FILE NAME: National Gypsum (NG)

DATE: 1950-1972

DOC#: NG024

DOCUMENT DESCRIPTION: Medical Records of Employee 'M'

SEE LIST

Name

Plant: Millington, N.J.

No. 27530

Reading Date 2/29/72

Interpretation of Single roentgenogram of chest

taken on 2/16/72

The bilateral thickened pleura, large heart and small irregular densities that obscure the vascular markings are again noted. These findings suggest the presence of a pneumoconiosis. More medical data is required in order to establish the meaning of these shadows.

GEORGE W. WRIGHT, M. D.
Saint Luke's Hospital
11311 Shaker Boulevard
Cleveland, Ohio 44104

Employer

"M"

KK12637

Name

Plant: Millington, N.J.

No. 27530

Reading Date 11-23-70

Interpretation of single roentgenogram of chest

taken on 10-28-70

Comparison of the current to that of 1968 and earlier shows further evidence of thickening of the pleura on both sides plus intrapulmonary fibrosis, on the left especially. The heart has not increased further in size. The appearance of the film series would be consistent with asbestosis.

GEORGE W. WRIGHT, M. D.
Saint Luke's Hospital
11311 Shaker Boulevard
Cleveland, Ohio 44104

Name _____ Plant: Millington, N.J.

No. 27530 Reading Date 10/21/68

Interpretation of single roentgenogram of chest R & N. Furn. Complete O. N.

taken on 10/4/68

Direct comparison of this film to previous ones shows that the haziness at the left base extending out from the cardiac shadow is larger and more prominent. At the extreme right base is a similar shadow. The heart shadow, which in previous films is abnormaly large, is still larger now as compared to the last film in 1966.

It is most likely that he has some sort of intrinsic heart disease and the lung shadows may be secondary to this. Nevertheless, the lung shadows may be caused by disease of the pleura and related to his occupation.

A complete occupational history and medical information regarding his cardiac status are needed for adequate evaluation of these films.

GEORGE W. WRIGHT, M. D.
Saint Luke's Hospital
11311 Shaker Boulevard
Cleveland, Ohio 44104

FURNISH COMPLETE OCCUPATIONAL HISTORY
TO DR. WRIGHT, COPY TO THIS OFFICE.
F. H. ZIMMERMAN 10/23/68

KK 12639

Name

Plant: Millington, N.J.

No. 27530

Reading Date 10-12-66

Interpretation of single roentgenogram of chest

taken on 9-22-66

No change seen when compared to the film of 1964. Previous comments regarding the heart, etc., are still germane and pertinent.

GEORGE W. WRIGHT, M. D.
Saint Luke's Hospital
11311 Shaker Boulevard
Cleveland, Ohio 44104

KK 12640

Name _____ Plant: Millington, N.J.

No. 2 7530 Reading Date 6/8/64

Interpretation of single roentgenogram of chest

taken on 5/13/64

This film again shows an abnormaly large heart with haziness at left base. The previous comments apply -- see previous report.

GEORGE W. WRIGHT, M. D.
Saint Luke's Hospital
11311 Shaker Boulevard
Cleveland 4, Ohio

KK 12611

Name

Plant: Millington, M.J.

No. 5762

Reading Date: 6/20/62

Interpretation of single roentgenogram of chest

taken on 5/23/62 compared with taken on

A comparison to films of '53, '55, '57, and '60 show the cardiac silhouette has become slightly larger and now is definitely pathologically large. There is a haziness at the base of the left lung and the right cardiophrenic angle, the nature of which is not clear. He is a large and probably obese person which may explain in part these findings. A thorough medical study is needed to evaluate his current cardio-pulmonary status.

Advise him to have medical study made

GEORGE W. WRIGHT, M. D.
Saint Luke's Hospital
11311 Shaker Boulevard
Cleveland 4, Ohio

KK 12612

NGC

Name [redacted] Plant: Millington, New Jersey

No. 56-60 Reading Date: 4/15/60

Interpretation of single roentgenogram of chest

taken on 4/1/60 compared with taken on

No abnormality seen in the lung proper. Attention is again called to the enlarged heart shadow.

