



DR. E. SPENCER FAISLEY, M.D., F.C.C.P.
501 WHITE HORSE PIKE
HADDON HEIGHTS, N. J. 08035

2020 100

10-10-100

21 July, 1971

John P. McNally, M.D.
Owens-Corning Fiberglas
Berlin, New Jersey 08009



Dear Doctor McNally:

Re: Royden Braddock age 51
Watsonstown-New Freedom Road
Berlin, N.J. 08009

Herewith reports of examinations made on the above named at this office on July 7, 1971 as per your request.

Occupational History: Employed at Owens-Corning past 20 years in special assembly, ad production.

Past Medical History: Scarletina age 10. Pneumonia, lobar, 5 years ago; Pleurisy twice, bronchitis, frequent. No operations or serious illness other than mentioned. Smoked since age 15, cigarettes, 2-3 pkgs daily.

Chief Complaints: Chronic cough; sputum, thick, white. No blood. Wheezing moderate, worse lying down. Dyspnea on walking one block, working fast and with anxiety. No chest pain elicited with exercise. Frequent chest colds in winter.

General Physical examination: Head & Neck: Eyes and ears normal. Cranial nerves intact. Thyroid normal. No adenopathy. Chest: Breath sounds elicit wheezing mild, generalized. Few fine rales bilaterally. Breath sounds are slightly diminished. Fluoroscopic examination of the chest reveals the heart to be normal in size and pulsation. Both diaphragms move fairly well. Xrays of the chest reveals the heart and supracardiac structures to be normal. The hilar areas, especially the left, present multiple, small calcific densities. There is a definite increase in the broncho-vascular markings into the lower lobes. The apices and peripheral lung fields are clear. The central and lower lobe areas bilaterally show increase fibrosis in a fan-like pattern typical of asbestosis. The lateral projection also shows similar picture. Some early barrel-shaped configuration of the chest noted with slight increase in the anterior mediastinal air-space, and flattening of the diaphragms. Comparing present films with films over the past several years there is a definite increase in the fibrosis pattern.

Impression: Pneumoconiosis, asbestosis, moderate, occupational.

Early pulmonary emphysema?

Pulmonary Function Study:

Predicted Vital Capacity 4370cc; Performed VC- 3560cc= 82%

Timed Vital Capacity- normal,

Maximum ventilatory volume- 61.2L/min; Moderate reduced.

Flow rates A- Normal; B- slightly reduced.

Impression: Slight reduction; Early fibrosis pattern.

Cardiac: Normal sinus rhythm. No murmurs noted Pulsations normal

Blood pressure 140/80.

Abdomen: Soft relaxed. Non-tender; No visceromegaly.

02 203 0675

E. SPENCER PAISLEY, M.D., F.C.C.P.
801 WHITE HORSE PIKE
HADDON HEIGHTS, N. J. 08033

#2: Royden Braddock-

GU System: Essentially normal male.
Bones & Joints: Essentially normal.
Neurological: Essentially normal.
Skin: Clear. No peripheral edema.
P. P. D Intermediate negative.

Impression: Pneumoconiosis, moderate, asbestosis, occupational

Recommend he be moved to more favorable environmental site.

Thank you for the privilege of this evaluation.

