FILE NAME: Contract Unit Workers Comp Claims (WCC)

DATE: 1957

DOC#: WCC053

DOCUMENT DESCRIPTION: Workers Comp File - Riley, James

File Name	Contract Unit Claim File: James Riley
Scanned ?	yes
Source	JMA: NS-JM
Start Year	1957
Stop Year	1961
Contents	claim, letter
Notes	

DIPLOMATE
AMERICAN BOARD OF INTERNAL MEDICINE

EATON M. MACKAY, M. D.
SANTA ANA CLINIC
309 WEST EIGHTH STREET
SANTA ANA, CALIFORNIA
KIMBERLY 2-1166

February 24, 1960

Industrial Indemnity Company
Box 2252
Terminal Annex
Los Angeles 54, Calif

Re: Claim No. 57-03-11487
Claimant: James W. Riley
Emp: Lynch Asbestos Co
Date of Inj: April 7, 1947

Attn: D. W. Brown
Claims Department

Gentlemen:

In my last report concerning the above mentioned patient I indicated that he had been hospitalized in the Palm Harbor General Hospital, Garden Grove, Calif. on Decembe 27, 1960. He was hospitalized because it was no longer possible to keep him reasonably free from the intense radicular pain at home. This nerve root pain was caused from vertebra collapse. His course in the hospital was rapidly downhill although it proved possible to keep him fairly comfortable. He expired on January 24, 1961 at 7:25 AM. The immediate cause of death was pulmonary insufficiency or respiratory failure.

FINAL DIAGNOSIS

CODE	DISEASE
350-3971	Asbestosis
350-814G	Epidermoid carcinoma (Undifferentiated squamous cell type) bronchu
360-1231	(Chromogenic acid fast infection) Minimal active tuberculosis. (right lung)
	Secondary Complications
360-438.6	Fibrosis pulmonary, due to foreign body (asbestos and carcinoma)
370-1X4	Adhesions of pleura due to infection (pleural fibrosis)
362-600.6	Emphysema (severe) compensatory.
360-100.2	Multiple abscesses of lung
435-535.6	Right heart hypertrophy and dilatation.
861-9X1	Adrenal cortex atrophy.
640-951	Active and healed peptic ulcerations of the stomach.
651-951	Active and healed peptic ulceration of duodenum.
221-403	Fracture, compression, of body of T-7 and T-8.
2231-403	Fracture, compression, of body of L-1.

6

R. G. Richards, M. D. the Pathologist of the Palm Harbor Hospital performed a post mortem examination on Mr. Riley and a copy of his report is enclosed.

I would appreciate it very much if you could have a copy of the post mortem examinatio report made and send to Dr. J. K. Shirey who is interested along with Dr. Brewer in this case. Also if it is not too much trouble perhaps you would be willing to send Dr. Shirey copies of the earlier reports I have made to you. He has a keen medical interest in this case.

A copy of the Certificate of Death is also enclosed. This was made before the microsco report of the autopsy material had come in, but I would not have changed my general co clusion.

If there is any more information I may be able to give you I will try to do so.

Sincerely Yours,

Eaton M. MacKay

Eaton M. MacKay, M. D.

EMM:mm

DIPLOMATE
AMERICAN BOARD OF INTERNAL MEDICINE

EATON M. MACKAY, M. D.
SANTA ANA CLINIC
309 WEST EIGHTH STREET
SANTA ANA, CALIFORNIA
KIMBERLY 2-1166

January 21, 1961

Industrial Indemnity Company
Box 2252
Terminal Annex
Los Angeles 5, Calif

Re: Claim No. 57-03-11487
Claimant: James W. Riley
Emp: Lynch Asbestos Co
Date of Inj: April 7, 1947

Attn: D. W. Brown
Claims Supervisor

Gentlemen:

This is to cover the period of October 31 to date on the above mentioned patient. He has gone gradually downhill and the problem has been to keep him free of pain or at least reasonably so. I have had to order oxygen for him and had a traction bed rented which has provided some relief.

On December 27, his condition became so bad I found it necessary to hospitalize him. He was placed in Palm Harbor Hospital in Garden Grove because it was the institution nearest his family. He has continued his downhill progress and I now consider the situation to be terminal.

Very truly yours,

Eaton M. MacKay

Eaton M. MacKay, M. D.

EMM:mm

2-10-1

PALM HARBOR GENERAL HOSPITAL
12860 Palm Street
Garden Grove, California

PATHOLOGICAL REPORT

Name RILEY, JAMES W. Hosp. No. C6773 Date 1/24/61

Doctor Mac MCKAY Path. No. PA 8

Specimen AUTOPSY.

Preoperative Diagnosis

FINAL PATHOLOGIC DIAGNOSES:

I.	PULMONARY INSUFFICIENCY.	
II.	PULMONARY FIBROSIS, EMPHYSEMA, SEVERE.	362-600.6
III.	PULMONARY ABSCESSES.	360-100.2
IV.	BRONCHOGENIC CARCINOMA, RIGHT LUNG.	350-814G
V.	PLEURAL FIBROSIS.	370-1x4
VI.	RIGHT HEART DILATATION AND HYPERTROPHY.	435-535.6
VII.	ADRENAL ATROPHY.	861-9x1
VIII.	ACTIVE AND HEALED PEPTIC ULCERATIONS OF STOMACH AND DUODENUM.	640-951 651-951

R. G. Richards, M.D., Pathologist

RR:lc

PALM HARBOR GENERAL HOSPITAL
12860 Palm Street
Garden Grove, California

PATHOLOGICAL REPORT

Name RILEY, JAMES W. Hosp. No. C6773 Date 1/24/61

Doctor Mac McKAY Path. No. PA 8

Specimen AUTOPSY

Preoperative Diagnosis

GROSS DESCRIPTION:

An autopsy is done 1/24/61 at 6: p.m. at Backs Troutman and Kaulbars Mortuary with Gerald Brown as witness on the previously embalmed body of an elderly white male, measuring 67½ in. in length and weighing approximately 97 lbs.. The hair is gray. The body appears extremely emaciated and cachetic. There is a 24 cm. healed incision about the 9th rib on the right chest wall. There is a tattoo on the dorsal aspect of the left forearm of a horseshoe with the inscription "Good Luck". On the volar aspect of the left forearm is a dagger surrounded by a snake. On the left deltoid is a woman's head.