GEORGE W. WRIGHT, M. D.
Saint Luke's Hospital
11311 Shaker Boulevard
Cleveland 4, Ohio

KK 12643

Name: Plant: Millington, N. J. (NGC)

No. 1-57-B Reading Date: 10-1-57

Interpretation of Single roentgenogram of chest

taken on 9-11-57 compared with taken on

Compared to film of 12-8-55, no change. See previous report regarding heart.

GEORGE W. WRIGHT, M. D.
Saint Luke's Hospital
11311 Shaker Boulevard
Cleveland 4, Ohio

KK 2644

GEORGE W. WRIGHT, M. D.

DEPARTMENT OF
EXPERIMENTAL MEDICINE

January 16, 1956

ST. LUKE'S HOSPITAL
11311 SHAKER BLVD.
CLEVELAND 4, OHIO

No. 55-83-B
Name

National Gypsum Co.
Millington, N. J.

Interpretation of single roentgenogram of chest taken on 12-8-55
compared with taken on 9-15-53

No change. The cardiac shadow still appears to be enlarged.

KK 2615

B

GEORGE W. WRIGHT, M.D.

DEPARTMENT OF
EXPERIMENTAL MEDICINE

SAINT LUKE'S HOSPITAL
11311 SHAKER BLVD.
CLEVELAND 4, OHIO

No. 58
Name

Natl. Gypsum Co.
Millington, N.J.

Interpretation of single roentgenogram
of chest taken on 9-15-53
compared with taken on

The cardiac silhouette is unusually wide in relationship to the thorax. ? cardiac enlargement.
No abnormality of an occupational nature is seen.

KK 12646

NATIONAL GYPSUM COMPANY

Sales District

Office

Name | Address | Plant Millington, N.J.

Date 4/19/61 Dept. Check No. 8

Age 47 Color W S M W D* Children

PHYSICAL RECORD
(TO BE COMPLETED BY PERSONNEL DEPARTMENT)

Arthritis – Epilepsy Hernia –

Operations — List on reverse side any hospital admissions in past 5 years.

Venereal Diseases – Tuberculosis

Liquor Tobacco Drugs

Other Illnesses

Injuries – description, location, % disability

Compensation Received — Do you have a workmen's compensation case pending for either injury or illness?

Have you a history of silicosis or any other dust disease? — Have you ever been in military service?

Have any of your parents or brothers or sisters had Tuberculosis, Cancer, Diabetes, Epilepsy or Insanity?

Last previous employment

I certify that the above answers are true, correctly recorded, and that I am in good health, and that I have never suffered from Silicosis, except (history)

Signature of Applicant Witness

* If divorced, give date and place

PHYSICAL EXAMINATION
(TO BE COMPLETED BY DOCTOR)

Over Weight
Normal Weight
Under Weight

Height 5'8½" Weight 215

Eyes: Right 20/100 Left 20/100 Corrected: Right 20/25 Left 20/25 Binocular Vision

Pupils ✓ Cornea ✓

Lungs ✓ Shortness of Breath ✓ Chest X-Ray ✓

Heart ✓ Blood Pressure 134/74 Pulse 76

Ears ✓ Nose ✓ Teeth ✓

Throat and Tonsils ✓ Hearing: Right 20/20 Left 20/20

Abdomen ✓ Hernia ✓

Spine ✓ Hemorrhoids ✓

Extremities ✓

Scars ✓ (Note % of defects if any exist) Musculature ✓

Skin ✓ Glands (Head and neck only – give location) ✓ Genitals ✓

Reflexes ✓ Mentality ✓

Blood Test ✓ Urinalysis Sugar 3+ WBC 2-5 HPF RBC 0-1 HPF

General Condition: Good ✓ Fair Poor Nutrition: Good ✓ Fair Poor

Do you recommend applicant for work? Y Type of Work? ✓

Remarks KK 12647

APPROVED	
FOREMAN	
SAFETY	Examined by Date 4-19-61 M.D.

