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28 July 1964

Mr. M. Roscoe Lowery, Chairman
State Board of Workmen's Compensation
494 Labor Building
254 Washington Street, S.W.
Atlanta 3, Georgia

Re: Mrs. Lois Hurtt

Dear Mr. Lowery:

Mrs. Lois Hurtt, a 53 year old white woman, has worked in the Asbeston Mill of the United States Rubber Company at Hogansville for approximately 17 years.

During this time, she has been exposed to an accumulated Asbestos dust exposure of 87.2 million particles per cubic foot year.

This figure is arrived at by multiplying the measured dust counts in patient's work area, averaged out over a year's time by the number of years exposure.

Mrs. Hurtt was first examined in May of 1957, at which time her examination was essentially negative. She denied all respiratory symptoms, and was found to be completely healthy except for moderate obesity (weight 222).

The heart and lung examination was normal.

The laboratory work was normal. Chest x-rays showed mild left ventricular prominence and clear lung fields. The latter have always been difficult to visualize because of patient's obesity and heavy overlying breasts shadows.

She was examined each year thereafter; and as late as May of 1962, stated that she felt her strength, energy and endurance were quite adequate. On this occasion, she also stated that breathing seemed adequate for all normal activities.

She denied all symptoms suggestive of upper, middle or lower respiratory tract disease.

Physical examination, in 1962, revealed a blood pressure of 120/70 and a weight of 192.

She was well developed, well nourished, alert and co-operative and moderately obese.

There was no cough or cyanosis.

There was no clubbing.

Slight limitation of bases to percussion was observed. As before, patient was quite obese. The lungs were clear to auscultation.

The heart examination was normal except for the appearance of a grade 1/6 aortic systolic murmur which was well localized to the aortic area.

Chest examination on this occasion revealed distinct vascular markings; slight irregularity of the ventricular border had appeared. It was felt that these changes were suggestive of, but not diagnostic of asbestos disease. As previously noted, patient's obesity and heavy overlying breasts shadows have presented a chronic problem in interpretation of her chest x-rays.

In September of 1962, patient underwent numerous studies of her pulmonary function.

On this occasion vital capacity was recorded at 66.4 % of normal. Her maximal breathing capacity was 83.2 % of normal.

Her timed vital capacity was 40.7 % at 1 second; 88.6 % at 2 seconds and 93.4 % at 3 seconds.

The capacity ratio was 40.0 liters per minute and air velocity index was 1.3.

These data tended to show a restrictive defect, and gave no indications whatsoever of obstructive ventilatory insufficiency.

Her arterial oxygen saturation was 98%--a figure which is normal for this laboratory which is located at a 1,000 foot elevation.

The arterial partial pressure of carbon oxide was 42 mm. of mercury.

The PH was 7.38.

The pulmonary nitrogen emptying rate at seven minutes was 2.2--a figure well within normal limits, and suggesting a normal distribution of inspired gas.

The diffusing capacity for oxygen, using the two stage oxygen method of Riley was 8.23 cc of oxygen per minute per millimeter of mercury.

This figure suggested a mild diffusing defect for oxygen.

In June of 1963, patient was again examined and stated that she had had a good year, and insisted that her strength, energy and endurance were quite adequate.

She stated that her wind was normal for all exertion, and that she had had no chest pain, cough, wheezing, or awareness of cardiac irregularity.

Physical examination showed a blood pressure of 120/78 and a weight of 200.

She appeared quite well. There was no clubbing.

The lungs were entirely clear to auscultation.

The heart was normal in all respects. A2 was greater than P2. The previously described soft aortic systolic murmur had disappeared.

Her red count was 5.23 million per cubic millimeter; the hemoglobin 11.7 and the hematocrit 39 volumes %.

Her chest x-ray was unchanged from previous reports.

She was last examined on the 27th of April 1964; at which time she noted that there had been a mild diminution in her general strength and stamina over the previous year.

Additionally, she stated that her wind seemed adequate for all normal exertion; but that she became mildly dyspneic if she exerted excessively.

She continued to deny chest pain, chronic cough, wheezing and awareness of her heartbeat.

Physical examination on this occasion revealed a blood pressure of 140/80, and otherwise normal vital signs.

She appeared quite well, alert and co-operative, and was able to lie quietly on her back.

There was no cough, cyanosis or jaundice.

There was no clubbing.

Murt

-4-

Respiratory excursion and descent of bases to percussion were slightly decreased.

Breath sounds were normal over the bases posteriorly, but anteriorly there was a "peeling off" sound at end inspiration.

The cardiac examination was normal except for the re-appearance of a grade 1/6 basal systolic murmur which seemed slightly louder over the aortic area. A2 remained greater than P2.

The red blood count was 3.91; the hemoglobin 11.7 and the hematocrit 40 volumes %.

Chest x-ray showed no change from the examination of 1963, which continued to show a slight thickening of the left ventricular border and the appearance of slight background haziness in the lower lung fields---changes very suspicious of early asbestosis.

Stand up ventilometry showed a vital capacity of 1.9 liters or 66.3 % of predicted normal.

Maximal voluntary ventilation (Free) was 85.0 liters per minute or 92 % of predicted normal.

The capacity ratio was 44.6 and the alveolar ventilation index (AVI) was 1.4.

Her forced expiratory volume at 0.5 seconds was 79.2 % of her forced vital capacity; and her forced expiratory volume at one second was 34.5 % of her forced vital capacity--figures again indicating the absence of an obstructive ventilatory defect.

It was felt that the combination of historical data, clinical findings, x-ray changes and pulmonary physiological findings satisfied the criteria for a diagnosis of early pulmonary asbestosis.

Accordingly, patient was seen on the 28th of February 1964, in the presence of Mr. John Alexander, in charge of Industrial Relations at the Hogansville Plant and Mrs. Grace Hipp, the Plant Nurse, and told that she did have early asbestos disease.

She accepted this information with good grace, and was transferred to Reid Mill on the following Monday.

She was told that we were intensely interested in her fortune and well being, and that we hoped to be able to follow her through the years to come and offer such continuing advice as might be helpful for the continuance of her good health.

Hurtt

-5-

Patient, as noted, was transferred to Reid Mill where she had difficulty in adjusting to the demands of her new job. She found that she apparently was not able to cope with these demands, and decided to apply for her disability.

It is my feeling that Mrs. Lois Hurtt has a permanent disability as relates to the type of work for which she has been trained and which she has performed over the past several decades.

I would judge that the pulmonary asbestosis is responsible for about one-half of her disability; and that age, arteriosclerotic heart disease, obesity and various other factors relating to her life situation are responsible for the other one-half of her disability.

With all best wishes,

Yours very truly,

A handwritten signature in cursive script, appearing to read "John G. Wells".

John G. Wells, M.D.