PRIMARY INCISION:

The "Y" incision shows a virtually non-existent panniculus and a thin pale musculature. There is no excessive fluid. The entire right pleural space is obliterated by dense fibrous adhesions. There are dense fibrous adhesions over the posterior left pleural aspect. The organs are removed en bloc for further dissection.

ORGAN DESCRIPTION:

Heart: The heart shows a marked hypertrophy and dilatation of the right ventricle. It weighs 380 gms.. It appears enlarged; the musculature appears pale and flabby . The coronaries are widely patent. The myocardium is homogenous. The great vessels show no alteration. The valvular measurements are within normal limits. There is a slight increase in the amount of fluid in the pericardial sac approximately 40 cc. of clear straw-colored fluid.

Lungs: The tracheo-bronchial tree shows a gray-white uniform mucosa The right main stem bronchus is obliterated by a granular gray-white tumor tissue, appearing desmoplastic. The tumor radiates peripherally from the hilum. The cortical or pleural area appears fibrotic and scarified. There is a dense fibrosis of the parenchyma bilaterally. The fibrosis of the left lung is predominantly in a subpleural position, occupying the 2 cm. of lung directly beneath the pleura. There are numerous small dilated cystic-appearing alveolar spaces present. Distal to the tumor on the right or in the right lu

(continued)

PALM HARBOR GENERAL HOSPITAL
12860 Palm Street
Garden Grove, California

PATHOLOGICAL REPORT

Name RILEY, JAMES W. Hosp. No. C6773 Date 1/24/61

Doctor Mac MCKAY, Path. No. PA 8

Specimen = 2 =

Preoperative Diagnosis

~~ORGAN DESCRIPTION (Continued)~~

is a dense fibrosis and an inflammatory processes representing multiple abscesses, dilated bronchi and one area of a relatively well healed fibro-caseous granuloma of the lung; otherwise the material does not appear acid fast in origin but an acute inflammatory processes secondary to obstruction from the tumor itself. The right lung weighs 600 gms.. The left weighs 700 gms..

Liver: The liver weighs 1200 gms.; it is red-brown, slightly pale. The capsule is thin; the cut surface has a characteristic nutmegging. The biliary tree and gallbladder are not remarkable.

Pancreas: The usual pale-tan lobular architecture is present throughout. The pancreatic duct is patent.

Spleen: The spleen weighs 500 gms. and shows a wrinkled, red-purple capsule with vascular congestion on section. The lymph nodes and bone marrow are not remarkable.

G-I System: The esophageal mucosa is gray-white; the stomach mucosa shows a flattened, atrophic appearing mucosa. The small and large bowel are not remarkable. There are areas just beyond the pylorus in the first portion of the duodenum that appear symmetrical. One represents a tenting of the mucosa and muscularis due to previous scarification and on section shows a fibrosis of the mucosa and muscular coat. On the opposite aspect is the same tenting defect with the same submucosal fibrosis incident to a previous ulceration. There is a 1 cm. penetrating active peptic ulceration on the lesser curvature of the prepyloric region of the stomach. The small and large bowel are not remarkable.

Endocrine glands:

The adrenals are small, light yellow and atrophic. The pitiutary is not examined.

G-U System: The kidneys are equal in size and shape. The capsules strip with ease. There is a finely granular cortex; there is a good cortico-medulla demarcation. The pelves, ureters and urinary bladder are not remarkable.

(continued)

R. G. Richards, M.D., Pathologist

PALM HARBOR GENERAL HOSPITAL
12860 Palm Street
Garden Grove, California

PATHOLOGICAL REPORT

Name RILEY, JAMES W. Hosp. No. C6773 Date 1/24/64

Doctor Mac KAY Path. No. PA 8

Specimen = 3 =

Preoperative Diagnosis

ORGAN DESCRIPTION:

The prostate is firm and well circumscribed.

Central Nervous System: Not examined.

MICROSCOPIC EXAMINATION:

Lung: The sections of lung show a dense fibrosis and a homogenous escar over the plerual surface. There is an emphysema and passive congesti of the lung. There are portions containing undifferentiated squamous carcin oma with central zones of necrosis.

Adrenal; There is a depletion of lipochrome and a peri-adrenal fibros
Heart: There is an interstitial edema. The nuclei vary in size and shape and staining quality. There is a prominent interticulated disc.

Spleen: There is a fibrovascular congestion.

Pancreas: The usual lobular architecture is well maintained. There is a dilatation of the ductal structures.

Lung: There is a marked abscess formation with extensive destruction of lung parenchyma.

Kidney: There is a congestion and fibrosis about the collecting tubules.

Liver: There is a central lobular congestion. Duodenum: There is a submucosal fibrosis involving the muscular coat.

Lung: There is a fibro-granulomatous process represented with characteristic asbestos fragments present in the center.

The acid fast control shows characteristic acid fast organisms while the acid fast stains of lung tissue show characteristic acid fast organims in addition to the asbestosis previously described.

HARBOR GENERAL HOSPITAL
12860 Palm Street
Garden Grove, California

PATHOLOGICAL REPORT

Name RILEY, JAMES Hosp. No. C6773 Date 1/24/61

Doctor Mac KAY, M.D. Path. No. PA

Specimen - 4 -

Preoperative Diagnosis

Diagnosis: Lung - chromic fibrosis, asbestosis, positive for acid fast organism.

RR:ls

R. G. Richards, M.D., Pathologist

DIPLOMATE
AMERICAN BOARD OF INTERNAL MEDICINE

EATON M. MACKAY, M. D.
SANTA ANA CLINIC
309 WEST EIGHTH STREET
SANTA ANA, CALIFORNIA
KIMBERLY 2-1166

March 11, 1961

Industrial Indemnity Company
Box 2252
Terminal Annex
Los Angeles 54, Calif

Re: Claim No. 57-03-11487
Claimant: James W. Riley
Emp: Lynch Asbestos Co
Date of Inj: April 7, 1947

Attn: D. W. Brown
Claims Department

Gentlemen:

In my report of February 24, inadvertently dated 1960 and which of course should have been 1961, I neglected to answer the question posed in your letter of February 15, 1961 concerning the above mentioned case. You wished me to give an approximate date that Mr. Riley's disability became permanent. It was my opinion that his status should have been changed from temporary total disability to permanent total disability on about August 15, 1960. It was at this time that he started to have rather severe radicular pain. He went at that time to see Dr. J. K. Shirey when the change in his condition became evident. I first saw him on September 16, 1960 and his status then was certainly PTD.

