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IN THE SUPERIOR COURT OF THE STATE OF CALIFORNIA

IN AND FOR THE CITY AND COUNTY OF SAN FRANCISCO

WILLIAM CRITTENDEN,

Plaintiff,

vs.

FIBREBOARD CORPORATION, et al.,

Defendants.

No. 740382

RECEIVED JAN 24 1983

Tucson, Arizona
November 13, 1982

DEPOSITION OF HENRY A. PERLMUTTER, M.D.

APPEARANCES:

STEVEN KAZAN, A LAW CORPORATION
By: STEVEN KAZAN, ESQ.
for the Plaintiff

LAW OFFICES OF RONALD E. HOTHEM
By: NANETTE S. HUDSON and RONALD E. HOTHEM
for Defendant FIBREBOARD CORPORATION

WINNINGHAM, ROBERTS, ROGIN & FAMA
By: GABRIEL A. JACKSON, ESQ.
for Defendant EAGLE - PICHER INDUSTRIES, INC.

JACK J. RAPPEPORT, ESQ.
for the Deponent

ALSO PRESENT:

SCHROETER, GOLDMARK & BENDER, P.S.
By: PAUL W. WHELAN, ESQ.

STAFFORD, FREY & MERTEL
By: JOHN G. COOPER, ESQ.

LEVINSON, FRIEDMAN, VHUGEN, DUGGAN, BLAND & HOROWITZ
By: WILLIAM S. BAILEY, ESQ.

BE IT REMEMBERED that pursuant to Notice, the deposition of HENRY A. PERLMUTTER, M.D. was taken at the Law Offices of LESHER, CLAUSEN AND BORODKIN, 3773 East Boradway, Tucson, Arizona, before R.G. Baarstad, a Notary Public in and for the County of Pima, State of Arizona, on the 13th day of November, 1982, commencing at 9:35 a.m. on said day, in a certain cause now pending in the Superior Court of San Francisco County, State of California.

HENRY A. PERLMUTTER, M.D.,

having been first duly sworn upon his oath, testified as follows:

EXAMINATION

BY MR. KAZAN:

Q Would you state your full name for the record, please?

A Henry A. Perlmutter, P-E-R-L-M-U-T-T-E-R.

Q And you're a physician and surgeon?

A Yes.

Q Can you tell us where you're present business address is located?

A I'm with the Veteran's Administration in Tucson.

Q Could you tell us, please, doctor, where

and when you were born?

A I was born on August the 15th, 1911.

Q And in what city was that?

A Winnipeg, Manitoba, Canada.

Q Were you raised and educated in that area as well?

A No. I had dual citizenship. My parents were American citizens residing in Canada when I was born. And I had my education in San Francisco, Berkeley and Chicago and Detroit.

Q Your elementary and high school and under graduate education was all in California?

A Correct.

Q And can you tell us, please, when and where you attended medical school?

A I attended medical school at Northwestern University Medical School in Chicago from 1933 through 1937.

Q And did you do an internship after that?

A Yes, I did. We had our bachelor of medicine degree upon the completion of the academic portion of our training. And upon completion of the internship, we were granted our M.D., which was in 1938.

Q Can you tell us, please, where you did your internship?

A In Santa Clara County Hospital in San Jose, one of the suburbs there, Campbell.

MR. HOTHEM: Steve, excuse me. I thought that before we really get into the deposition, that you would take care of the preliminaries, and you were just asking a few preliminary questions to get the name and address on the record.

I think we should have a stipulation here that the deposition is taken pursuant to Notice; that we also have a limiting order indicating that it's going to be limited only to the action that's Noticed or set forth in the Notice. We'll be appending a copy of the Court Order to the deposition itself.

MR. KAZAN: Well, first of all, it's my understanding that the deposition is taken pursuant to Notice and under California law, whatever the California Code provides with respect to objections and other formalities will apply to this deposition.

It's my further understanding that California practice and the Court has ordered that only one attorney for each party is to participate in the deposition. I don't know whether by virtue of you speaking, Mr. Hothem, that that's an indication that you will be doing the questioning for Fibreboard. It was my understanding that you were not intending to do that. So I'd

like to find out who the designated representative of Fibreboard is for purposes of this deposition.

MR. HOTHEM: Mr. Kazan, I don't mean to get technical. What I want to do is proceed with Dr. Perlmutter's deposition.

My only reason for mentioning it at this time is it's traditional in the depositions we take to begin the deposition with a statement as to the nature of the deposition, it's being taken in one action, that it's the Crittenden action, it's being taken pursuant to Notice in that action, and it's being taken pursuant to a Court Order.

Now, rather than take up time now in going into these items, I think it's enough to state those at the beginning of the deposition and to get into Dr. Perlmutter's testimony just as soon as we possibly can so we don't string out the deposition.

MR. KAZAN: That's fine.

MR. HOTHEM: Nancy will be asking questions for Fibreboard.

MR. KAZAN: I think for the record, it should be clear that this deposition is being taken pursuant to a Notice captioned in the case of Crittenden vs. Fibreboard.

The deposition transcript and video tape

may have relevance or application in other litigation. And Fibreboard is on notice of that potential.

I presume by virtue of the fact that Fibreboard is here represented by two attorneys from your office, one attorney from your Seattle counsel, and the company's own general counsel, that you in fact are here prepared to participate and cross examine the doctor as fully as you feel appropriate to protect your rights.

And if you'd like, I'd be glad to proceed with the deposition from the point at which it was interrupted.

MR. HOTHEM: These matters have all been taken care of in court, and there is a protective order that is designed to protect Dr. Perlmutter from this kind of problem.

There's no reason for you and I to be putting a lot of stuff on the record, making a lot of recitation on the record.

I'd suggest that we proceed with the deposition.

MR. KAZAN: Precisely what I was doing before.

MR. HOTHEM: All right.

MR. KAZAN: Very well.

Q Doctor, let's resume, if we could.

You indicated that, when we were interrupted, you did your residency in the San Jose area of California?

A I did my internship, yes.

Q And at the conclusion of the internship, did you enter into the practice of medicine in a private capacity?

A Not immediately. I went to Los Angeles and took my state board examinations. And I visited the Queen of Angels Hospital. I knew the Mother Superior there because I had been in Santa Ana General Hospital working as an instructor while going to medical school. So I visited the Sisters there. And they talked me into staying on as a general practice resident. They took me into the room where they usually interviewed Monsignors and Bishops, and I signed.

At any rate, I was there for approximately six months, after which time I came to Berkeley, and started practice.

Shortly after starting in practice, I started working half time for Pabco as a physician in their dispensary.

Q This would have been then somewhere around the end of 1938, beginning of '39?

A That's right, '38, beginning of '39.

Q Did you remain in private practice in the Berkeley area for a period of time?

A Yes, I did. I remained half time at Pabco and half time with my private practice, until World War II started. And I was making rounds in the Providence Hospital, when I read the President state that we were in a State of War with Japan, and that we probably would shortly be with Germany. So I went down and volunteered the next day, and within a few months, I was in the Army.

Q How long did you serve in the Army?

A I served from '42 to '46. About October -- I don't remember the exact date -- October or November, I had terminal leave and I don't know when it terminated.

Q To the end of '45 or '46?

A '46, yes.

Q Can you give us some idea of what kind of medical services you provided in the Army, where you were stationed and what you did?

A I was originally with the 96th Infantry. I was originally with the 1st Medical Regiment, which was an antiquated military set-up. They disbanded the 1st Medical Regiment. And through inadvertance, I was sent to Carlisle Barracks for the advanced course in field medicine. Since I never had the beginning course, it was kind of difficult. And they asked me how I happened to be

there. And, of course, it was obvious that some PFC, who is responsible for the destiny of medical officers, pressed the wrong button, and I didn't have the necessary field experience for the rank.

But I was sent, following this, since I was in this advanced course, I became an instructor at the 96th Division, which was set up for the 96 Divisions, which was then for approximately two years, when I volunteered for overseas duty, and went in as a replacement medical officer to Africa.

And at the tail end of the Tunisian campaign, following which, on my promotion, which was -- I commanded a small division field hospital known as the Clearing Company. And then I had been promoted on the last day I was in the states, and the promotion came there.

When I was in Africa, they said, "Well, you have too much rank" or something, or this was in Italy. I can't remember.

From there I went to Italy. From Italy, I was stationed with the 36th General Hospital. And I was then put on detached duty to the Surgeon General's office. And I remained there until the invasion of southern France. And I then -- I was pulled out and put in back with the 36th General Hospital, which is the Wayne State Medical School, Detroit Receiving Unit. And following that, I

was assigned to Dijon -- I don't know if you want all these details.

Q Please.

A I was assigned to Dijon. We were first at Exon Province. And following this, we went up to Dijon. And then I was pulled back to Marseille into the Surgeon General's office again. And I was there until the end of the war. And I was flown home in the Green Project. And arrived home at the end of October or November. I had some terminal leave, and I don't remember the exact amount.

Q What rank did you obtain at the time you left the service?

A Well, I went in as First Lieutenant. Because I went to this advanced course, I rapidly became a Captain and then a Major. And then I ended up as a Lieutenant Colonel.

Q And after returning from military service, what was your next professional employment?

A I resumed my practice and my half time position at Pabco.

And I was -- my plan always had been to go into general practice, as my mentors in medical school stated, that everyone should become a doctor first, meaning they should know something about general practice before they went into a specialty. And I was pursuing this

course, and planned to go back into training, which I did in around '50, 1950. And I went to San Joaquin County Hospital, which was at French Camp, a suburb of Stockton. And this permitted me to do some of my general practice while I was up at French Camp.

And then I wanted to take my training at the University Hospital, so I had the opportunity to do some work with pathology. And I took a residency in pathology at Highland-Alameda County. And meanwhile, I had applied to the unit I was with overseas, in which I knew all the professors, and they told me that they would make a spot available for me January 1 of the next year. And I went back to Detroit Receiving and took my training in surgery.

Q That was January of 1952?

A Nineteen -- I have to look it up here. I forget which exact date. It was -- let's see. Yeah, it was '52. '52. I reported for duty in '52.

Q And you spent three years in a residency?

A Well, it was a little more than a residency. From '52 to mid '55, so that was three and one-half years. And I had this half-year. So I actually had five years training all together.

Incidentally, during the time I was back in general practice, before I started my residency train-

ing, I worked with my old professor in pathology, in his hospital, Herrick Memorial Hospital in Berkeley. And I, in all the spare time I had, I did autopsies and read slides with him. This is in preparation for surgery training. Pathology is so valuable in this.

Q Had it been your intention, from the time you completed your internship, to point your training and career towards general surgery?

A Yes. I planned to take five years, four to five years, in general practice, and then go into surgery. And then the War came along, and my plans went slightly awry. And I had to take some additional work to save the -- the money I saved was not adequate to go back after the Army. I had a family.

Q Now, during the time you were doing your residency and training in Detroit, did you also serve as Chief Resident in Surgery?

A Yes. I went through the various steps and became -- the professor gave me my choice of being chief resident in one of two main hospitals. There were multiple satellite hospitals we had peripheral to our training. And he asked me where I wanted to go. And I said I wanted Detroit Receiving. And I was given the appointment as Chief Resident of Detroit Receiving.

Q Did you also have a teaching position

during the time your were a resident?

A Yes. I was an assistant instructor in surgery.

Q And at the completion of your surgical training, what did you do next professionally?

A Well, I started practice in Berkeley. And I was visited by my professor a few years afterwards. And he was scolding me because I didn't continue with an academic appointment. And he wrote to the then chief of -- Head of the Department of Surgery at the University of California. And I was given an appointment as an instructor, from which I was promoted to Assistant Professor -- these were clinical appointments -- Assistant Clinical Professor.

And I was assigned to San Francisco General Hospital. They gave us our preference as to where we wanted to be assigned in the University set up.

Q And how long did you continue in the practice of general surgery and with these facility appointments in the San Francisco Bay area?

A Until roughly '71; one, because of my arthritis, I came to Tucson. And after I was here for some time, I was appointed as an -- I guess I was an adjunct associate professor. And then I subsequently was -- I don't know if I was an assistant initially or -- no,

I was appointed adjunct associate professor in '72 to '78. And then from '78 to now, I was made adjunct professor of surgery.

Q Can you give us some idea of what the duties and responsibilities are of an adjunct professor of surgery here at the University of Arizona Medical School?

A Well, I taught students and residents, and I took them through various surgerical procedures until my hand, my left hand, became persistantly more crippled, and I couldn't do that. That was about four or five years ago.

I still am present at committee meetings and at conferences, and I'm still on the faculty, except that right now, there's some question about my age. And you're supposed to be retired -- originally, it was 65, when I was here, they wanted to retire me. And then that was changed, and then it was 70. And then I got through with it. I don't know what is going to happen next. These are annual appointments, so that's the story.