NATIONAL GYPSUM COMPANY

PLANT, OFFICE, SALES DISTRICT Millington-Hourly

PHYSICAL EXAMINATION RECORD

DATE 9-24-65

☐ PRE-EMPLOYMENT ☐ REINSTATEMENT ☒ PERIODIC HEALTH

NAME [redacted] ADDRESS [redacted]

DATE OF BIRTH 7/16/13 (AGE 52) ☐ SINGLE ☒ MARRIED OTHER

LAST EMPLOYMENT

HEIGHT 5'8½	DISFIGUREMENT – FACE, HEAD OR NECK: Neg	VISION-DISTANT: Glasses. C.R.E. 20/80 U.L.E. 20/60.	VISION-NEAR: 20/ 20/	WASSERMAN: To lab. Hb:	
WEIGHT 200				URINALYSIS: Trace SUGAR Neg ALBUMIN Neg	
HEART: Grade 2 systolic murmur apex & aorta.	CHEST: Well developed Neg.			HERNIA: Neg	ABDOMEN / L.M.P.
CONFIGURATION CHEST EXPANSION: Enl. hilotraby	BLOOD PRESSURE: 196/70			INGUINAL RINGS R Norm. L Norm.	NORMAL ENLARGED RELAXED
LUNGS: Clear				OPERATIVE SCARS	

BACK AND EXTREMITIES – EDEMA, AMPUTATIONS, FUNCTIONAL DEFECTS, DEFORMITIES

Grossly Normal

SPECIFIC FINDINGS – NEUROLOGICAL

Neg

SKIN ERUPTION

Neg.

SUMMARY OF PERMANENT DEFECTS, IMPAIRMENTS; EXAMINEE HAS BEEN ADVISED OF SIGNIFICANT FINDINGS ☒ YES ☐ NO

Diabetic – under treatment,
Systolic hypertension.

EMOTIONAL STABILITY: Good				INTELLIGENCE: Good	
APPLICANT'S SIGNATURE	Accept	Condit. Accept	Reject	PHYSICIAN'S SIGNATURE: C. M. Atkinson	
JOB ASSIGNMENT				PREVIOUS MEDICAL	

COMPANY APPROVALS	DATE	PART EXAMINED	FILM NO.
PERSONNEL MANAGER BUFFALO	X-RAY REPORT – RADIOGRAPHIC FINDINGS		
DISTRICT SALES MANAGER			
PLANT MANAGER			
SAFETY SUPER			

KK 12648

M.D.

NATIONAL GYPSUM COMPANY

Sales District

Office

Plant Millington, N.J.

Name — Address

Date — Dept. — Check No. 8

Age 49 — Color — S M W D* — Children

PHYSICAL RECORD
(TO BE COMPLETED BY PLANT OR OFFICE)

Arthritis — Epilepsy — Hernia —

Operations — List on reverse side any hospital admissions in past 5 years.

Venereal Diseases — Tuberculosis

Liquor — Tobacco — Drugs

Other Illnesses

Injuries – description, location, % disability

Compensation Received — Do you have a workmen's compensation case pending for either injury or illness?

Have you a history of silicosis or any other dust disease? — Have you ever been in military service?

Have any of your parents or brothers or sisters had Tuberculosis, Cancer, Diabetes, Epilepsy or Insanity?