Very truly yours,

Eaton M. MacKay

Eaton M. MacKay, M.D.

EMM:mm

CERTIFICATE OF DEATH

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

FEE

LOCAL REGISTRATION DISTRICT AND

DECEDENT PERSONAL DATA

1a. NAME OF DECEASED (First) James	1b. MIDDLE NAME Whitcomb	1c. LAST NAME Riley	2a. DATE OF DEATH (Month, Day, Year) Jan. 24, 1961	2b. HOUR 7:20 AM
3. SEX Male	4. COLOR OR RACE White	5. BIRTHPLACE (City and State or Foreign Country) Joplin Missouri	6. DATE OF BIRTH Oct. 29, 1899	7. AGE (Last Birthday) 61 Years
8. NAME AND BIRTHPLACE OF FATHER James Riley - Indiana	9. MAIDEN NAME OF MOTHER [illegible] Reats- Kansas	10. BIRTHPLACE OF MOTHER	10. CITIZEN OF WHAT COUNTRY U.S.A.	11. SOCIAL SECURITY NUMBER 554-09-2270
12. LAST OCCUPATION Asbestos Insulator	13. NUMBER OF YEARS IN OCCUPATION 40	14. NAME OF LAST EMPLOYING COMPANY OR FIRM J.J. Tigue Co.,	15. KIND OF INDUSTRY OR BUSINESS Insulating	
16. EVER IN U.S. ARMED FORCES? Yes	17. EVER MARRIED, WIDOWED OR DIVORCED? Married	17. NAME OF PRESENT SPOUSE Grace Riley	17a. PRESENT OR LAST OCCUPATION OF SPOUSE Home	

PLACE OF DEATH

18a. PLACE OF DEATH (Name of Hospital) Palm Manor General Hospital	18b. STREET ADDRESS (If not in hospital, give street address or location. Do not use P.O. Box Number) 12860 Palm Street			
18c. CITY OR TOWN Garden Grove	18d. COUNTY Orange	18e. LENGTH OF STAY IN COUNTY OF DEATH 8 mos. Years	18f. LENGTH OF STAY IN CALIFORNIA 60 yrs. Years	

USUAL RESIDENCE

19a. USUAL RESIDENCE (Street Address Number) 1505 W. Juno, Apt. #1	19b. INSIDE CITY LIMITS? Yes	19c. NAME OF INFORMANT (If other than spouse) Jessie Riley	
19d. CITY OR TOWN Anaheim	19e. COUNTY Orange	19f. STATE California	19g. ADDRESS OF INFORMANT 2400 Ridge Dr. Fresno

PHYSICIAN'S CERTIFICATION

22a. PHYSICIAN (Signature, Degree and Title) [illegible] M.D.			
22b. CORONER (Signature, Degree and Title)	22c. ADDRESS	22d. DATE SIGNED 1-27-61	

DISPOSITION OF BODY

23. METHOD Burial	24. DATE Jan. 29, 1961	25. NAME OF CEMETERY OR CREMATORY Chapel of the Pines Crematory	26. PREPARATION
27. NAME AND ADDRESS OF FUNERAL DIRECTOR Pierce & Pierce Funeral Home, Garden Grove, Calif.	28. [illegible]	29. [illegible]	

CAUSE OF DEATH

30. CAUSE OF DEATH — PART I: DEATH WAS CAUSED BY (Enter only one cause per line for a, b, and c.)	Respiratory Failure	2 days
PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I. DUE TO:	Emphysema and Pulmonary Abscesses	3 mo
	Asbestosis	
	Bronchogenic Carcinoma	

AUTOPSY

31. AUTOPSY?	32. DATE OF OPERATION	33. AUTOPSY FINDINGS CONFIRM DIAGNOSIS?	

INJURY INFORMATION

34a. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE	34b. DESCRIBE HOW INJURY OCCURRED		
35a. TIME OF INJURY (Hour, Month, Day, Year)			
35b. INJURY OCCURRED: ☐ While at work ☐ Not while at work	35c. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.)	35d. CITY, TOWN OR LOCATION County State	

RECEIVED
INDUSTRIAL ACCIDENT
LOS ANGE...
JUN ... 9 59
FILE
EXHIBIT CASE NO.
REFEREE

EATON M. MACKAY, M. D.
SANTA ANA CLINIC
308 WEST EIGHTH STREET
SANTA ANA, CALIFORNIA
KIMBERLY 2-1166

DIPLOMATE
AMERICAN BOARD OF INTERNAL MEDICINE

October 31, 1960

Industrial Indemnity Company
Box 2252 Terminal Annex
Los Angeles 54, California

Attention of Mr. Martin Dahl

Gentlemen:

Re: Claim No. 57-03-11487
Claimant: James W. Riley
Empl: Lynch Asbestos Co.
D/I: April 7, 1947

In my report of October 15, 1960 on the above-mentioned patient, I noted that he had been hospitalized on October 3. He had no further bleeding from his lungs after admission, and the cough with which he entered disappeared in a couple of days.

His radicular pain became increasingly more severe during his hospital stay and it was impossible to control it with narcotics. Since he received considerable relief by hyperextending his back over a pillow, I had him fitted with a Taylor brace for some hyperextension. He has obtained excellent relief from this device.

The sedimentation rate of his blood increased steadily throughout his hospital stay, and has reached a high level. In the absence of any active inflammation in his lungs or elsewhere, this finding does not augur well for his future.

In my report of 15 October, 1960 I suggested that you might wish a biopsy of one of the vertebrae which had undergone compression fracture. You indicated by telephone that this was desired.

I discussed the question of a biopsy with the patient, and he said unless I could honestly tell him that it would contribute to his getting well, he preferred to not have the operation carried out. I acceded to his wishes.

This patient will be seen in the office once or twice a week, and I will keep you informed in regard to his progress.

Very truly yours,

Eaton M. MacKay

Eaton M. MacKay, M. D.

EMM cmc

EATON M. MACKAY, M.D.
SANTA ANA CLINIC
309 WEST EIGHTH STREET
SANTA ANA, CALIFORNIA
KIMBERLY 2-1166

DIPLOMATE
AMERICAN BOARD OF INTERNAL MEDICINE

Industrial Indemnity Co.
Box 2252, Terminal Annex
Los Angeles 54, California

Attention of D. W. Brown, Claims Supervisor

Gentlemen:

Re: Claim # 57-03-11487
James W. Riley
Empl: Lynch Asbestos Co.
D/I: April 7, 1947

I examined the above-mentioned patient on 16 September 1960. I will not review at this time his history of pulmonary asbestosis and a pneumoconiosis presumably due to diatomaceous earth inhalation and the removal of the lower lobe of his right lung about 14 months ago because of the presence of a bronchogenic carcinoma.