Q And you indicated earlier that you were with the Veteran's Administration here in Tucson?

A Correct.

Q Could you tell us what your position is with the Veteran's Administration?

A I'm Chief of Staff. And I'm responsible for the professional services and the quality of care rendered patients.

Q How long have you held that position?

A Since I came here in -- what was it, '71 or '72. I was Washington's Valentine to this hospital. I remember it was on Valentine's Day that I came here.

Q And during the course of the years that you have been here, you served on various professional committees?

A Practically every committee of consequence in the hospital, many of which I was chairman.

Q During the years that you practiced in the Berkeley area, did you have staff priviledges at any of the local hospitals?

A Yes. I had staff priviledges at Brookside Hospital in San Pablo, which is a suburb of Richmond; and Herrick Memorial Hospital, at Highland General Hospital, where I attended as a consultant for years. I think I got a twenty-year pin. At the University of California; at the San Francisco General Hospital, where I was a consultant; at Alta Bates Hospital, where I was on courtesy staff; and at Childrens Hospital, courtesy staff. Alta Bates was in Berkeley and Childrens Hospital was in Oakland.

Q And can you tell me, doctor, whether you

hold any board certifications in your speciality?

A I'm certified in general surgery and I'm a fellow of the American College of Surgeons.

Q I'd like to go back for a moment, doctor, if we could, and discuss a little bit about your medical school training in the years -- I think you said 1933 to 1937 -- through mid '37 -- wait. Yes, '37.

And I'd like to ask you, doctor, if you recall whether, during that education, you had any education or were given any information concerning dust related diseases?

A We didn't have any course that specifically dwelt on this problem. We did in pathology discuss pneumoconiosis in a rather superficial manner. We didn't delve into it. The various nuances of the problem were not that well known, but these were dust-related diseases.

Q Can you tell me what you learned in the course of your medical school training about pneumoconiosis or the types of pneumoconioses?

A It's a disabling disease caused by various substances, the most common and devastating of which is silicosis. Silicosis is derived from quartz rock and asbestos was considered among these.

Q Was asbestos dust considered one of the pneumoconiosis causes?

A Yes.

Q In your medical school training, were you aware of a disease called asbestosis?

A We were told there was a disease related to this and had some inflammatory process. And it was never gone into detail, never.

Q Did you come to understand, in the course of your medical training, medical school training, now that asbestos was a dust that was capable of causing scarring in the lungs?

A I don't know if it was actually a dust. I mean you could say dust. They were particals of the substance.

And what was the question again?

Q Whether you learned in your medical school training that asbestos fibers or particals were capable of causing scarring or fibrosis of the lung?

A They just clasified asbestos, and subsequent asbestosis with the pneumoconiosis. They didn't -- it wasn't any major problem at the time.

Q Were you acquainted with the ways in which pneumoconiosis developed or caused problems for patients?

A Well, yes. Most substances causing pneumoconiosis cause an inflammatory reaction in the lung, which subsequently results in various complications, I

would say foremost of which would be fibrosis in the healing process following the inflammatory reaction, and a narrowing of the air spaces, so that individuals with serious cases of pneumoconiosis could have a marked diminution in their ability to breathe well.

Q When you use the term "fibrosis," are you referring to scarring?

A Yes. It's a healing process which results in contraction and scars. These aren't necessarily scars. The small areas involved each time are scarred down. The subsequent overall appearance of the lung is contracted in various areas.

Q And this would have an effect of restricting lung function?

A Yes. It would restrict lung function, diminish it.

Q And were you made aware, in the course of this medical school training, of the kinds of symptoms that victims of pneumoconiosis would have?

A Yes. I mean they would have -- many of them would have cough, not necessarily so, but some of them would have it. They would have difficulty breathing. They would have what we now call chronic obstructive pulmonary disease, where they have to breathe rapidly to get enough oxygen. And actually, they -- the severe cases ultimately

become pulmonary cripples, unable to engage in anything consisting of heavy labor of varying degrees.

Q Were you aware, from your medical school training, that the effect on lung function could include shortness of breath?

A Yes. That was one of the manifestations. They could become cyanotic because of the change in color. They have clubbing of their fingers, and they would have difficulty in sleeping in a recumbent position. They'd have to sleep partially up so it would make it easier.

Q Were you aware of whether the pneumoconiosis type diseases produced any particular changes on X-ray?

A Yes.

Q And what was your understanding at that time of the X-ray appearance or X-ray evidence of these pneumoconioses?

A Well, in medical school, I didn't know very much or did anyone else at that time. But there were lung changes. There was calcification. In some instances, there were hazy, opague appearance of portions of the lung. If they had a concomitant infection, they might have abscesses.

Q Now, at that time, were you aware of any methods of treatment or cure for the pneumoconioses?

A No.

MR. HOTHEM: You might ask him first if he remembers what he knew in medical school --

MR. KAZAN: Excuse me. You indicated that Miss Hudson was participating in this deposition for Fibreboard.

MR. HOTHEM: That's true.

MR. KAZAN: That was something that your office insisited on, that only one attorney for a party participate. And if that's the rule, I would like it clear, and I would like her to participate or I would like you to participate, but not both of you.

MS. HUDSON: Mr. Kazan, what our office was attempting to accomplish was simply to limit it to the parties in this immediate action. And we have other people present today.

Rather than pursuing any objection along that line, more so than we have, I will be doing the questioning. And insofar as there's any objection to the form of the question, I don't think we need to proceed further. And you can conduct the examination.

MR. KAZAN: Well, I want it clear that the only person speaking on this record on behalf of Fibreboard from this point forward will be yourself, and not any of the other attorneys here connected with Fibre-

board. And if you have any objections to the question or any other question, you're perfectly clear to state them in accordance with California Civil Procedure. Otherwise, I propose to proceed with the questioning of this witness.

MR. HOTHEM: My problem there was that you just hadn't asked if he had any recollection of what he knew in medical school versus what he knew now. And your questions relate to what he knew in medical school. And that's the question you should have asked first. And to not do that misleads Dr. Perlmutter. And that was the only reason I spoke up. I felt compelled to do so.

MR. KAZAN: well, Mr. Hothem, first of all, my questions are clear. The record will stand on its own and speak for itself.

And if you have any problem with other questions, I would request that you pass a note to your associate and let her make any statement on the record that you feel is necessary to protect Fibreboard's interest in this matter. And I'm just not going to permit both of you to participate in the deposition.

MS. HUDSON: Mr. Kazan, since we did not go through a long, drawn out series of objections at the beginning, and we did so, again, for the comfort of the witness and to allow you to expedite this, we'll certainly attempt to limit participation, just as we sought to the

attendance.

So please proceed.

MR. KAZAN: Thank you.

Do you have, Mr. Court Reporter, the last question and answer?

(Record read.)

WITNESS: In medical school, I didn't know of any particular cures.

Q (By MR. KAZAN): At that time, were you aware of anything that could be done to prevent or eliminate the disease?

A Yes.

Q What was that, doctor?

A The important thing in treatment of pneumoconiosis, in any instance, is prevention. If there can be a barrier between the dust and the patient, you eliminate the source of irritant that would cause the pneumoconiosis.

Q So it was your understanding at that time that prevention was the remedy of choice?

A Correct.

MS. HUDSON: Steve, excuse me. Could we clarify the time period there?

Q (By MR. KAZAN): We are still talking about the time you were in medical school, doctor; is

that what you understood I was talking about?

A That's right. As I said before, there was no great detail. If you were in pulmonary diseases, if you were a respiratory physiologist or a specialist in respiratory disease, then you would go into the detail of it. It was gone over once lightly. But I was aware of it, as were other students in my class.

Q And, doctor, just so that you're clear, I know of your training in general surgery. No one is attempting to cast you in the light of an expert in occupational lung disease or chest medicine or anything of the kind. My questions at this point are focused on what you, as a medical student, aiming for --

MS. HUDSON: Excuse me. Before you proceed, ask the question and simply put it in its proper form. I'm certain the doctor can understand your questions.

MR. KAZAN: If you have an objection, make your objection in proper form and don't give me lessons in how to take a deposition.

Now, if you want to object to a question, you go ahead. But I would prefer that you would wait for me to finish a question and state a proper objection rather than interrupting me, trying to disrupt my train of throught and distract the doctor by making speeches on the record.

MS. HUDSON: Steve, I have no interest in

disrupting your train of thought, but I don't want a monologue by yourself. I'll object to a question when a question is posed.

MR. KAZAN: Then why don't you wait until there's a question and make the proper objection?

MS. HUDSON: I am objecting to the monologue.

MR. KAZAN: Why don't you sit quietly and let me finish my question to the doctor, and if you have an objection, you can state it?

MS. HUDSON: That's fine. Let's proceed.

MR. HOTHEM: Let's get on with the deposition.

Q (By MR. KAZAN): Doctor, with respect to the time when you were a medical student, am I correct that you were receiving a general medical education?

A Correct.

Q You were not being trained in the specialty of occupation disease or --

A No.

Q -- or of chest medicine?

A No.

Q And in fact, your predilections and bent at the time was towards the general practice of medicine?

A That's correct.

Q And all the questions I have been asking about what you knew at that time, you have understood to be referring to you personally, with your participation in a general medical education?

A Correct. After you clarified the first question.

Q Fine. Thank you, doctor.

Am I correct that from 1938, when you completed your training, up to that point until you entered the surgical residency in 1950, that your practice was basically the general practice of medicine?

A That's correct.

Q At any time during the years 1938 to 1950, did Fibreboard or Paraffine or Pabco, or whatever it was called when you were working there, ever send you to any kind of medical meetings or conferences or conventions?

A They did not.

Q Did they ever request you to do any specific medical research in the field of occupational disease?

A They did not.

Q Did they ever provide you with subscriptions to any medical or industrial health related journals or periodicals?

A They did not.

Q Did they ever provide you with access, either in the plant office or in your own office, to any journals?

A They did not.

Q Specifically, I'd like to ask you the names of several journals, and ask if, on hearing those names, that in any way refreshes your recollection.

I'd like to know, doctor, whether Fibreboard or its predecessors, during this period of time 1938 to 1950, ever provided you with Industrial Health Digest?

A They did not.

Q With the Bulletin of Hygiene?

A No.

Q With the American Medical Association's Archives of Industrial Health?

A No. I don't know if that was published at that time.

Q What about the Public Health Reports published by the United States Treasury Department?

A No.

Q What about public health bulletins published by the United States Treasury Department?

A No.

Q The journal called Industrial Medicine?

A No.

Q The Journal of Industrial Hygiene?

A No.

Q The Journal of Industrial Hygiene and Toxicology?

A No.

Q The Bulletin of Hygiene?

A No.

Q At the time you completed your medical school education, doctor, did you know your way around a medical library?

A Of course.

Q Were you trained in medical research, library research?

A Yes. I mean by that -- you're asking whether I could look up any particular subject?

Q Yes. That's what I mean.

A That's correct.

Q And at that time, if you were asked by a professor -- a question came up in your own mind about some disease that you were unfamiliar with, and you wanted to go to the library and research the literature, did you know how to go about that?

A Correct.

Q And what would be the first thing you

would do if you were looking up a particular topic in medical literature?

A At that time, we would look up -- I can't remember if we had an index -- I think we had an index of medicals at that time. Of course, that's what I'd look up. And then I would take one of the articles, one of the key articles, and look at that. And it would have the references, and I'd go from there.

Q I'd like to talk specifically for a few moments, doctor, about the period from 1938 to 1942, between the time you entered private practice in Berkeley and left for the military.

I understand from what you said earlier that you were employed by Pabco during that period.

A Correct.

Q Now, do you remember the name of the corporate entity that was your technical employer?

A I don't know accurately. It was Pabco and Paraffine companies. To the best of my recollection, Pabco was the trademark, Paraffine was the corporate name, Paraffine Company. But you would see their logo on things and what-not. And you'd say Pabco and Paraffine Companies interchangeably.

Q Can you tell us, please, how it was that you came to be employed by Paraffine Companies?

A Well, I, having just graduated from Northwestern -- this was when the depression was at its worst on the West Coast. I was just looking for some sort of job with an older physician, preferably someone from my school. And I looked in the directory of physicians in the United States, and found Emeryville, which was a little suburb, sort of a political division of Oakland so that companies could come there with lower taxes and not have to pay the higher taxes -- and I saw that there was a doctor who was a graduate of Northwestern. According to the key, Northwestern is listed as Illinois 6 and this was Illinois 6. And I saw he was up in years. And he was in his late 70's. And I thought he really needed someone. So I went and talked to him. And he was delighted to see me because he was lonely there.