Last previous employment

I certify that the above answers are true, correctly recorded, and that I am in good health, and that I have never suffered from Silicosis, except (history)

Signature of Applicant — Witness

* If divorced, give date and place

PHYSICAL EXAMINATION
(TO BE COMPLETED BY DOCTOR)

Over Weight ✓
Normal Weight
Under Weight

Height 5'8½" — Weight 209

Eyes: Right 20/30 — Left 20/70 — Corrected: Right 20/20 — Left 20/20 — Binocular Vision 20/20

Pupils ✓ — Cornea ✓

Lungs ✓ — Shortness of Breath none — Chest X-Ray —

Heart ✓ — Blood Pressure 158/72 — Pulse 76

Ears ✓ — Nose ✓ — Teeth

Throat and Tonsils ✓ — Hearing: Right 20/20 — Left 20/20

Abdomen ✓ — Hernia ✓

Spine ✓ — Hemorrhoids ✓

Extremities ✓

Scars ✓ — (Note % of defects if any exist)

Skin ✓ — Glands ✓ (Head and neck only – give location) — Musculature ✓ — Genitals ✓

Reflexes ✓ — Mentality ✓

Blood Test ✓ — Urinalysis ✓ 1+ ALBUMIN – Trace CAST

General Condition: Good ✓ Fair Poor — Nutrition: Good ✓ Fair Poor

Do you recommend applicant for work? A — Type of Work? KK 12,19

Remarks

APPROVED

FOREMAN

SAFETY SUPERVISOR

Date 6/12/63

Examined by O.H. Bauman M.D.

M.

EXAMINED BY HIS SUPERVISOR YES ☒ NO ☐

NATIONAL GYPSUM COMPANY

PHYSICAL EXAMINATION RECORD

☐ SALARIED PLANT, OFFICE, SALES DISTRICT Millington
☒ HOURLY

DATE _____

☐ PRE-EMPLOYMENT ☐ REINSTATEMENT ☒ PERIODIC HEALTH

NAME _____ ADDRESS _____

DATE OF BIRTH 7/16/13 (AGE 57) ☐ SINGLE ☒ MARRIED OTHER _____

LAST EMPLOYMENT _____ PREVIOUS MEDICAL

HEIGHT 5'8 1/2	DISFIGUREMENT – FACE, HEAD OR NECK: Neg	VISION-DISTANT with, w/out glasses: R.E. 20/ L.E. 20/	VISION-NEAR with, w/out glasses: R.E. 20/ L.E. 20/	WASSERMAN: In last Hb:
WEIGHT 194		COLOR VISION:		URINALYSIS SUGAR neg ALBUMIN
CHEST: neg CONFIGURATION: well developed EXPANSION				HERNIA: neg
HEART: ~~Enlarged~~ Regular murmur Aortic & Mitral area BLOOD PRESSURE: 160/80				INGUINAL RINGS R: N. L: N. ☐ NORMAL ☐ ENLARGED ☐ RELAXED
LUNGS: Clear				OPERATIVE SCARS: neg.

FEMALE APPLICANTS – DATE OF LAST MENSTRAL PERIOD _____ MENSES _____

BACK AND EXTREMITIES – EDEMA, AMPUTATIONS, FUNCTIONAL DEFECTS, DEFORMITIES

neg.

HEARING Good.

SPECIFIC FINDINGS – ADDITIONAL

Under Dr's care for murmur.

NEUROLOGICAL

neg.

SKIN ERUPTION neg.

GENERAL CONDITION: ☒ GOOD ☐ FAIR ☐ POOR: EXAMINEE HAS BEEN ADVISED OF SIGNIFICANT FINDINGS ☐ YES ☐ NO

SUMMARY OF PERMANENT DEFECTS, IMPAIRMENTS:

APPLICANT'S SIGNATURE (HERE AND ON REVERSE SIDE)	EMOTIONAL STABILITY: Good.	INTELLIGENCE: Good.

JOB ASSIGNMENT	Accept.	Conditional Acceptance–Reasons	Reject	PHYSICIAN'S SIGNATURE
	✓			

COMPANY APPROVALS

PERSONNEL MANAGER BUFFALO

DISTRICT SALES MANAGER

PLANT MANAGER

SAFETY

DATE _____ PART EXAMINED _____ FILM NO. _____

X-RAY REPORT – RADIOGRAPHIC FINDINGS

KK-2650

M.D.

