NOTICE OF DECISION

DATE OF HEARING	DATE OF THIS NOTICE
5 15 74	5 22 74 LA

*W.C.B. Case No.	Date of Accident	Social Security Number
7750 5701	6 6 73	131 15 0235

Carrier Case No.	Carrier Code
A 64 57498	91 & 998

Claimant
Elsie Bohner
Arcadia Trailer Park
Newark, N. Y. 14513

* Employer
Garlock, Inc.
Palmyra, N. Y. 14522

A. Pavala

Atty Harold A. Rosoff
P.O. Box 132
120 W. Union St.
Newark, N. Y. 14513

CLAIMANT

READ IMPORTANT INFORMATION ON REVERSE SIDE.

If case was "Continued" and continuing payment was directed, it shall be made at the rate for the period stated and shall be continued thereafter until the employer or carrier has medical or payroll evidence of a change of condition and gives notice thereof to the Chairman, Workmen's Compensation Board, unless otherwise provided in the decision. A further hearing will be held in a "continued" case to determine the extent of further disability, if any.

PLAINTIFF'S EXHIBIT
G-10
710

After hearing on date stated above the following Decision and Award was made and duly filed this day.

AWARD: THE EMPLOYER AND/OR THE INSURANCE CARRIER ARE DIRECTED TO PAY AT ONCE

for disability over a period of			at rate per Week	the sum of	TO:
weeks	from	to			
			$	$	CLAIMANT LESS PAYMENTS MADE COVERING THIS PERIOD.
a lien on award payable by separate check by carrier to CLAIMANT'S REPRESENTATIVE OR ATTORNEY					
fee to DOCTOR for attendance at hearing					

DECISION: Case was Closed until such time as there is medical evidence the this claimant is totally disabled by reason of dust exposure. Occupational exposure and notice established. Date of disablement established as of 6/6/73. Finding: Claimant has a partial disabili

*If the W.B.C. Case No. is preceded by "V," this decision is made under the Volunteer Firemen's Benefit Law, and the 1/2 of 1% additional assessment is imposed to be paid by the employer of the volunteer firemen. In all other cases, this decision is made under the Workmen's Compensation Law.

C-23 (10-73)

Chairman

STATE OF NEW YORK

WORKMEN'S COMPENSATION BOARD

ATTENDING PHYSICIAN'S 48-HOUR REPORT

PLEASE PRINT OR TYPE — INCLUDE ZIP CODE IN ALL ADDRESSES — CLAIMANT'S SS# MUST BE ENTERED BELOW

WCB CASE NO. (If Known)	CARRIER CASE NO. (If Known)	DATE OF INJURY AND TIME	ADDRESS WHERE INJURY OCCURRED (City, Town or Village)	SOCIAL SECURITY NUMBER
		[illegible] Dec. 1972	[illegible] at Garlock's	

INJURED PERSON	NAME: [illegible]	AGE: 48	ADDRESS: Arcadia Trailer Park, Newark, N.Y. [illegible]
EMPLOYER	Garlock's Inc.		Palmyra, N.Y. 14522
INSURANCE CARRIER	Employer's Mutual of Wausau		P.O. Box [illegible], Syracuse, New York [illegible]

HISTORY

1. State how injury occurred and give source of this information. (If claim is for occupational disease, include occupational history and date of onset of related symptoms).

refer to attached

2. Is there a history of unconsciousness? [ ] YES [X] NO — If "Yes," for how long? — Were X-Rays taken? [X] YES [ ] NO

3. Was patient hospitalized? [ ] YES [X] NO — If "Yes," state name and address of hospital:

4. Was patient previously under the care of another physician for this injury? [X] YES [ ] NO — If "Yes," enter his name and address, and reason for transfer under "Remarks" (Item 10).

[illegible]

DIAGNOSIS

5. Describe nature and extent of injury or disease and specify all parts of body involved:

as per attached

TREATMENT

6. Nature of treatment: consultation and will have [illegible] follow up for [illegible]

Date of your first treatment: 6-6-73 — If treatment is continuing, estimate its duration: [illegible]

If treatment is not continuing, is this your final report? [ ] YES [ ] NO — If "Yes," state date of last treatment:

DISABILITY

7. May the injury result in permanent restriction, total or partial loss of function of a part or member, or permanent facial, head or neck disfigurement? [ ] YES [ ] NO

as per attached

8. Is patient working? [ ] YES [X] NO — Is patient disabled? [X] YES [ ] NO — If "Yes," estimate duration of disability: 6-1-73 thru [illegible]-73

CAUSAL RELATION

9. In your opinion, was the occurrence described above the competent producing cause of the injury and disability (if any) sustained? [X] YES [ ] NO

REMARKS

10. Enter here additional information of value, requests for authorization, etc.:

patient also saw Dr. [illegible]

This was a consult for Dr. [illegible]

10 (a) Medical testimony is occasionally required. If your testimony should be necessary in this case, please indicate the days of the week (and hours) most convenient to you for this purpose: [illegible]

Dated	Typed or Printed Name of Attending Physician		Address
6-[illegible]-73	[illegible]		[illegible]
WCB Rating Code	**WCB Authorization No.**	**Telephone No.**	**Written Signature of Attending Physician**
[illegible]	[illegible]	[illegible]	[signature]

C-4R

ANSWER ALL QUESTIONS. AVOID USE OF INDEFINITE TERMS

CONSULTATION
June 6,1973

PATIENT: Elsie Bohner

This 49 year old female enters primarily because of progressive shortness of breath. The patient states that she has worked at Garlocks for the past 22-23 years, working in asbestos directly over the concentrated areas of asbestos fibers. She wears no mask and is provided with no mask. She has noted over the past few years, progressive shortness of breath which now definitely interferes with her normal activities. She can ride her bike which she normally enjoys doing only very short distances, has some difficulty on one flight of stairs, can now only mow part of the lawn without stopping due to dyspnea, and has problems with any type of exercise program including dancing, which she normally thoroughly enjoys. She does smoke roughly one pack per day and has smoked since age 17 or roughly for 32 years. She has occasional small amounts of AM sputum production. She has attempted to cut down over the past few months to less than ½ pack per day. No episodes of hemoptysis. Had an episode of bronchitis requiring one month's leave of absence two years ago, but no episodes of definite pneumonia. She has no history of known heart disease of any type. She has no exposure to any other specific respiratory allergens, including in prior work before Garlocks. She is able to sleep on one pillow without paroxysmal nocturnal dyspnea, has no significant ankle edema, no major palpitations. She does have occasional episodes of sudden shortness of breath and associated light headedness without syncope. She admits to being moderately nervous much of her life.

PAST MEDICAL HISTORY: Extensive and is well contained in her Medical Center records. There is no known allergy including drugs.

PHYSICAL EXAMINATION: Well developed, well nourished. Color fairly normal. Blood pressu 108/78. Weight 136 lbs. Pulse 76 and regular. Head and hair negative. Pupils round, regular, equal. React to light. ENT benign. Neck supple. Carotids equal bilateral witho bruits. Neck veins not distended at 45°. The thyroid is within normal limits. The ches shows equal bilateral and good expansion. The lungs seem fairly clear to percussion an auscultation. There is no wheezing or bronchospasm. The heart is not enlarged. Regula sinus rhythm. No S3 gallop, no rub, and no arrhythmia. Heart sounds are of good quali The abdomen is soft, non-tender. No liver, kidney, spleen, or masses. There is no club Nopetechia, no peripheral edema. The patient's chest x-rays have been reviewed and do show some increase in interstitial fibrosis involving all lung fields. Simple pulmonary function studies reveal a total vital capacity of 2.4, FEV_1 1.9. An electrocardiogram revealed sinus rhythm with normal AV and IV conduction. The P wave is inverted in AVL. P waves are slightly peaked in 2,3 AVF, but still within the broad limits of normal and non-diagnostic of any definite pattern of chronic lung disease or right atrial enlarge

IMPRESSION: This patient has distinct evidence to support asbestosis and with her now working in the uncontrolled atmosphere over a 20 year period, there is no question that she is a candidate for increasing complications at this point, including lung cancer, mesothelioma, and possible GI cancer. Aside from fact that she will undoubtedly develo increased evidence of chronic obstructive lung disease. Her cigarette smoking is a di tinct contributing factor. It is my feeling that this patient is as yet not physicall incapacitated from her disease and is able to work, but that she is definitely to be removed from this atmosphere. It is my feeling that her disease is compensable. Have ordered Alpha 1 Antitrypsin enzymes, arterio blood gases and it would be worthwhile,

although if negative, of no importance to get a sputum for possible asbestos bodies. Do not feel that a lung biopsy is indicated at this time.

