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HAROLD GUYON TRIMBLE, M D
J LLOYD EATON, M D
GERALD L CRENSHAW, M.D
JAMES KIERAN, M D
ROBERT B STONE, M D.
WM B LEFTWICH, M D.
2930 SUMMIT STREET
OAKLAND 9 CALIFORNIA

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Cohen
1-7-88

April 19, 1957

Fibreboard Paper Products Corp.
475 Brannan Street
San Francisco 19, California

Re: Mr. John C. Peretti

Attention: Mr. D. Hanson
Manager
Employee Insurance Department

Gentlemen:

This man was examined in our office on April 8, 1957, and subsequently.

I reviewed with him his personal history, his occupational history, did a general physical examination, including fluoroscopic x-ray, x-ray films of his chest, electrocardiograms, pulmonary ventilatory function tests, and certain other laboratory tests hereinafter detailed.

I also reviewed:

1) Copy of report dated December 20, 1956, unsigned, presumably a copy of a record of Dr. R. P. Adams, of San Lorenzo, California.
2) Photostatic copy of report dated March 25, 1957, signed by A. D. Bicunas, M.D., of Hayward, California.

I subsequently reviewed a letter dated April 12, 1957, signed by A. D. Bicunas, M.D., regarding the pathological findings of a lung biopsy performed on March 7, 1957.

I also reviewed certain minifilms obtained from the Alameda County Tuberculosis and Health Association, and subsequently returned to them, as follows:

10- 6-52	#629
11- 6-53	#488
12-29-54	#825

The following chest x-ray films were also reviewed:

12-20-56	#318	R. Paul Adams, M.D.	(1 film)
1-10-57	#321	R. Paul Adams, M.D.	(2 films)
2- 9-57	#327	R. Paul Adams, M.D.	(1 film)
2-11-57	#327	R. Paul Adams, M.D.	(2 films)
4- 4-57	#338	R. Paul Adams, M.D.	(1 film)
4- 8-57		Our Office	(3 films)

EXHIBIT 1
WITNESS Hanson
9-20-84
MARY A. CANNON, C.S.R.

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At examination on April 8, 1957, the patient's complaints were shortness of breath on exertion, some cough at night, he raises a little sputum, and has some postnasal discharge.

His occupational history is as follows:

1915-1919	Born January 6, 1915, in Italy, near Venice.
1919-1934	Lived on the East Coast of the United States, Pennsylvania. Came to this country at the age of 5 years.
1934-1957	Has lived on the West Coast of the United States, California.
1934-1935	First worked in Oakland, California, in furniture factory, about 7 months.
1935	Worked with wood - three to four weeks in foundry as coreboy.
March 1935	Redwood City, California. Worked in salt ponds, harvesting salt, for Stauffer & Co., under jurisdiction of Plant Rubber Company (Pabco), now Fibreboard Company.
1935-1941	In Fall of 1935 started working inside of Pabco Plant, around milling machines, trimming and feeding into machines pipe coverings of asbestos. Then worked in mold room.
1941-1957	Transferred to Emeryville Plant of Pabco. Was mold filler for 6 months; then filter operator for 4 years, assembling ingredients: magnesium hydroxide, and asbestos fibers from Africa and Canada. Has been Foreman in same plant from 1945 to present time.

His past history is rather uneventful. He had tonsillitis at the age of 10 to 13 years, with draining ears, occasional attacks. In 1943 he had a piece of fiber in his right eye ball. This was removed by Doctor Cooper in Palo Alto, who told him he had some nasal difficulties (probably polyps) but they were never treated.

He states that for the last four years he has had some trouble sleeping at nights - he wakes up and coughs and spits up some thick yellow mucus. He also gets some material from his nose. He has had a morning cough for many years, maybe fifteen, but he noticed no shortness of breath then.

In October, 1955, he went deer hunting for the first time and then noticed he was shorter of breath than the other men, and after this exertion he coughed more. He was hunting at an altitude of 6000 to 7000 feet. Following this, he had some additional coughing, but noticed no shortness of breath. Then in October, 1956, he went deer hunting again. He had much more shortness of breath than the year before, although he was in the same area (Lassen and Shasta Counties). He had more cough and more sputum, and this persisted when he came home. He therefore reported to the plant nurse and doctor about November 1, 1956. The nurse gave him some tablets for his cough. Doctor Adamson, at the Oakland Fibreboard Plant, referred the patient to his own family doctor privately without examination or advice.

About December 20, 1956, he saw Dr. R. Paul Adams in San Lorenzo, and about January 17, 1957, he saw Dr. A. D. Bicumas, Hayward, California, for the purpose of having a lung biopsy. About this time, he saw Doctor Stephens in Oakland for a single visit, for pulmonary function tests. The results of these tests are

not known to me.