NATIONAL GYPSUM COMPANY

Sales District 12

Office

Name _____ Address _____ Plant Mil.

Date April 17, 1959 Dept. _____ Check No. _____

Age 45 Color W S M W D* Children _____

PHYSICAL RECORD
(TO BE COMPLETED BY PERSONNEL DEPARTMENT)

Arthritis _ Epilepsy _____ Hernia _____

Operations _____ List on reverse side any hospital admissions in past 5 years.

Venereal Diseases _____ Tuberculosis _____

Liquor _____ Tobacco _____ Drugs _____

Other Illnesses _____

Injuries – description, location, % disability _____

Compensation Received _____ Do you have a workmen's compensation case pending for either injury or illness?

Have you a history of silicosis or any other dust disease? _____ Have you ever been in military service? _____

Have any of your parents or brothers or sisters had Tuberculosis, Cancer, Diabetes, Epilepsy or Insanity? _____

Last previous employment _____

I certify that the above answers are true, correctly recorded, and that I am in good health, and that I have never suffered from Silicosis, except (history) _____

Signature of Applicant _____ Witness _____

* If divorced, give date and place _____

PHYSICAL EXAMINATION
(TO BE COMPLETED BY DOCTOR)

Over Weight
Normal Weight
Under Weight

Height _____ Weight 206

Eyes: Right _____ Left _____ Corrected: Right 2+ 20 Left 2+ 20 Binocular Vision _____

Pupils ✓ Cornea _____

Lungs ✓ Shortness of Breath _____ Chest X-Ray _____

Heart ✓ Blood Pressure 158/70 Pulse 72

Ears ✓ Nose ✓ Teeth ✓

Throat and Tonsils ✓ Hearing: Right 20/20 Left 20/20

Abdomen ✓ Hernia _____

Spine ✓ Hemorrhoids ✓

Extremities ✓

Scars ✓ (Note % of defects if any exist) Musculature ✓

Skin ✓ Glands ✓ (Head and neck only – give location) Genitals ✓

Reflexes ✓ Mentality ✓

Blood Test - ✓ Urinalysis Sugar 1+

General Condition: Good ✓ Fair _____ Poor _____ Nutrition: Good ✓ Fair _____ Poor _____

Do you recommend applicant for work? Y Type of Work? _____

Remarks KK 12651

APPROVED	
FOREMAN	
SAFETY SUPERVISOR	

Date 4-17-59

Examined by [signature] M.D.

PLANT SUPERVISOR YES ☑ NO ☐

PHYSICAL EXAMINATION

CLOCK NUMBER [redacted] DATE June 8, 1951

NAME

ADDRESS

CITY

BLOOD TEST ✓

EYES with glasses L- 20/20 R 20/20

EARS ✓

NOSE ✓

THROAT ✓

HEART ✓

BLOOD PRESSURE 150/72

URINE ANALYSIS ✓

X-RAY ✓

REMARKS

[redacted]

PHYSICAL EXAMINATION

CLOCK NUMBER [redacted] DATE 11-21-42

NAME [redacted]

ADDRESS [redacted] CITY & STATE [redacted]

* * * *

BLOOD TEST

EYES L L 20-60 R 20-60 L

EARS L

NOSE L

THROAT L

HEART L

BACK L

BLOOD PRESSURE 114/70

HERNIA

URINE ANALYSIS

X-RAY 30

PREVIOUS INJURIES

PHYSICAL EXAMINATION

CLOCK NUMBER _____ DATE 11-13-50

NAME [redacted]

ADDRESS

CITY

BLOOD TEST —

EYES —

EARS —

NOSE —

THROAT —

HEART chest x-ray

BLOOD PRESSURE 132/80

URINE ANALYSIS —

X-RAY chest

REMARKS —

OK [illegible]

AREA CODE 201
TELEPHONE 561-2122

REG. No. 24015

M. SHAFI, M.D., P.A.

1550 PARK AVENUE SOUTH PLAINFIELD, N. J. 07080

NAME [redacted]

ADDRESS [redacted] DATE 8/9/74

℞ [illegible]

3/CM 18437N

Pt advised to
resume normal
duty 8/19/74.

