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PLAINTIFF'S EXHIBIT JM-489

August 8, 1949

L. C. Hart

Industrial Hygiene - Asbestos
Survey of Men in Dusty Areas

Attached is a report prepared a few months ago by Dr. Ken Smith, of Asbestos, showing the results of his study of the health condition of 708 men working in some of the dusty areas. The conclusions seem unavoidable--that the dust is causing significant lung changes in many cases, it largely being a matter of time, and the further conclusion that many cases are likely to result in claims. The pertinent points of this report are marked.

There is now pending an appropriation request for dust removal at Asbestos. In view of the hazards and cost exposure involved, as previous information and the attached report bear out, I think serious consideration should be given to favorable action on this appropriation.

Enc

cc: A. R. Fisher
C. W. Hitch

EXHIBIT C

9/19/57 - Present: Drs. K. Smith, D. T. DuBow, E. D. Merrill, and C. L. Sheckler
H. Hahn, and S. Getter.

[illegible], John - #1020 - Dept. 957 (continuation of follow-through)

Getter - Report from Dr. Douglass as follows: "Although the lesion we are currently watching is basal, I feel the safe procedure is to accept the report that has come in of a positive sputum as diagnostic of an active basal tuberculosis. I would recommend complete rest and institution of specific drug therapy. Considering all the complicating factors it would appear to me that the sanatorium would prove the preferable location for his treatment. If he is to remain at home, I will be glad to advise in regard to the drugs, but if he is to be admitted to the sanatorium, it should be safe to postpone and leave the choice of drugs to the sanatorium staff."

Hahn - Our usual procedure is to notify the man he is not to work and to go on a LOA.

DuBow - What about contacts?

Sheckler - He is a patrolman - fire watch - I wouldn't think you would consider he has contacts.

Smith - Call the man in and explain that this is a contagious disease and right then tell him he cannot work and then notify his manager or supervisor.

Sheckler - How would I know what is being done?

Hahn - We make out the regular forms and then recommend a 6 month LOA due to medical reasons.

Sheckler - I have notified Pat - management - that he has this condition and put him on notice that there is a man who is a possible non-occupation case and we have tabbed his folder.

Smith - The plant manager has to initiate the LOA and this is non-occupational and the Medical Dept. just has to notify management that this indiv[illegible] should be on a LOA.

Hahn - We do not notify the plant manager, and we have not in the past. The triplicate form goes to the supervisor and he is the one to initiate the LOA.

Sheckler - We have initiated a new system. I think you should execute pro[illegible] same as before but I will notify O'Brien that the man is going [illegible]

Smith - If Dave found an active VD case, we would not bother you with th[illegible]

DuBow - This is a medical problem, I do not think it is an acute matter [illegible] management.

Sheckler - I thought we would handle all TB in one way. I do not [illegible] should write a note to Merrill or Slack. O'Brien should [illegible] from the supervisor. You do your usual routine but [illegible] to O'Brien for 3 or 4 weeks. O'Brien should [illegible] from the supervisor.

Sheckler - How will I know what is going on?

Kahn - Slip does not say what is wrong, just that it is illness.

DuBow - We have not been sending a diagnosis on paper when it is a purely medical matter. Dr. Smith, is it your feeling that a diagnosis should be on the slips.

Smith - No, I do not think so.

Kahn - We will continue the same routine then.

DuBow - You do what you want to Cliff, we will follow the regular routine.

MARY KOSTAS - #343 - Dept. 126

Sheckler - About a year ago, we had quite a session. She had been counseled by the Medical Departmentand then she and Ben Stanton got into quite a hassle and after her health counseling she claimed that she had a nervous breakdown and had to be hospitalized by her family doctor and then she and Stanton got into a terrific fight over the bill and she felt that JM should pay. The counseling had upset her so she felt it was our responsibility. She came in to see me the other day and wanted to speak to me but I was out. She is coming in to see me again this week and I want to know what I was talking about. She is very nervous and high-strung.

Smith - Did we pay the bill?

Sheckler - I do not know, I kept out of it.

DuBow - This case was prepared as an S-54 on the basis that this woman submitted an M&A form with the doctor's diagnosis of Asbestosis and the bill was submitted by Dr. Klompus. After reviewing the X-rays and examining this woman, I expressed the opinion that she had no evidence - X-ray or clinical - she had no evidence of an occupationally derived illness and this was confirmed by studies of her family doctor at Somerset Hospital. I studied her on the basis that there were some slight changes on the upper right lung. Gastric studies were negative. However, he did submit the M&A on Asbestosis and the Insurance Co. refused to pay it. He called me up and asked me if we would pay. I told him we would not and I told Mr. Naylor not to pay. She was out about 6 weeks. Bristol studied her and agreed that it was not occupational. She was transferred to another place that was less dusty.

Smith - Where was she working?

DuBow - In Textiles. She has been transferred and I understand that she is now happy.

Sheckler - What was she told when she was counseled?

DuBow - Dr. Merrill told her of changes in the upper right lung field but never inferred that it was occupational. She asked could she take these films to her family doctor and we let her.

Sheckler - This was prior to her hospitalization?

DuBow - Yes. Her doctor's report was not judicious. I am not sure whether Blue Cross honored the hospital bill or not.

Smith - Why is she being brought up?

Sheckler - She is coming in to talk to me about her medical condition, I want to know what to say. This is definitely a potential case, I am sure of it. Adam Chase is involved in it.

Smith - She was in Textiles?

Sheckler - She has been a winder and weaver from 1929 to 1955, at which time we transferred her to M.P. and then to the Packing Dept. so she is out of dust at the present time. I think the thing that is confusing the issue is a difference of opinion here, Dave, as to what brought the S-54 on. Chase sent me a letter about her and what we intend doing about her. The thing that is confusing to me - in your correspondence to Naylor on 11/1/55, you have your X-ray readings but in your very last paragraph there was a reading of possible early Asbestosis. Following letter shows regression and not of any known Pneumoconiosis. Now my question is - what do you see as of today?

Smith - Minimal TB at right apex which is apparently unchanged. No Pneumoconiosis whatever. The dust that she might have inhaled would have no effect on TB. Impression was that she might have some asbestos changes but the changes are of TB origin. Reading is of TB - inactive. I would advise to keep her out of dust and on days only, but minimize the asbestosis phase. Minimal TB, arrested, no occupational disease.

Sheckler - 1. Tab
2. No AHS
3. Not to work in dusty area
4. Day work only (2nd shift is all right)
5. Advise plant manager.
6. S-54 (Getter - has been done)

One shift or first and second shift would do. 3rd is no problem but alternating is a problem. It becomes a union problem.

DuBow - Our policy has been not to make any issues about 1st and 2nd shift but we have made issues about a 3rd shift.

Smith - With that amount of TB, I would not worry about 2 shifts. Whenever we have started a new plant, we are starting a 3 week rotation, but it is hard to do in an old plant.

Koblis, Joseph - #0515 - Dept. 920 49 years old.

Cotter - Placed on N.D. in 1954, and has been counseled by us and by Dr. Douglass.d Dr. Douglass was the treating doctor while he was on LOA.

Sheckler - Was employed 5/17/29. He has had possibly 6 months of exposure in Pipe Covering as a packer. 1929 - Roofing and working there until 7/30/30. On 2/23/31, he went into Power House as night oiler. 8/27/33 he was a fireman. 11/36 as foreman in Power House. 9/43 watch engineer to date in Power House. He may have had bituminous coal.

Getter - There was one positive sputum. He was out ~~from~~ for 7 months

DIAGNOSIS: Inactive TB.

X-ray reading - Area of infiltration right upper lung, subclavicular area in the region of the 2nd interspace anterior. Re-X-ray in 6 mos.

Sheckler - 1. Tab
2. No AHS
3. Do not notify plant manager. He works in a clean job but it is a rotating shift.

DuBow - He is on a no 3rd shift basis. That can make a good case.

Smith - You could not get a doctor in the whole world to say it would do him any good.

DuBow - You aggravate a medical condition with that 3rd shift.

Sheckler - The man is a specialist and that is the only thing he can do.

Smith - That is a management decision.

DuBow - Management is taking a calculated risk.

Smith - There should not be any 3rd shift. I do not think it is our position to say 3 or 4 or 5 day week. We cannot control workings of other people. We want to make sure that he does not have more than a certain amount of work per day.

Sheckler - When I speak to O'Brien, should I say no more than an 8 hour day? Sometimes there is a double shift.

DuBow - No, no, he should not do this. Men like this, with his background, have been drilled - they must get a full night's sleep. When a man has worked 8 hours and he is put on 8 more hours, you are doing ~~him~~ him harm.

Sheckler - Then no double shift. Very often they work the damndest shifts and very often they work 16 and 18 hours. They work long hours and then take several days off.

Smith - This man should have regular hours of work and rest and eating.

Sheckler - I will tell O'Brien.

Takacs, Andrew - #539 - Dept. 996 25 years old.

Getter - Hungarian refugee - Had TB in Hungary but was treated by medication and optimal health conditions, was a student at the time. Came to this country and put in Glen Gardner for one month, he said he received no treatment of any kind, just rest.

Sheckler - Hired in 3/4/57 as an electrical designer.

Getter - He was put on a No Dust restriction, preventive basis. G.E. was notified of this and he was hired with this information.

Smith - I would not employ anyone like this. They knewof the restriction?

Getter - They were notified this man did not meet company requirements and had a No Dust restriction, and they hired him.

DIAGNOSIS: Moderately advanced arrested TB.

X-ray reading - Area of infiltration in right apex and below right clavicle. X-ray in 6 mos.

Sheckler - 1. Tab
2. No AHS
3. Advise manager
4. Has been H.C.

They hire him and then if they send him to Lompoc, and it has happened, and he works there for 2 or 3 months, and then you have a claim.

DuBox - They hired him even with our restriction.

Hahn - They say they need engineers, and they do, so they have to hire him.

Merrill - They even hired a man with dementia praecox and theyknew all the facts.

Sheckler - The calculated risk is a legal risk. (On Takacs)

Smith - It is also a medical risk. This man has TB and can break-down at any time.

Sheckler - I have a suggestion to make. They understand money. In cases like this, if he is spreading disease, that is a legal risk, it could very well be, they should know my opinion on this and they should know the risks. I will call Smith and lay it on the line, and tell this information to them.

Smith - To get back to the dementia praecox - where did he go, what department?

Merrill - To the Patent Dept.

Smith - Do not recommend employment, that is all you can advise and it is the best you can do. But if they go on from there like this, I will enter the picture.