John M. Davis,M.D.

JMD/lab
Copy: Douglas A. Devens,M.D.

STATE OF NEW YORK

WORKMEN'S COMPENSATION BOARD

ATTENDING PHYSICIAN'S SUPPLEMENTARY REPORT

Enter "X" to Show Type of Report: [ ] 15-DAY REPORT [X] PROGRESS REPORT [ ] FINAL REPORT

PLEASE PRINT OR TYPE – INCLUDE ZIP CODE IN ALL ADDRESSES – CLAIMANT'S SS # MUST BE ENTERED BELOW

WCB CASE NO. (If Known)	CARRIER CASE NO. (If Known)	DATE OF INJURY AND TIME	ADDRESS WHERE INJURY OCCURRED (City, Town or Village)	SOCIAL SECURITY NUMBER
		Dec. 1971		

	NAME	AGE	ADDRESS
INJURED PERSON	Elsie Bohmer	48	Arcadia Trailer Park, Newark, N.Y.
EMPLOYER			
INSURANCE CARRIER	Garlock's Ins.		Palmyra, New York

ANSWER ALL QUESTIONS. AVOID USE OF INDEFINITE TERMS SUCH AS "UNKNOWN," "ETC."

HISTORY

1. Have you filed Form C-48, or other report, setting forth history? [ ] YES [ ] NO — If "No," answer 1 (a) and (b) below.

(a) State how injury occurred and give source of this information. (If claim is for occupational disease, include occupational history and date of onset of related symptoms).

(b) Was patient previously under the care of another physician for this injury? [ ] YES [X] NO — If "Yes," enter his name and address, and reason for transfer under "Remarks" (Item 10).

2. Is there any history or evidence of pre-existing injury, disease or physical impairment? [ ] YES [X] NO — If "Yes," describe specifically:

DIAGNOSIS

3. Present condition (include diagnosis, subjective complaints, objective findings, and any change of condition since last report. If patient was hospitalized since last report, so state and give name and address of hospital):

Chronic interstitial pneumonitis, secondary asbestosis, chronic bronchitis,

Present condtition: Stable

TREATMENT

4. Nature of treatment:

Date of first treatment:	Date of your most recent treatment:	Are you continuing treatment?
Daily [illegible]		[ ] YES [ ] NO

If treatment discontinued, estimate its probable duration. 2/21/74

If it has terminated, indicate reason.

DISABILITY

5. May the injury result in permanent restriction, total or partial loss of function of a part or member, or permanent facial, head or neck disfigurement? [ ] YES [X] NO

If "Yes," describe:

6. On what *dates* do you think patient was or will be able to:

(a) Resume limited work of any kind? Date:	(b) Resume his regular work? Date:	Is patient working?
		[ ] YES [X] NO

7. If patient is unable to do his regular work, but can do limited work, specify his work limitations due to this injury.

CAUSAL RELATION

8. In your opinion, was the occurrence described above (or in your previous report which gave this information) the competent producing cause of the injury and disability (if any) sustained? [ ] YES [ ] NO

REHABILITATION

9. Is rehabilitation treatment or services or evaluation therefor advised? [ ] YES [ ] NO — Explain:

If rehabilitation treatment or services or evaluation is advised, has referral been made? [ ] YES [ ] NO — If "Yes," to whom? If "No," indicate why.

REMARKS

10. Enter here additional information of value, requests for authorization, etc.:

Dated	Typed or Printed Name of Attending Physician	Address
WCB Filing Code	WCB Participation No. [illegible]	Written Signature of Attending Physician
2/6/80	[illegible] M.D.	208 Union St., Newark, N.Y. 14513

C-4 (12-73) ANSWER ALL QUESTIONS. AVOID USE OF INDEFINITE TERMS.

See Reverse Side

WORKMEN'S COMPENSATION BOARD

NOTICE OF DECISION

DATE OF HEARING	DATE OF THIS NOTICE
5 15 74	5 22 74 LA

*WCB Case No.	Date of Accident	Social Security Number
7730 5701	6 6 73	131 16 6235

Carrier Case No.	Carrier Code
A 64 57498	91 & 998

Claimant
Elsie Bohner
Arcadia Trailer Park
Newark , N. Y. 14513

* Employer
Garlock, Inc.

Palmyra, N. Y. 14522

-A. Pawela

Atty Harold A. Kosoff
P.O. Box 132
120 W. Union St.
Newark, N. Y. 14513

CLAIMANT

READ IMPORTANT INFORMATION ON REVERSE SIDE.

If case was "Continued" and continuing payment was directed, it shall be made at the rate for the period stated and shall be continued thereafter until the employer or carrier has medical or payroll evidence of a change of condition and gives notice thereof to the Chairman, Workmen's Compensation Board, unless otherwise provided in the decision. A further hearing will be held in a "continued" case to determine the extent of further disability, if any.

After hearing on date stated above the following Decision and Award was made and duly filed this day.

AWARD: THE EMPLOYER AND/OR THE INSURANCE CARRIER ARE DIRECTED TO PAY AT ONCE

for disability over a period of			at rate per Week	the sum of	TO:
weeks	from	to			
			$	$	CLAIMANT LESS PAYMENTS MADE COVERING THIS PERIOD.
as lien on award payable by separate check by carrier to CLAIMANTS REPRESENTATIVE OR ATTORNEY					
fee to DOCTOR for attendance at hearing					

DECISION: Case was Closed until such time as there is medical evidence the this claimant is totally disabled by reason of dust exposure. Occupational exposure and notice established. Date of disablement established as of 6/6/73. Finding: Claimant has a partial disability

*If the WCB Case No. is preceded by "F," this decision is made under the Volunteer Firemen's Benefit Law, and the liable political subdivision is deemed to be the "Employer" of the volunteer fireman. In all other cases, this decision is made under the Workmen's Compensation Law.

C-23 (10-73)

Albert D Fatone
Chairman

NO 3601177

EMPLOYERS INSURANCE OF WAUSAU

CLAIM NUMBER	DISAB OR ACCID DATE	IRS ACCOUNT NO	DATE ISSUED	
A-64-57498	1-1-73	16-0743937	6-19-79 Void after 60 Days from Date Issued	$31.50*** PAY EXACTLY

PAY TO THE ORDER OF

BUFFALO GENERAL HOSPITAL
100 HIGH ST.
BUFFALO, N.Y. 14203

FOR

ELSIE BOHNER

INSURED

GARLOCK, INC.

EMPLOYERS MUTUAL LIABILITY INSURANCE COMPANY OF WISCONSIN

POLICY NUMBER	POLICY DATE	PYMT KIND	F or S	LINE AND COVERAGE	AMOUNT	ESTAB NO	MASS AUTO ONLY	
							CLMT NO	ANAL LOSS
0914-00-027626	1-73	01		300				

CHECK SIGNER TOTAL

NO 3593377

EMPLOYERS INSURANCE OF WAUSAU

CLAIM NUMBER	DISAB OR ACCID DATE	IPS ACCOUNT NO	DATE ISSUED
AJ-64-57498	1-1-73	072-07-2769	4-12-74

Void after 60 Days from Date Issued

$39.75***

PAY EXACTLY

PAY TO THE ORDER OF

A. ARTHUR GRABAU, M. D.
250 LINWOOD AVE.
BUFFALO, N. Y. 14209

FOR INSURED

ELSIE BOHNER

GARLOCK, INC.

EMPLOYERS MUTUAL LIABILITY INSURANCE COMPANY OF WISCONSIN

POLICY NUMBER	POLICY DATE	PYMT KIND	F or S	LINE AND COVERAGE	AMOUNT	ESTAB NO	MASS AUTO ONLY	
							CLMT NO	ANAL LOSS
0914-00-027626	1-73	01		300				

CHECK SIGNER TOTAL →

STATE OF NEW YORK

WORKMEN'S COMPENSATION BOARD

ATTENDING PHYSICIAN'S SUPPLEMENTARY REPORT

Enter "X" to Show Type of Report: ☐ 15-DAY REPORT ☒ PROGRESS REPORT ☐ FINAL REPORT

PLEASE PRINT OR TYPE — INCLUDE ZIP CODE IN ALL ADDRESSES — CLAIMANT'S SS # MUST BE ENTERED BELOW

WCB CASE NO. (If Known)	CARRIER CASE NO. (If Known)	DATE OF INJURY AND TIME	ADDRESS WHERE INJURY OCCURRED (Car, Town or Village)	SOCIAL SECURITY NUMBER
7730-5701		Dec. 1972		

INJURED PERSON	NAME: Klaja Bajcar	AGE: 48	ADDRESS: Arcadia Trailer Park, Newark, N.Y.
EMPLOYER	Gaylord's, Inc.		Palmyra, New York
INSURANCE CARRIER	Employer's Ins. of Wausau		Box 1215, Syracuse, N.Y. 13201

ANSWER ALL QUESTIONS. AVOID USE OF INDEFINITE TERMS SUCH AS "UNKNOWN" "?" ETC

HISTORY

1. (a) Have you filed above Code, or other report, setting forth history? ☐ YES ☐ NO — If "No," answer 1 (a) and (b) below.