Q What was this doctor's name?

A Dr. Henry Wahle.

Q Could you spell Wahle?

A W-A-H-L-E. He was a very fine gentleman of the old school. He was a staunch believer in democracy because of his father, who came over -- I don't know if this is necessary, but he came over following the revolution of 1948.

Q 1948?

A I'm sorry. 1348. And he settled in

Wisconsin and had a farm there. And he raised seven children. And he had seven children.

When the Civil War was declared, he volunteered, and was killed in the second battle of Bull Run. And this made an ardent Civil War buff out of Dr. Wahle. And he knew everything about the Civil War. But he was particularly interested in the progress of the Army of Virginia. And he started up -- he saw me. And I said I was delighted to see that he was graduate of Northwestern. He said, "I'm not a graduate of Northwestern. I was in the Collective College."

That was an old time medical school, and it was taken over by the University of Illinois. And actually, it was Illinois 16. But because of a typographical error, the one was obliterated, and it was 6.

And I talked to him. And he said, "I'm not a graduate of Northwestern, but I do think I could use an assistant." So I was hired at the -- and mind you this was the depression, real depression. I was hired at the magnificent salary of $115 or $125 a month. I can't remember what.

And I was placed on the payroll, where I remained until I went into the Army.

And subsequently, when I came back, I was brought back again on the payroll at a slightly increased

salary.

But it was a wonderful opportunity for me because there was 2,000, 2,500 employees at the peak period, and the old man never did any private practice. He had retired. He was the type that had done surgery on kitchen tables and delivered people in the farmhouses. And he was an interesting man. But he was responsible for my starting to smoke cigars, because in a closed room, he would discourse on the various campaigns of the Army of Virginia, and in self defense, I had to take up smoking cigars. And this was a hazzard, but least of all of the smoking hazzards. But that's how it came to be.

Q And he employed you at Paraffine?

A Uh-huh.

Q Can you tell us what your work hours were?

A I worked in the mornings, mainly. I worked four hours a day, twenty hours a week. And I was on call at night.

Q Were you on a salary, doctor?

A Yes, I was on a salary.

Q You were a salaried employee of Paraffine?

A Yes, from the moment I started to work for them.

Q Now, was there some kind of medical

facility at the Emeryville plant complex of Paraffine Companies?

A Yes. We had a large room, where we treated minor injuries. We had a nurse, and at one time, we had a secretary, also. But usually, the nurse acted as a secretary.

And we had two examining rooms and a combination examing room and counsultation room. And patients were taken in here.

We had large x-ray cabinets that would store our x-rays. And we had cabinets there with the records of every single patient we examined, either for the preappointment examination, subsequent examinations, because of symptoms and/or complaints, medical complaints, that they came to see us about.

Q You said that you stored x-rays in the dispensary area?

A Yes, where the nurse was stationed.

Q And these were x-rays taken at the request of your medical department?

A Yes.

Q Of employees at the plant?

A Yes. X-rays of the chest, the back, x-rays for trauma to rule out fractures, and anything that might need an x-ray.

Q And how much storage space was there for x-rays when you started?

A Well, a very large -- well, it would be a space from about here (indicating) to mid-way and they were cabinets put against there, large cabinets that would hold years and years of x-rays. I don't remember ever throwing -- having any of them thrown out while I was there.

Q As far as you recall, it was the practice to keep the records -- x-rays as a permanent record?

A Yes. Now, some of the x-rays were kept in the hospital, but very few. Their practice was to destroy them at the end of five years. But we didn't always get the x-rays back if they had been hospitalized. We asked for that, but sometimes they never showed up. And if it was terribly important, they stayed there. But every request for an x-ray and subsequent x-ray, we stored the x-ray.

Q Did you have occasion, during your employment at Paraffine, to expand the storage facilities for x-rays?

A We did enlarge it somewhat. I can't remember exactly how we did it, whether we just stole space from other parts there. So it was a little crowded at times, but it was definitely suited for two physicians at one time.

Q And you mentioned that records were kept on the workers. Could you describe physically what those records looked like?

A Well, it was a soft cardboard form, which had the list of symptoms that -- you have a standard form that many people use. And then in fact, there was room for narrative and for going through all the various systems and making notes on it.

Q Was this a pre-printed form that had --

A Pre-printed.

Q Would a separate sheet be filled out for each visit?

A No. There was a place there to make notations. And when this became full, another one was clipped to it or stapled to it.

Q How big was this form?

A Well, it was approximately this size (indicating), a little larger. And it was written on both sides.

Q You're holding up a copy of your curriculum vitae, which is a regular eight and one-half by eleven?

A Correct. Right. It might have been slightly larger.

Q Where were these kept?

A These were kept in files just adjacent to our x-ray files in the area where the nurse would be working. She had a -- what we did when we needed more x-ray space, we stole some space from her, where she sterilized instruments and cleaned instruments and did the various things you need to do to keep an office running.

Q Were these records kept as a permanent part of the medical department records?

A They were.

Q And these were kept by the nurse?

A Yes. And we stored some. And I don't remember where we stored them.

Q Do you recall the names of these nurses? It's only forty years ago, doctor.

A Yes. I remember Mrs. Breck was an interesting gal. She was a veteran of World War I. And she had been with the British Columbia University Medical Unit in France. She was there.

Q Was she employed personally by Dr. Wahle or by Paraffine?

A Well, of course, the medical service had the option to decide who would be hired. They were all hired through the personnel department of Paraffine. But the choice was the service chief's choice.

Q But this was somebody who was an employee of Paraffine?

A Right. Correct.

Q And was that true of all the nursing personnel that were there during your years?

A Yes.

Q Was that also true of any secretarial employees in the medical department?

A Yes, correct.

Q Now, you had occasion, from time to time, to see different workers in the dispensary; is that correct?

A That's correct.

Q Can you give me some idea of the kinds of reasons that would bring a worker or employee of Paraffine to the dispensary to see you or Dr. Wahle?

A Might have abdominal pain, might have a laceration, might have a sprain, might have a headache, might in general, feel poorly, didn't feel he was -- he or she were up to working, and we'd examine them and come to some conclusion. If they had something referable to their chest, then, of course, the things we were most concerned with at that particular time was tuberculosis. But we would order x-rays and file these x-rays. We ordered a lot of x-rays. There were a lot of x-rays.

Q Was there any kind of pre-employment physical examination followed as a regular course when new workers would come to the plant?

A Every single employee was supposed to have a pre-employment examination as a condition of his employment, and this was done prior to hiring. Now, if any slipped through, I'm not aware of it.

Q And if you examined someone and cleared them for employment, and they in fact were employed, would a record of that examination become part of the medical records of the department?

A Correct.

Q That would then be the first page of that worker's chart?

A Correct.

Incidently, in addition to this, we would staple laboratory reports, x-ray reports, to this key form.

Q And you would keep, essentially, a regular office chart?

A That's right.

Q Just as you did in your private practice?

A Correct.

Q Now, a worker would have a pre-employment physical, and then might see you, for example, for some

kind of trauma on the job, as a laceration or a sprain?

A Or have some medical complaint.

Q Were they only permitted to see you for job related injuries or illnesses?

A No, they were permitted to see --

MS. HUDSON: Objection to the form of the question.

I'm sorry to interrupt you, Dr. Perlmutter.

What do you mean, permitted by whom? Would you clarify?

Q (By MR. KAZAN): Doctor, do you know what workers were required to do by Paraffine before coming to see you?

A Well, the usual practice was to consult their foreman or their sub-foreman, or whoever it was, and they would then send them down. But if they weren't immediately available, they'd come down too. We never had any restrictions. We wanted to see anyone who had a medical complaint. And I think I saw an awful lot of them.

Q So if a worker was just feeling poorly one day at work, whether it had anything to do with his employment, he could come and see you?

A Yes, because some of these things could

be job related without his knowing it.

Q And did you see the whole range of medical complaints that one would see in a general practice?

A Yes.

Q Everytime a worker came to the dispensary to be seen by a physician, would a record be made of that on the patient's -- on the worker's chart?

A Correct.

Q Were there times when they would come in and simply see the nurse and not a physician?

A Yes. And if, in her opinion, the patient should be seen, they were sent to my office. And I billed them for the services.

Q Did you have any responsibility, again in this period 1938 to 1942, for the treatment of any kind of industrial or occupational injury?

A Well, yes. I had the responsibility for all the patients that I saw that had industrial injuries. And it was my responsibility to see that they were adequately taken care of. If they had a small laceration or torn fingernail, I would remove it under anesthesia, or if they had a fracture, we would consult an orthopedist.

Q If it was a problem that you were comfortable treating, as a general practitioner, you would treat it?

A That's correct.

Q And if it was something that, in your opinion, required referral to a specialist, you would make the referral?

A Yes. For example, there were many small foreign bodies in eyes. That was something -- we treated literally hundreds of these. And if it was a superficial thing, I would remove it and take it out with a little gouge. But if it were anything at all serious, and not really serious, just questionably serious, immediately, they would be seen by an ophthalmological surgeon.

Q In cases where you would refer the patient out for treatment, that specialist would report back to your department?

A Yes. He'd give us a written report. And what they would do, because many of them were very, very interested in the number of patients we sent out, they would call personally and tell us what the thing is and what their recommendations would be and say: "Report will follow."

Q And did you also see workers for clearance for return to work after either illness or injury?

A Yes.

Q And all these patients, worker contacts would be recorded in the worker's chart in the medical

department?

A Correct.

MR. KAZAN: Why don't we take a brief break. I understand that we are running out of tape.

(Brief recess taken.)

MS. HUDSON: Steve, before you proceed with your questioning, I think we might be able to avoid interruption of the depositon, this being videotaped.

It's my understanding that it is a stationary videotape. There's no scanning or closing in. And in an effort to maintain your questioning and so as not to disrupt your train of thought or whatever, I think we should establish right now, off the bat, that we are appearing in the Crittenden matter only.

We have numerous objections to the relevancy of many of your questions. Mr. Crittenden was an electrician at various shipyards from the time period 1942 through 1951. We don't believe the scope of your questioning is limited to the facts or issues relevant in this case.

As I stated, we are appearing in this case only, and that was the issue addressed to the Court yesterday. But so as to avoid an interruption of your-

self or the witness in the course of the examination, we will state that as an objection that will apply to all areas of questioning.

We can address with the Court at a later time, what is the proper scope of inquiry, since we are not in a position to instruct the witness not to answer. The Court has limited the inquiry to the scope relevant in this case, and we can address the Court when we return to San Francisco. This is a Saturday afternoon. We don't have an immediate remedy. So I'll simply leave that on the record and we can address it with the Court later rather than interrupting your questioning of the witness on each occasion.

MR. KAZAN: Well, you can do whatever you feel is necessary to protect your client's rights and interest.

This deposition has been Noticed in the Crittenden case and is being taken in that case. It's being taken in the expectation that it will be used at trial in that case, should Dr. Perlmutter be unavailable as a witness.

I'm sure you're aware of California law on the subject of the use of depositions and are aware of the Federal rules and the rules that apply in other jurisdictions, and are also aware of the fact that in

asbestos litigation, depositions of experts and corporate employees are often used in cases in jurisdictions far beyond those that appear on the caption of the case.

The Court in San Francisco did not and indeed could not, for reasons of lack of jurisdiction, in any way limit the use of this deposition pursuant to those rules. I think every question I have asked this witness and every question I'm going to ask this witness are relevant and lead to relevant and admissible testimony in connection specifically with the Crittenden case.

As you point out, Mr. Crittenden was employed in the asbestos related industries and exposed to asbestos products as late as 1951. Dr. Perlmutter has indicated that his employment with Fibreboard ended in around 1950 and, therefore, to the extent that the knowledge of Fibreboard and the state of the art becomes an issue, the entire period of Dr. Permutter's employment is directly relevant with respect to the other implications his testimony has for various damage aspects of the Crittenden case, I think it's clearly relevant and fully expect that we'll be arguing that to the trial department at the time of trial.

Again, as I made clear to your office by letter and as is obvious, you understand by virtue of the impressive fire power that Fibreboard is bringing to bear

at this deposition, you know that this deposition has implications far beyond Mr. Crittenden's case. And we'll just leave that to evolve as it evolves.

If you have objections to specific questions, you're free to state them. There's nothing in California law, to my knowledge, that permits you to state in advance a blanket objection to every question. Certain types of objections are reserved by law, certain types are deemed waived if not made.

I am no way stipulating to any variance from California statutes with respect to the making of objections at depositions.