Merrill - Do we not recommend and then give no explanation?

Smith – Do not tell them.

Merrill – We never tell diagnosis.

DuBow – In new employees, we have a right to tell what we find, because his employment depends on our findings.

Smith – Preemployment is not considered the same as privileged information. I would like to see it in writing.

DuBow – How about qualifying?

Smith – The main thing is to have it in writing, that you do not recommend hiring this man.

DuBow – Sometimes they bring in reports from other doctors saying they can do regular work.

LESLIE, FRANK – #14233 – Dept. 740 42 years old.

Sheckler – Hired in 7/30/46. Presently is a painter in divisional maintenance. From 1946 to 1947 – worked as unloader in Shipping and Receiving. 1947 – 1951, Receiving checkroom and truck driver in I Bldg. In 1951 transferred to E&R as laborer for 1 month and then went to Divisional Maintenance – ever since, as a painter. 5 years potential exposure to silica, portland cement, and asbestos.

Getter – Had TB, was in Glen Gardner. Out from 11/19/56 to 3/25/57 with bed rest and medication, incipient TB – lesion. Is under the care of Dr. Stolow. Stolow said there was nothing wrong. Employee was angry with us for what we did.

DuBow – He is doing all right.

Smith – Get another X-ray with full inspiration.

DIAGNOSIS: Arrested TB, minimal, right upper lung. No evidence of occupational disease.

X-ray reading – Area of infiltration markedly diminished, right apex. Re-X-ray with full inspiration.

Sheckler – 1. Re-X-ray and medical dept. to notify CLS
2. Tab
3. No AHS

This man will get into dusty areas with his job. He goes up and dusts off beams before he paints.
4. Notify plant manager not to work in dusty area. Work steady days.

BRADY, JOSEPH - #947 - Dept. 993 50 yrs.

Sheckler - Hired in 1932. From 1932 to 1944 he was a millwright and welder in E&R. 1944 to date in R.C. as section man and millwright. Minimal exposure to silica, asbestos fibre, portland cement - 12 years - E&R. Little or no exposure in R.C. I have a note - permanent Light Work for 2 years, to be evaluated by Dr. Fitch for radiculitis condition.

DuBow - Thought he might have right apical infiltrate. Blunting of left costophrenic angle.

DIAGNOSIS: X-RAY Equivocal area of increased density right apex. Irregularly shaped right hemidiaphragm, present in previous X-rays up to 1947. There is indefinite infiltration right middle lung field opposite 4th rib anteriorly which has changed from 1951 to 1957. In present film, this area has several shadows resembling blebs. Yearly.

DIAGNOSIS: Might be infection or tumor. No occupational disease or TB. X-ray changes of unknown origin.

Sheckler - 1. No tab
2. No AHS
3. Do not notify plant manager
4. No H.C.

SENICHKO, JOHN - #1517 - Dept. 413 58 yrs.

Getter - N.D. in 1955 and has been H.C.

Sheckler - Hired in 1929. Present job is machine tender, in Roofing, saturator, wrapper in Roofing, utility, Merrill operator to 1956. Then went to machine tender. Slate dust and free silica.

Getter - He has had 14 years in the coal mines.

Sheckler - Do you know Ken, what year silica was removed? Can we have a guess as to possible exposure?

Smith - I would guess none. We had one case - 1946 or 1947 - beautiful case of silicosis. Was in Roofing and never had any other exposure but tal was used. That time they came with 35% silica.

Sheckler - I do not know too much about previous usage. Talc they use now is safe. In saturation room, he would be away from granule operation, on Merrill slitters, it is slit before granules are put on.

Smith - Whether or not he had any exposure, he had coal mining before he came to JM and there is no change to any pattern.

DuBow - Early film would show something of previous employment.

Hahn - There was no pre-employment film. First film is 1932.

Getter - He says he had pleurisy and his son and father-in-law died of TB.

DuBow - [redacted] - Is this one of the type that had no exposure but developed later on?

Smith - Were P&S done on him?

Getter - P&S were neg. in 1/57.

DIAGNOSIS: Bilateral moderately advanced apical TB, unstable. No occupational disease - but we cannot rule it out.

X-ray reading - Bilteral apical infiltration both apices. 6 month X-ray.

Sheckler - 1. Tab
2. Notify plant manager
3. AHS
4. Should work in non-dusty area.

BLANIK, ANNA - #6351 - Dept. 116 49 yrs.

Sheckler - Hired in 1941. Presently a weaver. 16 yrs. of potential exposure to asbestos in Textiles. Has been a weaver and spooler during JM employment.

Getter - N.D. in 1952. Worked for 15 years in Raritan Wool Mills. Has been H.C. about Pneumoconiosis.

DIAGNOSIS: MODERATELY ADVANCED ASBESTOSIS, precipitated by earlier infection.

Hahn - She became upset when she was advised.

DuBow - If we can give her reassurance, she would feel better.

Smith - She should not work in dust. She is moving fast. She should have no dust exposure.

Sheckler - Should we do an S-54?

DuBow - For one reason I do not believe it should be done. Psychologically, it might be bad.

Sheckler - It would just mean setting up an accrual and sending films to Bristol, etc., - no doctors outside would be involved.

Smith - The minute you start talking transfer, she will be upset. It does not make any difference, she will be upset anyhow. We had better set up S-54.

Sheckler - Then we do do S-54.

DuBow - To prepare an S-54 without a physical examination?

Smith - When was her last examination done?

Cotter - July, 1956.

Smith - We need a better and more up-to-date physical, you had better do one.

Sheckler - 1. Transfer to non-dusty area
2. Tab
3. No AHS
4. Do S-54.

Smith - When doing her examination, try to find out whether or she has had her menopause. Transfer may upset her and may make her decide to leave the company. She might be too disturbed and refuse to take any other job, she may become totally disabled. If she has passed her menopause we do not have to worry too much about her being emotionally upset.

X-ray reading - Areas of increased densities with placque formation and discrete areas of more pronounced densities in the left lower lobe and to a minor degree in the right lower lobe. The domes of the diaphragm are slightly irregular. The left leaf shows some areas of increased density. The border of the left heart shows straightening and is not too well defined.

BOWMAN, JAMES - #6874 - Dept. 542 48 yrs.

Sheckler - Hired in 1941. From 1941 to 1952 - Has had potential exposure to silica, asbestos, and portland cement in Transite Pipe. 1952 went to E&R - Divisional Maintenance. In 1942 to 1952 - Crane operator.

Cotter - Worked in coal mines for 10 years. Is N.D. and has been H.C.

DIAGNOSIS: Mixed Pneumoconiosis, moderate.

X-ray reading - Scattered areas of fine circumscribed densities bilaterally, with some linear densities in the right middle lobe. Some hilar adenopathy. Yearly X-ray

Sheckler - 1. Tab
2. Advise plant manager to work in a non-dusty area, not to work in Textiles.
3. No AHS

Do we prepare S-54.

Smith - No need if he is out of a dusty area.

SMITH, MARSHALL - #19913 - Dept. 113 26 years old.

Cotter - He was studied for asthma and shortness of breath. H.C. in 1956 and H.D. in 1956.

Sheckler - Hired in 1950. Section man in Carding in Textiles. 7 years potential exposure to asbestos fibre.

Cotter - Dr. Douglass' report of 5/15/56 - Serial X-rays show a normal chest until May 1956, when a fairly uniform density with a sharp border of demarcation was noted in the right second interspace. In view of the history, This will certainly bear watching, although its appearance is that of a pleural thickening, I would advise Re-X-ray in 2 months.

Merrill - In 5/56 - He was said to be a contact at work of two known cases of TB. Reported hemoptysis several times during summer of 1955. Attacks of shortness of breath, usually while in bed, since 12/55. Reported to be receiving treatment for asthma. Sonorous and sibilant rhonchii in expiration in both lungs.

DuBow - If he is asthmatic, you may have a situation like Tile McGill, any dust might aggravate this condition.

Merrill - P was 2 plus. In 8/55 he came to the Medical Dept. and said he raised and spit blood this morning and also during past summer. He said he is a contact of Ivy Johnson and Ivy Patterson. Told to report to his family doctor - Dr. Poole.

Hahn - Ivy JOhnson went to Bonnie Burns.

Merrill - Sputum in 1956 was neg. Culture reports were also neg. He was H.C. in 6/57.

Sheckler - He has studied Textiles - I believe he is being ~~groomed~~ groomed and education, I presume for a foremen's job. He is being taught.

DIAGNOSIS: Residual pleurisy right base. No occupational disease. Arrested TB.

X-ray reading - Some thickening at right costophrenic angle.

Merrill - Dr. Douglass said he will bear watching because of blood, etc.

Smith - Pulmonary TB.

X-ray reading - There is an area of infiltration in right 2nd intercostal space anteriorly, prominent in 5/56 and not so prominent in 6/57 X-ray. X-ray in 3 mos.

Sheckler - I cannot recommend taking this man out of Textiles.

Smith - This is an exceptional case in terms of what he is being trained for. If we do not believe what he is doing will reactive his condition - well then

Sheckler - We can tab his file, he will not get into silica.

Sheckler - 1. Tab
2. Advise plant manager, allowed to continue in Textiles. Do not transfer into silica exposure.
3. AHS
4. Bring-up by medical dept. in 1 year.

MASTROBUONO, LORENZO - #5432 - Dept. 646 44 yrs.

Getter - 6 years in the coal mines. N.D. in 1957, H.C. in 1957.

Sheckler - Hired in 1941 and is a millwright, oiler - Ind. Products - E Maint. Started in 1941 as a general laborer. Worked on mixer and then went to rock handler and then signal man - crane - general wet end operator, moulder repair man. In 1951 went as millwright and oiler to date. 16 years potential exposure to asbestos fibre, diatomaceous earth (calcined and natural).

Getter - He says he worked in dust bin in E Bldg.

Sheckler - When H.C. what was he told.

Getter - X-ray evidence of Pneumoconiosis.

DIAGNOSIS: Mixed early Pneumoconiosis.

X-ray reading - Scattered area of discrete fine densities bilaterally. Heart not enlarged. Good excursion of diaphragms. Yearly.

Sheckler - 1. Tab, to work in non-dusty area
2. Check work area
3. Notify plant manager
4. Transfer out of Thermobestos if necessary.

SWITAK, JOHN - #20153 - Dept. 072 43 years.

Getter - Has been H.C. P&S neg. in 1/57.