(a) State how injury occurred and give source of this information. (If claim is for occupational disease, include occupational history and date of onset of related symptoms).

(b) Was patient previously under the care of another physician for this injury? ☐ YES ☐ NO — If "Yes," enter his name and address and reason for transfer under "Remarks" (Item 10).

2. Is there any history or evidence of pre-existing injury, disease or physical impairment? ☐ YES ☐ NO — If "Yes," describe specifically:

DIAGNOSIS

3. Present condition (include diagnosis, subjective complaints, objective findings, and any change of condition since last report. If patient was hospitalized since last report, so state and give name and address of hospital):

Chronic interstitial pneumonitis, secondary asbestosis, chronic bronchitis,

Present condition: Same.

TREATMENT

Nature of treatment:

Prednisone,

Date of your first treatment:	Date of your most recent treatment:	Are you continuing treatment?
1/26/73	8/21/74	☐ YES ☐ NO

If treatment is continuing, estimate its probable duration.
If it has terminated, indicate reason.

DISABILITY

5. May the injury result in permanent restriction, total or partial loss of function of a part or member, or permanent facial, head or neck disfigurement? ☐ YES ☐ NO

If "Yes," describe:

6. On what dates do you think patient was or will be able to:

(a) Resume limited work of any kind? Date:	(b) Resume his regular work? Date:	Is patient working?
		☐ YES ☐ NO

7. If patient is unable to do his regular work, but can do limited work, specify his work limitations due to the injury

LEGAL HEARING

8. In your opinion, was the occurrence described above (or in your previous report which gave this information) the competent producing cause of the injury and disability (if any) sustained? ☐ YES ☐ NO

REHABILITATION

9. Is rehabilitation treatment or services or evaluation thereof advised? ☐ YES ☐ NO — Explain:

If rehabilitation treatment or services or evaluation is advised, has referral been made? ☐ YES ☐ NO — If "Yes," to whom? If "No," indicate why.

REMARKS

10. Enter here additional information of value, requests for authorization, etc.:

Dated	Typed or Printed Name of Attending Physician	Address
3/21/74	Douglas A. Downes, M.D.	201 Church St., Newark, N.Y. 14513
WCB Rating Code: I	WCB Authorization No.: 218180 — Telephone No.: 331-3720	Written Signature of Attending Physician:

ANSWER ALL QUESTIONS. AVOID USE OF INDEFINITE TERMS.

C-4 (4-73)

See Reverse Side

2-4-74

This was received from Buffalo General Hospital regarding Elsie Bohner, we have no record of her being sent to Buffalo, however have heard that she did go. This apparently refers to

A-64-57498 - Elsie Bohner - Employee
Garlock Inc. - Employer

PAYMENT IS DUE ➡ 02/05/74

FOR PROPER CREDIT TO YOUR ACCOUNT PLEASE DETACH AND RETURN THIS PORTION WITH PAYMENT.

THE BUFFALO GENERAL HOSPITAL
110 HIGH STREET
BUFFALO, NEW YORK 14203

PLEASE PAY THIS AMOUNT ➡

BALANCE FROM PREVIOUS BILLING	AGREEMENT AMOUNT	AMOUNT DUE
.00	FULL	31.50

6-81241-6 BOHNER ELSIA

WHEN INQUIRING ON THIS ACCOUNT PLEASE REFER TO ADMISSION NUMBER AND PATIENT NAME

RESPONSIBLE PARTY

GARLOCK INS.
*
BUFFALO NY

STATEMENT

THE BUFFALO GENERAL HOSPITAL

DUE DATE
02/05/74

ADMISSION NUMBER	PATIENT NAME	SERVICE OR DISCHARGE DATE
6-81241-6	BOHNER ELSIA	12/21/73

DATE	DESCRIPTION	AMOUNT
	PREVIOUS BALANCE	.00
12/21/73	PH	10.50
12/21/73	PO2	10.50
12/21/73	PCO2	10.50

BILLING DATE	FINANCE CHARGE IS COMPUTED ON THIS AMOUNT ➡	ADJUSTED ACCOUNT BALANCE	FINANCE CHARGE	NEW BALANCE
01/21/74		.00	.00	31.50

YOUR FINANCE CHARGE IS COMPUTED BY A "PERIODIC RATE" APPLIED TO THE ADJUSTED ACCOUNT BALANCE. [illegible] WHICH IS THE PREVIOUS BALANCE LESS

ANNUAL PERCENTAGE RATE ➡ [illegible]%

STATE OF NEW YORK
WORKMEN'S COMPENSATION BOARD
155 MAIN STREET WEST
ROCHESTER, N. Y. 14614

ALBERT D'ANTONI
CHAIRMAN

January 30th, 1974

RE: 7730 5701 Elsie Bohner vs Garlock, Inc.

d/a 1/1/73 Carrier No. A64 57498

Employers Mutual Liab. Ins. Co.
1633 Broadway
New York, New York 10019

Gentlemen:

We are sending you Dr. Henry J. Brock's report dated January 16th, 1974, concerning his examination of claimant in captioned case.

We are scheduling the case for a hearing for the Referee to consider Dr. Brock's report.

Very truly yours,

WORKMEN'S COMPENSATION BOARD

Lawrence L. Culiano

Lawrence L. Culiano
W. C. Examiner

LLC:jah
cc:
Copies to:
Elsie Bohner
Arcadia Trailer Park
Newark, New York 14513

Anthony Pavela
Special Funds Conservation Committee
568 Ellicott Square Building
Buffalo, New York

January 16, 1974

Leonard V. Tomasak, District Administrator
Workmen's Compensation Board
155 Main Street, East
Rochester, New York

Re: WCB #7730570L
Elsie D. Bohner
Vs. Carlock Inc.
E.D. 2/3/24
Examined: 12/21/73

Dear Mr. Tomasak:

The following is a summary of the findings in the case of the above-captioned claimant, Elsie Bohner.

OCCUPATIONAL HISTORY: The claimant worked for Carlock Inc., Elmira, New York from November 6, 1950 to the present time. For 20 years she was a braider operator braiding with asbestos yarn, from which dust was emitted. She cut the yarn with sheers and worked with cement of a liquid type. She was also exposed to powdered graphite for 20 years, a material which was present in the air although there was more asbestos dust than graphite. At the end of the day she would have asbestos dust in her hair. For 2½ years she was a floater doing all kinds of work including filling in on machines. No mask was ever worn. In June 1973 she was transferred downstairs to the shipping department. She now works in an area in which there is paper dust and graphite dust. Her handkerchief is full of graphite after blowing her nose. In 1949 for nine months she worked in a food processing plant. From 1946 to 1949 she was unemployed. For five months she worked for a paper box factory and was exposed to some paper dust but no mask was worn. For one year she was a WAC in the U.S. Service but she never went overseas. For two years she worked for Eastman Kodak Corp. as an inspector or cameras. There was no dust exposure.

CHIEF COMPLAINT: Dyspnea on exertion of one years duration.

HISTORY OF PRESENT ILLNESS: One year ago the claimant noticed dyspnea which has remained stationery since that time. She denies having cough although occasionally she expectorates 1/4 teaspoonful of medium consistency sputum (white) in 24 hours. She has no chest pain.

PAST HISTORY: The relevant past history was as follows: The claimant has enjoyed good health all of her life until the present illness. A pilonidal cyst was removed from her spine in 1949. In 1968 she had a cholecystectomy for gall stones In December 1968 a complete hysterectomy was carried out.

HABITS: She smokes seven cigarettes a day. Formerly she smoked one package of cigarettes daily beginning at age 20. She drinks an occasional highball.

Tonsillectomy and adenoidectomy were carried out in 1941. An appendectomy and a resection of an ovarian cyst were carried out in 1952.

ACCIDENTS: None.

The claimant has noted palpitation with exertion. She sleeps on one thin pillow at night. She has gained ten pounds weight in the past year.

Re: Elsie D. Bohner

PHYSICAL EXAMINATION: Temperature 98.6, pulse 72, height 65 3/4", weight 144½ pounds, blood pressure 120/80. The claimant is a well developed, well nourished slightly obese woman who does not appear acutely ill. There was no clubbing of the fingers, but there was a slight deformity of both small fingers.