When I examined Mr. Riley on September 16, he was complaining of excruciating pain of a radicular nature commencing in the middle of the dorsal spine and following around the expected distribution of the T7 nerve root. For a time, the pain was felt mostly on the right, following both sides of the incision scar usec to carry out the lobectomy. When I saw him, he had about the same amount of pain on both sides. The pain is worse when he lies down at night, and he often has to get up and walk around. There is no relation of his pain to respiratory movements. He has no cough, and consequently, there is no sputum. A change in his narcotic medication controlled the pain somewhat, but this was only for a short time.

On September 19, the nerve root on the right side was injected with local anesthetic with some degree of success, but this block lasted only about fifteen hours. His recent X-rays showed compression fractures of T7 and T8 vertebrae. It seems certain that this is the origin of the pain, which he is hardly able to tolerate. Examination of his blood showed him to be moderately anemic, and to have a marked increase in his sedimentation rate. The white blood count was not unusual. By shifting he medication he got along fairly well although he was by no means comfortable, until October 3, when he suddenly commenced to cough up blood. This was of such a serious nature that I immediately hospitalized him in Santa Ana Doctors Hospital.

During the past ten days, his condition has remained essentially stationary. Sedimentation rate of his blood has gradually increased to a very high level. Narcotics now give only partial control of his pain, and an effort was made to give him relief with traction in the upper thorax. This was quite successful, but irritated his lean, lightly covered thoracic wall too much. For the past four days he has been spending some hours each day with hyperextension of the dorsal spine, and this is apparently giving him definite relief. I am looking into a suitable brace to continue this for him.

10/27/60

EATON M. MACKAY, M. D.

Industrial Indemnity Co.
#2.

Re: Claim 57-03-11487
James W. Riley

From a medical point of view, it is rather academic as to the cause of the collapse of the two dorsal vertebrae which have compression fractures. In no instance would surgery be indicated. It is my opinion as of now, that these vertebrae have been invaded by a recurrence of his bronchogenic carcinoma or by another cancer from elsewhere. From an industrial point of view, this differentiation might be important, and I will have a biopsy of one of the vertebrae carried out, if you so desire.

Auth - 10/27/61

This patient has been on a down-hill course for at least two years past, which has been enhanced in recent months, and is certainly not slowed up at the present time. There is very little curative for scientific medicine to offer him. The most to be expected is better relief of his extreme pain.

Very truly yours,

Eaton M. MacKay

Eaton M. MacKay, M. D.

EMM cmc

((16854

WENDELL A. MORGAN, M.D.
2965 WILSHIRE BOULEVARD
LOS ANGELES 5, CALIF.
DUNKIRK 3-4128

June 12, 1957

American Motorists Insurance Company
2969 Wilshire Boulevard
Los Angeles 5, California

Attention: Mr. Carignan

Re: James Riley
J. T. Thorpe Inc.
Inj: 1/2/57
81 CM 68854XOD

Gentlemen:

Mr. Riley was examined in this office on June 6, 1957. The patient has a history of having a gradual onset of increasingly severe cough in the past two to three years and in recent months of losing ten pounds in weight. He also is troubled with chronic weakness and fatigue. The cough has been productive of clear mucoid sputum.

The patient has been working as an insulator for thirty seven years.

The patient consulted Dr. Schiff and has not worked since May 20, 1957. Dr. Schiff took x-rays and apparently felt that the findings suggested that the patient's condition was the result of inhaling dust from the insulating material at his work. According to the patient, sputum samples were taken and these are now being tested by culture and guinea pig inoculation for possible tuberculosis.

The patient is a white male; 57 years; married; address: 447 W. 42nd Street, Los Angeles 37, Calif. Tele: Ad. 2 4562. Occupation: insulator.

EXAMINATION

Examination reveals a chronically ill-appearing 57 year old white male who appears to have lost considerable weight.

The chest was resonant to percussion. A few fine scattered inspiratory rales were present over the right base.

The patient was referred to Drs. Crossan and Goin where an x-ray of the chest was taken. This was reported as showing findings compatible with an infectious process of a tuberculous nature with cavity formation.

The patient was referred to Dr. Dean Scofield for examination and for his opinion.

It would seem that if the condition is tuberculosis, it is not related to

81 CM 68854XOD

Re: James Riley
81 CM 68854XOD

June 12, 1957

any industrial accident or disease. The presence of a cavity would suggest that it probably is tuberculosis. The diagnosis would be confirmed if positive cultures are obtained.

Very truly yours,

John A Morgan

John A. Morgan, M. D.

JAM:CSH

D1017 6-Y-54

RECEIVED
[illegible]
1957 JUN 15
ANS'D

Drs. Crossan & Goin
658 South Westlake
Los Angeles
57

Lowell S. Goin, M.D.
John W. Crossan, M.D.

Harold P. Tompkins, M.D.
Henry C. Crozier, M.D.

June 6, 1957

John A. Morgan, M. D.
2965 Wilshire Boulevard
Los Angeles 57, California

American Motorists Insurance Company
Re: RILEY, Mr. James
Emp: J. T. Thorpe, Inc.
Inj: 5-20-57
Films #15154

Dear Doctor Morgan:

Roentgenological examination of the chest shows an increase in density of the right lung in the subclavicular region which is of non-homogenous pattern. There are strand-like shadows, extending downward and inward to the right hilar region. There is a moderately large ring-shaped shadow with small areas of relative translucency involving the right subclavicular region.

CONCLUSION:

From a roentgenological standpoint the findings are compatible with an infectious process of a tuberculous nature which is sub-acute or chronic in character with cavity formation.

We are sending the original roentgenograms and a copy of this report to Doctor Dean Scofield, as you requested.

Very truly yours,

John W. Crossan, M. D.