He has had no previous chest x-rays, except those taken on the minifilm surveys as noted above. These minifilms have been read as negative. The patient was hospitalized at the Eden Hospital by Doctor Bicunas for exploratory thoracotomy on March 7, 1957. Material was obtained for a lung biopsy. A report from Doctor Bicunas, on April 12, 1957, states that the lung biopsy done on March 7, 1957 revealed asbestosis of the lung.

General physical examination, done on April 8, 1957, showed a well developed, well nourished man in no distress. His nose shows evidence of chronic irritation, with some postnasal drip and enlargement of the turbinate. His teeth are all gone - they were removed in 1955 because of pyorrhea, not for any systemic disease. There is a scar on his left lower chest from the recent thoracotomy. Heart is normal in size, shape, and position. Blood pressure 128/82. Electrocardiogram tracings are within normal limits. His fingers show definite clubbing. Reflexes are normal. Abdomen is negative.

Chest fluoroscopic x-ray shows increase in the basal markings and thickening of the pleura at the left base, following his recent surgery. Movement of the diaphragms is within normal limits, except some limitation on the left.

Pulmonary ventilatory function tests show decrease in the pulmonary volumes, and some decrease in ability to use them; with no expiratory resistance.

While the minifilms taken of his chest on October 6, 1952, November 6, 1953, and December 29, 1954 were read by the survey readers as negative, in fact they are not. These films having been read separately and as survey films could have been considered within normal limits, but actually when the three films are put together they show a definite and continued increase of the basal markings, as noted. The film of November 6, 1953 is not of good quality, but it does show an increase over 1952, and the film taken in 1954 shows a very definite and increasing radiopacity, more marked at the left base.

Chest x-ray films from December 20, 1956 to April 8, 1957 show: the bones are normal; the heart and arch are essentially negative; the diaphragms are essentially negative; but there is increase in the basal markings on both sides, a little more marked on the left; there is some general increase in the normal markings throughout both lungs. There was increase in these markings on January 10, 1957, more marked on the left, with clearing by February 11, 1957. On April 8, 1957, there was increased thickening of the pleura at the left base, following his lung biopsy.

On this information, I would suggest that it might be well to have the section of the lung removed at biopsy studied by another pathologist to confirm the diagnosis of asbestosis. I have not received the detailed report of that examination, only the diagnosis, and the sections themselves have not been available to me. The other findings on physical examination and by x-ray, however, are in accord with such a diagnosis.

Laboratory tests of April 8, 1957 show:

Urinalysis: Albumin - negative. Sugar - negative.
Occasional WBC per high dry field.

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Blood count:	Hb.	16.8 gm. (108%)	Neutro	86%
	WBC	7,900	Mono	9%
	RBC	4,680,000	Eosin	5%

Sedimentation: 24 mm. in one hour (Cutler).

Intradermal tuberculin test with 0.1 mg. OT: Positive in 48 hours.

Coccidioidin skin test: Negative.

Histoplasmin skin test: Negative.

I note from his blood study that he has a mild polycythemia, some increase in his red cells, some increase in his hemoglobin, and a slight increase in his hematocrit. The sedimentation rate of 24 mm. would be expected following recent surgery.

While the pathological findings on the lung biopsy should be confirmed, the other findings at this time would be consistent with a diagnosis of asbestosis.

The man is not disabled at the present time. While he would notice some shortness of breath upon severe exertion, for all ordinary purposes, including that of his usual work, he has no disability.

As far as the persistence of his symptoms of cough during the night is concerned, this should respond to adequate medical treatment designed to improve his bronchial drainage. There is no evidence at this time that he has any impairment of his lesser circulation, though a therapeutic test for this purpose might be helpful.

Sincerely yours,

Harold G. Trimble, M.D.

HGT:lh

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HAROLD GUYON TRIMBLE M D
J LLOYD EATON M D
GERALD L CRENSHAW M D
JAMES KIERAN M D
ROBERT P STONE M D
WM B LEFTWICH M D
2930 SUMMIT STREET
OAKLAND 9 CALIFORNIA

June 21, 1957

Fibreboard Paper Products Corporation
475 Brannan Street
San Francisco 19, California

Attention: D. Hanson, Manager
Employee Insurance Department

Re: Mr. John C. Peretti

Gentlemen:

I saw Mr. Peretti yesterday, June 20, 1957, and at that time reviewed some of his history with him, especially in regard to his working conditions, took a stereo and lateral x-rays of the chest, did a complete blood count, sedimentation index, and hematocrit. A Collin's pulmonary function test was repeated.