SKIN & HAIR: There were a few pigmented nevi of the face, neck and chest anteriorly. There was slight hirsutism of the upper lip. The axillary hair was sparse.

HEAD & FACE: Negative.

EYES: Pupils react to light and accommodation. Fundus examination: normal vessels and nerves.

EARS: Hearing grossly normal. Otoscopic examination negative.

NOSE: Mucous membrane was slightly injected. There was a slight mucoid discharge. There was slight deviation of the septum to the right.

MOUTH: There was a complete upper denture and a partial lower denture. Tonsils were out. Otherwise the mouth was negative.

NECK: No thyroid or lymph gland enlargement. The arteries and veins were normal. The claimant exhibited slight dyspnea on dressing herself.

CHEST: Shape of chest was normal.

LUNGS: Normal resonance and clear. No rales or rhonchi were heard.

HEART: Sounds were regular and of fair quality. Grade I/VI systolic murmur was heard at the base of the heart.

BLOOD VESSELS: Soft radial and brachial vessels.

ABDOMEN: No enlarged organs, masses or tenderness.

EXTREMITIES: Legs: color normal. Feet were cold to the touch. There were no varicosities. Dorsalis pedis and posterior tibial pulses were normal. The knee jerks and ankle jerks were normal. There was no edema of the ankles. The Babinski was negative.

LABORATORY STUDIES: WBC 8,000, RBC 4,410,000, hbg. 14.4 grams, hct. 43.5 grams, 61% polys, 36% lymphocytes, 1% monos, 2% eosin. The sedimentation rate was 17. Spirometry revealed a vital capacity of 2,630, predicted 2,800 or 94% of the predicted value. The forced expiratory volume was 2,140 or 81% in one second. The maximal mid-expiratory flow was 2.40, predicted 2.97 plus or minus 0.59. The maximal voluntary ventilation was 115, predicted was 84 or 137%. The arterial blood gases revealed a PH of 7.39, $PaCO_2$ of 37, HCO_3 of 22 and a PaO_2 of 68. Pulmonary function tests performed at Strong Memorial Hospital revealed a vital capacity of 2,590, predicted was given as 3,405 or 76% of the predicted. Forced expiratory volume in one second was 2,140, predicted 2,595 or 82% of the predicted. The maximum breathing capacity was 115 liters per minute, the predicted 79 or 146%. The diffusing capacity was 14.4 mmHg., the predicted was 20 or 72% of the predicted. The arterial blood gases revealed a PH of 7.37 at rest, after exercise 7.35, the PCO_2 was 37.7 mmHg. at rest. After exercise 7.35. The PCO_2 was 37.7 mmHg. at rest, after exercise 7.35. The plasma CO_2 was 22.4 meq/l, after exercise 21.3. The PO_2 was 69.5 mmHg. at rest, and 87.7 mmHg. after exercise. The O_2 saturation was 90% at rest and 97% after exercise. The hct. was 43%. This was interpreted as revealing the lung volumes as being low normal. The FEV_1 and the maximum mid-expiratory flow rate were normal. The diffusing capacity was normal. The PO_2 rises significantly with exercise. An electrocardiogram revealed sinus rhythm, rate 74, PR interval .12, QRS .08. There were peaked P waves in leads II and aVF. This was interpreted as revealing no diagnostic abnormalities. The VDRL slide test was non-reactive. Urinalysis revealed a PH of

Re: Elsie D. Bohmer

5.8, specific gravity 1.021, albumin was negative. Microscopic examination revealed 0 to 3 WBC and occasional epithelial cells and occasional RBC per hpf.

X-RAYS: An x-ray film of the chest taken on May 26, 1968 at the Community Hospital revealed the hili to be normal in size. There was a large calcific density in the left hilar region which was 1.7 cm. in diameter. The markings were increased throughout with extensive reticulation and scattered fine nodulation. The diaphragm was slightly flattened bilaterally. The heart was normal in size. Transverse cardiac diameter was 11 cm. Transverse thoracic diameter was 25 cm. The aortic knob was normal. There is slight calcification of the aortic knob. The pulmonary conus was slightly prominent. The film of December 21, 1972 reveals no significant change, from the film of May 26, 1968. The film of April 27, 1972 revealed no change from the film of December 21, 1972. In the film of December 21, 1973 taken by Dr. A. Arthur Graham there is no significant change from the film of April 27, 1972. The hili were normal in size. There was a large calcific density at the upper pole of the left hilum. There was an increase of the markings bilaterally with extensive reticulation and scattered fine nodulation. The diaphragm was slightly flattened bilaterally. The heart was normal in size. Transverse cardiac diameter was 11 cm. Transverse thoracic diameter was 25 cm. The pulmonary conus was slightly prominent. The aortic knob was normal. An expiratory film revealed an excursion of the diaphragm of 5 cm. on each side. There was no shift of the mediastinum. A left lateral film revealed an increase in the antero-posterior diameter of the chest. The antero-posterior diameter of the heart was normal. The aorta was normal. The markings were increased throughout with extensive reticulation. There was slight flattening of the diaphragm bilaterally. Compared to the film taken on May 26, 1968 there is more flattening of the diaphragm than in the previous film and slightly more blotting out of the markings in the posterior-inferior chest. Otherwise there is no significant change.

OPINION: The history, physical examination, laboratory studies and x-ray films are compatible with a diagnosis of pneumoconiosis due to the inhalation of asbestos dust causally related to the claimant's occupation and producing a partial pulmonary disability. The inhalation of graphite dust may also have contributed in a minor degree to the development of this pneumoconiosis. The claimant should not work in any atmosphere in which she is exposed to noxious dust. She should have careful medical supervision for a number of years.

Signed,

Henry J. Brock

HJB:em

Henry J. Brock, M.D.
Expert Consultant

Subscribed and sworn to before me this
17th day of January 1974.

Elsa L. Mayer, Notary Public qualified in Erie County
Exp. date 3/30/75

Cardiac Stress Lab
Newark, N.J. 11-15-15
12-21-93

	OBSERVED		PREDICTED	% OF PREDICTED	
	Bronchodilator			Bronchodilator	
	BEFORE	AFTER		BEFORE	AFTER
Vital Capacity (VC) (ml BTPS)	2630		2800	94%	
Forced Expiratory Volume (FEV) (ml BTPS)					
1 Second	2140				
2 Second					
3 Second					
FEV/VC x 100 (%)					
1 Second	81%				
2 Second					
3 Second					
Maximal Mid-Expiratory Flow (L/Sec.)	2.40		2.91-0.55		
Maximal Voluntary Ventilation (L/Min. BTPS)	115		84	137	

pHa: 7.39
$PaCO_2$: 37
HCO_3^-: 22
PaO_2: 67

Rec _____

EMPLOYERS INSURANCE OF WAUSAU

CLAIM NUMBER	DISAB OR ACC'D DATE	IRS ACCOUNT NO	DATE ISSUED	
A-64-57498	1-1-73	16-0743209	1-3-74 Void after 60 Days from Date Issued	100.00** PAY EXACTLY

PAY TO THE ORDER OF

STRONG MEMORIAL HOSPITAL
260 CRITTENDEN BLVD.
ROCHESTER, N. Y. 14642

FOR

ELSIE BOHNER
43091008

INSURED

GARLOCK, INC.

EMPLOYERS MUTUAL LIABILITY INSURANCE COMPANY OF WISCONSIN

POLICY NUMBER	POLICY DATE	PYMT KIND	F or S	LINE AND COVERAGE	AMOUNT	ESTAB NO	MASS AUTO ONLY	
							CLMT NO	ANAL LOSS
0914-00-027626	1-73	01		300				

CHECK SIGNER TOTAL →

S 33 650 7 8 72

CLAIM CHECK - COPY

COPY

OFFICE HOURS:
BY APPOINTMENT ONLY

NOLAN KALTREIDER, M. D.
16 NORTH GOODMAN STREET
ROCHESTER, NEW YORK 14607

TELEPHONE
442-3220

September 26, 1973

Employers Insurance of Wausau
57 Monroe Avenue
Pittsford, New York 14534

Re: Elsie Bohner
Vs: Garlock, Inc.
File # A 64-57498

Attention: Mr. Richard R. Reid

Gentlemen:

The above claimant was examined at my office on September 7, 1973 at your request and the following is a report of that examination.

The claimant is a 49-year old divorced woman who has been employed by Garlock, Inc. since November 6, 1950. During this time she has worked regularly at the same job; that is, she operates a braiding machine. Performing this operation, she braids asbestos yarn. This is done by a machine and the claimant states that it is quite dusty. She has never used a face mask. She has worked in this same operation until June 1973 when she was transferred to the shipping room and at the present time, she is not exposed to any asbestos fibers. The room in which she works, she states, is a long narrow one with high ceilings. The other employees do the same type of work that she is doing. Ventilation is natural. There is no forced ventilation. There are windows on either side of the building and there are ventilators at the top. The windows are open only during warm weather.