JWC:lc

81CM6885 4-

DOCTOR'S FIRST REPORT OF WORK INJURY

1957

Failure to file a report with the Division is a misdemeanor. (Labor Code, Sections 6407-6413.) Immediately after first examination mail one copy directly to the Division of Labor Statistics and Research, P.O. Box 965, San Francisco. 18

→ AND TWO COPIES TO ←

AMERICAN MOTORISTS INSURANCE COMPANY
JAMES S. KEMPER, CHAIRMAN
2969 WILSHIRE BOULEVARD
LOS ANGELES 5, CALIFORNIA

HOME OFFICE
SHERIDAN AT LAWRENCE
CHICAGO 40

81CM68854 XOD

(3

Answer all questions fully. ↓

Do not write in this space

1. EMPLOYER
2. Address (No., St. & City)
3. Business (Manufacturing shoes, building construction, retailing men's clothes, etc.)

4. EMPLOYEE (First name, middle initial, last name) JAMES W. RILEY
5. Address (No., St. & City)
6. Occupation Age Sex
7. Date injured 5-57 Hour M Date last worked
8. Injured at (No., St. & City) County
9. Date of your first examination Hour M Who engaged your services?
10. Name other doctors who treated employee for this injury

11. **ACCIDENT OR EXPOSURE:** Did employee notify employer of this injury? Employee's statement of cause of injury or illness:

12. **NATURE AND EXTENT OF INJURY OR DISEASE** (Include all objective findings, subjective complaints, and diagnoses. If occupational disease state date of onset, occupational history, and exposures.)

Patient employed in asbestos factory since 1920. Subjective symptoms: Cough, sputum, weakness, weight loss and dyspnea } onset 1956
Objective symptoms: Diminished breath sounds and harsh sounds throughout chest

13. X-rays: By whom taken? (State if none) at South East Health Center 5/10/57
Findings: Widespread finely nodular infiltration in lower half of both lung fields and ill-defined right apical honeycomb infiltration — Positive sputum

14. Treatment: Diagnosis- Active Pulmonary Tuberculosis
Possible associated pulmonary asbestosis
Patient now under care of Dr. Reginald Grant - 11364 E 87th St La

15. Kind of case (Office, home, or hospital) If hospitalized, date Estimated stay pending
Name and address of hospital Hospitalized in V.A. Tuberculosis Hosp
16. Further treatment (Estimated frequency and duration) Out-Patient May 20 57
17. Estimated period of disability for: Regular work Duration of Disability Modified work
18. Describe any permanent disability or disfigurement expected (State if none)
19. If death ensued, give date
20. REMARKS (Note any pre-existing injuries or diseases, need for special examination or laboratory tests, other pertinent information.)

Duration and extent of disability will be determined clinically & significa by further studies to determine whether pulmonary asbestosis, as well as active pulmonary Tuberculosis, is pres

Name Horace J. Schaff (Type or print) Degree M.D. [PERSONAL SIGNATURE OF DOCTOR] Horace J. Schaff M.D.
Date of report July 1-1957 Address (No., St. & City) South East Health Center
4970 So. Avalon Blvd.

FM 3789 LA 5-56 20M

BEFORE THE INDUSTRIAL ACCIDENT COMMISSION OF THE STATE OF CALIFORNIA

CASE NO. 57-LA 182-835

GRACE RILEY, by her Guardian
ad Litem and Trustee,
James C. Riley,

Applicant,

vs

JOHNS-MANVILLE, INCORPORATED, a corporation; SOUTHERN ASBESTOS & MAGNESIA CORPORATION, a corporation; ASBESTOS COMPANY OF CALIFORNIA; PLANT RUBBER & ASBESTOS WORKS (COMPANY); LOS ANGELES RUBBER COMPANY; MARINE ENGINEERING COMPANY, a corporation; FIBERGLASS ENGINEERING & SUPPLY COMPANY, a corporation; ROBERT O. LYNCH, an individual, doing business as Lynch Asbestos Company and Lynch Asbestos Company, a corporation; PLANT INSULATION COMPANY, a corporation; COAST INSULATION PRODUCTS, a corporation; ARMSTRONG CORK COMPANY, a corporation; J. T. THORPE, INC., a corporation; WARREN AND BAILEY; TOTMAN-MORGAN COMPANY; OWENS-CORNING FIBERGLASS COMPANY, PACIFIC COAST DIVISION; PLANT INSULATION AND THORPE COMPANY; WESTON ASBESTOS COMPANY; M. R. CARPENTER; PLANT RUBBER AND ASBESTOS WORKS; EARL O. STICE COMPANY; UNITED CORK COMPANY; CORK INSULATION COMPANY; MUNDT CORK COMPANY; METAL CLAD INSULATION COMPANY; OIL FIELD CONSTRUCTION; E. J. BARTELLS COMPANY; ISOTHERM COMPANY; JAMAR & OLNEH C COMPANY; ASBESTOS PRODUCTS COMPANY; UNITED REFRACTORY CONSTRUCTION COMPANY; PHILIP CAREY MANUFACTURING COMPANY; REESE INSULATION COMPANY; LOS ANGELES CORK COMPANY; MOUNTAIN STATE CONSTRUCTION COMPANY; FIBREBOARD PAPER PRODUCTS CORPORATION; PARRIFINE COMPANY, INCORPORATED; C. R. DUTTON, C. A. LEIGHTON, WESTON FIBRE GLASS SUPPLY, LTD.;

ORDER APPOINTING TRUSTEE, FINDINGS AND AWARD, AND ORDER FOR CONTRIBUTION

LOS ANGELES OFFICE
INDUSTRIAL ACCIDENT COMMISSION
STATE OF CALIFORNIA
FILED AUG 3 1961
WILLIAM KAPLAN
ASST. SECRETARY

a corporation; AMERICAN MOTORISTS INSURANCE COMPANY, a corporation; ZURICH INSURANCE COMPANY, a corporation; PACIFIC EMPLOYERS INSURANCE COMPANY, a corporation; STATE COMPENSATION INSURANCE FUND; THE UNITED PACIFIC INSURANCE COMPANY, a corporation; STANDARD ACCIDENT INSURANCE COMPANY; a corporation; GENERAL ACCIDENT, FIRE & LIFE INSURANCE CORPORATION, a corporation; NATIONAL AUTOMOBILE AND CASUALTY COMPANY, a corporation; LIBERTY MUTUAL INSURANCE COMPANY, a corporation,

Defendants.