MS. HUDSON: Steve, suffice it to say --

MR. KAZAN: If you'd like to make a speech on the record, and then we'll start the videotape --

MS. HUDSON: Suffice it to say, without any further elaboration, this deposition is noticed in one case and one case only. The Court so acknowledged. If you intend to use Dr. Permutter's deposition in any other cases, you can so notice it. But we can address that with the Court, as long as the record is clear, the basis on which we are appearing, the basis on which the Notice was given and on the basis for which we prepared for this deposition, the fact that others care to attend and observe, as your office argued with the Court yesterday, anyone can

attend to observe. That was the position of your office. Therefore, please don't take any leave by the presence of other Fibreboard counsel.

Other jurisdictions have their rules and other jurisdictions have stays in effect. And if you wish to use this deposition, you should have properly Noticed it. But again, we are not going to solve anything by arguing that at present, so --

MR. KAZAN: I'm not going to argue it, but I'm going to tell you one thing, to reiterate, because your firm knows this, everybody knows it: Depositions can be used, under certain circumstances, in the absence of the witness, providing legal criteria are met. If, at the conclusion of this deposition, when we are walking out the door, a group of Iraqi terrorists attempt to destroy the City of Tucson, to wreak vengeance because of the anticipated USC triumph at the game tonight, and if all of us are killed, and the only thing that survives is the videotape and the transcript of this deposition, then my heirs and assigns litigating other asbestos cases, for the benefit of my estate and the benefit of my clients, will be, under California law, absolutely permitted to use this videotape in evidence in every case they have. And that's the law. If you don't think that's the law, I'm warning you that you hold back or pull your punches or refrain

from cross-examining this doctor, you do so at your peril because it's my expectation that this deposition will ultimately be offered in evidence in other jurisdictions.

You're here. You have an opportunity to cross-examine. I am telling you that you have every motivation in the world to cross-examine. If you choose not to do so, that will have implications that will occur, and you can take your chances.

MS. HUDSON: Steve, let's not -- I don't think we have to go any further. My objection was made on the record. You can interpret the law as you wish. I know this deposition was Noticed, and the fact will speak for itself in the court file.

MR. KAZAN: That's absolutely fine.

MS. HUDSON: And we have stated our objection.

MR. HOTHEM: Also, we are here to hear from Dr. Perlmutter. Let's get on with it.

MS. HUDSON: Indeed.

MR. KAZAN: If your associate is willing to follow your instructions, I will proceed.

MR. HOTHEM: We are ready to go.

MS. HUDSON: We made a limited statement.

Q (By MR. KAZAN): Doctor, there's no extra charge to you for having to listen to this fascinating

by-play between attorneys.

I'd like to get back to your testimony, however.

When we broke, at the end of the last tape, we were discussing the function of the medical department at the Emeryville Paraffine plant in the period up to 1942. With reference to that, can you tell me, doctor, whether there was any kind of annual or periodic physical examination program pursued by Paraffine for the workers in its factories?

A No, except on some of the supervisors and executives who desired to avail themselves of yearly examinations. And we had regular examinations for our -- some of our -- for all of our paint workers who were exposed to lead, because we had some one or two cases of lead poisoning that we diagnosed and who were treated by internists and hematologists, experts in this field. And because of this occurrence, we felt that we would have to monitor them.

Q And the monitoring of workers for lead poisoning was something initiated by Paraffine management?

A Well, we recommended it and they did it, and they permitted us to do it.

Q With the exception of the lead exposed workers, the only workers who got -- the only employees

who got a regular physical examination were supervisory and management level?

A Correct. Anyone could ask for that, and people came by and asked for it, and we gave it to them on request.

Q At the same time that you were working mornings at Parrafine Company, you were also engaged in an active private practice in Berkeley, is that correct?

A That's correct.

Q Did you draw any significant percentage of your private patients from the workers and the families of workers at Paraffine?

A Yes, I did.

Q Did you keep separate records in your office on those private patients that you saw in Berkeley?

A Yes, I did.

Q In the yearly physical examination program for supervisors and executives, was there a practice of ordering chest x-rays for those employees?

A It was discussed with them, and if they wished it, they could have it.

Q Were yearly chest x-rays offered by or through your department to all employees in the Paraffine Company factories?

A You mean in Emeryville?

Q In Emeryville.

A Were offered to them?

Q Yes.

A If they came and requested it, and they had any symtomatology, we would do this.

Q But it was not offered as a matter of routine to the factory workers?

A No. There's a hazzard in taking x-rays continuously, and we recognized this. And if there was cause for it, we would order the x-rays.

Q When you went to work at Paraffine, did you know what kind of business the company was in?

A I knew they were in the building trades business, manufacturing supplies. I knew they had Pabco paints, Pabco roofing, Pabco linoleum and siding, and all the different types of floor covering.

Q Did you, at the time you started your employment, have any knowledge with respect to whether Paraffine or any of its subsidiaries were involved in the insulation or insulating materials industry?

A Not initially, because they weren't doing this until -- the factory wasn't started until '41. I'm not sure exactly when it was completed.

Q And when you say that they weren't doing this, you mean at Emeryville?

A At that time. Just at Emeryville, because there were other factories that were subsidiaries, and I had no knowledge of what was going on there.

Q Did you ever have occasion, during this first four-year period, to actually tour the factory premises and see the production processes?

A Yes. I had more of an opportunity subsequent to coming back. I toured the factory once or twice in the early days. More than that. I can't remember exactly.

Q During this first four-year period, were you aware of any safety engineers or safety supervisors employed at the Emeryville facility?

A Yes.

Q Did you have any interaction with those people?

A Yes. They would come and chat with me. Most of them were people my own age, and we talked about various things. And if they had any problems, they'd discuss them with me.

Q Did they ever come to you for advice or information with respect to potential occupational health hazzards in the work place?

A No, they did not.

Q Did anyone in management ever request

that you provide information or assistance to the safety engineering people on questions of occupational health or disease?

A No, they did not.

Q Were you aware of anything being done at Emeryville before you left to join the Army by the safety people and the engineering people to control dust in the air in the factory work place?

A Yes. I heard they were starting an air purification system. And I can't remember -- I think Sam Abrahms was the superintendent of this plant, within the confines of the Emeryville area. But I'm not sure if that was his name. And then there were other safety engineers. I remember Bill Green, and trying to talk to him when I heard about this. He was one of the first safety engineers. But he has died.

And then there was some -- of course, I tried to talk to Sam Abrahms. I found out that he had died. I can't remember the other names. There were many safety engineers at different times, but you want to know just about this period.

Q Yes.

Now, you mentioned something about a new plant?

A You mean the insulation plant?

Q Yes.

A Yes.

Q Were you referring to the facility built by Plant Rubber and Asbestos Works in the Emeryville complex?

A Right. It was a subsidiary -- I can't remember if at that time it was owned by Fibreboard or whether it was Pabco or the Paraffine Company.

Q I think the record will reflect that it was the Paraffine Companies that was still the parent company at that time.

A The corporation machinations, I was not privy to.

Q Did you ever differentiate yourself between employees of Plant Rubber and Asbestos Works from the insulation factory and employees of Paraffine Company, let's say, from the floor covering factory?

A No, we did not.

Q As far as you, as the medical department, was concerned, you were providing services to all these employees?

A Correct.

Q Without regard to the corporate lines of division?

A No. As long as they were on the area

owned by Paraffine and supposedly part of the corporate existence there, we took care of them.

Q It was your understanding that the Paraffine Company medical department was providing medical services to the Plant Rubber and Asbestos Works subsidiary?

A Correct.

Q Were you aware, before you entered the Army, of anything being done at that Plant Rubber and Asbestos Works insulation factory to control asbestos dust?

A Well --

MR. HOTHEM: You mean as distinct from dust in general?

WITNESS: It was dust, and I assumed it was asbestos dust. They were trying to make the area dust free. Sort of an interesting commentary that the people involved at that time, and subsequently, who were convinced of the superior type air purification that they had, not total purification, but the clean up of the air, that so many of them suffered from the same diseases that other people, other employees, got there. They were convinced that it was safe. They did work there and they got it.

And the interesting thing also was that the type of safety procedures they had at that time and

subsequent to my coming back, I mean taking it as a whole, was acknowledged in the industry to be outstanding.

And as a matter of fact, they licensed several other manufacturers, three in the United States, most of them in the east, and one in England, because of the superior plans they had.

Q You said earlier, I think, that you assumed that one of the things they were trying to control was asbestos dust?

A Yes. That was the principal motive. I mean they talked about dust removal. And now, in addition to that dust, they had some talc there and they had magnesium. They were trying to get rid of all the dust, the impurities. All these things could cause lung irritation. I don't know if they zeroed in on asbestos. Certainly asbestos was the prime offender, but the others, also.

Q And you say that asbestos was the prime offender. Was this something that you knew at that time?

A I don't know if they recognized it. They were cleaning up the entire area of dust. That was their goal.

Q And do you know specifically whether the industrial engineering and safety people were aware of the hazzards of asbestos exposure?

A No, they never talked to me about it.

Never consulted me.

Q Did you assume that they were aware that asbestos was a potential hazzard dust?

A That's what I assumed. If they were trying to get rid of the dust, they must have recognized the problem.

Of course, as I told you before, as long ago as when I was in medical school, I knew if you set up a barrier between an agent that was causing problems, that was the best type of prevention you could have, the only adequate treatment for things like asbestosis.

Q During the four-year period before the war?

A Well, actually, it was only a one-year period with the asbestos plant.

Q But --

A Or less than that.

Q Going back to this period of '38 to '42, did you have any role in the administration of the medical aspects of Fibreboard's or Paraffine's self-insured worker's compensation program?

A Not at all.

Q Who was responsible for the medical aspects of that?

A Dr. Wahle.

Q Did you know at the time, prior to entering the Army, that Paraffine Company or its subsidiaries had contract insulation workers who would go out and actually apply the insulation materials?

A I didn't know then until the end that they were contract. I thought -- I knew they developed the product and were manufacturing it. I didn't appreciate that the insulators were controlled by the company and were actual employees of the company. I still don't know exactly what their role was.

Q Do you know, whether in the period before you entered the Army, you even examined or saw any of the insulators?

A Oh, yes. I saw them. I saw various members there. We had referred some people. I can't remember who. These were people who had developed coughs and colds, and were concerned about their cough. And some of these, as indicated, were referred to Dr. Harold Trimble and his group. This was the pulmonary specialist group that was best known in the area. And Dr. Trimble himself was particularly interested in industrial-medical complications.

Q I think you said that you would see some of these insulators from time to time. Did you know technically who their employer was?

A No. If they came in, we assumed that they belonged there, and we treated them. We might have treated some strays, I don't know. But I doubt very, very many.

Q If they got inside the fence --

A Well, if they got inside the fence, my nurse, she was an oldtimer, and she knew everyone, and she'd ask them, in no uncertain terms, where they came from. And I was satisfied, if they passed her, I could treat them.

Q Again, the medical department of Paraffine would treat these insulators without regard for whether they were technically employed by Plant or Paraffine or some other company, some other subsidiary?

A Yes. I don't remember a single instance in any of the x-rays taken or any of the reports we got from Dr. Trimble that any of these people had any condition that needed on-going medical treatment. And definitely, in all the time I was there, we never had a diagnosis of abestosis.

Q I appreciate that. My question was whether the medical department would provide the same kind of medical services to these insulators when called upon to do so, as it did to other Paraffine and Plant employees?

A Well, you know, there really was no distinction, as I knew of. There might have been and I might not have seen all of them. And there might have been people who were under a special type of contract that this was a subsidiary of Paraffine, and this was a contractual arrangement with the subsidiary. I don't know. I treated patients when they were passed by my nurse.

Q As far as you knew, the asbestos that was used in Emeryville prior to 1942 was used in the Plant Rubber and Asbestos Works insulation factory in Emeryville?

A Yes. I don't remember when that plant was completed. It was started in '41. When did the war break out? It was '41, wasn't it? And that was in December. And it was completed some months later in '42, as I understand. So that actually, I was there a very short time before I was in the Army. So I can't speak of the times I wasn't there.

Q Whether this is correct or not, I'd like you to assume it is, my information is that that plant became fully operation approximately November 30th of 1941, and --

A I can't remember.

Q -- with the start of the war, then went to three shifts.

A Okay. It could very well be.

Q And up to that time, you were not seeing workers from the other Paraffine or Plant Rubber and Asbestos Works manufacturing facilities outside of Emeryville, were you?

A You mean from Redwood City?

Q Redwood City, for example.

A No. I never saw them, unless they were working there for short periods to help set that up. I don't know. It could have been.

Q And you are, I take it, now at least, aware of the concept of latency in the development of asbestos related disease?

A I am.

Q You would not have expected, in 1942, to see any disease related to asbestos exposure from 1941, would you?

A When I was there in '41 or later?

Q No, no. In other words, if somebody's exposure began in 1941, you would not expect them to show asbestos related disease by 1942?