About one year ago, she first noticed the onset of shortness of breath on exertion such as riding her bicycle. She now finds that her breathlessness is increasing in intensity and it is more easily provoked. She also has a slight cough productive of mucoid sputum. Occasionally she will notice some mild wheezing. She has very infrequent chest colds. She has no pain in the chest but states that she has a heavy feeling over the anterior chest - a burning type of sensation. There has been no blood spitting. There is no history of chills, fever or pneumonia. The claimant has smoked a pack of cigarettes daily for approximately thirty years. She now smokes eight to ten cigarettes daily.

PAST HISTORY: Her general health has always been good. She has never been seriously ill. She has had a number of operations: a T and A, appendectomy, cholecystectomy, a complete hysterectomy and a removal of a pilonidal cyst.

Head: There is no history of headaches or dizziness.
Eyes: Vision is normal with glasses.
Ears: Negative.

PAST HISTORY: (continued)

Nose: Infrequent headcolds.
Mouth: Teeth have been extracted above. She has a denture and a partial plate below.
Allergic History: Negative.
Endocrine System: There is no history of diabetes or thyroid dysfunction.
Breasts: Negative.
Cardio-respiratory System: Entirely negative except for the present illness. There is no history of edema.
Gastro-intestinal System: Appetite is good. She has been gaining a little weight recently. There is no history of peptic ulceration. The bowel movements are regular. There are no abnormalities of the stool.
Genito-urinary system: Negative except that she had an episode of cystitis several years ago which was cleared with therapy.
Menstrual History: She has had no menstrual periods since her hysterectomy in December of 1968.
Neuro-muscular System: Negative.

MARITAL AND FAMILY HISTORY: The husband is living. She has one daughter living and well. Father died in 1960. Mother is living and well at 81. She has four sisters and three brothers, all living and well. There is no history of pulmonary disease in the family.

PHYSICAL EXAMINATION: Her temperature was 98.6°, pulse 76, respiratory rate 20, blood pressure 120/70, height 65½" and weight 150 pounds. She is well-developed and a well-nourished woman of 49 years who does not appear ill. There is no obvious respiratory distress.

Skin: The mucous membranes are of good color. There is no cyanosis. There is no clubbing of the fingers. The skin is clear.
Glands: There is no general glandular enlargement.
Eyes: Negative.
Ears: Negative.
Nose: Negative.
Mouth: Complete denture above. Partial plate below. Tongue and pharynx negative.
Neck: The thyroid is not enlarged or nodular. The trachea is in the mid-line. The neck veins are not distended.
Thorax: Symmetrical. The expansion of the chest is limited slightly bilaterally.
Breasts: Negative.
Lungs: Entirely clear.
Heart: Not enlarged. The rhythm is regular. There are no murmurs.

MEDICAL EXAMINATION: (continued)

Abdomen: Negative. There are a number of well-healed surgical scars without herniation.
Pelvic and Rectal Examination: Not performed.
Skeleton and Spine: Negative.
Extremities: Negative.
Neurological Examination: Negative.

LABORATORY DATA: The urine was negative with a specific gravity of 1.005. Sedimentation rate was slightly elevated at 26 mm./hour. The hematocrit was normal 44%.

The following blood counts and blood chemistries were performed by the Health-Trenton Medical Laboratory of Victor, New York: The white blood cell count was 7300 with the following differential count: Neutrophils 72%, lymphocytes 28%. The calcium was 10, phosphorus 3.2, glucose 94, BUN 12, uric acid 5, total cholesterol 190 and total bilirubin .3 mg.%. The total serum protein was 6.9 and albumin 4.2 gm.%. Alkaline phosphatase was 96, LDH 150 and SGOT 24 units. All of these values are within normal limits.

An electrocardiogram shows a normal sinus rhythm with a rate of 57/minute. The P-R interval and QRS time - normal. Interpretation: No diagnostic findings.

An x-ray of the chest was taken at my request by Drs. Donald E-C. Sun and Henry J. Emig. Interpretation of these films is as follows:

"REPORT: PA and lateral projections of the chest reveal the heart to be of normal size and shape. No chamber enlargement is seen and the aorta is unremarkable.

Minor calcification is seen at the left hilar root; the lung roots show no enlargement or nodularity and the mediastinum appears normal. There is a diffuse increase in the reticulonodular markings throughout all of both lung fields of a fine granular-nodular nature. No consolidation or cavitation is seen.

The costophrenic pleural angles are open. There is nothing to suggest pericardial disease. The lung fields are unremarkable.

"CONCLUSION: The heart is of normal size and shape.

There are fine reticulo-nodular densities distributed throughout the lung fields consistent with the history of prolonged exposure to asbestos.

No pleural or pericardial disease is seen. There is nothing to suggest active or acute disease.

(continued on Page 4)

LABORATORY DATA: (continued)

(Continuation of x-ray report)

"If clinically warranted, comparison with previous films obtained at Newark-Wayne Hospital may be of value."

/s/ Harry J. Pinsky, M. D.

I have reviewed these films and this claimant's x-ray show very extensive fine reticulo-nodular densities scattered throughout both lung fields.

Pulmonary function tests were performed on September 11, 1973 by the Pulmonary Disease Unit at Strong Memorial Hospital. I am enclosing a copy of the results of this examination. There is no evidence of obstructive pattern by pulmonary function testing that one would expect with emphysema and bronchitis. The maximum breathing capacity is normal. The only abnormality is a mild reduction in the vital capacity and the residual volume which is consistent with pulmonary fibrosis.

I have reviewed the medical file of the Employers Insurance of Wausau in reference to this claimant.

SUMMARY: This [illegible]-year old claimant was exposed to asbestos fibers without protection for a period of twenty-three years. The history, physical findings, pulmonary function testing and pathologic studies are characteristic of asbestosis.

It is my opinion that further investigations such as an open lung biopsy is not indicated. [illegible] biopsy of the lung in this condition is not helpful. Finding asbestos bodies in the sputum only tell us that she has been exposed to asbestos.

It is my opinion that the claimant has asbestosis which is causally related to her occupation. She has a related mild degree of partial disability. She should not have further exposure to asbestos.

Very truly yours,

[illegible signature]

[illegible], M. D.
SJ 12937

[illegible]/[illegible]

Enc.

Orig. [illegible]
2 cc: addressee
1 cc: John [illegible]. Davis, M. D.
Newark Medical Center
[illegible] Church Street

DONALD I-C. SUN, M.D. – HARRY J. PINSKY, M.D.
135 MEIGS STREET ROCHESTER, N.Y. 14607 (716) 244-5030
PRACTICE LIMITED TO RADIOLOGY

September 7, 1973.

Nolan L. Kaltreider,M.D.
16 No. Goodman Street
Rochester,New York 14607

RE: BOHNER,Elsie
#131-16-6235

Dear Dr. Kaltreider:

CHEST:

PA and lateral projections of the chest reveal the heart to be of normal size and shape. No chamber enlargement is seen and the aorta is unremarkable.

Some calcification is seen at the left lung root; the lung roots show no enlargement or nodularity and the mediastinum appears normal. There is a diffuse increase in the parenchymal markings throughout all of both lung fields of a fine reticulo-nodular nature. No conglomerate densities or consolidation is seen.

No significant pleural abnormality is seen. There is nothing to suggest pericardial disease. The bony thorax is unremarkable.

CONCLUSIONS:

The heart is of normal size and shape.

There are fine reticulo-nodular densities distributed throughout the lung fields consistent with the history of prolonged exposure to asbestos.

No pleural or pericardial disease is seen. There is nothing to suggest active or acute disease.

If clinically warranted, comparison with previous films obtained at the Newark-Wayne Hospital may be of value.

Thank you for referring Elsie Bohner.

Sincerely,

Harry J. Pinsky,M.D.

HJP/bs.