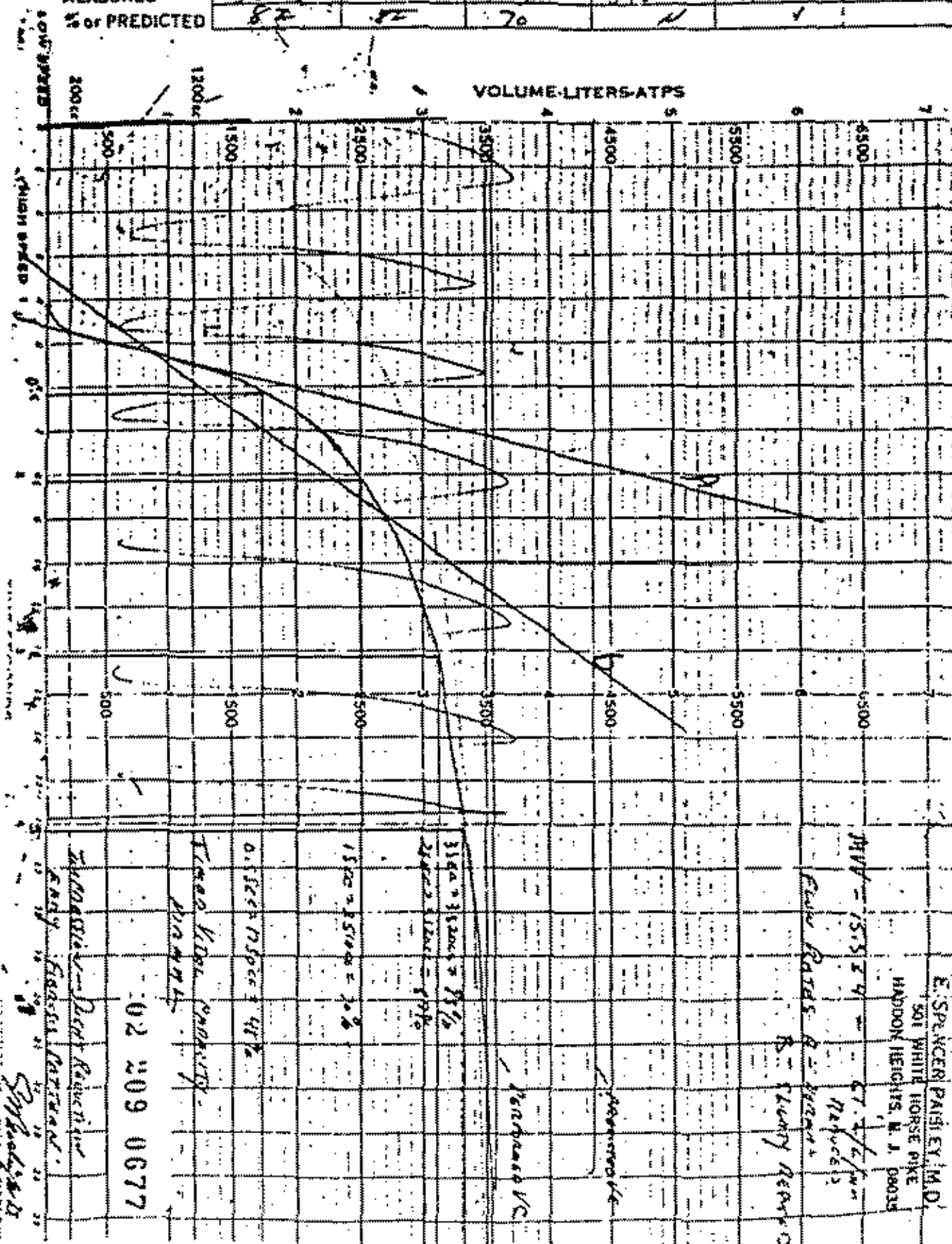
Very truly yours,

E. Spencer Paisley, M.D.
E. Spencer Paisley, M.D.

Enclosures: Graphs; Statement.

02 209 0676

FVCcc	FEV 0.1	FEV 0.2	FEV 0.5	FEV 1.0	FEV 1.5	MVV%
4370	3400	3200	4320	2160	142	
3560	2510	2300	3420	1180	61.2	
82	82	70	N	1		



OWENS-CORNING FIBERGLAS E. SPENCER PAISLEY, M.D., F.C.C.P.
100 WHITE HORSE PIKE

HADDON HEIGHTS, N. J. 08035

JUL 23 1971

RECEIVED

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Cardiac: Normal sinus rhythm. No murmurs noted. Pulsations normal. Blood pressure 140/90.

Abdomen: Soft relaxed. Non-tender; No visceromegaly.

62 209 0678

E. SPENCER PAISLEY, M.D., F.C.C.P.
301 WHITE HORSE PIKE
HADDON HEIGHTS, N. J. 08035

#2: Royden Graddock-

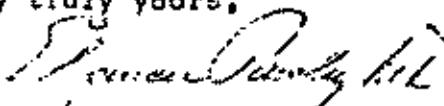
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Neurological: Essentially normal.
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Enclosures: Graphs; Statement.

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