A Not usually, no.

Q When you left Fibreboard, did you just resign employment?

A No, I did not. I took a military leave

of absence.

Q And in view of that, you would then expect to be able, if you wished, to come back to the plant at the end of the war?

A Uh-huh. Yes. Uh-huh.

Q Is that in fact what happened after the war?

A That's in fact what happened.

Q You were serving in Europe at the end of the war?

A That's correct.

Q And about how long after V E day did you return to the states?

A I think I was released in November -- I can't remember the exact dates when I got out. But let's see here what I put down. It's pretty close. I would say it was around November or December, because I had some accrued leave, and they gave you terminal leave for whatever accrued leave you had. We couldn't take much leave overseas, so we had a fair amount, one or two months, I can't remember.

Q After you got out of the service, you returned to the Emeryville facilities, did you resume your previous position as a physician in the medical department?

A Well, yes. Dr. Wahle, who was well along in years now, was in his eighty's, and I think he was eighty-two, three or four, I can't remember. Could have been on up higher than that even. He considered it his duty to stay on in this job while I was away. And I saw him and told him I was returning about two weeks before I actually returned. And when I returned, he greeted me and asked me where I had been, and I told him about the six campaigns I had been in. He said, "Sure reminds me of the Army of Virginia."

Q So you lit up a cigar?

A I lit up a cigar. He shook hands with me. He put on his hat and said, "Good-bye." He said, "I'm tired." That's it.

I said, "Do you want to talk to me about any cases?"

He said, "Talk to the nurse."

He said, "Good-bye, Henry." He never called me Henry. He said, "Good-bye, Dr. Perlmutter."

Q Did you consider that the announcement of his retirement?

A That was his retirement.

Q You sort of got a field commission as director then?

A Well, yes, of the Emeryville plant. But

he handled the other plants, you see. I had no ambitions that way. I just wanted to stay in Emeryville. So no one really succeeded him as director of the Paraffine medical set up. Antioch, he did some work up in Antioch. He did some in Redwood City. I mean he controlled the things. He never did any medical work. And so I just resumed my position as medical physician there in charge of trauma and any medical problems that arose.

Q Without rehashing the hour or so we spent talking about the ways the medical department functioned from '38 to '42, and why workers would be seen and what the department did, would it be fair to say that, basically, the medical department and the system functioned the same way in the period from your return in '46 until you left in 1950 as it had in the previous period you had been working there?

A Pretty much so. We had a new safety officer, who was also hired to educate the employees. They had problems of exposure and one thing and another in the plant. That was Mr. Homer Lamby.

Q Did you have any interaction with Mr. Lamby?

A Yes. He would come in and check with me from time to time. And he had no problems of significance he ever discussed with me about that.

Q Did you know what level of training or education he had in the field of safety engineering?

A Well, he had been consultant for a time. Actually Pabco had requested assistance from the state or from the school of public health, I'm not sure which, and they wanted someone to come out and review procedures. And they got him either from the state or from the school of public health at Berkeley, I'm not sure which. And he came out. And after he had been there a while as a consultant, he took over as our safety officer and educator in this type of -- in these type of problems.

Q Do you know if he had any involvement in the operation or improvement of the dust control systems in the insulation factory?

A I understood he did, but I can't say -- I know he had excellent, young engineers who were supervising that plant, and most of them did the devising of the air control system from Mr. Abrahms -- I don't know if Mr. Abrahms was the first superintendent of that plant or not. And then we had -- I think following Mr. Abrahms, Harry Hoops took over. And then I'm not sure where Squire Fidel came in, whether he came in immediately afterwards or there was some intervening -- and they were a very diligent and young people, and they patented, for the benefit of the company, many innovations they had set

set up in purification. They were -- my observation was, they thought they had done a satisfactory job there. And I was under the opinion that they had. The one problem was that most of them came down with asbestosis and the complications, so they weren't trying to do anything for themselves that they hadn't done for everyone. And the point of the matter is, I don't think that anyone appreciated medically or in the industry the magnitude of the problem. I mean it's obvious that no one did at that time. And they went along as best they could and, actually, they didn't proceed with any of the techniques that we use now, the electron microscope, to detect fibers and that sort of thing. The counts they had were primitive compared to what we did, but it was the state of the art at that particular time, to the best of my knowledge.

Q It was your understanding that the Fibreboard safety and engineering people were attempting to follow, as best they could, the current state of the medical and engineering knowledge in the control of dust in the plant?

A Yes. And the proof that they were so doing this was that other companies sought their help and has plants similar to the one that Paraffine had licensed. Also, since the state or the public health -- the school of public health, I don't know which, would send visitors

or people inquiring about plants that had satisfactory air pollution control to Emeryville to see what was being done at that time. And I felt that that was the most single important thing in the prevention of asbestosis.

Q It was your understanding at that time that, in fact, Paraffine or Pabco, as it was called, by around that time, was a leader in the insulation manufacturing industry?

A I don't know if they were a leader. They were known and known for their technique of air -- control of air pollution.

Q And as far as you knew, others looked to them for guidance because they were doing as good a job as anybody?

A Yes.

Q And it was your understanding that Fibreboard or Pabco was attempting to comply completely with the state of knowledge at that time.

A Yes, I'm certain they felt that.

Q And it was your expectation that Pabco, as a big manufacturer of insulation, would comply with the state of the art?

MR. HOTHEM: Just one second.

MS. HUDSON: Let's get the question cleared up, Steve. What do you mean, "a big manufacturer"?

MR. KAZAN: Well, if you have an objection, please state it.

MS. HUDSON: Please rephrase the question. I have an objection to your making reference to the size of the manufacturing and so forth. That's not in issue here, and it's probably not something that the witness would have occasion to know.

MR. KAZAN: I'm not sure I understand your objection, but let me see if I can rephrase the question anyway.

Q (By MR. KAZAN): In the late forty's, when you were back at Pabco, you were aware that they were using asbestos in the insulation plant?

A Correct.

Q And you were aware that there were attempts being made to control, among other things, asbestos dirt or fiber in the air at that plant?

MR. HOTHEM: Just a second. The testimony has been he was aware that there were efforts made to control dust --

MR. KAZAN: Excuse me. You're not entitled to speak. We have been through this three or four times. You have an associate here who you have designated as your representative. If she has something to say, that's fine. But I will not permit the two of

you to take turns interrupting my questions.

MR. HOTHEM: Steve, where your question is clearly wrong and misleading, I just got to speak up.

MR. KAZAN: No, you don't have to speak. You're under a court order to be quiet. And I'm not going to permit you to proceed and say anything. As far as I'm concerned, any word you speak in this room has not been said, and I will ignore it because the court has told me I am free to ignore you.

If you client has something it wishes to say on the record, you have designated a perfectly capable and competent attorney to reply for that client, and she's free to do that.

MR. HOTHEM: If you're going to ignore me, stop shouting at me and let's get back to the deposition.

MR. KAZAN: Could I have the last question, Mr. Reporter?

(Record read.)

Q (By MR. KAZAN): Doctor, do you have that question in mind?

A Yes. I think I answered a similar question before, that they were concerned with air pollution, I don't know specifically if it was asbestos or what. But if they were concerned with air pollution and removed it, they would remove not only the other dust

particles, but also asbestos.

Q And you knew at that time that the control of asbestos dust in the air was important for the prevention of disease among the workers?

A I did.

Q And you mentioned earlier that at that time, people didn't fully appreciate the magnitude of the problem. By that, I take it you were referring to the problem of the range of asbestos related diseases?

A Correct. And also the exposure that -- not only would you have moderate exposure, minimal exposure and zero exposure, all these were important in excluding the dust responsible for this.

Q At that time in the forty's, I take it you yourself were not aware of any cancer causing effect of asbestos exposure, were you?

A In the forty's, the early forty's, no. I learned about it in the early fifty's, mid fifty's.

Q And was it that, the cancer implication of asbestos exposure, that you have in mind when you talk about the greater magnitude of the problem that was recognized later on?

A Well, yes.

State that again.

Q Well, I wanted to clarify what you said

earlier about not appreciating the full magnitude of the asbestos disease problem. Do I understand you correctly to mean that at that time, the connection between asbestos and lung cancer and musotheleoma was not fully appreciated?

A No, it was not fully appreciated at that time.

Q Now, up until the time you left in 1950, was the physical examination program for employees and executives and supervisors still the same as it had been in the early forty's?

A That's correct.

Q You told us earlier that around 1950, you left to undertake your formal training in general surgery?

A Yes.

Q When you returned to the Berkeley area in 1955, did you resume any kind of formal relationship with Pabco or Fibreboard?

A No formal. It was an informal relationship. Since I was then a recognized specialist in general surgery, I was called in cases that were in my specialty.

Q You were then one of the specialists to whom the plant referred?

A Correct.

Q Did you limit your practice in that fifteen- or sixteen-year period exclusively to general

surgery or did you still do a little of the old style general practice like you had done before?

A No, I didn't do any general practice because medicine had changed drastically. If you did general practice, the general practitioners wouldn't send you the surgery. And I would take care of the patients I operated on. If they had a cold, I wouldn't send them to another specialist or if they had an urinary tract infection, I would take care of them, or some minor thing, I just considered that part of the treatment. I sort of wish people would be doing that right now.

Q And you said earlier that around 1971 you moved to Arizona?

A Yes.

Q And for the first ten years, at least; that you were here, you were happily involved with the University and the V A, having left Fibreboard far behind?

A That's correct.

Q What was your first contact or connection with the asbestos litigation that has now brought you to this conference room on a lovely Saturday morning?

A I have forgotten what time it was, but someone with a pleasant, female voice called me and started talking. And I kept repeating: "What's this?" And where did I work. And I soon found out that Nanette Hudson was

representing, through her law firm, and I suppose, I'm still not sure of the insurance carrier, who was taking care of Fibreboard.

Q And did you have some conversations with Nanette Hudson?

A Yes, I did.

Q Is that the same Nanette Hudson who is sitting here at the table with us?

A Yes. I'm not sure if the one who talked to me first was the same, but her voice sure sounds like it.

Q Did you, sometime before today, meet someone who introduced herself as Nanette Hudson?

A Yes.

Q And is that the same Nanette Hudson we are seeing here today?

A Yes.

Q Did you have, in that first conversation with Nanette Hudson -- that was over the phone?

A It was over the phone.

Q And do you recall what if anything she asked you about your experience with Paraffine and Pabco and Fibreboard?

A Questions similar to yours. I can't remember precisely what they were. There were a lot of

them.

Q And among the questions she asked you, did she inquire whether in the period from '38 to '42 and '46 to '50, you were aware that asbestos posed a potential health hazard?

A Oh, yes. She asked me that.

Q What did you tell her when she asked you that?

A I told her I felt this was true. Of course, I have the advantage of having more knowledge than the period that you were stating. And I mean I was in pathology part-time with Dr. Fishbach, who was my old professor of pathology at Northwestern. And I had an additional six months at Highland-Alameda County Hospital. And I had the experience of my surgical training, where I did thorasic surgery. This was part of our training. And all during this time, despite this -- and, of course, I'm well aware of the latent period. But all during this time and all the autopsies I performed and all the chest surgery, I either assisted at or performed with my professor, I never saw a case of asbestosis.

Q You said that, I think, you met Nanette Hudson once before today?

A Yeah. I have had so many conversations with her. Was it only once?

Q And do I understand that she and Mr. Beck from Fibreboard came out and met here with you and your attorney?

A Yes.

Q And you discussed many of these same issues with them at that time?

A Correct.

Q Now, during one of those conversations, did you provide her with a reference from medical literature going back to that time?

A Miss Hudson asked me several times -- she repeated the question as to whether I had any knowledge from my training concerning asbestosis, was I taught this in medical school. And I said, "Yes, I knew about asbestosis." I didn't know a lot, but I knew there was such an entity. And she said, "Well, do you know where you could find this?" When she was here with Mr. Beck -- I forgot -- we were going to the restaurant or I was driving you to your motel, I have forgotten what it is, but, anyhow, in pursuit of one of these addresses, I stopped at the hospital, took out an old Boyd Pathology book. And it mentioned, in a very short paragraph, the pneumoconiosis and listed among them was asbestosis.

Q You say this was a very old text. Was this one that you yourself actually used in medical school?

A That isn't that old, but it was older than what we have now. It probably was published -- I took that course in '33 - '34, so that it was sometime in the early thirty's.

Q And you have kept that text to this date?

A Yes. That was Boyd Pathology. I forgot the introduction to pathology or pathology. Boyd was a prolific writer in pathology. He happened to be professor of pathology at the University of Manitoba.

Q You haven't brought that text with you today, have you?

A No.