Sheckler - Hired in 1941, is machine gauger in Transite Pipe. Crush and dry cement bag, scrap pipe covering. Left JM to work on farm 7/18/52. Was re-employed in 9/9/53, on dry form process in brake lining and clutch facing and then in 1954 went to M.P. In 1954 went to Transite Pipe as moulder. Has had 1 year potential exposure to asbestos fibre, 3 yrs. potential exposure to silica, portland cement, and asbestos fibre in Transite Pipe.

Getter - Dr. Douglass reported minimal TB, inactive.

DIAGNOSIS: Minimal TB, right apex, presumably arrested, should be under continuing check-up and testing. No occupational disease.

X-ray reading - Area of infiltration right infraclavicular area and right apex. X-ray and sputums every 6 mos.

Sheckler - 1. Tab
2. AHS
3. Notify plant manager

DuBow - Is he on shift work?

Sheckler - Probably.

BEGANE, STEPHEN - #1515 - Dept. 413 58 years.

Getter - N.D. 1952, Pneumonia in 1952. Old X-rays showed Pneumoconiosis. Worked for Oilles Bearing Co. 5 yrs.

Sheckler - Hired in 1926. Is machine tender in Roofing. Laborer in Roofing and Pitch man and runner. In 1942 went into U.S.S. and returned in 1946. Also crane operator plus above jobs. Roofing 1932 - 1957. I do not know what he did in previous period. 27 years. With minimal potential exposure to silica, talc, and slate dust.

Smith - Can you find out where he was between 1926 and 1930.

Sheckler - No. In 1929 - coating rolls with asphalt - saturated. He says he worked in Oilles Bearing (core maker - foundry).

Smith - Core maker about 1945 - was most hazardous job in foundry - silica.

DIAGNOSIS _ EARLY-MODERATE PNEUMOCONIOSIS.

X-ray reading - Scattered areas of miliary nodulation bilaterally with hilar adenopathy. Prominent left border of heart. Yearly.

Smith - He will not get into any trouble in Roofing.

Sheckler - 1. Tab
2. Notify plant manager
3. AHS

CRAIG, HENRY - #2283 - R.C. 41 yrs.

Sheckler - Hired in 1949. Instrument technician in R.C.

Getter - Scar right posterior thorax. Sputums in 1955 were negative. Dr. Douglass reported - 4/24/55 - Is there a scar over the right posterior ridchest?

Addendum: Our records give a history of empyema at the age of 2 years. A comparison with outside films taken in 1935 showed the same condition essentially unchanged for 20 years.

Sheckler - 1935 - 1938 - Calco Chemical Co. 1938 to 1947 - Service Utilities. 1947-1949 [illegible] self-employed. 1949 Instrument mechanic. Interesting for what it is worth. Is supposed vacation and then go to Colorado to pick-up his son who is there for reasons of health. Apparently his son died in 1956.

Merrill - Positive patch reaction. Is on N.D. restriction. No familial TB history. S were neg.

DuBow - Scar? Surgery?

Merrill - Empyema right side. Dr. Pauly recommended N.D. when [illegible] hired in 1949.

DuBow - Has segmental area of atelectasis right lung field.

DIAGNOSIS: X-ray changes of undetermined origin. No occupational disease.

X-ray reading - Segmental area of increased densities in right mid lung field. Area of atelectasis with some fine linear densities in right lower lobe. Heart is not enlarged. Left diaphragm is higher than the right on expiration. Yearly.

Sheckler - 1. Tab
2. Notify plant manager.

KRZYSTOW, JOHN - #1306 - Dept. 255 46 years.

Getter - N.D. in 1954, H.C. in 1956. S - neg. Patch 4 plus.

Sheckler - Hired in 8/12/29. 28 years potential exposure to asbestos fibre, diatomaceous earth (calcined and natural) in Magnesia.

Getter - Advised of X-ray changes.

Merrill - When records say X-ray changes due to Pneumoconiosis, we would not use the term Pneumoconiosis to patient.

DuBow - I spoke to this man and told him of the changes in his lungs. He said he is in a clean area.

Sheckler - Started as canvass cover and went entire Magnesia. He says it is a clean area, I disagree with him - it is dusty.

DIAGNOSIS: Early mixed Pneumoconiosis, plus old arrested TB in the right mid lung field.

X-ray reading - Scattered fine miliary nodulation bilaterally, and small area calcific deposits in left mid lung field. Heart not enlarged.

Sheckler - 1. Tab

PAWLIK, STEVEN - #5989 - Dept. 991 37 years.

Getter - M.D. in 1955. H.C. of X-ray findings suggestive of TB.

Sheckler - Hired in 1940. Is a carpenter presently. 1940 to 1947 in B Bldg. 1947 went to R.C. as gardener until 1951. From 1951 to date, he is a carpenter. Potential exposure for 7 years to graphite.

Merrill - Dr. Douglass reported - 6/21/55 - Serial X-rays since 1940 first definitely visualize fibrotic changes in the right apex in 1949. These have increased very slightly but progressively. I believe they should be classified as minimal tuberculosis and X-rays should be taken every 6 months. Patient would be well advised to maintain optimum health conditions.

DIAGNOSIS: Minimal arrested right apical TB. No occupational disease.

X-ray reading - Infiltration in right apex, unchanged for the past 6 years. X-ray 6 mo

Sheckler - 1. Tab
2. Do not notify plant manager
3. No ABS

LUKACS, STEVE - #3885 - Dept. 210 39 years

Getter - Worked in coal yards for 10 months.

Sheckler - Hired in 1936 in H Bldg. Stripper in 1936, punch press in 1937 in R.S. Stocker in Textiles in 1939 to 1942. Separated in 1943 and rehired in 1945. Shipping and loader in Paper Mill and Magnesia 1949. In 1949 - handler in Magnesia - clean tanks and pipes until end of 1949. Sheet slitter and section man on bands until 1954. Went to Thermoflex as Jr. operator until 1954, and then pipe cutter in Fire Felt. Potential exposure of 19 years to silica, diatomaceous earth, asbestos fibre. M.D. in 1952 and H.C. 1956.

DIAGNOSIS: Mixed Pneumoconiosis, moderate.

X-ray reading - Diffuse parenchymal changes, bilateral, consisting of very fine miliary nodulation with some calcification along the right mediastinal pleura. No cardiac enlargement. Yearly.

Sheckler - 1. Tab
2. Notify manager
3. ABS

MITCHELL, GEORGE - #20504 - Dept. 072 41 years

Getter - 11 years in hard coal mines.

Sheckler – Hired in 1951 in Roofing. Presently is a pipe-machine curer in Transite Pipe. 1951 slate man and loader. Separated in 1951. Rehired in 1954, R.S. as unloader in 1954. Total about 3 years exposure to silica, portland cement and asbestos fibre.

DIAGNOSIS: Early mixed Pneumoconiosis. Unchanged for 6 years. Appears to be anthracosis.

X-ray reading – ~~xxxxxx~~ Bilateral diffuse fine miliary nodulation, unchanged for the past 6 years. No hilar adenopathy. Yearly.

Sheckler – 1. Tab
2. Notify plant manager
3. AHS

We do not have many non-dusty areas. It has to be worked onl

Getter – Would you clarify – does the AHS report come to the Medical Department.

Sheckler – I trust you do not put anything about the AHS in the medical folders.

Hahn – Do you recall at the first meeting, we decided to use initials to denote what has been done. We need something to show we did something about changes when they were noted.

Sheckler – Say referred to the Safety Department.

Hahn – This is a change from what we decided at the first conference.

Smith – If we put in AHS, it means we have advised you to have a survey done but no reasons are recorded in the files. An attorney might say what did you do. They can answer we requested studies and they then can say they do not know the results of these studies.

DuBow – But if it is requested and you do not get satisfaction.

Smith – That is not your responsibility. I think it good for your two doctors to know what the dust counts are but I do not think we should give any advice on that. Dust counts are not current. And with our present engineering changes, you would not have the latest changes. If anyone is worried about their work area, Cliff will handle the whole thing.

7/23/57 - Present: Drs. K. Smith, D. T. DuBow, E. D. Merrill, and C. L. Sheckler, H. Hamm and A. Getter.

JOSEPH PALOUSKO - #2056 - R.C. - 31 years old.

Getter - N.D. in September, 1954. P&S done January, 1956 - P was 3 plus and S was neg. Dr. Douglass's report of 9/11/56 - "Serial X-rays show multiple calcifications of the left mid-chest and hilum. This has the appearance of a healed primary tuberculous complex.

Sheckler - He has had 11 years minimal exposure to Perlite and asbestos fibre.

DIAGNOSIS: Arrested primary TB. Unchanged since employment film.

X-ray reading - Multiple discrete parenchymal and hilar calcific densities - left side. Nochange. Yearly.

Sheckler - 1. Tab
2. Notify plant manager
3. Review work area with Cheatham and do AHS if necessary.
4. Keep employee out of Perlite and Silica dust.

SLIVA, EDWARD - #2007 - R.C. - 46 years old.

Getter - N.D. since 11/52. He was H.C. in 3/55.

Sheckler - Hired in 1935 and worked in Packing until 1936, and then was layed off. Re-engaged in 1942 in Shipping and Receiving as a loader until 1947. Shipping checker in R.W. until 1950. In 1950 he went to Textiles until 1952. R.C. in 1952 as janitor and then a gardner to date.

Getter - On 6/56, he was out with chronic upper respiratory infection.

Sheckler - 6 years of potential exposure, to Asbestos fibre, and possibly Diatomaceous earth and silica. No exposure on present job.

Smith - Some of the early films may have given the impression of O.D. but I cannot see any O.D. I would not worry about trouble here.

DIAGNOSIS: No evidence of O.D.

X-ray reading - Exaggerated linear markings and diffuse haziness in left lower lung field. Yearly.

Smith - If he got into heavy silica exposure, it would be a different story.

Sheckler - Would you H.C. for a man with this much change. I appreciate that conditions in 1955 were different today. When you H.C., you are almost asking for a petition.

Merrill - At that time, it had been decided that people with O.D. or chan[illegible] should be H.C. We took the periodic examination as the time to

Many times when I H.C. then, it was on the basis of reports in the record. It was on an on-the-spot basis. It was in the record that the man was an O.D. or that there were changes. We changed our minds about some of the cases later.

Sheckler – 1. No AHS
2. Do not notify plant manager
3. Tab

DUBECKY, PETER – #2526 – R.C. – 40 years old

Sheckler – Hired in 1936 and is presently employed as a lab assistant, in Asbestos Cement products. From 1936 to 1939 – blade passer in R.S. In 1939 to 1945 – in R.S. – machine tender. 1945 to Date – R.S. in R.C. 9 years potential exposure to silica, Portland Cement, and asbestos fibre. 12 years minimal potential exposure.