Mr. Peretti has not been working since his lung biopsy surgery, and has gained some 5½ lbs. He is now moderately overweight. Physical examination shows a man in good physical condition and in no obvious distress. No additional findings were present that were not reported on April 19, 1957, in the report to you, so I will not go into any further details.

His blood count now is entirely within normal limits, his hematocrit is normal, and his sedimentation rate is also normal. X-rays of the chest show a very definite improvement in the post-operative pleural reaction at his left base. Otherwise, there has been no change.

The Collin's respiratory function test shows a mild impairment of pulmonary function, of the restrictive type, with no signs of emphysema.

In other words, the conclusions remain exactly the same as reported to you by Doctor H.G. Trimble on April 19, 1957.

Discussion: Mr. Peretti has a proven pulmonary asbestosis. This is a permanent disability, which may gradually worsen during the years, until he has a complete disability. However at the present time his disability is definitely partial only, and does not incompacitate him from living a normal life or doing ordinary work. On strenuous exercise, at high altitudes, etc., he may notice some shortness of breath. Otherwise, at the present time, his disability is at a sub-clinical level.

I think that Mr. Peretti should be followed at regular intervals, say at least every one to three months. In these cases one must watch for the development of cardiac failure, and for pulmonary tuberculosis and other

EXHIBIT 2
WITNESS HANSON 9-20-57
HARRY A. CANNON, C.S.R.

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pulmonary infections. With each respiratory infection, Mr. Peretti must have vigorous antibiotic therapy immediately.

I believe that Mr. Peretti has, at the present time, an essentially normal working efficiency, except for jobs of a definitely strenuous type. I see no reason why he should not continue his past work with asbestos, provided that he has adequate protection from the dust. Certainly, however, he should not have any added subsequent exposure to asbestos dust, and if the protection from such exposure in your plant is not entirely adequate, I then believe that Mr. Peretti should continue at some other type of work where there is no asbestos dust hazard.

Sincerely yours,

J. Lloyd Eaton, M.D.

JLE:nb

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SIDNEY J SHIPMAN, M D
ROBERT W CLARKE, M D
ELIZABETH H GALBRAITH, M D
490 POST STREET
SAN FRANCISCO 2

July 25, 1957

Fibreboard Paper Products Corporation
Attention: D. Hanson, Manager
Employee Insurance Department
475 Brannan Street
San Francisco 19, California

Re: John C. Peretti

Gentlemen:

The following is my report on Mr. John C. Peretti who reported for examination at your request on July 19, 1957:

General History: Aet. 43. Born January 6, 1915 in Italy. Has lived in the U.S. 38 years; in California 23 years; in San Lorenzo 7 years. Married; four children. Occupation - leaderman for Fibreboard Corporation, Emeryville, California. Home address - 14862 Tulane Avenue, San Lorenzo, California.

Chief Complaint: Shortness of breath on exertion since October 1956. Even before this the patient noticed restlessness at night.

The Problem: The nature of the pulmonary disease and its relation to prior occupation.

Family History: Father killed in war. Mother living and well, aet. 62. One sister died at age of three in New York. No brothers. No tuberculosis, cancer, diabetes or allergy in the family.

Marital History: Wife aet. 38, living and well. Four children in good health.

Past History: Operations - See Present Illness.
Accidents - None.
Childhood diseases - Usual with good recovery.
Adult diseases - Tonsillitis and bilateral otitis at aet. 10.
Habits - Smokes about a half package of cigarettes daily. Prior to present illness he smoked a package daily. Alcohol - uses wine with dinner. Coffee - ten cups a day. Tea - seldom. Appetite is good. Digestion O.K. Bowels regular. Sleeps well. Nycturia occasionally.
Weight - Best 192 pounds - recently; average 186 pounds.

Occupational History: The patient has lived on both the east and west coast since coming to the United States. In 1934 and 1935 he worked in a furniture factory and then for a few weeks in a foundry. He then worked in salt ponds for a time.
Late in 1935 he started working inside the Pabco

EXHIBIT 3
WITNESS Peretti
9-26-58
HARRIET CANNON, C.S.R.

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plant with milling machines, etc. He was trimming and feeding the machines pipe coverings of asbestos. During this work he wore a filter type mask.

From 1941 to 1957 he worked in the Emeryville Plant of the Pabco Corporation where he was a a mold filler and filter operator and later on a foreman. All of these occupations involved exposure to asbestos dust.