M. Shafi

KK 12657

11

Connecticut General Life Insurance Company

SUPPLEMENTARY CLAIM

GROUP ACCIDENT AND SICKNESS OR HOSPITAL EXPENSE BENEFITS

This part to be completed by the Employer

Name of Employee [redacted] Sex M Date of Birth 1914

Date of Accident or Beginning of Sickness 4-1-72

Period of additional disability covered by this statement From 8-26-72 Thru WE ARE UNABLE TO STATE WHEN HE WILL RETURN

If the employee has returned to work, on what date did he return? - HAS NOT RETURNED A.M. P.M.

NATIONAL GYPSUM CO. (Name of Employer) GOLD BOND (Division)

Date 9-21-72 By Timothy J. Carroll, Pers. Supv.

ATTENDING PHYSICIAN'S SUPPLEMENTARY STATEMENT

(To be furnished without expense to the insurance company)

Patient's name [redacted] Age 58

Nature of sickness or injury (Describe complications, if any) Diabetes Mellitus DASO Vitat. Gangrene 3rd toe rt. foot

Date of first treatment 6-4 19 72

Date of most recent treatment 9-18 19 72

Frequency of treatments 2 weeks

The patient has been continuously disabled (unable to work) from 6-4 1972 through 9-18 1972

If still disabled, when should patient be able to return to work? unable to state @ present time 19

Remarks

Date 9-18 1972 Signed John J Carroll M.D., P.A. (Attending Physician, Degree)

Address 1314 Park Ave Plainfield N.J.

Phone 754-4776

Sent to C. Visual Cons Gen. on 9-21-72

CL234a GDS-1 KK 12659

Nelson, Rachel A. 647-1268

STATEMENT

THE ORTHOPEDIC GROUP, P.A.
60 MAPLE AVE
MORRISTOWN, N J 07960
Telephone 538-0029

THEODORE LEVINE, M.D. BARRY S LEVINE M.D

DATE	DESCRIPTION	CHARGE	PAYMENT	CURRENT BALANCE
1969 2/13	OPD CONS	15 00		15 00

D/A: 2/7/69
Attending Physician: Dr. Chrobak
Diag: Avulsion fx. distal phalanx digit #5/rt. hand.
Mallet finger deformity.

Theodore Levine, M.D.

712- 69-001

KK 12659

PLEASE PAY LAST AMOUNT IN THIS COLUMN

A—Admit
CONS—Consultation
COP—Change of plaster
CR—Closed reduction
EC—Emergency Care
HV—Hospital Visit
IMB—Immobilization
INJ—Injection
M&CFP—Manipulation and club foot plaster
NC—No Charge
OPD—Out patient department
PT—Physiotherapy
ROA—Received on Account
S—Surgery
SAP—Short arm plaster

Surgeon's Report

☛ Complete and send immediately

To LAVE... CHEMI...

File: .....

Employer: .....

Carrier: .....

The Patient

1. Name of Injured Person: ..... Age: 50 Sex: male
2. Address: No. and St. [redacted] ity or Town [redacted] State
3. Name and Address of Employer National Gypsum Company, Millington, N. J.

The Accident

4. Date of accident or onset of disease: 10-25-62 Hour ..... M. Date disability began no time lost.
5. State in patient's own words where and how accident occurred or occupational disease was caused While working on new building and moving 4" pipes from the ground to another location, he felt a pain in his right side.