Getter – N.D. in 1956 and H.C. at that time. Dr. Douglass's report of 9/11/56 "1936 X-ray shows some calcifications among the vascular markings in both upper lung fields. These become less conspicuous in succeeding years. In the last two X-rays, 1954 and 1956, there are exaggerated markings peripherally in both upper chests. I am not inclined to attach any great significance to them at this time as they are not much in excess of a normal appearance. I presume that they are related to the findings of twenty years ago." P&S were neg.

Sheckler – Worked in Ruberoid for 16 mos.

DIAGNOSIS: Apical Silica-Tuberculosis, X-ray changes are present.

Sheckler – Are we facing a liability.

Smith – No.

Sheckler – I cannot agree with you. The man has been H.C. and had 20 years exposure. I would see a nice fee as an attorney.

Smith – I guess my thinking has been tempered.

Sheckler – If you tell me this is O.K., then that is that.

Smith – Petitioner's doctor cannot call this O.D.

X-ray reading – Apical infiltration on rt. and some on left. X-ray in 6 mos.

Sheckler – 1. Tab
2. Notify plant manager
3. To work in non-dusty area
4. Review work area with Chatham and do AHS if necessary.

DUDASH, MARGARET - 49 years old - #7438 - Dept. 114.

Getter - N.D. in 1952 and H.C. 7/55.

Sheckler - Hired in 1929. Prior to JM employment, he worked in a cigar factory. From 1941 to date - he has been a spinner in A Bldg. 17 years potential exposure to asbestos fibre. In H.C., what was he told?

Getter - X-ray changes showing Pneumoconiosis.

DIAGNOSIS: First stage Asbestosis.

X-ray reading - Fine stippling and linear densities both lower lobes with irregular left cardiac border. Yearly.

Smith - The way they are cleaning up that area, two years will not make much different.

DuBow - If you were to prepare this according to S-54, you may precipitate something in the calling of of the patient for examination. After all, they are producing and taking home a good pay, you may be creating a crisis. We may aggravate this into something decisive.

Sheckler - 1. Tab
2. Advise plant manager
3. AHS
4. Attempt to cl an up area in 1 year.
5. Conference in 1 year.

MANGIONE, DOMINICK - #4266 - Dept. 726 - 44 years.

Merrill - In 1955, we noticed respiratory wheeze in the left upper chest. In the periodic examination last month, we heard no wheez. X-ray changes were noticed and films were sent to Dr. Douglass on 8/56. Dr. Douglass reported "In 1936 there is a suggestion of a healed pleurisy at the left base. The pattern of vascular markings at the third left interspace is conspicuous, as is also the aortic knob. The absence of X-ray findings in a patient presenting a localized wheeze need not be a deterrent to further investigations." P&S were negative.

Sheckler - Present job is inspecting. Hired in 1936 and until 1942 was inspector in R.W. From 1942 to 1946 - U.S.N.C. - came back in 1946 as inspector and has done that to date. No potential exposure in R.W. I cannot justify any exposure as an inspector in Asbestos paper mill. Can you Ken?

Smith - No. In Paper Mill, can anything blow in from other departments, I do not think so.

Sheckler - No.

DuBow - No exposure to Silica?

Sheckler - None at all.

DuBow - This is not a normal chest. Has emphysematous blebs. Diffuse type of fibrosis.

Smith - Lot of stuff in the left upper lobe and it has changed over the years.

DuBow - Since childhood, has had asthmatic bouts and wheezing.

DIAGNOSIS: INTERSTITIAL FIBROSIS. Bronchitis. Current infection? Bronchiectasis?

X-ray reading - Scattered areas of densities predominantly on right side with emphysema and depressed diaphragms. Yearly.

Sheckler - 1. Tab
2. Review work area and do AHS if necessary
3. Notify plant manager

HONYAK, MAX - #2126 - R.C. - 64 years old.

Getter - 64 years old. NO DUST since 1957.

Sheckler - Hired in 1920. Went out in 1922. Back in 1923. From 1928 to 1929, he worked in Carding in Textiles. In 1930 he came back as a laborer in Textiles and a log-room tender.

Getter - Worked 28 years, out 6 years and 5 months. Potential exposure 6½ years, according to Work History supplied by Ben Stanton. He also worked in the soft coal mines for 7½ years. Also has hypertension.

Sheckler - 4 years potential exposure to asbestos fibre. 1½ years potential exposure to Talc plus 7½ years in the coal mines plus 5½ years of unknown exposure.

DuBow - We have to say mixed Pneumoconiosis and hypertensive type of heart with cardiac enlargement.

DIAGNOSIS: Moderate Pneumoconiosis.

Getter - R.C. by SCTA and by us that he had signs of Pneumoconiosis. He said that he had chest X-rays by SCTA Mobile Units and P&S test.

X-ray reading - Diffuse linear exaggeration and small nodular densities. Hilar adenopathy. Cardiac enlargement. No change.

Sheckler - 1. Tab
2. No AHS
3. Advise plant manager.

YASINSKOSKY, GEORGE - #21467 - Dept. 760 - 33 years.

Getter - Was with the Somerville Iron Works.

Sheckler - Hired in 1952. Presently a packer and truck driver in Roofing. Started in 1952 in Paper Mill as winder helper for several months. Then transferred to shipping in Roofing, to date. No potential exposure in JM.

Merrill - There is no past medical history in the records.

diagnosis; unstable tuberculosis. No evidence of O.D.

X-ray readings - Shows a suggestion of a poorly-defined mottled density, extreme left apex. In retrospect, in film of 6/26/56, there appears to be a mottled density underlying shadow of 1st rib and clavicle in left apex. This appears to have cleared considerably in film of 6/6/57.

Sheckler - 1. Tab
2. H.C.
3. Report to SCTBA
4. No AHS.
5. Notify plant manager

FANNING, JAMES - #2689 - R.C. - 40 years old.

Getter - M.D. since 1955.

Sheckler - Started working at JM in 1935, has an office job.

Getter - Dr. Douglass report of 5/23/55 - "We have followed this case as a rejected draftee since 1942. The lesion has been remarkably stable. The classification has been minimal tuberculosis healed. It has been our assumption that he was acquainted with his condition but our records show that he has never given us the name of a personal physician to whom to report. He is supposed to be X-rayed at intervals of six months."

DIAGNOSIS: Apparently stable old inactive TB. Present in initial X-ray.

X-ray reading - Multiple calcific densities left apex and infraclavicular area. No change. Yearly.

Sheckler - 1. Tab
2. Employee has been H.C.
3. Advise plant manager to work in non-dusty area.

KROSNO, JOSEPH - #5433 - R.C. - 60 years old.

Getter - M.D. in 1952. H.C. on 12/54. P&S 1/57 - neg.

Sheckler - Hired in 1937. Presently a janitor in R.C. 1927 - mixer man in R.S. 1939 - floorman in Transite Pipe. 1939 - Beater man in Paper Mill. 1940 - mixer man in T.P. and floorman. 1946 - crane operator. Transferred to Clutch Facing and Die-cut Moulder, until 1947. Transferred to R.C. 9½ years potential exposure to Silica, Asbestos, and Portland Cement.

DIAGNOSIS: Mixed Moderate Pneumoconiosis.

X-ray reading - Diffuse small nodular densities and reticulation. Some coalescence. Hilar adenopathy. Yearly.

Sheckler - The man has 5 years to work.

Smith - That is the big point.

Sheckler - No one up there with any trouble, he surely brought this from the plant.

DuBow - He is prone to complications.

Sheckler - 1. Tab
2. Advise plant manager not to work in dusty area
3. No AHS

SZUTLICZ, STEPHEN - #586 - Dept.222 - 60 years old.

Getter - 8½ years with a Cutlery Company.

Sheckler - Hired in 1921. 25 years potential exposure to asbestos fibre.

DuBow - Do they use any Celite?

Sheckler - No, but recently they use Perlite.

Smith - Re-X-ray, a poor film

Bring up to next Conference, after Re-X-ray.

[illegible], LEONARD - 411794 - Prod. 255 - 30 years old.

Getter - N.D. in 1954. His prior employment was as a carton maker.

Sheckler - Hired in 1943. Presently a packer and inspector in asbestos. Transferred in 1944 to R.C. Transferred in 1945 back to Magnesia - miscellaneous handling. In 1945 went to the Navy until 1946. Then back to miscellaneous handler in Magnesia, and band saw tab-off, and band saw operator. 15½ years of potential exposure to asbestos, celite, and silica.

Merrill - X-ray reading is as follows: Diffuse fine linear and reticular densities. Small circumscribed density in rt. 4th anterior interspace. Re-X-ray in 3 mos.

DIAGNOSIS: Early Pneumoconiosis, mixed.

Sheckler - Has he been health counselled?

Getter - No.

DuBow - Get deep inspiration on Re-X-ray.

Smith - Do not do anything for 6 months and bring up for conference then.

DuBow - Do we do AHS?

Sheckler - As a block packer and every time he does his job, there is dust.

DuBow - If you take this man off, you will put another man on the same job. The area must be cleaned up.

Smith - That is a long-range idea.

Sheckler - 1. Tab
2. AHS
3. Advise plant manager, to clean up area.
4. Bring up in 3 months to conference after X-rays.

Smith - I do not think the plant manager should be advised. There may be changes in the picture. We can give a better decision after a short period of time.

Sheckler - I think the plant manager should be told there is a potential liability. Also, here is a job that should be cleaned up. I work all the building in the AHS not to make it too obvious.

Ralston, Charles - 42127 - R.C. - 40 years old.

Getter - N.D. in 1955. [illegible]

Sheckler - Hired in 1947. Is presently a chemist in plastic and resin section. No exposure to toxic dusts.

DIAGNOSIS: Arrested TB or fungus infection.

X-ray reading - Multiplediscrete parenchymal calcifications and dense hilar calcificat[illegible] left hilar region. NC change. Yearly.

Getter - He was deferred because of his work.

Sheckler - 1. Tab
2. Advise plant manager he is to work in non-dusty area.
3. Check work area with Cheatham.

LESLIE, FRANK - #14233 - Dept. 740 (second conference)

X-ray reading - 7/22/57 - There is a small density in the right first interspace in the inspiration film. In the expiration film, this tends to be concealed under the shadow of the clavicle. Opinion is that this is not a reactivation of the old disease and that the same shadow is probably also concealed under the shadow of the clavicle in the film of 6/5/57.

