1146

JAMES M. CAIRNS, A. B., M. D., M. S. Surgery
LIBBY, MONTANA

3(1146)

July 20, 1959



Mr. Raymond A. Bleich
Local Manager
Zonolite Company
Libby, Montana

Dear Mr. Bleich:

The following is a tentative analysis of chest X-Rays taken of the employees in your Company.

The examination consisted only of a flat X-Ray plate of each employee's chest. It is not accurate nor complete without a personal, physical differential diagnosis, which should be done on all cases showing any abnormal defects of the chest.

Many of the pictures read showed multiple defects, or disease. It was only in rare instances that a specific diagnosis of any disease was noted singly.

Statistical review of the above examinations is as follows:

1.	Number of persons examined -	130
2.	Number with normal chests -	82
3.	Number with abnormal chests -	48

Statistical review of the Abnormal Chests:

a.	Pleural Thickenings -	6
b.	Defects of the Diaphragm -	3
c.	Interstitial Fibrosis -	26
d.	Skeletal Deformities (Bones, Fractures, etc.) -	4
e.	Metallic Objects -	1
f.	Calcified Densities -	3
g.	Pneumoconiosis, or possible Asbestosis -	8
h.	Bronchiectasis -	1
i.	Abnormal Hearts, or Aortas -	7
j.	Emphysema -	11
k.	Tuberculosis (?) -	2
l.	Malignant Lesions (?) -	1

JAMES M. CAIRNS, A. B., M. D., M. S. SURGERY
LIBBY, MONTANA

Doctor Little, Roentenologist in this study, and myself, feel that a complete physical examination consisting of 1. History. 2. Physical Examination. 3. Tuberculin Test. 4. Further X-Ray Examinations. 5. Sputum Examinations. 6. Other special Diagnostic Tests., should be performed on all the above mentioned cases showing any intra-thoracic pathology.

I feel that we should have a conference on how best to proceed with the examinations. There will be a number of questions that should be explained before directing patients to consult their family physician.

Please feel free to call me if there are any questions, or explanations that we may be able to give in directing this study.

Yours very truly,

J.M. Cairns, M.D.

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CHEST X-RAY EXAMINATIONS

ZONOLITE COMPANY EMPLOYEES

1959

1. NUMBER EXAMINED - 130
2. NORMAL CHESTS - 82
3. ABNORMAL CHESTS - 48 37
4. DIFFERENTIAL DIAGNOSIS - ABNORMAL CHESTS
   a. PLEURAL THICKENING - - - 8
   b. DEFECTS of the DIAPHRAGM - 3
   c. INTERSTITIAL FIBROSIS - - 26
   d. SKELETAL DEFORMITIES - - 4
      (Bone, fractures, etc.)
   e. METALLIC OBJECTS - - - 1
   f. CALCIFIED DENSITIES - - - 3
   g. PNEUMOCONIOSIS or - - - 7
      Possible ASBESTOSIS
   H. BRONCHIECSTASIS - - - - 1
   i. ABNORMAL HEARTS and - - - 7
      AORTAS
   j. EMPHYSEMA - - - - - 11
   k. TUBERCULOSIS - - - - 2
   l. MALIGNANT LESIONS - - - 1

PLAINTIFF'S EXHIBIT 30(2)

JAMES M. CARROLL, A. B., M. D., M. S., SURGEON
LIBBY, MONTANA

July 20, 1959

Mr. Raymond A. Bleich
Local Manager
Zonolite Company
Libby, Montana

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Many of the pictures read showed multiple defects, or disease. It was only in rare instances that a specific diagnosis of any disease was noted singly.

Statistical review of the above examinations is as follows:

1. Number of persons examined	-	130
2. Number with normal chests	-	82
3. Number with abnormal chests	-	48

Statistical review of the Abnormal Chests:

a. Pleural Thickenings	-	8	- Probably - history of pleurisy
b. Defects of the Diaphragm	-	3	
c. Interstitial Fibrosis	-	26	- Probably healed TB
d. Skeletal Deformities (Bones, fractures, etc.)	-	4	
e. Metallic Objects	-	1	
f. Calcified Densities	-	3	- Lymph nodes
g. Pneumoconiosis, or possible Asbestosis	-	8	
h. Bronchiectasis	-	1	
i. Abnormal Hearts, or Aortas	-	7	
j. Emphysema	-	11	- Dilated Lungs - Exaggeration of emphysema
k. Tuberculosis (?)	-	2	
l. Malignant Lesions (?)	-	1	

CHEST X-RAY EXAMINATIONS

1959

ZONOLITE COMPANY EMPLOYEES

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   - a. PLEURAL THICKENING - - - 8
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     (Bone, fractures, etc.)
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   - g. PNEUMOCONIOSIS or - - - 7
     Possible ASBESTOSIS
   - H. BRONCHIECSTASIS - - - - 1
   - i. ABNORMAL HEARTS And - - 7
     AORTAS
   - j. EMPHYSEMA - - - - - 11
   - k. TUBERCULOSIS - - - - 2
   - l. MALIGNANT LESIONS - - - 1