Q Could I ask you, doctor, if you'd be good enough to make a copy of the title page and copyright page of that book, along with a copy of the page or pages that you referred Miss Hudson to?

A There was one paragraph only.

Q And if you'd be good enough to send that to the court reporter, I'd ask that be attached as our first exhibit to your deposition.

I would also like to attach, as exhibit number two, a copy of your curriculum vitae that I'll give the court reporter.

I believe he's got a copy of the notice of deposition. I will hand him, for attachment as exhibits,

a copy of a corrected notice, indicating Tucson is located not in California, but is in fact in Arizona. And, obviously, they all found you, so that's no problem. As well as a copy of a letter that I addressed to counsel for Fibreboard this week.

Let me review my notes. Perhaps this would be a good time to stop the tape and prepare the next one. I m have just a few more questions for the doctor. Thank you.

[Whereupon, a brief recess was taken at this time.]

Q (By MR. KAZAN): Doctor, I have just a few more questions that I'd like to ask you, to clear up some of the points we were discussing the last hour.

You mentioned that you understood that the safety people were taking steps to control dust from the insulation factory, and you made the point that it wasn't just asbestos dust that they were trying to control. Can you tell me whether it was your understanding that there were other dusts that they were trying to control in addition to asbestos?

A Well, yes. There was talc and magnesia and other components. And they were trying to clear this from the atmosphere, the working atmosphere.

Q Was it your understanding that these other dusts that they were attempting to control also carried with them some potential for hazards to exposed workers?

A Yes. They were pathogenetic if they were there in sufficient amounts. So I was trying to bring out the point that they were trying to clear the working atmosphere of pollutants.

Q They were trying to clear it of all the pathogenetic or hazardous dusts?

A Yes, all dust. And you couldn't identify that except seeing dust particles in the air and trying to clear it.

Q And at that time, as you have told us, you knew that asbestos, among other dust, was potentially hazardous?

A Yes, I did.

Q Was that knowledge common knowledge in the field of medicine and ventilation control, if we can call it that?

A At that time?

Q Yes.

A Yeah. I think most doctors knew about asbestos being the cause of one of the pneumoconiosis. And I assumed that people working in the industry knew

this. But, actually, since I knew about having a deposition -- well, before that, before -- after talking to Miss Hudson on the telephone, I called some of my friends that I knew there. And they said they were not aware of all of the ramifications of asbestos.

Q You called some friends that you knew at Pabco?

A At Pabco.

Q Which friends were those, if I may ask?

A Well, I talked to -- let's see. Harry Hoops and -- I can't remember who else. I talked to some of the people who worked there. And they were aware of the fact that asbestos dust and the other dust in the cutting rooms, and mixing the asbestos, was harmful. But they did not know about all of the ramifications, as I was explaining to you previously.

Q Fine. I have no further questions at this time, doctor. Thank you.

Nanette, I think it's your turn.

MR. HOTHEM: Steve, I'll be examining for Fibreboard at this deposition.

MR. KAZAN: You now withdraw all the objections stated by Nanette earlier, following your representation that she was your designated hitter?

MS. HUDSON: Those were your objections,

Steven.

MR. KAZAN: Do we have your assurance that you will be the only spokesperson for Fibreboard from here on, at least?

MR. HOTHEM: Yeah, but I might change my mind again, too.

EXAMINATION

BY MR. HOTHEM:

Q Dr. Perlmutter, my name is Ron Hothem. I'm a lawyer. I represent Fibreboard.

Before I ask a series of questions, I'm going to first have marked as exhibits a letter bearing date of November 12th, 1982, over the signature of Julie Torres, a lawyer with my office, which is in response to exhibit number three, for identification, which Mr. Kazan has attached. And we'll be marking that number four, for identification.

We'll also mark, for identification, an ex parte application for motion limiting attendance at the deposition, as exhibit number five.

Exhibit number six, a memorandum, a point of authority in support of defendant Fibreboard Corporation's ex parte application.

Number seven, a declaration of Kent

Spellman in support of defendant Fibreboard's application for an ex parte order.

And number eight will be a Notice of Deposition and videotaping pursuant to C. C. P. section 2019, over the signature of Mr. Kazan, bearing this case's caption.

And lastly, and marked exhibit number nine for identification, is an order signed by Judge Pollack, a judge of the Superior Court of the City and County of San Francisco, State of California, and that bears a date of November 11, 1982.

Dr. Perlmutter, before our recess, you were talking about dust and dust at the Fibreboard plant, the effort there, as you have explained, was an effort to control dust in general; is that not true?

A Yes.

Q That would be dust at all areas of the plant?

A Well, now are you talking about the plant all inclusive work done there or just the insulation plant?

Q I'm referring to the entire installation, the entire installation, the entire operation. There was an effort to control dust at all manufacturing sites, was there not?

A Yeah, with particular emphasis on insula-

tion. They emphasized this more than the other places.

Is my voice too low? I just wondered about that.

MR. KAZAN: No, it's fine, doctor.

Q (By MR. HOTHEM): And, the feeling was at that time that dust in general should be kept at a minimum in the manufacturing place or in the work place?

A That's correct.

Q And this was true not only of jobs where asbestos was used, but jobs where there were other problems?

A Correct.

Q At that time, there was no particular singling out one raw product from another, whatever raw product that created dust, there was an effort to suppress that dust?

A As far as I remember. But as I said a second ago, there was more emphasis on insulation than there was elsewhere.

Q I believe you indicated that in the insulation area, the efforts at dust control were such that Pabco and Fibreboard were leaders in the industry?

A As far as I am knowledgeable, this is so, because I was told an article appeared in a -- representing the industry, manufacturers in the industry. And the reason I gave it, I thought they were leaders, they

licensed other people to utilize the same techniques that they did.

Q Were the efforts that were made to keep down dust successful in keeping down dust, to your observation?

A The place I happen to know best was the insulation, and I thought it was really quite a good job. And the other places, there's always an effort made, and I thought they were doing everything well.

Q Now, the position of a plant physician is a little bit different than that of a physician engaged in general practice, receiving patients off the street, is it not?

A Correct.

Q The position of plant physician is one where you treat injuries that occur on the job such as a broken arm, a sprained elbow --

A Correct.

Q -- injuries of that type?

A Correct.

Q Would it be fair to say that the injuries that you would see would be the type of job accidents that would normally occur out on the job, whether the employee is working in a plant that produces asbestos products or non-asbestos products?

A The injuries?

Q Yes.

A Yes.

Q Would it also be correct to state that most of the employees that you would see would be for one-shot type of things, where they would come in and they would not require continuing treatment?

A Well, most injuries take more than one time to follow up. But they were of short duration.

Q It would be sort of a first aid station, but a more complete first aid station?

A Correct.

Q Because it was staffed by a physician?

A Yes.

Q And if a --

A You know, first aid, you just do that, and that's it. But there was a little bit more because there was continuing follow up.

Q I know there was more than just putting on Band-Aids.

A Correct.

Q You had a nurse to do that.

A Correct.

Q What I'm getting at here, doctor, is that if a patient had, for instance, an internal problem, like

bleeding ulcers, that's not the type of problem that would be traditionally treated in a plant physician's facility?

A It would be referred to a private physician.

Q Then would it be fair to say that chronic problems or problems of long duration would be referred to a private physician?

A Correct.

Q If someone had, for instance, a lower G I problem of some kind that required constant treatment, or ulcers, that would be a subject that would go to a private physician?

A Correct.

Q If someone were to have, say, a chronic smoker's cough, that would be a matter that would be seen by a private physician?

A Well, not exactly. If the patient or the employee happens to come from an area such as an insulation plant, we would investigate that cough. We'd have x-rays taken. We would refer him to our consultant.

Q Now, was there ever a diagnosis made of any employee, that he had an asbestos-related disease?

MR. KAZAN: Excuse me. Is your question related to diagnosis by this doctor?

MR. HOTHEM: That's right.

THE WITNESS: All I can say is I never saw a case of asbestosis when I was working there. And actually, I can even add the other doctors who had been there subsequent to my working there because I talked to them, and they never saw a case of asbestosis. I never saw a case of asbestosis in practice of general surgery. I never saw a case of asbestosis in the area, in the Bay area, when I was in pathology. And I never saw one in Detroit when I was doing thorasic surgery there.

Q (By MR. HOTHEM): Now, you have indicated that if a problem was a problem of a variety where you would refer it to a specialist, such as a pulmonary specialist, or if a person had pulmonary problems, it would be referred to a pulmonary specialist; is that correct?

A That's correct.

Q Now, did a pulmonary specialist ever tell you or report back to you that any person that they examined had an asbestos-related disease?

A Never.

Q And it would be standard for a specialist to report back to you and advise you?

A Oh, yes.

Q And as to the patients that you sent out for x-rays and the patients that you sent out for pulmon-

ary examinations, did you ever at any time you worked for Pabco receive a report that these individuals had an asbestosis-related disease?

A Never. I might amplify this slightly. I don't remember exactly when they started doing mini-x-rays for tuberculosis, primarily, the county was doing this, and they x-rayed a large number of these people. And the reports, unfortunately, were not sent to us. They said it goes to the patient's private physician. But we never had any returns saying the patient had asbestosis.

Q Referring you to the x-rays that you mentioned before, I would take it that the x-rays were not made at the plant?

A Never.

Q You would refer the person to a radiologist?

A We referred him to the Provident Hospital, chiefly. We sometimes sent them to Herricks and San Marino Hospital, and also to a private radiologist by the name of Edward Fonjue, who I haven't been able to locate since then. And the doctors who were doing the x-rays at Provident have no access to it because they just -- they sent us most of these x-rays for our files. Some of them they kept when the patient was in the hospital, kept in their files. But they released those after a while.

Samuel Merritt

We got practically every one of them.

But one of the first things I wanted to do was to have access -- when I heard from Miss Hudson about this problem, I wanted to look at the x-rays. I would have made a trip back there to look at the x-rays and charts. And there were neither charts nor x-rays on file.

Q Now, when you would refer a patient out for x-rays, normally, those x-rays would be read by a radiologist, and you would receive a report?

A Right. Some of them were doubly read, not only by the radiologist, but by the pulmonary specialist.

Q And a radiologist would be someone who is trained specifically to read x-rays?

A Correct.

Q They have not only four years of medical school, not only an internship, but they also have a lengthly and detailed residency on the specific --

A Correct.

Q -- discipline of reading x-rays, do they not?

A Correct.

Q And in these reports from the radiologist, did any of them ever indicate to you that there was an asbestos-related disease?

A We never had a report of asbestosis in all the time I was there and the subsequent service by the two doctors that followed me.

Q Now, you were talking about knowledge of lung ailments or --

A Pneumoconiosis.

Q -- pneumoconiosis. Thank you. When you were talking about that, you were talking about that being a subject that was taught or a subject that was covered perhaps in medical school?

A It was covered. That's a better term.

Q There are many subjects that are covered in medical school, are there not?

A Correct.

Q Many of them are quite obscure, and the last time you ever heard about them is on a test that you have completed in medical school?

A That's right.

Q And some of them are things that you see more often in your practice; is that not true?

A Correct.

Q Now, referring you to the time period of 19 -- what are we dealing with here, 1938 to 1955.

A Wait. There was a space there when I wasn't available. I was a tourist in uniform.

Q That's when you were with the Army, I believe. I'm going to refer you to that period of time, and exclude, if you will, the time you were in the Army.

A Okay.

Q Now, as to that period of time, you have indicated that at no time did anyone have a diagnosis of an asbestos related ailment, have a Pabco employee or any employee with the --

A Well, I don't know -- at that time there might have been an occasional individual who had the exposure to dust.

Q But I'm talking about your knowledge.

A My knowledge?

Q Yes.

A Well, but then I'm prefacing this remark with what I just started to say, and some of these people might have manifested symptoms of bronchitis or something similar which was an early irritation from asbestos and associated dust particles, and could have subsequently developed. But I had no indication of that. I never had the diagnosis from a radiologist of asbestosis.

Q Now, before, I asked you about subjects that are taught in medical school, and I think that you would agree that there are literally thousands taught in medical school, but don't necessarily come into practical

use in the profession.

Now, as to the asbestos and asbestosis, for that period of time that I just mentioned, that's '38 to '45, wasn't that one of those subjects? In other words, it never really came up in your practice during that period of time?

A '38 to '41 was when I was -- '42, when I was there, it never -- no, I never treated a patient with asbestosis, whom I knew had asbestosis.

Q During that period of time, you did not have occasion to even consider an asbestosis or asbestos-related disease; is that not correct?

A Well, if someone had come into the medical department at the plant or come into my office and complained about pulmonary symptoms, and I found out where he worked, because if you take a decent history, you'll always find out what occupation the individual is in, and then I would have been suspicious.

