some of the lesser details in some of these cases, I concur in their conclusions which are that nothing has been found which can be attributed to the industrial factors involved. The small punctate calcium deposits will have to be watched before any importance can be attached to them.

Very respectfully,

H. G. Reineke