Employer: Garlock Inc.
Injured: Case #A64-57498
WCB: S.D. #207995

STATE OF NEW YORK

WORKMEN'S COMPENSATION BOARD

Enter "X" to Show Type of Report: [ ] 13 DAY REPORT [ ] PERIODIC REPORT [ ] FINAL

PLEASE PRINT OR TYPE — INCLUDE ZIP CODE IN ALL ADDRESSES — CLAIMANT'S SS # MUST BE ENTERED BELOW

WCB CASE NO. (If Known)	CARRIER CASE NO (If Known)	DATE OF INJURY AND TIME	Address where injury occurred (Do not leave blank)
7730-5701		approx. Oct. 1972	working at Carlock's

INJURED PERSON	NAME: Elsie Abner	AGE: 60	ADDRESS: Arcadia Trailer Ct., Lot [illegible]
EMPLOYER	Carlock's Inc.		Palmyra, N.Y. 14522
INSURANCE CARRIER	Employer's Mutual of Wausau		P.O. Box 1616, Syracuse, N.Y. 13201

ANSWER ALL QUESTIONS. AVOID USE OF INDEFINITE TERMS SUCH AS "UNKNOWN" ETC

HISTORY

1. Have you filed Form C-48, or other report, setting forth history? [✓] YES [ ] NO — If "No," answer (a) and (b) below.

(a) State how injury occurred and give source of this information. (If claim is for occupational disease, see instructions; history and date of onset of related symptoms).

(b) Was patient previously under the care of another physician for this injury? [ ] YES [ ] NO — If "Yes," enter his name and address; reason for transfer unless obvious.

2. Is there any history or evidence of pre-existing injury, disease or physical impairment? [ ] YES [ ] NO — If "Yes," describe specifically.

DIAGNOSIS

3. Present condition (include diagnosis, subjective complaints, objective findings, and any change of condition since last report. If patient was hospitalized since last report, so state and give name and address of hospital):

Chronic interstitial pneumonitis, [illegible] asbestosis, [illegible]

Present conditions: [illegible]

TREATMENT

Nature of treatment:

Conservative - [illegible]

Date of your first treatment: 6-6-73 — Date of your most recent treatment: 6-6-73 — Are you continuing treatment? [ ] YES [ ] NO

If treatment is continuing, estimate its probable duration.
If it has terminated, indicate reason. Still under consult

DISABILITY

5. May the injury result in permanent restriction, total or partial loss of function of a part or member, or permanent facial, head or neck disfigurement? [ ] YES [ ] NO

If "Yes," describe: refer to consultation note of 6-6-73

6. On what dates do you think patient was or will be able to — Is patient working?

(a) Resume limited work of any kind? Date: — (b) Resume his regular work? Date: — [ ] YES [ ] NO

7. If patient is unable to do his regular work, but can do limited work, specify his work limitations due to this injury:

Patient should be removed from the atmosphere in which [illegible]

CAUSAL RELATION

8. In your opinion, was the occurrence described above (or in your previous report which gave this information) the competent producing cause of the injury and disability (if any) sustained? [ ] YES [ ] NO

REMARKS

9. Is rehabilitation treatment or services or evaluation therefor advised? [ ] YES [ ] NO — Explain:

If rehabilitation treatment or services or evaluation is advised, has referral been made? [ ] YES [ ] NO — If "Yes," to whom? If "No" indicate why.

10. Enter here additional information of value, requests for authorization, etc.

Date	Type or Printed Name of Attending Physician	Address
7-16-73	[illegible]	[illegible]
W.C.B. Rating Code	WCB Authorization No. Telephone No.	Signature of Attending Physician

ANSWER ALL QUESTIONS. AVOID USE OF INDEFINITE TERMS.

C-4 (10-71)

See Reverse Side

Elsie Bohner Arcadia Trailer Park, Newark, NY

Sept 7th 1-8 hr. day
Sept 11th 1 8 hr. day
Sept 12th 1-8 hr. day.

Travel mileage to Rochester 140-miles for a trips

Sept 7th to Mr. Kettridge
107 N. Goodman
St. Rochester

Sept 11th to Strong Memorial Hospital for tests

Sept 12 - Consult with Dr. from tests

Elsie Bohner

Mrs. Sila Wulfrank
Garlock, Inc.
Palmyra, New York 14522

Employers Insurance
of Wausau

57 MONROE AVENUE • PITTSFORD, NEW YORK 14534 • PHONE (716) 381-0460

Elsie Bohner
Arcadia Trailer Park
Newark, New York 14513

August 23, 1973

Elsie Bohner - Garlock, Inc.
A54-57498

Dear Ms. Bohner:

Arrangements have been made for you to be examined by Dr. Nolan Kaltreider at his offices at 16 North Goodman Street, Rochester, New York on Friday, September 7, 1973, at 1:30 p.m.

Should you have any questions regarding this consultation, please contact me promptly.

Very truly yours,

Dick

Richard R. Reid
Resident Claim Manager

RRR/cw
cc: Dr. Nolan Kaltreider
Mrs. Sila Wulfrank/Garlock, Inc.

A 64-5 14 76

STATE OF NEW YORK

WORKMEN'S COMPENSATION BOARD

ATTENDING PHYSICIAN'S 48-HOUR REPORT

PLEASE PRINT OR TYPE — INCLUDE ZIP CODE IN ALL ADDRESSES — CLAIMANT'S SS # MUST BE ENTERED BELOW

WCB CASE NO (If Known)	CARRIER CASE NO (If Known)	DATE OF INJURY AND TIME	ADDRESS WHERE INJURY OCCURRED (City, Town or Village)	SOCIAL SECURITY NUMBER
		5-31-73 Abt. 1972	Worthy at Gorlock's	

INJURED PERSON	NAME [redacted]	AGE 68	ADDRESS Meadlin Trailer Park, Hawk, [illegible]
EMPLOYER	Gorlock's Inc.		Palmyra, N.Y. 14522
INSURANCE CARRIER	Employer's Mutual of Hanson		P.O. Box 1113, Syracuse, New York [illegible]

HISTORY

1 State how injury occurred and give source of this information. (If claim is for occupational disease, include occupational history and date of onset of relate symptoms).

refer to attached

2 Is there a history of unconsciousness?	☐ YES ☒ NO	If "Yes," for how long?	Were X-Rays taken? ☒ YES ☐ NO
3. Was patient hospitalized?	☐ YES ☒ NO	If "Yes," state name and address of hospital:	
4. Was patient previously under the care of another physician for this injury?	☒ YES ☐ NO	as stated in attached report	If "Yes," enter his name and address, and reason for transfer under "Remarks" (Item 10).

DIAGNOSIS

5 Describe nature and extent of injury or disease and specify *all* parts of body involved:

as per attached

TREATMENT

6. Nature of treatment:

consultation and will have 1 follow up for explanation of x-rays

Date of your first treatment: 6-6-73	If treatment is continuing, estimate its duration. 1 more call
If treatment is not continuing, is this your final report? ☐ YES ☐ NO	If "Yes," state date of last treatment:

DISABILITY

7 May the injury result in permanent restriction, total or partial loss of function of a part or member, or permanent facial, head or neck disfigurement? as per attached ☐ YES ☐ NO

8. Is patient working?	☐ YES ☒ NO	Is patient disabled?	☒ YES ☐ NO	If "Yes," estimate duration of disability: 6-1-73 thru 6-11-73

CAUSAL RELATION

9 In your opinion, was the occurrence described above the competent producing cause of the injury and disability (if any) sustained? ☒ YES ☐ NO

REMARKS

10 Enter here additional information of value, requests for authorization, etc.:

patient also saw Dr. N. Walther

This was a consult for Dr. J. Irving

J.C P.H

6-15-73

10 (a) Medical testimony is occasionally required. If your testimony should be necessary in this case, please indicate the days of the week (and hours) most convenient to you for this purpose: Friday

Dated	Typed or Printed Name of Attending Physician	Address
6-7-73	John Irving, M.D.	202 Church Street, Ham[illegible]
WCB Rating Code	**WCB Authorization No.**	**Telephone No**
[illegible]	202-[illegible]0	331-3310

Written Signature of Attending Physician: John Irving

CONSULTATION
June 6,1973

PATIENT: Elsie Bohner

This 49 year old female enters primarily because of progressive shortness of breath. The patient states that she has worked at Garlocks for the past 22-23 years, working in asbestos directly over the concentrated areas of asbestos fibers. She wears no mask and is provided with no mask. She has noted over the past few years, progressive shortness of breath which now definitely interferes with her normal activities. She can ride her bike which she normally enjoys doing only very short distances, has some difficulty on one flight of stairs, can now only mow part of the lawn without stopping due to dyspnea, and has problems with any type of exercise program including dancing, which she normally thoroughly enjoys. She does smoke roughly one pack per day and has smoked since age 17 or roughly for 32 years. She has occasional small amounts of AM sputum production. She has attempted to cut down over the past few months to less than ½ pack per day. No episodes of hemoptysis. Had an episode of bronchitis requiring one month's leave of absence two years ago, but no episodes of definite pneumonia. She has no history of known heart disease of any type. She has no exposure to any other specific respiratory allergens, including in prior work before Garlocks. She is able to sleep on one pillow without paroxysmal nocturnal dyspnea, has no significant ankle edema, no major palpitations. She does have occasional episodes of sudden shortness of breath and associated light headedness without syncope. She admits to being moderately nervous much of her life.