Hays, McLaughlin and Evans, by John F. McLaughlin, applicant's attorneys
Spray, Gould and Bowers, by David B. Allen, attorneys for Guarantee Insurance Co.
Herlihy and Herlihy, by George Thompson, attorneys for Industrial Indemnity Co., Fireman's Fund Insurance Company, Argonaut Insurance Company, and Employers Liability Assurance Corp. of London, England
Clopton and Penny, by Robert M. Penny, attorneys for Pacific Employers Insurance Co.
Weingand, Tipton, Kendig and Stockwell, by Claude Weingand, attorneys for United Pacific Insurance Company, General Accident Insurance Corporation and Associated Indemnity Co.
Brobeck, Phelger and Harrison, by Rinaldi Sciaroni, Jr., attorneys for Plant Rubber & Asbestos Works, self-insured, and Fibreboard Paper Products Corporation, formerly known as The Parrifine Company, Inc., also formerly known as Pabco Products, Inc., self-insured
Joseph Bilchak, representing The Travelers Insurance Company
Ray Cusick, attorney for Standard Accident Insurance Company
F. E. Carignan, representing American Motorists Insurance Company
McCaskey and Licker, by Robert Licker, attorneys for National Automobile and Casualty Co.
George R. Haswell, by George C. Shelton, Jr.,

IT IS ORDERED that James C. Riley be and he is hereby appointed Trustee for Grace Riley, to serve without bond.

An Application for the statutory death benefit having been filed herein and the defendants under prior Findings and Award having filed their Request for the joinder of additional employers and insurance carriers, together with Petition for Apportionment and Contribution, and the matters having been regularly heard and submitted for decision, GEORGE A. MARTINELLI, Referee, makes his Findings and Award for the statutory death benefit and Order for Contribution as follows:

FINDINGS OF FACT

1. James Whitcomb Riley, born October 23, 1899, while employed as an insulator by various employers in the State of California, commencing in the month of January, 1920 and continuing through May 19, 1957, sustained injury arising out of and occurring in the course of his employment as follows: In the performance of his occupational duties, the employee was exposed during each and every day of his employment to deleterious dusts which caused a pneumoconiosis with superimposed tuberculosis, rendering the employee totally disabled on May 19, 1957.

2. Findings and Award issued in the employee's favor on November 27, 1959 imposing liability for said disability upon the defendant employers and [illegible]

4. Said employee died January 24, 1961. Said death was proximately the result of the industrial injury herein.

5. Deceased left surviving him, totally dependent, Grace Riley, his widow, who is entitled to the statutory death benefit in the sum of $10,000.00, payable at the rate of $40.00 per week beginning January 25, 1961; together with the burial expense in the sum of $400.00.

6. It is to the best interests of the applicant herein that the death benefit be commuted and paid in a lump sum.

7. The total value of the claim herein is the sum of $25,720.07, comprised of the following items:

a) For temporary total disability indemnity, $ 7,680.00;

b) For medical treatment, $4,592.76;

c) The commuted value of the death benefit, $9,326.76;

d) Reimbursement for burial expense, $400.00;

e) Reimbursement for self-procured medical treatment, $233.00;

f) Lien claim of Veterans Administration for medical treatment, $3,487.55.

8. Industrial Indemnity Company, a corporation, one of the defendants held liable under the original Findings and Award is liable for the payment of the entire Award herein.

9. Indemnity for all periods of temporary disability has been paid and all medical treatment furnished by Industrial Indemnity Company, a corporation, except as hereinafter noted:

12. The Travelers Insurance Company, a corporation, is entitled to a lien against unpaid compensation in the sum of $200.00.

13. Veterans Administration is entitled to a lien in the sum of $3,487.55 payable by Industrial Indemnity Company, a corporation.

14. The industrial injury and death herein were the result of exposure to deleterious dusts over a continuous period of time and proximately caused by employments other than that for which Industrial Indemnity Company, a corporation, was the carrier. The liability of those known employers and insurance carriers based upon periods of exposure is as follows:

Plant Rubber and Asbestos Works (Company)	$ 6,061.81
Associated Indemnity Co.	81.85
United Pacific Insurance Co.	842.05
General Accident, Fire & Life Insurance Co.	51.26
National Automobile & Casualty Co.	84.47
American Motorists Insurance Co.	1,473.37
Guarantee Insurance Co.	651.77
Liberty Mutual Insurance Co.	441.09
Standard Accident Insurance Co.	219.31
State Compensation Insurance Fund	1,085.58
Argonaut Insurance Co.	733.59
The Travelers Insurance Co.	1,324.91
Employers Liability Assurance Corporation, Ltd. of London, England	1,481.54
Aetna Casualty & Surety Co.	1,530.59
Fireman's Fund Indemnity Co.	2,374.97
(Industrial Indemnity Co.	2,705.28)
Pacific Employers Insurance Co.	4,603.63
Total	$ 25,720.07

15. There are employers and insurance carriers whose liability for contribution

Riley, Trustee, the sum of $13,447.31, payable forthwith, together with interest as provided by law; less $750.00 payable to Hays, McLaughlin and Evans, as attorneys' fees; less $200.00 payable to The Travelers Insurance Company, a corporation, and less the sum of $3,487.55 payable directly to Veterans Administration.

ORDER FOR CONTRIBUTION

IT IS ORDERED that the employers or carriers listed below pay to Industrial Indemnity Company, a corporation, the following amounts forthwith:

Plant Rubber and Asbestos Works (Company)	$ 6,061.81;
Associated Indemnity Co.	81.85;
United Pacific Insurance Co.	842.05;
General Accident, Fire & Life Insurance Co.	51.26;
National Automobile & Casualty Co.	84.47;
American Motorists Insurance Co.	1,473.37;
Guarantee Insurance Co.	651.77;
Liberty Mutual Insurance Co.	441.09;
Standard Accident Insurance Co.	219.31;
State Compensation Insurance Fund	1,085.58;
Argonaut Insurance Co.	733.59;
The Travelers Insurance Co.	1,324.91;
Employers Liability Assurance Corporation, Ltd. of London, England	1,481.54;

PARTIES SERVED: 8-3-61 nn:

Grace Riley, 1596 West Juno Avenue, Apartment 1, Anaheim, Calif.
James C. Riley, 1596 West Juno Avenue, Apartment 1, Anaheim, Calif.
Veterans Administration, 5701 Bellflower Blvd, Long Beach
Veterans Administration, 5901 East 7th Street, Long Beach
Attn: A. P. Willis, Registrar
Hays, McLaughlin and Evans, 6331 Hollywood Blvd, Los Angeles 28
Spray, Gould and Bowers, 1671 Wilshire Blvd., L.A.
Herlihy and Herlihy, 412 W. 6th Street, L.A. 14
Clopton and Penny, 639 S. Spring St., L. A. 14
Weingand, Tipton, Kendig and Stockwell, 611 S.Catalina, L.A.
Brobeck, Phelger and Harrison, 111 Sutter St., San Francisco
Joseph Bilchak, The Travelers Insurance Co. 510 W. 6th St, L.A.
Ray Cusick, Standard Accident Ins. Co. 548 S. Kingsley, L.A.
F. E. Carignan, American Motorists Ins. Co. 3545 Wilshire, L.A.
McCaskey and Licker, National Auto. & Cas. Co. 639 S. Spring, L.A.
George Haswell, Liberty Mutual Ins. Co. 714 S. Hill St.,L.A.
Petersen, Wills,& Hiestand, Employers Mutual Liability Insurance Co. of Wisconsin, 3540 Wilshire Blvd, L.A.
Arthur Hershenson, State Compensation Ins. Fund, Box 2134, L.A.54
Associated Indemnity Co. Box 2133, L.A. 54
Guarantee Insurance Co. 1671 Wilshire Blvd., L.A.
Industrial Indemnity Co. Box 2252, L.A. 54
Fireman's Fund Insurance Co. 3440 Wilshire, L.A.
Argonaut Insurance Co. 1001 Wilshire Blvd, L.A.
Employers Liability Assur. Corp. of London, England, 639 S. New Hampshire, L.A.
Pacific Employers Insurance Co. 1033 S. Hope St., L.A.
United Pacific Insurance Co. 616 S. Shatto Place, L.A.
General Accident, Fire and Life Ins. Co. 3535 W. 6th St.,L.A.
Plant Rubber and Asbestos Co., c/o Plant Insulation Co. 2741.S. Yates Ave., Los Angeles
Fibreboard Paper Products Corp. 475 Brannon St., San Francisco 19
Phoenix Indemnity Co. 3750 W. 6th St., L.A.
Aetna Casualty & Surety Co. 810 S. Spring St., L.A. 14
Zurich Insurance Co. 4465 Wilshire, L.A.
McCartney, Hall and Ryan, 639 S. Spring St., L.A.
Arnold Smith, Sacramento
Division of Labor Statistics, San Francisco
Johns-Manville, Inc. P.O.Box 9067, Long Beach 10p Attn: Bert Gilbertson

REGINALD H SMART, M D.
JOSEPH F. BOYLE, M D.
JOHN K SHIREY, M. D.
MEDICAL OFFICE BUILDING
1136 WEST SIXTH STREET
LOS ANGELES 17
MADISON 5-7697

September 19, 1957

Mr. William T. Hays
Attorney at Law
6331 Hollywood Boulevard
Los Angeles 28, California

RE: James Whitcomb Riley

Dear Mr. Hays:

The following report is sent to you at the request of Mr. James W. Riley whom we first examined on June 27, 1957 with regard to his pulmonary condition. The following history and findings were obtained:

Residence history: Mr. Riley was born in Joplin, Missouri on October 23, 1899. He has lived in the Los Angeles area since 1903 with the following exceptions: In 1918 he was briefly in Quantico, Virginia. From 1936 to 1942 he lived in San Francisco. In 1947 he was in Fresno, California for two months. In 1952 he worked in Daina, Indiana for six months. In 1955 he was in Santa Maria, California for four months and in Las Vegas, Nevada for four months. In 1956 his work required a seven month stay in San Diego, California.

Occupational history: Since 1919 Mr. Riley has been employed in the heat insulation industry, his work requiring the application of insulating materials to boilers, steam pipes and other structures requiring insulation. The insulating materials which he has worked with include asbestos, block, Detrick block, Kalo, rockwool, fiber glass, cork and Mono block. He believes he may also have worked with diatomaceous earth occasionally as a loose powder to be applied against boilers to provide a porous material which will allow for expansion and contraction of the boiler due to temperature changes. The other materials mentioned above are supplied in various forms such as blocks, cored cylinders, sheets, and blankets. Very often it was necessary to cut the blocks or sheets using a hand saw. It was also necessary to hammer nails through this material to secure it in its proper location. Since this work was often done in confined spaces such as boiler rooms, a high dust concentration was frequently attained in poorly

ventilated areas. Occasionally Mr. Riley wore a mask when the dust concentration became uncomfortable.

Onset and course of present illness: Mr. Riley considered himself to be in good health until 3 1/2 years ago when he first became aware of shortness of breath upon exertion which has slowly progressed. At present he feels short of breath when walking rapidly on the level or when walking up an incline. Approximately three years ago, he became aware of cough which has persisted to the present and is productive of 2 to 3 teaspoons of mucoid sputum daily. There has not been hemoptysis, edema, orthopnea or paroxysmal nocturnal dyspnea. He has not been aware of fever. For the past several months, he has noticed minimal intermittent left lower anterior chest pain which is not related to exercise, rest, meals or position. It usually disappears spontaneously 1 to 2 hours after onset. Weight loss of approximately 20 pounds has occurred during the past 12 months.

Mr. Riley first became aware of a definite pulmonary abnormality when he was recalled by the Los Angeles City Health Department after having had a routine chest film in May, 1957. Further examinations were made including x-ray and sputum tests. A letter from Dr. Morris J. Schiff dated July 15, 1957 indicates that sputum examinations on 6-10-57 and 6-21-57 revealed acid-fast bacilli in the smear of the concentrated specimen. The tuberculin skin test reaction was positive. The diagnosis was indicated to be far advanced, pulmonary tuberculosis, active. It was thought that pulmonary asbestosis might be present. Mr. Riley was next examined by Dr. Dean S. Scofield of Los Angeles whose conclusion on his report of July 17, 1957 was that Mr. Riley had pulmonary tuberculosis, right, moderate, with cavitation.

Chief complaints: 1) Shortness of breath with exertion, progressive since onset 3 1/2 years ago. 2) Persistent cough for 3 years, productive of 2 to 3 teaspoons of mucoid sputum daily. 3) Weight loss of approximately 20 pounds during the past year.

Inventory of systems: No other symptoms were elicited by systematic questioning.

Past medical history: During childhood Mr. Riley had had measles, mumps, chicken pox, whooping cough and scarlet fever. None of these were severe and there were no complications. A varicocele was removed in 1919.