The Injury

6. Give acurate description of nature and extent of injury or disease and state your objective findings: Sacro iliac strain.
7. Will the injury result in (a) Permanent defect? no If so, what?
   (b) Facial or head disfigurement? no
   (Permanent disability such as loss of whole or parts of fingers, facial or head disfigurement, etc., must be accurately marked on chart on reverse side of this report).
8. Is injury above referred to the only cause of patient's condition? yes If not, state contributing causes:
9. Is patient suffering from any disease of the heart, lungs, brain, kidneys, blood, vascular system or any other disabling condition not due to this accident? no Give particulars:
10. Is there any history or evidence present of previous accident or disease? no Give particulars:
11. Has normal recovery been delayed for any reason? no Give particulars:

Treatment

12. Date of your first treatment: 10-27-62 Who engaged your services? assured
13. Describe treatment given by you: Bed rest, apply pad, low heat. 6" bandage applied and symptomatic treatment.
14. Were X-Rays taken? no By whom? (Name and Address) When?
15. X-Ray diagnosis:
16. Was patient treated by anyone else? no By whom (Name and Address) When?
17. Was patient hospitalized? no Name and address of hospital:
18. Date of admission to hospital: Date of discharge:
19. Is further treatment needed? no For how long?

Disability

20. Patient was / will be able to resume regular work on: No time lost.
21. Patient was / will be able to resume light work on:
22. If death ensued give date:

REMARKS: (Give any information of value not included above)

I am a duly licensed physician in the State of New Jersey

I was graduated from Tufts Medical School in Boston Year 1924

Date of this report: 12-13-62 (Signed) [signature]

This report must be signed personally by physician. Address Stirling, N. J. Telephone Mi-7-04[illegible]

KK 12660

Distributed by ALBERT L. ALLEN Co., Inc. Workmen's Compensation Service

Allen Building, Harrisburg, Pennsylvania

NAME

ADDRESS

DATE

AGE DR.

February 13, 1969

Jan M. Chrobak, M.D.
1390 Valley Road
Stirling, New Jersey

Re: [redacted]

Dear Dr. Chrobak:

RIGHT FIFTH FINGER

Antero-posterior, oblique and lateral views were obtained.

A fracture through the dorsal aspect of the base of the distal phalanx of the right fifth finger is demonstrated; slight separation of the fractured fragment is noted.

Thank you for referring [redacted] to us.

Sincerely yours,

Eurice C. Funaro, M.D.

ECF:mlg
X-ray No. 87530

KK 12661

SAINT LUKE'S HOSPITAL

11311 SHAKER BOULEVARD

CLEVELAND, OHIO 44104

DIVISION OF MEDICINE

Timothy D. Tolin
Personnel & Safety Supervisor
National Gypsum Company
Millington, N. J. 07946

Re:
Film No. 27530
Taken on: 10/4/68

Dear Mr. Tolin:

I am sorry to be late in answering your letter but I have been out of the country and am only now getting around to my correspondence. From the information that you have supplied to me I strongly suspect that has mitral stenosis and this accounts for the abnormal contour of his heart shadow. The fact that his heart shadow was getting larger is difficult to evaluate other than by a direct history and physical and knowledge of his past in greater detail than you can obtain. This, of course, can only be done by his personal Physician or a Consultant chosen by his personal Physician. I suspect that has more of a problem with his heart than he either knows about or is willing to talk about.

In all probability the abnormalities in the basal portions of his lung are related to the heart disease but the possibility that he may have inflammation and changes in the pleura of the lung which might be related to asbestos exposure should be kept in mind. I don't believe that at this point it should be pointed out to him.

It is my impression that you have done as much as management needs to do since you have called to his attention the fact that he has an abnormal film. From my own past experiences I would not advise making a stronger approach to either or his Physician.

With best wishes,

Sincerely yours,

George W. Wright, M.D.
Head, Medical Research

cc: Mr. Frank Zimmerman

GGW:IM

KK 12662