ORSAG, FRANK - #3865 - Dept. 440 (second conference)

X-ray reading - Re-X-ray and cut down, much too dark. Bring up to conference.

PRONKO, ZENON - #18074 - Dept. 252 (second conference)

Sheckler - Presently mould operator in Magnesia, Hired in 1948, cleaned pipes and tanks. Kiln operator. 9 years potential exppsure to diatomaceous earth and asbestos fibre.

Getter - N.D. in 1955. Has not been H.C.

Merrill - Reading just showed right apical densities. Possible rt. apical density. Diffuse linear exaggeration. Thickened interlobar fissure on rt. Prominent hilar shadows. Small round density left 4th anterior interspace, not definitel seen on former films. Question of shadows?"

DIAGNOSIS: Normal chest. Some parenchymal changes, of moderate degree, without any specific causation.

Smith - X-ray changes of unknown origin could be a definite disease. It really means there is something there but you can't pinpoit its cause. I have seen this in people who work in potato fields, where they have fairly dusty soil. It is not a precursor of silicosis.

X-ray - Same as above. Re-X-ray in 6 months.

Sheckler - Why don't I put it down as a normal chest and as it comes up again, we will know there is a change.

Sheckler - 1. No tab.
2. No H.C.
3. No action.

DUDLEY, DANIEL - #13772 - Dept. 731

X-ray - Neg.

HUDAK, JOHN - #6994 - R.C. - 58 years old.

Getter - 5'9" tall, weighs 268 lbs. N.D. in 1947. 19 years in the coal mines.

Sheckler - Hired in 1941. 6 years potential exposure to Portland Cement, asbestos fibre, and silica. In Rigis Shingles - mixer and tray mixer. In 1947, he went to R.C. as sweeper.

DIAGNOSIS; - Mixed Pneumoconiosis, moderately advanced.

X-ray - Parenchymal and pleural changes. Widening of rt. border of heart and mediastinu Rotation of trachea. Yearly.

Sheckler - S-54?

Smith - No, we might set up an accrual or tell the plant manager.

Sheckler - I do not think we should do special tests on the S-54's.

DuBow - I think we should and together with the information we have and combined with the X-rays, we could write it up properly.

Smith - Accrual and S-54 are two seperate things. He has he been counselled?

Getter - No.

Sheckler - 1. Tab.
2. Advise the plant manager.
3. No H.C.

Smith - I think that we are off base. IF we are going to do an S-54, it is because there is an impending claim on which we are going to pay in the near future. I do not think it fair to set up an accrual on last years examination. I see no reason to bring a man in like this, it is dangerous.

DuBow - Now take that Blanik woman, she is very nervous. If she is called in, she will get hysterical and I am sure you will have a claim on your hands.

Smith - I will go along with that, but when you do X-rays, do a physical as well. It is not fair to set money aside.

Hahn - IF she is transferred to another job, wouldn't that also precipitate something.

DuBow - Mrs. Blanik is working with no complaints. It is one year since she was H.C.

Smith - As a doctor, you cannot leave her where she is today.

Hahn - If there are bad working conditions, she is to be transferred then?

Smith - You are precipitating the situation by transferring.

DuBow - If you replace her with someone else on the job, someone else will be in the same situation. If you feel the area will be cleaned up, a year or two will make no difference, but if no improvement is made in the working conditions then it is another story.

Sheckler - By the same token, I cannot justify to my supervisors, the fact that I knew she had moderately advanced Pneumoconiosis, and I did not set up the accrual for her. I do not want the responsibility of leaving her there for two years. I can only depend on you people to tell me certain facts. There is more to this entire problem than appears on the surface. There is the community relation problems, the employee problem, and political problems. What if she goes to Formal Court and it comes out we knew she had moderately advanced Pneumoconiosis and we left her in the exposure.

Smith - If you take a normal healthy person and put them there, in 5 years they would not get into trouble in Textile. I think it will take us 5 years to clean it up.

DuBow - Suppose after her transfer, we do S-54, do we have to call her in for a complete physical?

Sheckler - S-54 means I want the opinion from various doctors then so that if this woman has this condition, then we should approach her on this, and make a just settlement.

DuBow - Then we send her to New York.

Sheckler - Not on a S-54.

Merrill - The only thing I can see to do is to think up and design some routine.

DuBow - When is the transfer to be done, before or after the examination.

Sheckler - It does not matter, whether it is before or after.

DuBow - Will you explain the transfer to her?

Sheckler - Either I or the plant manager will discuss this with her. I think we should tell her the reason we are transferring, to place her in a non-dusty area. If we cannot transfer her, I will come back to the conference and say - "What shall I do?"

Smith - We were going to explore, with the manager - the phases of transfer. If we cannot transfer, then we will come back to the conference and see what is what. Dave & Ed would give evaluations and I will recommend that she does not work any more in the dust. Your plant manager will be notified.

Sheckler - That was if the woman had not been H.C. If she has been H.C. there is no need.

DuBow - I will discuss this with her and soften this for her. I will say - we have recommended -- etc.

Sheckler - No, I do not want it to be said that you recommended. Say that we have discussed the possibility of a transfer and Mr. Sheckler may contact her about this in the future. If you say you recommend and it is not done, she would get upset. Torrance is experimenting with wet weaving and we do not know whether it would work.

DuBow - Taking her off the job will not change things. The damage has been done.

Sheckler - I am not optimistic about this. There are different areas where we can make more rapid changes than in Textile.

[illegible]

KASCHAK, GEORGE - #0765 - Dept. 915

Sheckler - Case has been settled - both % of disability and disability retirement.

TIEMEIER, RAYMOND - #16435 - Dept. 260. - 58 years old.

Sheckler - He was in to see me about 2 weeks ago and said he wanted to be transferred out of Friction Materials because he had just returned from the Sanatorium.

Merrill - We had a letter from Dr. Ambrose on 6/27/57, and he was OK'd to return to work on 7/1/57, but not in dust.

Sheckler - Raymond was gassed in World War I. I think he is a very sensible man and I transferred him and he fits in very nicely. He is in a dust free area. He was hired in 1947, in brake lining. Seperated in 1949 - lay-off, came back in 1949. In 1957, he was transferred to thermoflex. 10 years potential exposure to asbestos fibre.

Merrill - Gassed several times in World War I, mustard gas.

Sheckler - Would gass show on the X-ray.

DuBow - Not gas, but the results of gas.

Merrill - In 1955, out for kidney infection, pain in the back. January, 1957, out since 10/56, because of so-called ruptured vein in leg. Lumbar-sympathetomy nerve block - Dr. Glasman. Was sent to New York Medical Center by Dr. Ambrose for pains in the chest. Was told about spot on right lung byt nothing about pain in the left chest. Had few faint rhonchii lung bases. 4/29/57 - coughing frequently, cough productive. Recommended he stay out of work for 2 more weeks. Felt better when he came back in 7/1/57, had been out since 5/31/57, because of cough and wheezing. Dr. DuBow sent to Glen Gardner for X-ray and sputum test. Also had Ca cell test in sputum. All were negative. Dr. Stolow told him his bronchial tubes were stopped up with dust.

DIAGNOSIS: Arrested minimal TB in right upper apex. Unchanged since 1948, otherwise neg. Enlargement of left hilar region.

X-ray - Small calcific area in right subclavicular area in region of first anterior interspace. Left hilum enlarged. Yearly.

Sheckler 1. TnB
2. Advise plant manager
3. Re ABS
4. Send to Dr. Douglass

KRZESINSKI, STELLA - #1896 - Dept. 116 - 41 years old.

Getter - N.D. in 1953.

Sheckler - Hired in 1929 and then layed off in 1929. Hired again in 1931. and then layed off and rehired in 1933 and worked until 1940 in Textiles. Left in 1940 because of sickness. Came back in 1942 and went out in 1944. Then back again in 1944. 23 years potential exposure to asbestos fibre in Textiles.

DuBow - Could be obesity thatn causes some changes.

DIAGNOSIS: Pneumoconiosis, predom. Asbestosis, moderate to advanced.

Smith - This is not as far advanced nor progressing like Anna Blanik. This is not the same.

X-ray Reading - Diffuse haziness and linear densities in mid and lower lung fields. Possible cardiac enlargement. No change. Yearly.

Sheckler - 1. Tab
2. Advise plant manager
3. No H.C.
4. AHS
5. No transfer until bring-up for conference in 1 year.

BECKLEY, GEORGE - #18709 - Dept. 760 - 30 years old.

Getter - N.D. in 1957 and H.C. in 1957. On 1/22/57, Dr. Douglass reported, "The initial X-ray of 10/11/48, shows well concealed exudate at the left apex. This is most marked at the upper border of the ~~maximum~~ costochondral junction. 10/23/50, shows considerable spread of the disease, so that it involves the left first interspace as well. 10/9/~~52~~ 52, is indicative of shrinking and clearing. 11/1/54, shows further shrinking and clearing. Current X-ray of 1/15/57, shows a residual lesion of punctate scars, chiefly in the left first interspace. Minimal tuberculosis, not active. Although the patient has done very well, I believe he should know he has recovered from a minimal tuberculosis and should maintain optimal health. There should be an X-ray follow-up of not longer than six months. I presume that the earliest films established a service connection for this condition.

Sheckler - Hired in 1948. Worked as a shipping loader and unloader in Bldg. Prod. up to 1949. Then he went into Roofing as a loader. Separated in 1950. Re-employed in 1950. Shipping loader to date. Little or no exposure.

DIAGNOSIS: Arrested minmal TB, left apex. Present on X-ray of 1948.

X-ray reading: Small punctate densities left infraclavicular area. No change. Yea

KOLOSKY, WILLIAM - #2766 - R.C. - 49 years old.

Sheckler - Hired in 1929. Presently lab assistant in asbestis paper section, At Research. 1929 to 1933 - Roofing as laborer. In 1933, for 2 months, Rigid Shingles as packer. 1933 to 1936, supply man dipper in Rigid Shingles. 1936 - 1937, laborer in brake liner. 1937 to 1941, crane operator in Transite Pipe. 1941 to 1942 - valve operator. 1942 to 1948 - machine tender in Transite Pipe. In 1948, transferred to R.C. as lab assist. to date. 19 years potential exposure to asbestos fibre, silica, Portland Cement, and slate dust.

DIAGNOSIS: Arrested minimal TB, left apex, not occupational disease.

X-ray reading: Slightresidual infiltrate, left subclavicular area, present in X-ray of 1940 and more prominent in that year.