PAST MEDICAL HISTORY: Extensive and is well contained in her Medical Center records. There is no known allergy including drugs.

PHYSICAL EXAMINATION: Well developed, well nourished. Color fairly normal. Blood pressur 108/78. Weight 136 lbs. Pulse 76 and regular. Head and hair negative. Pupils round, regular, equal. React to light. ENT benign. Neck supple. Carotids equal bilateral without bruits. Neck veins not distended at 45°. The thyroid is within normal limits. The chest shows equal bilateral and good expansion. The lungs seem fairly clear to percussion and auscultation. There is no wheezing or bronchosapsm. The heart is not enlarged. Regular sinus rhythm. No S3 gallop, no rub, and no arrhythmia. Heart sounds are of good quality The abdomen is soft, non-tender. No liver, kidney, spleen, or masses. There is no clubbi Nopetechia, no peripheral edema. The patient's chest x-rays have been reviewed and do show some increase in interstitial fibrosis involving all lung fields. Simple pulmonary function studies reveal a total vital capacity of 2.4, FEV_1 1.9. An electrocardiogram revealed sinus rhythm with normal AV and IV conduction. The P wave is inverted in AVL. P waves are slightly peaked in 2,3 AVF, but still within the broad limits of normal and non-diagnostic of any definite pattern of chronic lung disease or right atrial enlargemer

IMPRESSION: This patient has distinct evidence to support asbestosis and with her now working in the uncontrolled atmosphere over a 20 year period, there is no question that she is a candidate for increasing complications at this point, including lung cancer, mesothelioma, and possible GI cancer. Aside from fact that she will undoubtedly develop increased evidence of chronic obstructive lung disease. Her cigarette smoking is a distinct contributing factor. It is my feeling that this patient is as yet not physically incapacitated from her disease and is able to work, but that she is definitely to be removed from this atmosphere. It is my feeling that her disease is compensable. Have I ordered Alpha 1 Antitrypsin enzymes, arterio blood gases and it would be worthwhile,

although if negative, of no importance to get a sputum for possible asbestos bodies. Do not feel that a lung biopsy is indicated at this time.

John M. Davis,M.D.

JMD/fab
Copy: Douglas A. Devens,M.D.

ABSENCE REPORT

TO: [illegible] OF [illegible], ______________, [illegible] DATE ISSUED: [illegible]
FOREMAN OR SUPERVISOR — UNIT — SECTION — AREA

☐ EMPLOYEE'S NAME: ______________________, NO. __________ HAS BEEN REPORTED AS HAVING AN OCCUPATIONA[L] ILLNESS ☐, INJURY ☐ WITH LOST TIME COMMENCING AS OF ______________________. PLEASE ARRANGE AT ONCE TO HA[VE] THE EMPLOYEE'S TIME CARD REMOVED FROM THE RACK AND DO NOT PERMIT HIM TO PERFORM ADDITIONAL WORK UNTIL YOU HAVE RECEI[VED] NOTICE OF CLEARANCE FROM THE MEDICAL SECTION.

☑ EMPLOYEE'S NAME: [illegible], NO. 9032 HAS REPORTED THAT HE WAS UNABLE TO REPORT T[O] WORK ON [illegible] DUE TO A NON-OCCUPATIONAL ILLNESS ☑, INJURY ☐ AND INDICATES THAT HE [WILL] BE UNABLE TO RETURN TO WORK UNTIL ______________________.

☐ PLEASE ARRANGE AT ONCE TO HAVE THE EMPLOYEE'S TIME CARD REMOVED FROM THE RACK AND DO NOT PERMIT HIM TO PERFORM ADDITI[ONAL] WORK UNTIL YOU HAVE RECEIVED NOTICE OF CLEARANCE FROM THE MEDICAL SECTION.

☑ UPON COMPLETION OF FIVE WORKING DAYS' ABSENCE, PLEASE ARRANGE TO HAVE THE EMPLOYEE'S TIME CARD REMOVED FROM THE RACK DO NOT PERMIT HIM TO PERFORM ADDITIONAL WORK UNTIL YOU HAVE RECEIVED NOTICE OF CLEARANCE FROM THE MEDICAL SECTION.

☑ UPON COMPLETION OF MORE THAN SEVEN CALENDAR DAYS' ABSENCE, PLEASE INSERT THE INFORMATION REQUESTED BELOW AND FORWARD FORM TO THE EMPLOYEE BENEFITS DEPARTMENT.

- -

TO THE EMPLOYEE BENEFITS DEPARTMENT:

THE ABOVE-NAMED EMPLOYEE HAS BEEN ABSENT FROM WORK OVER SEVEN CALENDAR DAYS DUE TO A NON-OCCUPATIONAL DISABILITY. THE PERTINENT INFORMATION RELATIVE TO THIS CASE IS AS FOLLOWS:

DATE OF LAST DAY WORKED: 5/31 PROBABLE LENGTH OF DISABILITY: Unknown

DATE ABSENCE COMMENCED: 6/1 NORMAL WORKWEEK: 40 hrs

DATE: 6/8 SIGNED: [illegible]
FOREMAN OR SUPERVISOR

(1) ORIGINAL: FOREMAN OR SUPERVISOR
(2) COPY: TO BE RETAINED BY EMPLOYMENT SECTION

G.P.Co. 4854

NOTICE OF RETURN TO WORK
FROM A LEAVE OF ABSENCE

TO: C Nichols (FOREMAN OR SUPERVISOR) Braiding (UNIT) DATE ISSUED: 6/11/73

EMPLOYEE'S NAME: Elsie Bohner, No. 9032

HAS RECEIVED THE APPROVAL OF THE MEDICAL SECTION TO RETURN TO WORK FOLLOWING:

☐ A PERSONAL LEAVE OF ABSENCE IN EXCESS OF 30 CALENDAR DAYS FOR NON-HEALTH REASONS, ☑ AN ABSENCE DUE TO A PHYSICAL DISABILITY. YOU HAVE AGREED THAT THE EMPLOYEE IS TO REPORT TO WORK AT [redacted] A.M., _____ P.M., ON 6/11/73 _____ AND UNDERSTAND THAT THE FOLLOWING PHYSICAL LIMITATION APPLY: STATE NONE, IF NONE. Medicine 6/1 to 6/11/73

SHOULD THE EMPLOYEE FAIL TO REPORT IN ACCORDANCE WITH THE ABOVE, WILL YOU KINDLY NOTIFY THE EMPLOYMENT SECTION.

