January 31, 1948

COPY

Mrs. Dominic Bertagliat
Keewatin, Minnesota

Dear Mrs. Bertagliat:

Both Doctor Johnsrud and myself were very unhappy about the outcome of the illness of Mr. Bertagliat. During the short time that we knew him in the hospital, he was most courageous in spite of the extreme severity of his illness.

On admission to the hospital, the history was obtained that he had worked for many years in a plant that used powdered silicon and asbestos. Most of this time he worked as a foreman, but was periodically exposed to the dust in the main factory. About four or five years ago he began to have trouble with a cough and difficulty in getting his breath in and out of his chest. He consulted numerous doctors but the condition gradually became so severe that on the 15th of November, 1947, it was necessary that he leave his position and seek other employment. About two or three weeks prior to his admission to the hospital, he noted some swelling of his ankles for the first time in his life.

On admission to the hospital, Mr. Bertalgiat was dyspneic on both inspiration and expiration, orthopneic, and had some tachypnea. There were many expiratory rales and wheezes over both bases. The heart tones were normal except for some accentuation of the P2 sound. The liver seemed enlarged and extended three centimeters below the right costal margin. There was pitting edema of both ankles. Blood pressure was 116/74. An x-ray of his chest, taken at six-foot distance, showed a TT34.5 cm; MR 5.0, ML7.7 - total 12.7. The bronchovesicular were markedly accentuated in both lung fields. In both bases there were lineal areas of increased density. The diaphragms were low and there appeared to be some decrease in the density of the lungs. Fluoroscopy of the heart revealed the heart shadow to move in a normal manner. There was very little movement of the diaphragm. An ECG showed a right axis deviation with a flat T1 and 2.

Mr. Bertagliat was treated with adrenalin, digitoxin, aminophylin, penicillin, salt-free diet and salyrgen. He died quite suddenly on the fourth hospital day.

Autopsy by Dr. George Berdez of Duluth revealed the lungs to be emphysematic. The bronchial tree was dilated throughout the lungs without containing a large amount of purulent exudate. There were no areas that appeared to be typical of bronchiectasis. The heart weighed 450 gm and showed a very definite hypertrophy of the right ventricle. The liver showed a fine noduling which was due to dark areas in the center of the lobules. Diagnosis: 1. Chronic bronchitis with emphysema; 2. Right heart failure secondary to No. 1.

It is my opinion that Mr. Bertagliat developed a sensitivity to one of the substances in the dust to which he was exposed during his work. From this he developed a chronic bronchitis which finally led to his death from failure of the right side of his heart. We were unable during his brief hospitalization to test him for skin sensitivities.

The microscopic sections have not as yet been reported. When they are available, I will write you concerning them.

Sincerely,

Randall S. Derifield, M. D.

RSD/es