Sheckler - 1. Tab
2. Check work area with Cheatham and to work in non-dusty area.
3. Advise plant manager
4. H.C.
5. Send to Dr. Douglass

BABINSKI, MATTHEW - #02282 - Dept. Patent (new employee) - 33 years old.

Background to be checked.

KOPLANOVICH, ANNA - #11593 - Dept. 120 - 64 years old.

Sheckler - Janitress in B Bldg. Hired in 1923 and worked in B Bldg. until 1925. 1943 to 1945 - Braider operator. 1945 to 1947 - lubricating and windings. Then a janitress for 4 years. Potential exposure to Asbestos Fibre.

DIAGNOSIS: Old, healed TB. No occupational disease.

X-ray reading: Linear and hazy densities left lower lung and small discrete rounded density rt. infraclavicular area. No change. Yearly.

Sheckler - No action required.

MASON, JOSEPH - #2665 - R.C. - 55 years old.

Sheckler - Hired in 1936. Presently millwright foreman in R.C. 1936 to 1938, mecha in Rock wool. 1938 to 1939 - Machinist. 1939 to 1947 - Millwright. From 1947 to date; foreman.

Getter - N.D. in 1954, brother died of TB.

Sheckler - No potential exposure to dusts at JM.

Getter - P&S neg. in 1/57.

DIAGNOSIS: Minimal TB, old, arrested, in right apex.

X-ray reading: Calcific densities rt. infraclavicular area. Yearly.

Sheckler - 1. Tab
2. Advise plant manager
3. To work in non-dusty area.
4. No AHS
5. H.C.
6. Films to Dr. Douglass.

HENKEL, ERRO - #1293 - Dept. 255 -62 years old.

Getter - H.C. in 1956. N.D. - 1953. Coal mines 7 years. Has worked for JM since 1917.

Sheckler - 39 years potential exposure to diatomaceous earth, asbestos fibre. Presently miscellaneous handler in Magnesia.

Getter - 2/57 - P was 4plus, S-neg.

DIAGNOSIS: Mixed Pneumoconiosis, moderate.

X-ray reading: Diffuse parenchymal densities. Yearly.

2/5/58 - Present: Drs. DuBoy, Merrill, and Smith; C. Sheckler, N. Hahn, and A. Getter.

HIKUSKI, FRANK - #1592 - Dept. 443 - (bring-up)

Sheckler - He is working now. Was at Glen Gardner in 1950 for about 1½ years.

DuBoy - No change basically. SCTEA is watching him and X-rayed him in February. They informed him through his family doctor that he has to go to the sanatorium. He said we took X-rays in December and did not tell him anything and now he was told by SCTEA that he has to go back. I think there are more changes in 2/25/58. Dr. Douglass agreed on this. The employee was upset and implied that we are trying to hide things from him. He came in this Monday and gave us a form letter requesting all our X-rays of him. I requested he give us authorization and that we would then be happy to send the X-rays. We have to send these films to Glen Gardner but I wanted them for conference.

Sheckler - I think there will be litigation. His brother has been talking litigation for a while. His brother was involved in a box car accident and there is a 3 party action.

Smith - Was this man working about any other people?

Sheckler - No, he has been working mostly by himself. He would separate rejects for those that could be sold and those that could be sold for scrap.

DuBoy - I wonder if procedure-wise we could be criticized about our handling of this case, he knew we took X-rays and he was not told of changes. Should we not change our procedure when TB is involved. We could tell the man that we are sending these X-rays to SCTEA and let them follow through.

Smith - They should follow up. They do sputums. We do not. It is their responsibility.

DuBoy - Dr. Douglass called and discussed this with us. This man, according to Dr. Douglass, did not go to his family doctor and did not go to SCTEA and had a bad virus infection - everybody is a little involved.

Smith - Saranac is worried about continued medication because of resistance.

DuBoy - Then you shift, change the drug.

Smith - In selected cases continued therapy is indicated. He will be in Glen Gardner for a time and when he comes out, there will be litigation and he will have to find another way of living.

Sheckler - 28 years employment and he is 52 years of age. What is the answer - Disability Retirement? He is getting VA benefits on the basis of TB. S-54 has been prepared, I foresee 100% total disability. They have us over a barrel. There is a new case law, you must make a bonafide offer prior to the filing of the formal. If not made before, the offer has no meaning. That is one we do or we do not do it. We have to outguess these people at this point, we do not know when or if they will file.

Tuhn - I do not think it is too wild a guess. His brother said "I told him never to go back to H Bldg. with his chest, it will kill him."

Smith - Even if he gets through this one, he will break down before he is 65 years old.

Sheckler - What about procedure?

DuBow - I think we should go back to our old system. Medically, as a doctor. I am responsible. SCTEA would carry on from there.

Sheckler - I don't think we raised any objection to SCTEA but only after conference.

DuBow - But prior to that, we would send films to Dr. Douglass on a routine basis. This is procedure around here. Two doctors - Douglass and Stolow - are on stte salary. They go to various institutions.

Sheckler - If that is their function, should industry have to assume these responsibilities. Would they not be Dr. Douglass' functions?

Smith - We take the X-rays for our own protection, not for social obligation. There is no problem sending them out, but after conference.

Sheckler - I do not see anything wrong how David handled this. I think that Dr. Douglass fell down.

DuBow - He did not fall down on this. Prior to this, we would send Dr. Douglass films whether there were changes or not. Two months in a case like this could be vital.

Smith - If you took 50 men, half would see TB changes and half would not. Sputums are the final and gastric are the final. There is no difficulty in procedure, after conference, send to Dr. Douglass, if only for his information, not to have too much radiation.

Sheckler - It is all right as long as I know they will be sending them. I can tab the records. Dr. Douglass has been very cooperation. I can see Dave's point. Dr. Stolow has been very good about this too.

X-ray - Multiple large densities in rt. upper and midlung field and also in the left infraclavicular area. Diffuse fine nodular densities scattered throughout both lung fields. Obliteration of rt. costophrenic angle and evidence of increasing lateral wall thickening at rt. base. Otherwise no change.

RADONICH, GEORGE - #4711 - Dept. 070 - (bring-up)

DuBow - George is going downhill. He is getting 40% dicability. He ventilates at rest - 40 per minute.

Sheckler - He is 62 years old. 21 years exposure to silica and asbestos in Transite pipe. In 1953, I settled 40% dicability. Dave, you mentioned the other day, you thought retirement is in order.

DuBow - I am afraid something will happen.

Smith - We will pay, our liability is there.

Hahn - He says he does not work, he sits mostly in the men's room. There is an economic situation. He has to think about money.

Sheckler - I think we should start the ball rolling about retirement.

DuBow - Gould usually requests this. I should talk this over with Radonich.

Sheckler - Get your letter started if you think there is 75% disability and we will review this with him. We will change the disability to 100%. We will review the financial angle with him, it is something that worries him.

SKIRZENSKI, SIGMUND - #02193 (salary) - Dept. 072 - age 52.

Sheckler - Hired in 1933. 23 years potential exposure to Silica, Cement, and Asbestos - Transite Pipe. Is presently shift foreman.

Getter - Worked as truck driver 1921 - 1933. Mention of Pneumoconiosis in 1952. Was N.C. in 12/54. P&S were neg.

Smith - Advanced Pneumoconiosis.

Sheckler - Should we change him?

Smith - Won't make any difference.

DuBow - If he hits 65 I will be surprised.

Sheckler - He is to be watched carefully and retire on disability, if necessary.
1. Tab
2. Notify plant manager
3. Do not transfer
4. Watch carefully
5. Retire if necessary

X-ray - Diffuse discrete nodular and coalescent densities throughout both lungs. Enlargement of the hilar shadows. Some blunting of both costophrenic angles. Left cardiac border poorly defined. There is a suggestion of highlights in the rt. second anterior interspace. There has been some progression since the film of 1/21/57 and marked progression compared to the film of 12/12/55. Excursion of diaphragms appears to be limited to $\frac{1}{2}$ in.

WACHNICKI, CHARLES - #1215 - Dept. 290 - age 51.

Sheckler - Hired in 1924. 5 years potential exposure to Asbestos in Textile plus 23 years minimal exposure to Diatomaceous earth in Asbestos and Magnesia.

Getter - No record of previous employment. N.D. in 1952. Pneumoconiosis mentioned in 1950.

DIAGNOSIS: Pneumoconiosis, moderate.

X-ray - Trachea deviated to left. There is bilateral increased parenchymal changes at both bases. Left border of heart is not well-defined, somewhat irregular and shaggy. Mediastinum on rt. is more prominent. Excursion of diaphragm is somewhat limited.

Sheckler -
1. Tab
2. Notify plant manager
3. Present job suitable.

STROKUS, JOSEPH - #1818 - Dept. 991 Res. Center - age 56.

Sheckler - Hired in 1928. Presently Pilot Plant operator in R.C. 3 months exposure to asbestos dust. Other than that, earlier employment in R.W. as packer.

Getter - No Dust in 1952. In 1957, Dr. DuBow sent a letter recommending retirement on a medical basis. Pneumoconiosis mentioned in 1952. No H.C. Dr. Douglass report of 3/1/57 - "First available X-rays - 4/1940, shows no abnormalities. In 1951, there is thickening of the right interlobar fissure with some evidence of pleurisy, lateral to it and at the left lower midchest. By 9/53, there is scattered chiefly nodular, fibrous in both lower chests. By 2/56, there is more dense and confluent especially on the right. The heart has been steadily increasing in size during this time. In the current X-ray, the disease is somewhat more extensive. Unless there is some chronic infectious process which the patient does not acknowledge, it would seem that this is another one of your cases."

Sheckler - Before any other comment, I had better go back and see Cheatham.

DuBow - Evidence of infarction and Pneumoconiosis.

Smith - Could I suggest that we go back and get a detailed history of employment, something is wrong with the background as it stands.

Sheckler - Do you really think that it is Pneumoconiosis?

Smith - The picture shows that.

Sheckler - Checking over, there is a period of roughly 2½ years of exposure. I will check in more detail at R.C. and bring-up in next conference.

[illegible] - [illegible] - Dept. 761 R.H. - age 43.

Checklist - Hired in 1937, as a laboratory assistant. No potential exposure known.

Cotter - Worked in Reed Hill. No T.C. or mention of Pneumoconiosis.

Dubbe - This case should be sent to Dr. Douglass for possible TB and promotion.

DIAGNOSIS: Possible TB, minimum, activity questionable.

X-ray - Large calcified node in rt. hilar region with suggestion of old atrophic infiltrate in rt. 2nd anterior interspace. In retrospect, there may have been a soft appearing infiltrate in rt. 1st anterior interspace in film of 12/13/46.