Present Illness: The patient states that for over four years he has noted cough and expectoration at night and as a result some disturbance in his sleep. After a deer hunting expedition in October 1955 he became somewhat short of breath, although this occurred at an altitude of six or seven thousand feet in the mountains. When he returned his dyspnea was relieved. A year later in the same area he noticed increasing shortness of breath again and upon his return reported to the plant doctor who referred the patient to his own family physician. In January 1957 he was advised to have a pulmonary biopsy which was done, and pulmonary function studies were also undertaken. The biopsy specimen is said to have shown the presence of asbestos bodies. He was then sent to Dr. Trimble in Oakland. Dr. Trimble had pulmonary function studies done which showed some impairment of function and the patient was again told that he had asbestosis. At present he feels fairly well but does have some cough and expectoration.

Physical Examination: Temperature 98.8. Height 69 inches. Weight 188, stripped to the waist. Pulse 84. Respirations 16.

Eyes - Pupils equal and regular, reacting normally to light and in accommodation; extra-ocular movements normal.

Ears - Partially occluded by cerumen. Right drum scarred; large calcium deposit in tympanic membrane. Left fairly normal.

Nose - Septum deviated to the left.

Mouth - Teeth are false. Pharynx negative.

Glandular system - Thyroid palpable but not enlarged; no adenopathy.

Vascular system - Radial pulses equal and synchronous; fair volume and tension; vessel walls not thickened for a man of this age. Blood pressure 110/70.

Heart - PMI not seen or felt; no enlargement to percussion, although right border is not well made out.

Chest - Expansion poor throughout.
Right lung - note fair. Breathing normal except that at the base posteriorly there are numerous rhonchi over the right lower lobe. Vocal resonance increased over this area; no other rales.
Left lung - there is a thoracotomy scar extending over the 7th rib on the left, well healed, non-tender. Expansion poor over this area. Breath sounds diminished; otherwise note good; breathing and vocal resonance apparently normal.

Abdomen - Soft and tympanitic throughtout; no masses or tender areas felt. Liver is palpable 1 f.b. below the costal margin on deep inspiration.

Extremities - No clubbing. No cyanosis. No evidence of phlebitis.

Reflexes - Knee jerks equal and active; none pathological made out.

Vital capacity - 1 second - 1800 cc. Total 2600 cc.

Fluoroscopy - Diaphragm elevated and adherent with thickened pleura along the lateral chest wall on the left. Increased linear markings throughout. Part of the 8th rib on the left has been removed. Nodulation at both bases.

X-rays - 12/20/56 - Increased root shadows; increased linear markings throughout, particularly at bases.
1/10/57 - Same.
2/1/57 - Same.
4/4/57 - A rib resection has been done on the left and there is fluid in the left pleural cavity in addition to the above mentioned changes. Increased fluid on the left side. - 4/9/57.
6/20/57 - Some of the fluid has cleared.
7/19/57 - Increased linear markings throughout, especially at the bases. Both root shadows accentuated. Costophrenic angle obliterated on the left. Part of the 8th rib is missing on the left.

Laboratory work: 7/19/57 - Urinalysis - Slightly cloudy; straw color. sp. gr. 1.014. Acid reaction. Negative for albumin and sugar. Rare squamous epithelial cells. Many urates.
- Blood count - Hgb. 86%; 14.6 gm. RBC - 4,820,000. Color index .89. WBC 10,250. Neutrophils 73% of which 65% were mature and 8% stab cells. Lymphocytes 26%; eosinophils 1%.
- Wassermann - Kolmer negative. VDRL negative. (Hertert Laboratory)

Opinion: Examination of Mr. Peretti reveals fibrosis of the lungs which is consistent with the diagnosis of asbestosis. This diagnosis is further supported by the history of exposure and the positive results of a pulmonary biopsy. There is moderate impairment of pulmonary function as shown by the function studies done in Dr. Eaton's office as well as by vital capacity tests done in this office. We did not do further pulmonary function studies since these had been done so recently.

I have examined the file, including Dr. Trimble's report dated April 19, 1957, the letter of Dr. Michael dated June 18, 1957, Dr. J. Lloyd Eaton's report dated June 21, 1957, and the photostatic copies of out-patient

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examinations, together with similar copies of Edward E. Fong's pathological reports.

At the present time Mr. Peretti will be better off working than idle, although his work should not be so strenuous that it produces shortness of breath. If he works in the presence of asbestos dust or any other dust he should be protected by a mask or otherwise so that the dust does not reach his lungs. If dust-free work can be given the patient it will probably be the best.

Medical observation at monthly intervals will be of advantage in estimating an increase in disability if it occurs. The prognosis in such cases is guarded. Gradual deterioration in pulmonary function and an increase in fibrosis usually take place, although how rapidly or slowly this will occur it is impossible to say at the present time.

Very truly yours,

Sidney J. Shipman

SJS:hg

Sidney J. Shipman, M.D.

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