Q But you were not suspicious?

A No. I saw some of these people and I had some x-rays taken, and they did not get the diagnosis of asbestosis.

Q As a matter of course, because you were just out of medical school, you would take, probably, histories that were more exhaustive than a physician who

has been out for --

A I always took occupational histories.

Q And you always made -- asked questions of workers as to where they worked and how long they worked?

A Yes. I must add to that, to the best of my knowledge, I haven't seen any of my 1938 through '41, for many years. And I'm certain that it was my experience that I gathered over the years, I had been very precise and a little strict on it. But we were taught to do good histories and physicals. And I can say that they are better than the average run these days.

Q While you cannot recall a specific physical, you can recall generally your practice and procedures during that period of time?

A Right.

Q Now, I believe you indicated that a program to monitor for lead poisoning was implemented at some time during your employment with Pabco?

A Following when the patient had symptoms of what we diagnosed as lead poisoning, and which was corroborated by the laboratory in the findings and workup by -- I can't remember if we had a hematologist/internist look at that or what. But it was a specialist in this type of thing. And so at that time, we instituted this monitoring regime

on all people working, and I never saw another one following this because safety measures were instituted.

Q Now, let me see if I understand this. You diagnosed one patient --

A One or two, I can't remember. We saw some patient have lead poisoning, and we were able to diagnose it promptly and started treating him under the supervision of a specialist in this type of disease.

Q When you would come across an illness or disease such as lead poisoning, you would naturally suspect an industrial origin?

A Correct. If they work in the area where there was lead.

Q And if lead was one of the ingredients that was used?

A Yes.

Q And upon making this diagnosis, as a matter of fact, Pabco instituted a program of monitoring employees, did they not?

A Correct. On our suggestion.

Q And when you would make a suggestion of that type to monitor a group of employees, the company would go ahead and do that?

A Right.

Q And that was in fact done in the area of

lead poisoning?

A Correct.

Q And there was no plan instituted to monitor for asbestos-related exposure?

A Well, we saw no cases of asbestosis. We saw no patients with symptomatology. We put our faith in preventative measures. The single best measure for the treatment of asbestosis is prevention, to establish a barrier, because there's no known treatment, actually, for asbestosis once it has been imparted in the individual. There's no medication that will dissolve it. And asbestes bodies are there, they have to be removed surgically. And in most instances, it's not feasible to do so.

Q Now, you were asked a series -- let me rephrase the question. I had my hand over my mouth.

You were asked a series of questions that related to whether certain volumes were given to you by Pabco. And Mr. Kazan read over a whole list of things, and you indicated that, no, those volumes were not given to you.

Now, would it be normal for a physician to secure his medical books from his employer?

A Let us say it's not uncommon. It's not uncommon. In many places they did this, many places.

Q You did have access to a medical

library if you felt that that was appropriate?

A Yes, but it probably would have been more appropriate to have that handy. But I used the library.

Q And you mentioned that you would use a library whenever you had a question that needed researching; is that correct?

A Yes.

Q And what library was that?

A The County Medical Society Library or the University Medical Library, either at the University of California or Stanford. Then after Stanford moved from San Francisco -- well, they still had the large medical library across from the old Stanford Medical School in San Francisco. I think it was taken over by the City or County, I'm not sure.

Q And they also had a medical library at Berkeley, did they not?

A No, they had it in the hospital. They didn't have a medical libary per se, but they had it in Oakland at the County Society.

Q And the closest one would be the one in San Francisco, a distance of about 15, 20 miles?

A Fifteen, 18 miles.

Q Did you ever feel that there was a

subject that should have been researched that was not researched by yourself?

A No. But one of the -- I didn't have access to current journals. They were -- all these journals are relatively expensive. And I had access to the libraries, I didn't have my own journals. I didn't subscribe to a long list of journals.

Q But you did subscribe to some journals?

A Yes, but not in the industrial field. I always, when I had occasion to look it up, I used the library.

Q Did you ever request equipment or books that you were refused?

A No.

Q I previously asked a series of questions relating to the treatment of workers that you would see in your offices, and whether any diagnosis had been made of asbestos-related disease. And I'm going to refer to that part of my examination and your answers. And I don't want to go over it again. But with reference to that, you have indicated that at the present time, and that's with present knowledge, there wasn't a recognition of the magnitude of the problem. That's a statement that was based upon hindsight; is

that correct?

A Correct.

Q And what you meant by that is that the problem just wasn't recognized at that time by anyone, as far as you know?

A Well, they did recognize the dust as a hazard. They did not realize, I feel certain, what the consequences would be by not having complete elimination of the dust.

Q And that dust, as a hazard, is the general effort of all manufacturers to reduce dust at the workplace?

A I'm not so sure that all manufacturers do this, but they did it at Pabco.

Q And that was to reduce dust in all workplaces?

A At Pabco?

Q Yes.

A Yes.

Q Dr. Perlmutter, thank you for your testimony and for meeting with us today. I have no further questions.

MS. JACKSON: I have no questions.

MR. KAZAN: I have a few things that I'd like to clear up, Doctor, if I may.

FURTHER EXAMINATION

BY MR. KAZAN:

Q In general, you said that there were as many as several thousand employees at the Emeryville complex?

A Uh-huh.

Q Did you generally, on the average, let's say, see most of those workers every year or so?

A Yes.

Q Can you estimate the volume?

A A large volume. I would say that there were certain individuals whom I would see many times during the year. There were people who always would go to sick call just like in the army or whatever, you'd see them, you'd recognize them and you'd get so you asked about their family and all that sort of stuff and how they were, and that sort of stuff.

Most people would come only as needed. And I would say just roughly, anywhere from 35 to 50 percent of the people would show up once a year.

Q You also said that you yourself did not see any diagnosis of asbestosis at the Emeryville Clinic Dispensary?

A Yes.

Q And as far as you know, the other doctors who worked there when you were around also didn't see any in Emeryville?

A I asked them that question and they had never.

Q You were aware that Fibreboard had a plant in Redwood City making insulation?

A Yes.

Q You never saw workers from that plant, did you?

A No.

Q And you have no personal knowledge of the experience of those workers with respect to occupational disease or whether any of them got sick and if they did, when it happened?

A No. I was not privy to that information.

Q And again, your information was that the use of asbestos in Emeryville pretty much began in 1941?

A Correct.

Q You told me that --

A Pardon me. There was another asbestos product that I'm not -- I wasn't aware what was going on with it. There was an asbestos paint, and we saw

no problems with it. Actually, it was wet, of course, and I don't remember having any patient come in with complaints referable to the paint, manufacturer of asbestos.

Q There's one other area that I'd like to go back over because I'm not sure I'm clear on it.

Mr. Hothem asked you about whether you have made a diagnosis of asbetosis, and you said no. And he asked about whether you ever considered it. Do I understand your testimony to be, Doctor, that on occasion, you would see workers from the insulation plant who came in with respiratory complaints?

A Uh-huh.

Q Is that correct so far?

A That's correct.

Q And that when you would see such worker, knowing of the potential hazards of their asbestos exposure for the development of asbetosis, you would consider in a differential diagnosis of conditions that had to be ruled out, the possibility that that worker might be showing signs or symptoms of asbestos-related disease?

A Correct.

Q And you'd do a physical examination?

A Correct.

Q And send the patient for an X-ray?

A That's right.

Q And on occasion, refer the patient to a chest specialist?

A Correct.

Q And the purpose of doing all that was specifically to rule out asbestosis?

A Right.

Q And you're telling us that having gone through this process, as far as you recall, other explanations were found for those patients' symptoms and, in fact, no diagnosis or impression of asbestosis was ever confirmed?

A Correct.

Q But every time an asbestos exposed worker presented to you with the kind of problems that could conceivably be related to asbestos exposure, you, as a physician, considered the possibility that this was asbestosis?

A Correct.

Q And this is something that happened from time to time throughout your years at FibreBoard?

A Yes.

Q And also the same sort of thing would happen when workers would come in from other plants with

symptoms that could be construed to be developing from the plant they were working in.

Q So you were concerned about all the possible occupational diseases that might be generated in that facility?

A Correct.

Q Now, you talked somewhat about lead poisoning?

A Yes.

Q Is that an acute disease?

A It's both acute and chronic.

Q How long an exposure to excessive amounts of lead does it take before somebody gets sick?

A Well, it's a cumulative thing, and the amount might be very small. So by increments, it would go -- it might take as long as a year or longer. With children sometimes chewing on the old lead paint in their cribs, they would get it within a short time because it does -- compared to the size of the individual was such that they'd get it.

Q Was the lead poisoning that you saw at Emeryville a more acute disease, somebody who got a big dose?

A No, it was a chronic thing, ordinarily. And we corrected the problems that gave that

exposure to having the material on their hands and et cetera. We saw that they used proper hygiene and they were away from exposures where they could get that.

Q Did Fibreboard, in its safety program, wait until there were cases of lead poisoning before instituting these precautions that you have described?

A Yes, they did.

Q And having taken those precautions that dealt with the problem, you didn't see more lead poisoning?

A No.

Q When Mr. Hothem was questioning you about dust control in the plant and so on, were you talking about general-nuisance dust, household dust, dirt blown in from outside as well as the pathogenic dust in the atmosphere?

A Well, I was talking about all dust that they had as a result of the manufacturing processes there. So I mean some of these were pathogens; some weren't. But, you know, enough of the dust, which ordinarily would be benign is still a hazard to people with hazards. There are people with other things. So all dust was attacked. The area of the insulation plant was attacked extra heavily and the area where they were

manufacturing the shingles that they ground up and put up also was attacked because it appeared to be a hazard from the standpoint of the insulation because of the asbestos and the related products there. And from there, the shingles, similarly, they were hazards.

Q So that aside from the general housekeeping cleanliness aspect, it was your observation that special precautions were taken at the insulation plant because of the asbestos dust and at the shingle plant because of the slate dust or whatever else they were using?

A And they had some quartz mixed with it, too. But I'm not sure of the exact composition. But there were problems.

MR. KAZAN: Fine. I have no further questions, Doctor. Thank you very much.

FURTHER EXAMINATION

BY MR. HOTHEM:

Q Doctor, just a few questions.

A series of questions were asked of you relating to respiratory ailments. Now, I would presume that the most common respiratory ailment that a plant physician would treat would be an employee with a runny nose that doesn't want to continue working or

wants off for the day; is that not true?

A Yes. That was probably the most common. But there were also people with chronic upper-respiratory infections who would arouse our suspicions.

Q And in many of those workers, you would receive a long history of cigarette smoking or tobacco use or abuse, would you not?

A Yes. There's no question that the association of tobacco smoking, cigarettes, particularly not so much cigars, that was very low. There was hardly -- there was a small statistical difference between non-smokers and cigar smokers, but there was nothing like the difference between cigarette smokers and the others. And the association -- now that you mentioned it, the association between smoking and asbestos, in which they acted sort of symbiotically, was early on noticed.

Q By "early on noticed," you're referring to a few years ago or 10 years ago?

A Let's see. I think that was noticed --

Q If you have any knowledge on that. Don't guess on the date.

A I don't know. I can't give you an accurate date, but it's my impression, as I recollect,

that it was in the '40's, late '40's, early '50's.

Q Do you have any knowledge one way or another or any source on that one way or another?

A Selikoff.

Q The Selikoff article was in '64.

A Was it '64? Time goes very rapidly.

Q So you were making that observation based upon the Selikoff article?

A Right.

Q Then your time estimate you would correct to be --

A Correct.

Q And that was when you mentioned something about cancer being known, that was also first explored by Dr. Selikoff, was it not, in the '60's, and Dr. Selikoff again was in '74?

A His work started in the '60's.

Q But it wasn't published until --

A I can't remember exactly.

Q And the time that that was known, of course, was when Dr. Selikoff chose to make it known through publishing his research?

A Correct.

Q Your reference to cancer was as a result of the information that you had received in

reviewing Dr. Selikoff's articles?

A Yes. But I knew this before. I knew it more precisely after I read Dr. Selikoff's article.

Q Now, you indicated that you had worked with Dr. Wahle?

A Uh-huh. Correct.

Q And Dr. Wahle was the person that you came to assist when you first came with the plant?

A That's correct.

Q While you were working with Dr. Wahle, you and Dr. Wahle would confer on matters relating to industrial exposures and industrial ailments and illnesses and diseases and injuries that workers frequently received?

A Yes.

Q Dr. Wahle treated not only patients in the Emeryville facility, but also treated patients, I believe, at the Redwood City facility?

A No, that is not correct. He was in charge, you know. We were self-insured, and he was responsible for the insurance program at Emeryville, Antioch, which was Fibreboard, and Redwood City, and some other place else, I don't know.