Checklist -
1. Tub
2. Send to Dr. Douglass
3. Notify plant manager
4. Present job suitable.

[illegible], [illegible] - [illegible] - Dept. 072 - age 48.

Checklist - Hired in 1940. 3 years in the Army. Presently a crane operator in Dewalt Pipe. 14 years potential exposure to Silica, Cement and Asbestos.

Cotter - T.C. about chest changes. Records indicate Pneumoconiosis in 1954.

DIAGNOSIS: Early mixed Pneumoconiosis.

X-ray - Diffuse linear arrangement. Diffuse haze density in left lower lung. Cardiac border is poorly defined. Calcific densities in left hilus. Cardiac enlargement to left. No change since previous film.

Checklist -
1. Tub
2. Notify plant manager
3. Man is in worst job in I Bldg.
4. Leave on his job until review after his next physical.

Smith - A man his age would be worth working up. His heart shadow is changing and so is the mottle home. What is his FV.

Cotter - 110/30.

Smith - Next X-ray, do a lordsis smaller and get a lateral film also.

Checklor - I hate to think of his on his job.

Smith - Leave him there until October.

[illegible], RICHARD - [illegible]45 - Dept. 666 - age 47.

Sheckler - Presently take off man in Thermobestos. Hired in 1930. 12 years potential exposure to Asbestos, 11 years potential exposure to Asbestos and Diatomaceous earth.

Getter - Records indicate NO DUST, case closed.

DIAGNOSIS - Early mixed Pneumoconiosis.

X-ray - Diffuse linear exaggeration and fine miliary nodulation. The hilar shadows appear enlarged and fuzzy. Left cardiac border is poorly defined. Hazy densities and some suggestion of honeycombing at the left lung base.

Sheckler -
1. Tab
2. Notify plant manager
3. Check work area and transfer if necessary.

TRILONE, PETER - [illegible]19[illegible] - Dept. 072 - age 43.

Sheckler - 21 years exposure to Silica, Cement and Asbestos in Roofing. Also in Transite Pipe.

Getter - H.C. on TB. No mention of Pneumoconiosis. Dr. Douglass, on 4/30/57 reported " Serial X-rays starting in 1937 show no abnormality prior to 0 tobe 1956 when a fine mottled infiltration is noted in the right upper lateral chest. In the X-ray of 4/17 there is an area of infiltrate which could well be in a precaseous stage. I consider the only acceptable tentative diagnosis is a minimal, active tuberculosis. I anticipate your tuberculin test has confirmed this. The question here would be whether anything less than rest and specific therapy could be considered. If patient continued to work, he should be X-rayed at least once a month." Dr. Douglass, on 7/15/57 reported "The impression in this film is that the lesion is becoming more sharply defined. Is the patient willing to consider therapy? Advise re-X-ray in one month." Dr. Douglass, on 4/28/58, reported "There are indications that the lesion at the right second rib and interspace is growing less conspicuous. Advise re-X-ray in 2 months."

DIAGNOSIS: Early mixed Pneumoconiosis, and tuberculosis

X-ray - Shadow previously present opposite the second interspace on the right is still present and less well-defined, as in previous X-rays.

Sheckler -
1. Tab
2. Notify plant manager
3. Do not transfer from foreman's job.

Smith - Watch this man closely. This type of TB can go fast. We should have a 6 month bring-up.

Now - Dr. Stolow is watching him.

Sheckler - Working area is not suitable. He is a lot in the office but still going out.

Smith - Does he wear a respirator?

Sheckler - No. I would rather see us move him out than wear a respiratory. All the key men, salaried employees, are in this area. If I move Trilone, I might as well see him off.

DESANTIS, ALFONSO - #2402 - Dept. 072 - age 50.

Sheckler - Hired in 1925. Pipe machine operator. 22 years exposure to Silica, cement, and Asbestos in Transite Pipe. Carpenter for 4 years.

Getter - N.D. in 1948. Pneumoconiosis mentioned in 1954. H.C. in 1956 of X-ray changes.

DIAGNOSIS:- Early to moderate mixed Pneumoconiosis.

X-ray - Diffuse, scattered, high, nodular densities, more pronounced in the lower lobes. Fairly good excursion of diaphragms. No change since previous films

Sheckler -
1. Tab
2. Notify plant manager
3. Check with Vander Beek.

Kahn - Should these men be advised?

Sheckler - We can put Transite Pipe out of business from this list alone.

KLIMKIEWICZ, MARY - #16770 - Dept. 948 - age 60.

Sheckler - Hired in 1947. No exposure to JM. Janitress.

DuBow - Shouldn't these films go to Dr. Douglass and should we tell him there is no exposure at JM?

Smith - Definitely.

DIAGNOSIS:- Possible minimal TB, asymptomatic.

X-ray - There is a small area of increased density in outer zone in the region of the 4th interspace, anteriorly on the left. This density is present in X-rays of 1953, 55, and 56. In addition, there is some blunting and straightening of the left hemidiaphragm.

Sheckler - 1. Tab
2. Notify plant manager
3. Send to Dr. Douglass
4. Present Tab suitable.

SHERIN, PETER - #1032 - Dept. 918 - age 63.

Sheckler - Hired in 1929. 29 years exposure to dusts of all types, very little to minimal.

Getter - Hard coal mines for 3 years. N.C. about chest changes. Records indicate advanced Pneumoconiosis, predominantly Silica. Patch test in 1957 was 3 plus. Could not get Sputums. Dr. Douglass, on [redacted] 11/21/44 reported "Nodular and conglomerate fibrosis of both lung fields; apparent in JM X-rays of 5/32, and very slowly progressive. Third stage silicotic not otherwise significant if free from clinical symptoms; altho dust exposure may will be avoided in the future."

Smith - Good inspiratory effort.

DIAGNOSIS - Pneumoconiosis, advanced - questionable TB.

X-ray - Multiple large conglomerate plaques and numerous fine nodular densities scattered throughout the upper 2/3 of both lungs. Hazy infiltration in rt. apex and rt. infraclavicular area. Trachea is deviated to rt. There has been no change. Excursion of diaphragms is approximately 1 in.

Sheckler - Family works for JM and lives together.

Smith - Study all the family's X-rays. If TB, there will be signs in children.

DuBow - Send to Dr. Douglass.

Sheckler -
1. Tab
2. Notify plant manager
3. Send to Dr. Douglass.
4. Present job suitable.

POMIANEK, CHARLOTTE - #385 - Dept. 996 G.E. - age 31.

Sheckler - 4 years at JM. No JM exposure.

DIAGNOSIS: X-ray changes of unknown origin. No O.D. Tuberculoma.

X-ray - Left lateral, left ant. oblique, [redacted] is neg. Left lateral - there is a suggestion of density noted in standard PA view, just underlying the posterior border of the heart shadow.

Sheckler -
1. Send to Dr. Douglass
2. No further action.

4 9:30. - Present: [illegible]
9:50. - Present: [illegible]
A. Getter

DOHERTY, JOHN - 1/29 - Dept. 133 - age 52.

Sheckler - Hired in 1929 and to 1934 - cement mixer. 1934 to date has worked in Sheckler Friction, Material Dept. 5 years potential exposure to Silica, Cement, and Asbestos and 24 years potential exposure, mineral, to asbestos and Talc.

Getter - Worked for Bethlehem for 11 years. Records negative for mention of O.D.

DIAGNOSIS: Pleural effusion with fibrosis in left lower lobe. No O.D.

X-ray - Some blunting at left costophrenic angle and thickening of left lateral border. These changes are not present in X-ray of 1/29/57. Re-X-ray.

DuBow - Should his family doctor be alerted?

Smith - What would the family doctor do?

DuBow - He should be tested. Should we get the man's permission to send these films to his doctor? He may be a source of infection.

Smith - If you would wait 3 weeks, he would have a 3 months X-ray and then you can see if there are any changes. If there are no changes, then you can wait and see what happens in the future.

DuBow - We have, in the past, done the usual routine about Dr. Douglass and the family doctor. It alerts the man but does not alarm him and we are practicing preventive medicine.

Sheckler - We have not been alerting these people and we should not do this.

Merrill - If we are not going to tell the man anything, why take an X-ray? If we do not take it, we have no responsibility.

Kahn - The Periodic examinations are not a must.

Sheckler - Yes they must, that is a requisite.

Smith - Periodic examinations are not required. This is voluntary. If you called in to go to his family doctor, he can say why didn't you tell me in 1/29/58.

DuBow - I would take another X-ray now.

Smith - Why not decide now what it is. We have to put our own label on this.

DuBow - I personally could not make a diagnosis, could you? My thought was that man should be studied. You have to do diagnostic work.

Smith - Another X-ray should be taken. Do not make another decision [illegible] you have another X-ray.

Sheckler -

Tab
Notify plant manager
To be X-rayed and brought up for conference.

...1932. 8 years
...Paper Mill.
...s.

...55.

...sy with some

...curving downward
...filtration in rt.
... lung base.
...some hazy density
... change except

...ls. Records
...JM at
...below wrote -
...return to full
...exposed to dust."
...ged from N.J.
.../51 for a rt.
...ion is satisfactory
...hours daily."
... 3 years ago. He
...s lost 8 lbs.
...nchymal pathology
... is to maintain
...k. Perhaps
... worker for 20 yrs."

...sent in previous
...es in both basal
...than the right.
... lateral wall

Sheckler - Hired in 1925 in Pipe Covering Dept. 33 years potential exposure to Asbestos dust.

Getter - Records indicate Asbestosis in 2/51. Man was advised about dust in his l in 1/55. Dr. Douglass reported on 2/1/57 "Original undated X-ray shows no abnormality. In 1939 there is a peripheral lesion in the rt. second interspace suggestive of a pleural fibrosis. It subsequently diminished but by 1949 a laterally ½white line of pleural thickening can be identified along the border of both lungs. The pulmonary markings are also increased with a suggestion of fine nodulation which is more pronounced in the lower chest. From that date on the changes occur more rapidly with evidence of bilateral fibrosis and nodulation. The progress appears to be further accelerated in the past two years. Current lateral X-ray visualizes the interlobar fissures. In the absence of clinical or occupational data, it is not my belief that tuberculosis is a factor in this situation. It does not resemble any silicosis with which I am familiar. It seems to me to be one of the cases of pleural involvement you keep sending me, manifesting parenchymal elements after eighteen years. I would still advise occasional sputum examinations and X-rays at six month intervals."

DIAGNOSIS: Early to moderate Pneumoconiosis.

