

FILE NAME: Brakes (BRK)

DATE: 198p

DOC#: BRK0φл

DOCUMENT DESCRIPTION: aŠŘłŎI·f wŜLJ2Nú 5ŜăŎNłōλyƎ !ăōŜăú2ă C2dzyŘ λy [dzyƎ
ϕλăădzŜ



THE MOUNT SINAI MEDICAL CENTER

ONE GUSTAVE L. LEVY PLACE • NEW YORK N.Y. 10029

Mount Sinai School of Medicine • The Mount Sinai Hospital



*Environmental Sciences Laboratory
Cummings Basic Sciences Building
10 East 102 Street
New York, New York 10029
(212) 650-6173*

March 20, 1985

RECEIVED

MAR 25 1985

Blatt and Fales
1611 Allen Street
P.O. Box 365

BLATT & FALES

ATTN.: Tom Hart, Esq.

Re: Patient: Harry Shimada

Dear Mr. Hart:

This will report the results of mineralogical analysis of a specimen of the lower lobe of the left lung of the above patient.

The specimen was removed from the paraffin block, de-paraffinized, dissolved in potassium chloride solution, washed and the inorganic lung burden residue was then analyzed by transmission electron microscopy, including microchemical analysis.

Analysis of the specimen at 10,000 x magnification shows no asbestos fibers, but when the magnification is increased to 20,000 x many chrysotile fibers are visible. Thus, virtually all fibers are shorter than 0.5 μ m in length.

This is consistent with our studies of brake drum dusts, in which it was shown that 80% of the chrysotile present is shorter than 0.4 μ m in length.

The large numbers of fibers found in the tissue indicate an occupational exposure to chrysotile asbestos.

Please call me at (212) 650-6183/6184, if there are any questions.

Very truly yours,

Arthur N. Rohl, Ph.D.,
Assistant Professor - Mineralogy

ANR/sw-j

ALBERT EHRLICH, M.D.

One Horizon Road
Fort Lee, New Jersey 07024
(201) 224-6126

RECEIVED NOV 18 1985

*Board Certified Anatomic and Clinical Pathology
Fellow-College of American Pathology
Fellow-American Society of Clinical Pathologists*

11/9/85

Mr. Gary Galiher
Galiher & Associates
Suite 800 Melim Building
333 Queen Street
Honolulu, Hawaii, 96813

Re: Harry Shimada (Second Report)

Dear Mr. Galiher:

On 10/11/85, I recovered lung tissue from a paraffin block #11-RML, of the lung, which on H & E section, showed interstitial fibrosis with anthracosis. The paraffin was dissolved with xylene. The recovered lung tissue, which weighed 0.1 gram, was digested in 5% potassium hydroxide. The sediment, after centrifugation, was placed on a slide and examined by light microscopy. Over 19 asbestos bodies were found in the 0.1 g. of lung tissue. I estimate that there are over 200 asbestos bodies present per gram lung tissue. Thirteen of these asbestos bodies were photographed.

The findings of numerous asbestos bodies in addition to parenchymal and pleural fibrosis in Mr. Shimada's lung, confirms the histological diagnosis of asbestosis.

The finding of asbestos bodies with chrysotile asbestos is uncommon. I used a method of concentration of lung digest for

Page 2 -Shimada (second report)

demonstration of asbestos bodies, different from the commonly used Smith-Naylor (1) method, My method is much more sensitive and will soon be submitted for publication.

I conclude that demonstration of asbestos bodies in chrysotile asbestos is due to

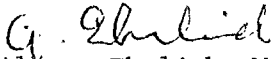
1. The increased sensitivity of my method
or
2. The presence of some amphibole fibers in Mr. Shimada's lung in addition to large amount of chrysotile fibers.

(1) Smith, M.J.;Naylor,B: A method of extracting ferruginous bodies from Sputum and pulmonary tissue. American Clin. Path. 58 : 250-254 1972.

Transparencies will follow.

Photographs will follow

Sincerely yours,


Albert Ehrlich, M.D.

Pathologist

AE:ee