Q Then his knowledge of workers' injuries

and illnesses would cover all of those facilities, would they not?

A Anything that was compensable.

Q Well, anything where a claim was made against the employer at that time?

A Okay. A claim.

Q And did Dr. Wahle indicate to you at any time that he was concerned or had diagnosed -- let me rephrase my question.

Did Dr. Wahle indicate to you at any time that he had diagnosed any cases of asbestos-related diseases or ailments?

A He did not. And I had asked people who worked in the office about these claims and the individual who handled the claims over in San Francisco initially, but then it was given to someone else. I can't remember the name of the person who was doing it then or now. And there was no history of any claim. And, of course, this was confirmed by Dr. Adamson, who stayed there, I think, until '70. I can't remember the date.

Q Now, was there ever an effort made by the medical staff to favor management employees over non-management employees in the medical services and care that was given?

A No, there was no effort to do this. It was just -- it was popular at that time that the executives be checked so that they wouldn't drop dead suddenly without any backup. And it was offered to them, and not all of them accepted it. I can't remember how many did. I saw some of the executives. And most of them went to their own doctors. I don't think they thought that the plant doctor was as reliable as their own doctors that they went to.

Q And the persons that you would see would be those that got by your nurse?

A Oh, yes. Actually, it was available, but it wasn't utilized very much.

Q Now, you have indicated that prior to testifying today, you have spoken with Miss Hudson of my office?

A That's right.

Q Have you also spoken with Mr. Kazan?

A Yes. Mr. Kazan contacted me.

Q And did he telephone you?

A He telephoned my attorney, Mr. Rappeport.

Q And did he actually talk with you on the telephone?

A No, he didn't. He never did. I talked

to a lot of people. He did not. He talked to Jack.

Q Did you ever meet with him personally?

A Yes. I met him yesterday.

Q That's yesterday?

A Uh-huh.

Q And I imagine he asked you some of the same questions that he asked you today?

A Yes, some of the same questions.

Q And he generally asked questions relating to your care and treatment of employees of Pabco?

A Correct.

Q And you would talk and provide knowledge and information to anyone who would come and ask you for it?

A If they were cleared by Mr. Rappeport.

Q It used to be they had to get through your nurse, now they got to get through your attorney?

A Right.

Q And Mr. Rappeport is an attorney practicing here in Tucson?

A Yes.

Q He doesn't represent any party to this litigation, does he?

A No, he's representing me. And he felt if the party was to come on one side, I talked to

them; and if they came on the other side, I could talk to them.

Q And you haven't attempted to show favoritism to one side or the other?

A No. I wish they had never come. But once I met them, they were agreeable that -- I agreed to discuss the problems with them.

Q And prior to reporting here for your deposition, have you ever spoken with me?

A No.

Q Today is the first time you have seen me?

A Yes.

Q And the first time I asked you any questions is when I have asked you questions today on the record here in front of the camera?

A That is correct.

MR. HOTHEM: I have no further questions.

FURTHER EXAMINATION

BY MR. KAZAN:

Q Doctor, just so that there's never any confusion later on, it's also true that I met with you and your attorney Monday night of this week?

A That's right. This has been till I stopped in.

Q I know you have been having a great time doing this.

A Oh, great. Just wonderful.

Q But we did meet Monday night and again briefly yesterday?

A Yes.

Q Just so there are no secrets.

A No, there are no secrets.

MR. KAZAN: I have no further questions. It looks like there are no further questions from anybody.

Thank you for joining us this morning, Doctor.

THE WITNESS: And this afternoon.

MR. HOTHEM: And I hope we never have to see each other again, and I'm sure you share that hope.

HENRY PERLMUTTER, M.D.

* * * * * *

C E R T I F I C A T E

STATE OF ARIZONA,)
) ss.
County of Pima.)

BE IT KNOWN that I took the foregoing deposition pursuant to Notice; that I was then and there a Notary Public in and for the County of Pima, State of Arizona; that by virtue thereof, I was authorized to administer an oath; that the witness, HENRY PERLMUTTER, M.D., before testifying, was duly sworn according to law, and that the testimony of the witness was reduced to writing under my direction.

I DO FURTHER CERTIFY that I am not a relative or attorney of either party, or otherwise interested in the events of this action.

_____
Notary Public

My commission expires:
October 18, 1985.

A TEXT-BOOK

OF

PATHOLOGY

AN INTRODUCTION TO MEDICINE

BY

WILLIAM BOYD

M.D., M.R.C.P., Ed., F.R.C.P., Lond., Dipl. Psych., F.R.S.C.

PROFESSOR OF PATHOLOGY IN THE UNIVERSITY OF MANITOBA; PATHOLOGIST TO THE WINNIPEG GENERAL HOSPITAL, WINNIPEG, CANADA

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THE PNEUMOCONIOSES.

The long-continued inhalation of certain irritating dusts may cause a chronic interstitial pneumonia known as pneumoconiosis (*konis*, dust). The outcome of these dust diseases is entirely dependent on the presence and amount of silica in the dust. The dangerous pneumoconioses are silicosis and asbestosis, both of which may be disabling or fatal. Anthracosis, a condition caused by the inhalation of carbon in coal dust, is harmless in comparison.

Silicosis.—This is the most important of the dust diseases, and provides a serious hazard in the gold-mining industry in certain districts such as the South African Rand and northern Ontario. If, in coal mining, hard rock has to be drilled through, coal-miners may also

suffer. Other occupations in which there is danger are tin-mining, stone-working, metal-grinding and sand-blasting. In all of these cases dust containing fine particles of silica may be inhaled over long periods of time.

The particles, which are taken up from the bronchial mucous membrane by phagocytes and carried into the lymphatics in the stroma, are sharp and angular, but the real danger lies in the fact that silica is slowly soluble in tissue fluids, and in this form exerts a specific chemical action. When injected subcutaneously it produces necrosis, and the slow reaction in the lung results partly in necrosis but to a much greater degree in fibrosis. The fibrosis is at first patchy, corresponding to the deposits of silica in minute lymph follicles adjacent to the terminal bronchioles, and takes the form of "silicotic nodules" (Fig. 175), composed of concentric layers of fibrous tissue and readily palpated in the lung. These nodules gradually coalesce, and the fibrosis becomes widespread. In extreme cases the lung becomes stony

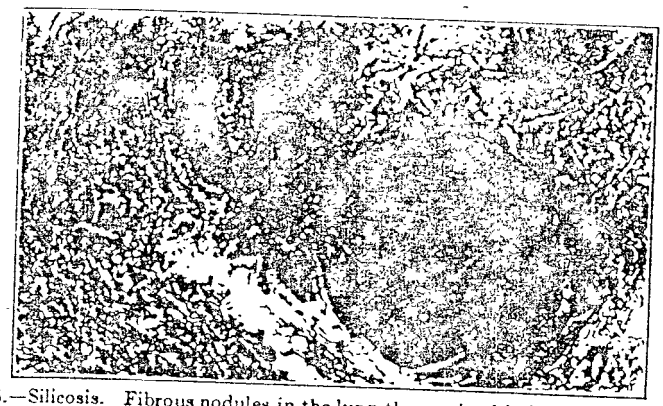

FIG. 175.—Silicosis. Fibrous nodules in the lung the result of irritation by particles of silica. × 12.

hard, and in one instance I had to saw the lung in two. The functional capacity of the lungs is greatly interfered with, and the chief symptom is marked dyspnea. The necrotizing action of the silica may lead to destruction and cavitation, but these changes are usually due to an accompanying tuberculosis.

Most silicotics die of tuberculosis because the presence of silica in the tissues favors the growth of tubercle bacilli to an astonishing degree. This was shown by Gye and Kettle, who injected a mixture of silica and tubercle bacilli into mice and observed very rapid development of the tuberculous lesion. When silica is injected subcutaneously and tubercle bacilli are injected intravenously on the following day the same effect is observed. The tuberculous infection to which the patient succumbs may be acquired before or after exposure to silica dust.

Pulmonary asbestosis is due to the inhalation of asbestos dust which may contain over 50 per cent of silica. The disease is acquired either during the

crushing of asbestos rock or in the process of carding the asbestos. The lung shows the airless and fibrosed condition found in silicosis, and on the cut surface there are areas of caseation with cavity formation. The characteristic microscopic feature, in addition to a large amount of silica dust, is the presence of large angular particles which are probably fragments of asbestos fibers, and curious golden-yellow bodies with a globular end and segmented body. (Fig. 176.) The latter structures, which may be called asbestos bodies, are pathognomonic of the condition, but their exact nature is not understood.

Anthracosis, due to coal dust, is the commonest but least harmful of the dust diseases. It is found in coal-miners, but a varying amount of coal dust is present in every lung at autopsy, and no sharp line can be drawn as to the amount which constitutes anthracosis. It does not cause much irritation as it is insoluble, and a lung may be loaded with it yet show little fibrosis. The carbon particles are taken up by mononuclear phagocytes and deposited in the interlobular septa, the deep layers of the pleura, and the bronchial lymph nodes. All of these structures and especially the lymph nodes acquire a coal-black color. Anthracosis does not predispose to tuberculosis; indeed, coal-miners are singularly free from that disease.

CURRICULUM VITAE

October 20, 1982

Name: Henry Abbott Perlmutter, M.D.

Home Address: 460 Valle del Oro Road, Tucson, Arizona 85704

College: University of California, Berkeley, California, 1929-1933, A.B.

Medical School: Northwestern University Medical School, Chicago-Evanston, Illinois, 1933-1937, M.B.
- Completion of Internship, 1938, M.D.

Postgraduate Education: Internship, Santa Clara County Hospital, San Jose, California, 7-37 to 7-38 (Rotating)
San Joaquin County Hospital, Stockton, California (Assistant Resident Surgery), 7-1-50 to 7-1-51
Highland-Alameda County Hospital, Oakland, California (Assistant Resident Pathology), 7-1-51 to 1-1-52
Wayne University Medical School Hospitals (Detroit Receiving Hospital, Detroit, Michigan and Veterans Administration Hospital, Dearborn, Michigan), 1-1-52 to 1-1-55
Chief Surg. Resident Detroit Receiving Hospital, 1954 to 1955

Academic Positions: Assistant Instructor in Surgery, Wayne University Medical School, Detroit, Michigan, 1-1-52 to 4-1-55
Clinical Instructor in Surgery, 1963 to 1966, and Assistant Clinical Professor in Surgery, 1966 to 1971, University of Californi Medical School, San Francisco, California
Adjunct Assoc. Professor of Surgery, University of Arizona Medical School, 1972 to 1978
Adjunct Professor of Surgery, University of Arizona Medical School, 1978 to date
Certification by American Specialty Boards: American Board of Surgery, 1957; Fellow American College of Surgeons, 1960

Professional Career: General Practice in Berkeley, California, 12-38 to 5-42
U.S. Army Service, 5-42 to 10-46
General Practice in Berkeley, California, 1946 to 1950
Residence Training in Surgery, 1950 to 1955
Private Practice - General Surgery, 1955 to 1970, in Berkeley, California, and Richmond, California

Present Hospital Staff: Veterans Administration Medical Center, Tucson, Arizona

Previous Hospital Staffs:

Active Staff:	Herrick Memorial Hospital, Berkeley, California 1939 to 1971
	Brookside Hospital, San Pablo, California, 1955 to 1971
	Richmond Hospital, Richmond, California, 1955 to 1971
Consultant:	Highland General Hospital, Oakland, California, 1955 to 1971 (formerly Highland-Alameda County Hospital)
	San Francisco General Hospital, San Francisco, California (University of Calif - Service), 1963 to 1970
Courtesy:	Alta Bates Hospital, Berkeley, California, 1967 to 1971
	Children's Hospital Medical Center, Oakland, California, 1960 to 1971

Professional Activities: Chief of Staff, Veterans Administration Medical Center, Tucson, Arizona, 1971 to date

Professional Committees:
Dean's Committee
Professional Standards Board
Physical Standards Board
Clinical Executive Board, Chairman
Clinical Assistant Review Board
Discharge Planning Committee, Chairman
Emergency Preparedness Committee, Alternate Chairman
Equipment Committee
Facilities Master Plan & Space Utilization Committee
Financial & Position Management Committee, Alternate Chairman
Hospital Accreditation & Medical Bylaws Committee, Chairman
Infection Control Committee
Joint Conference Council
Research & Development Committee

Service U.S. Army: 1st Lt to Lt Col A.U.S. (1942 to 1946)
1942 to 1944 - 96th Inf Div. Cont U.S.A.
1944 to 1945 - 36th General Hospital (Wayne State University Unit) on detached service Surgeon's Office - Peninsula Base Section Italy
1945 to 1946 - Surgeons Office - Delta Base Section So. France