X-ray - The right apex shows an area of increased density present in previous X-rays. Opposite the first interspace on the right are some linear densities present in previous X-rays. They appear to be somewhat more prominent than in X-ray of 1/25/57. Left hilar region appears to be a little more prominent than one would expect. In addition, there is bilateral basal diffuse mottling, extending from the lung root in the direction of the costophrenic angle. There is bilateral thickening of the lateral wall. (Right hemidiaphragm shows scalloping.) Left hemidiaphragm is irregular and notted well-defined and shows some blunting at costophrenic sulcus. Left cardiophrenic border is not well-defined. Left border of the heart is not sharply indicated.

Sheckler -

1. Tab
2. Notify plant manager
3. Do not transfer
4. Pending future changes indicated by the Medical Department.

HENDRICKSON, MINDEN - #15329 - Dept. 430 - bring-up.

DIAGNOSIS; Minimal TB, arrested, but there is a question of activity?

Sheckler - Since the last conference on this man, we have done alot of work. There is a very bad silica situation there, almost solid sand.

DuBow - I would like to pass this on to Dr. Douglass.

Sheckler - If we send him, will we have to resolve him.

Smith - We have to send him. We have a responsibility here. There was a case in Oak Ridge wherein the employee claimed he was not told. We have a medical obligation.

DuBow - We have to do something, because this man can be spilling bugs and if 6 or 7 men get TB, you have more responsibility. It is a state law that you have to report these cases.

Sheckler - Send to Dr. Douglass and employee to be health counselled.

NICHOLSON, RUFUS - #11845 - Dept. 991 R.C. - (bring-up).

Getter - On 3/26/58 - Dr. Douglass reported - "Presence of a solitary lesion at the right 5th anterior rib and interspace, is confirmed. I am unable to identify it in earlier films, although it is suggested a year ago by a much smaller slight density. A question is raised as to whether a similar density lies peripherally to it. I would advise this lesion being evaluated. Solitary nodules raise a question of neoplasm as well as TB which should not be ignored."

DuBow - When we received this report, we had not R.C. the man. There might be a case if the man were not R.C. and we needed the family doctor. I thought we should re-X-ray the man andthen go through proper procedure. Fortunately it disappeared. He had been told nothing. It is a flexible situation.

Smith - No O.D., no cancer, no TB. Re-X-ray in 6 months.

Sheckler - Would you say a normal lung?

DuBow - Yes, maybe many years ago, he may have had a pleurisy. Bring up in 6 months.

X-ray - The circumscribed density deen in rt. lung field at level of rt. 5th anterior rib in the film of 3/4/58, has completely disappeared. Re-X-ray in 6 months.

KEITH, JOHN - #3739 - Dept. 260 - age 55.

Sheckler - Hired in 1936 and to 1954 - Textiles. From 1954 to date, Thermoflex. 18 years of potential exposure to Asbestos dust.

Getter - Prior to JM, worked in cafeteria for 4 years and 10 years on a farm. R.C. in 9/56 and in 1950 there was mention of Pneumoconiosis. Dr. Douglass - on 4/27/56 - reported Chest X-rays starting in 1936, show calcifications in left neck, upper chest, and hilus, as of an old healed tuberculosis infection. In 1950 there is a suggestion of fine nodulation through both lung fields which is not so prominent subsequently. In July, 1953, there is tenting of the pericardium along the left border of the heart. By 1956 this is more prominent, together with a suggestion

that sputum examinations have been made. This is the kind of lesion that could arise from intrabronchial tuberculosis which in turn could have been caused by ulceration from a tuberculous node in the hilum. Other intrabronchial lesions should be considered. I feel that this patient might profit from hospital admission for diagnostic studies, which might eventually include lipiodol instalation."

Smith - What is the question?

Cotter - Dr. Reitman did not want a 3rd shift. He requested it in 1956. We have a memo from Mr. Hedges - dated 4/7/58 - requesting information as to whether this man could work a third shift.

Sheckler - Hedges cannot show partiality, the question is - 3rd shift or come off the job.

Smith - We have to be practical. I would OK him for 3rd shift, he is in a non-dusty area. Otherwise he may be out of a job, precipitate a claim and everybody is involved and in trouble.

DIAGNOSIS: Early Asbestosis and arrested TB.

X-ray - Old TB. Residual of pleural reaction in left lower lobe.

Sheckler -

1. Tab
2. Notify plant manager
3. OK 3rd shift work providing it is in the Thermoflex Dept.
4. Present job suitable.

HUNT, VINCENT - #0316 Sal. - Dept. 965 - (bring-up)

Cotter - Dr. Douglass report of 3/28/58 - "Serial X-rays starting in 1940 show a fibrous cap at the left apex. By 1949 slight capping is also visualized on the right and there is a question of infiltrate laterally in the left first interspace. This is more conspicuous in 1951. It is believed there has been appreciable progression by 1955, but the shoulder blades obscure the area. The current film suggests slight fibrosis at the right apex, with bullous emphysema. The fibrosis on the left appears to be less extensive than in 1955. I believe this case should be classified as pulmonary tuberculosis - minimal - probably not active. Considering his age, I would advise X-rays at 6 month intervals. He should be told of the diagnosis and advised on the maintainence of optimal health."

DuBow - This man has not been H.C. Dr. Sanford notified the man and he has been H.C. by his family doctor. No O.D.

Re-X-ray in 6 months.

had called regarding Frank Batula. I informed him that no telephone call had been received and should one come from Mr. Blumberg, I would advise him to talk to you.

He informed me that Mr. Batula had sought Mr. Blumberg's legal opinion, with respect to his chest. Dr. Stolow related that he had seen Mr. Batula while he was under the care of Dr. Marcus for recurrent heart attacks and had noted chest changes but did not believe the changes contributed in any significant degree to the disability of Mr. Batula and has so advised Mr. Blumberg.

On July 29, 1957, a letter recommending medical retirement because of recurrent anginal episodes (heart pain) was sent to the Retirement Committee. His medical disability was considered to be at least 75%.

DuBow - Our reading was early mixed Pneumoconiosis, Asbestosis. However, his basic trouble is angina pectoris.

DRABOSKY, STANLEY - #1237 - Dept. 421 - (bring-up)

DuBow - cervical node - biopsy done and it was negative. Has extensive emphysema with marked clinical disability. This is a potential.

Smith - There is nothing to be done about it now.

SMITH, EVERETT - #0037 (sal.) - Dept. 720 - (bring-up)

Sheckler - Mr. Fischer says he is in a safe area.

DIAGNOSIS: Shows some progression. TB is relatively inactive.

DuBow -There is some progression. Very prominent right pulmonary vessels.

Sheckler - Has there been a change? Active or status quo?

DuBow - Relatively inactive.

DIARICH, LOUIS - #C2272 - Dept. 260 - age 32.

Sheckler - Hired in 1946 - to 1951 - Transite Pipe. 1951 to date - Thermoflex. 5 years potential exposure to Silica, Cement, and Asbestos.

Cutter - Records negative for O.D. Placed on E.P. on preventive basis. Assigned to Glen Gardner 6/17/59 and discharged 3/61.

Dr. Douglass reported on 8/2/55 - "Patient has been under our observation since 1950 for a bilateral pleurisy of undetermined etiology first shown in your film of 950. There has been very little tendency to clear during the past three years. I would assume that the lesions have seriously reduced his vital capacity."

DIAGNOSIS: Bilateral pleurisy. No evidence of O.D.

X-ray - Parenchymal changes previously described in 7/23/57 indicate an increase in densities in left midlung field. Straightening of right hemidiaphragm with lateral wall thickening and scalloping. Some blunting at left costophrenic angle with left lateral wall thickening and a widening of the upper right paratracheal area. These findings are present in previous X-rays and apparently are static.

Sheckler -
1. Tab
2. Notify plant manager
3. Present job as suitable.

ROVACK, GABRIEL - #7093 - Dept. 663 - age 41.

Sheckler - Hired in 1944. Minimal exposure to asbestos, 14 yrs.

Getter - N.D. in 1955. Mention of silicosis in 2/1944. Worked in coal mines for 2 years. No H.C. 2 years in B Bldg. 1944-1946.

DIAGNOSIS: Early mixed Pneumoconiosis with questionable unstable TB.

X-ray - Diffuse exaggeration of linear markings and diffuse fine linear and reticular densities with some fine nodulation scattered throughout the upper 2/3 of both lung fields. No change since previous film. Excursion of diaphragms 3/4 to 1 inch.

Sheckler -
1. Tab
2. Notify plant manager
3. No further action required at this time.

RADAY, JACK - #1319 - Dept. 745 - age 45.

Sheckler - Hired in 1933. Presently a Millwright - maintenance - Rigid Shingles. 25 years potential exposure to Silica, Cement, and Asbestos in R.S. and he has had as bad an exposure as it is possible to get.

Getter - Records are negative. No H.C. Prior employment in a stone quarry.

DIAGNOSIS: Old arrested tuberculous right lower lobe with some ill-defined shadow which might be an artefact. No O.D.

Trachea is deviated ...
level than the right leaf. There is ill-defined area of increased density in the outer zone of the right intercostal space in the right lower lobe. This density is present in previous X-rays and is noted, rather poorly in X-ray of 4/25/57. The changes present currently are slightly more defined but not very marked. Re-X-ray in 3 months.

Sheckler - No further action.

ZIDALLIS, FRANK - #01435 - Dept. 930 - age 53.

Sheckler - Hired 1922 (about) No exposure since 1932 - presently a patrolman. 10 years exposure to asbestos dust.

Getter - Records indicate Pneumoconiosis in 1950. In 1955, he indicated a knowledge of Pneumoconiosis, but was not concerned.

DIAGNOSIS: Mixed moderate Pneumoconiosis, may be complicated by TB.

X-ray - There are bilateral diffuse densities throughout both lung fields and rather uniform. Right and left hilar areas are exaggerated and the pulmonary conus appears to be prominent.

Sheckler -
1. Tab
2. Notify plant manager
3. Present job suitable.

ZILLINSKY, AUGUST - #306 - Dept. 541 - age 53.

Sheckler - Hired in 1919. Was in Service. Has been in Textiles 39 years and had exposure to asbestos dust.

Getter - Mention of Pneumoconiosis in 1952. Advised of this in 1954.

DIAGNOSIS: Early asbestosis.

X-ray - Present film, compared with film of 1/17/57, there is now an increase in rib and cardiac shadow. Right hilar shadow also appears to be enlarged. Otherwise there is no change.

Sheckler -
1. Tab
2. Notify plant manager
3. Do not transfer.