SIGNED E Carr

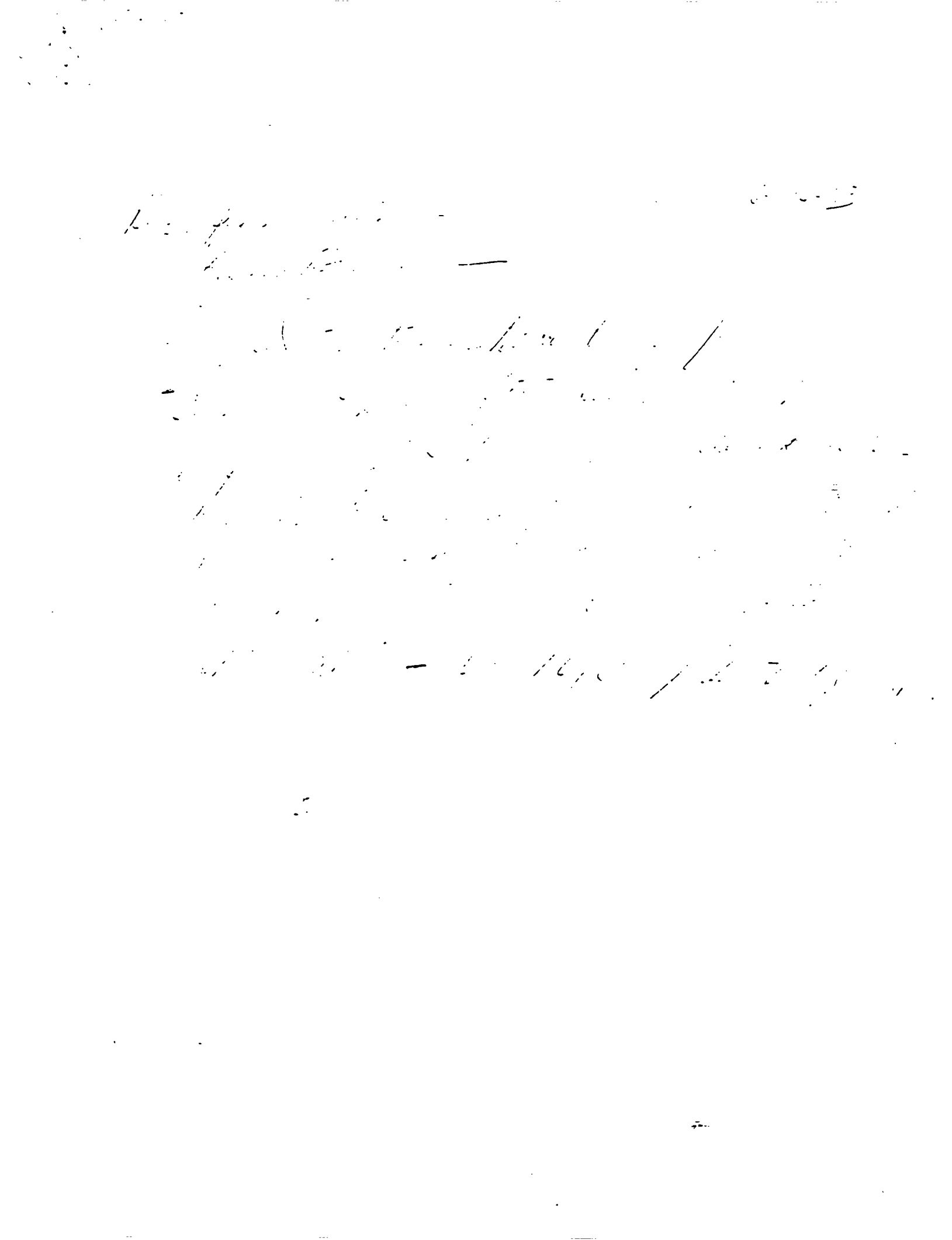
(1) ORIGINAL TO FOREMAN OR SUPERVISOR
(2) COPY TO EMPLOYEE BENEFITS DEPARTMENT

G.P.Co. 1570

13 JUNE 1973

I, ELSIE BOHNER, AUTHORIZE URW PRESIDENT VINCENT BURNS TO REQUEST THE RELEASE OF MY MEDICAL RECORDS PERTAINTNG TO COMPENSATION CASE .

Elsie H. Bohner



STATE OF NEW YORK

WORKMEN'S COMPENSATION BOARD

ATTENDING PHYSICIAN'S

48-HOUR REPORT

PLEASE PRINT OR TYPE — INCLUDE ZIP CODE IN ALL ADDRESSES — CLAIMANT'S SS # MUST BE ENTERED BELOW

WCB CASE NO. (If Known)	CARRIER CASE NO. (If Known)	DATE OF INJURY AND TIME	ADDRESS WHERE INJURY OCCURRED (City, Town or Village)	SOCIAL SECURITY NUMBER
		approx. Dec. 1972	working at Garlock's	

	NAME	AGE	ADDRESS
INJURED PERSON	Dale Shiner	48	Arcadia Trailer Park, Newark, N.Y. 14
EMPLOYER	Garlock's Inc.		Palmyra, N.Y. 14522
INSURANCE CARRIER	Employer's Mutual of Wausau		P.O. Box 1045, Syracuse, New York 13

HISTORY

1. State how injury occurred and give source of this information. (If claim is for occupational disease, include occupational history and date of onset of relat symptoms).

refer to attached

2. Is there a history of unconsciousness? ☐ YES ☒ NO — If "Yes," for how long? — Were X-Rays taken? ☒ YES ☐ NC

3. Was patient hospitalized? ☐ YES ☒ NO — If "Yes," state name and address of hospital:

4. Was patient previously under the care of another physician for this injury? ☐ YES ☐ NO — If "Yes," enter his name and address, and reason for transfer under "Remarks" (Item 10).

DIAGNOSIS

5. Describe nature and extent of injury or disease and specify *all* parts of body involved:

TREATMENT

6. Nature of treatment:

Date of your first treatment: 6-6-73 — If treatment is continuing, estimate its duration. 1 more call

If treatment is not continuing, is this your final report? ☐ YES ☐ NO — If "Yes," state date of last treatment:

DISABILITY

7. May the injury result in permanent restriction, total or partial loss of function of a part or member, or permanent facial, head or neck disfigurement? ☐ YES ☐ NO

8. Is patient working? ☐ YES ☒ NO — Is patient disabled? ☒ YES ☐ NO — If "Yes," estimate duration of disability: 6-1-73 thru 6-11-73

CAUSAL RELATION

9. In your opinion, was the occurrence described above the competent producing cause of the injury and disability (if any) sustained? ☒ YES ☐ NO

REMARKS

10. Enter here additional information of value, requests for authorization, etc.

patient also saw Dr. [illegible]

Pt. was a consult for Dr. [illegible]

10 (a) Medical testimony is occasionally required. If your testimony should be necessary in this case, please indicate the days of the week (and hours) most convenient to you for this purpose: [illegible]

Dated	Typed or Printed Name of Attending Physician	Address
6-11-73	J. [illegible]	207 [illegible] Newark, New York 145

WCB Rating Code	WCB Authorization No.	Telephone No.	Written Signature of Attending Physician
50	2[illegible]-0	331-3330	

9

CONSULTATION
June 6,1973

PATIENT: Elsie Bohmer

This 49 year old female enters primarily because of progressive shortness of breath. The patient states that she has worked at Garlocks for the past 22-23 years, working in asbestos directly over the concentrated areas of asbestos fibers. She wears no mask and is provided with no mask. She has noted over the past few years, progressive shortness of breath which now definitely interferes with her normal activities. She can ride her bike which she normally enjoys doing only very short distances, has some difficulty on one flight of stairs, can now only mow part of the lawn without stopping due to dyspnea, and has problems with any type of exercise program including dancing, which she normally thoroughly enjoys. She does smoke roughly one pack per day and has smoked since age 17 or roughly for 32 years. She has occasional small amounts of AM sputum production. She has attempted to cut down over the past few months to less than ½ pack per day. No episodes of hemoptysis. Had an episode of bronchitis requiring one month's leave of absence two years ago, but no episodes of definite pneumonia. She has no history of known heart disease of any type. She has no exposure to any other specific respiratory allergens, including in prior work before Garlocks. She is able to sleep on one pillow without paroxysmal nocturnal dyspnea, has no significant ankle edema, no major palpitations. She does have occasional episodes of sudden shortness of breath and associated light headedness without syncope. She admits to being moderately nervous much of her life.

PAST MEDICAL HISTORY: Extensive and is well contained in her Medical Center records. There is no known allergy including drugs.

PHYSICAL EXAMINATION: Well developed, well nourished. Color fairly normal. Blood pressur 108/78. Weight 136 lbs. Pulse 76 and regular. Head and hair negative. Pupils round, regular, equal. React to light. ENT benign. Neck supple. Carotids equal bilateral without bruits. Neck veins not distended at 45°. The thyroid is within normal limits. The chest shows equal bilateral and good expansion. The lungs seem fairly clear to percussion and auscultation. There is no wheezing or bronchosapsm. The heart is not enlarged. Regular sinus rhythm. No S3 gallop, no rub, and no arrhythmia. Heart sounds are of good quality The abdomen is soft, non-tender. No liver, kidney, spleen, or masses. There is no clubbi Nopetechia, no peripheral edema. The patient's chest x-rays have been reviewed and do show some increase in interstitial fibrosis involving all lung fields. Simple pulmonary function studies reveal a total vital capacity of 2.4, FEV_1 1.9. An electrocardiogram revealed sinus rhythm with normal AV and IV conduction. The P wave is inverted in AVL. P waves are slightly peaked in 2,3 AVF, but still within the broad limits of normal and non-diagnostic of any definite pattern of chronic lung disease or right atrial enlargemer

IMPRESSION: This patient has distinct evidence to support asbestosis and with her now working in the uncontrolled atmosphere over a 20 year period, there is no question that she is a candidate for increasing complications at this point, including lung cancer, mesothelioma, and possible GI cancer. Aside from fact that she will undoubtedly develop increased evidence of chronic obstructive lung disease. Her cigarette smoking is a distinct contributing factor. It is my feeling that this patient is as yet not physically incapacitated from her disease and is able to work, but that she is definitely to be removed from this atmosphere. It is my feeling that her disease is compensable. Have ordered Alpha 1 Antitrypsin enzymes, arterio blood gases and it would be worthwhile,

although if negative, of no importance to get a sputum for possible asbestos bodies. Do not feel that a lung biopsy is indicated at this time.

John M. Davis,M.D.

JMD/lab
Copy: Douglas A. Devens,M.D.