Mr. William T. Hays September 19, 1957
Re: James Whitcomb Riley

Family history: Mr. Riley's mother died at age 74 of unknown cause. His father died at age 73 of a heart attack. He has one brother and two sisters who are living and well. His wife and three children are living and in good health. There is no familial history of tuberculosis, diabetes, cancer or hypertension.

Habits: Mr. Riley smokes one package of cigarettes daily and uses alcoholic beverages to a moderate extent but takes no regular medications.

Physical examination: Mr. Riley was seen to be a thin well-developed white male who appeared chronically ill. His height was 69 1/4 inches; weight, 119 pounds; temperature, 98.6 degrees; pulse, 80 per minute; respirations, 20 per minute; and blood pressure, 122/70. Examination of the chest revealed moderate increase in the antero-posterior diameter of the chest. Both pulmonary bases lagged with deep inspiration. There was increased muscle tension over the right upper posterior chest. The lungs were hyperresonant to percussion over the upper lobes and there was diminished resonance at both bases. Breath sounds were bronchovesicular over the upper two-thirds and bronchial over the bases. Fine crepitant and crackling rales were present at all bases, anteriorly, posteriorly and laterally. The point of maximum cardiac impulse was just to the left of the xiphoid process. No thrill was palpable. A sinus mechanism prevailed and the heart tones were distinct at the apex and distant at the base. No murmurs were heard and the pulmonic second sound was slightly louder than the aortic second sound. There was erythema and induration of approximately 2 cm. diameter on the right forearm which Mr. Riley stated was the residual of a recently administered skin test. The remainder of physical findings were all within the range of normal.

Fluoroscopic examination of the chest: An infiltration with possible cavitation was noted in the right apex and subapex. Linear fibrosis was present in the lower half of both lungs. The diaphragms moved approximately 3 to 4 cm. and equally. In the lateral projection they were noted to be flat. Although the heart was not totally enlarged, the right ventricle appeared prominent in the left anterior oblique projection.

Laboratory evaluation:

6-27-57 - Blood count: Hgb. 92% or 13.5 gms. WBC 9,500. Platelets average. Differential - Eo. 4. Pmn. 54. Seg. 50. Lymph. 39. Mono. 7. Morphology normal. Hematocrit 46 mm. in one hour. Sedimentation rate (Wintrobe) 31 mm. in one hour. Corrected 29 mm. in one hour.

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6-27-57 - Urinalysis: Morning, straw, clear, specific gravity, 1.011. Negative for albumin and sugar. Microscopic - 0 to 1 white blood cell per high power field. Small amount mucus. Rare epithelial. Few bacteria.

6-27-57 - Intradermal skin tests: Coccidioidin - negative. Histoplasmin - negative.

7-2-57 - (Clinical Laboratory ofC. Richard Smith, M.D.) - Sputum specimen, 3 cc. mucoid material: Wetmount for asbestos bodies: Negative. There is one large mass of elastic tissue showing alveolar formation. There are hyaline - glassy - straight fibres 3-5 microns in diameter and 1/8 - 1/2 of an oil immersion field in length. They resist the action of acid. Flotation-concentration for acid-fast bacilli: Negative. GRAM STAIN shows large numbers of gram positive cocci in clusters and in chains; gram positive diplococci and large gram positive rods. There are degenerated pus cells and a few epithelial cells. Acid-fast stain on the elastic tissue revealed no acid-fast bacilli although some of the material was lost in transfer.

7-2-57 - Sputum specimen 3 cc. mucoid material (Clinical Laboratory of C. Richard Smith, M.D.): Supplementary report on studies for asbestosis bodies. The remaining sodium hydroxide sediment was treated with chlorox and centrifuged at high speed. The resultant sediment and wetmount revealed three completely characteristic asbestosis bodies. These bodies give the Prussion blue stain reaction.

7-2-57 - 3 day sputum and gastric contents 40 cc. cloudy fluid containing approximately 20 cc. mucopurulent (Clinical Laboratory of C. Richard Smith, M.D.): Culture for M. tuberculosis - several hundred photochromogenic colonies of acid-fast bacilli (We do not believe these are M. tuberculosis. They are similar to a myco-bacterium capable of causing human disease. The guinea pig results will help to clarify the identification. Meanwhile other tests will be carried out. Guinea pig inoculation for M. tuberculosis: Negative. (See attached letter)

7-2-57 - Culture from gastric-sputum specimen: Screening Sensitivity test: Streptomycin - 99 8/10% of the organisms are sensitive (2/10% are resistant) to 10 mcg. of streptomycin per ml. Para-aminosalicylic acid: 100 per cent of the organisms are resistant to 10 mcg. of para-aminosalicylic acid per ml. Isoniazid: 95 per cent of the organisms are sensitive (5 per cent are resistant) to 2 mcg. of isoniazid per ml.

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Re: James Whitcomb Riley

7-10-57 - (Clinical Laboratory of C. Richard Smith, M.D.) 72 hr. sputum specimen 25 cc. sero-mucopurulent: Flotation-concentration for acid-fast bacilli: 2 plus positive (20 to slide). Culture for M. tuberculosis: Several hundred colonies of photochromogenic acid-fast bacilli. These are not M. tuberculosis but they are characteristic of a myco-bacterium capable of causing human disease.

Diagnosis: 1) Pulmonary fibrosis exhibiting the principal features of asbestosis although contributing effects from the inhalation of silica, magnesium, fiberglass, foamglass, rockwool, and possibly diatomaceous earth must be considered. 2) Pulmonary emphysema of mild to moderate severity and secondary to pulmonary fibrosis. 3) Pulmonary inflammatory disease involving the apex and subapex of the right lung. Preliminary studies indicate that this process is due to a non-tuberculous photochromogenic acid-fast bacillus which may produce a disease quite similar to tuberculosis in its clinical manifestations and chronicity.

Degree of disability: Mr. Riley is permanently and totally disabled for the type of work which he has done since 1919. At present he is totally disabled for any type of physical activity pending control of the pulmonary inflammatory disease.

Prognosis: Pulmonary fibrosis of this type tends to be progressive while dust exposure continues, as the serial chest x-rays have demonstrated in this case. Progression is also apt to occur in the presence of superimposed chronic pulmonary inflammatory disease. Adequate treatment of the infectious process with modern drugs may modify the fibrotic reaction, but the nature and degree of this influence is not predictable owing to the relatively short period that this form of treatment has been used in the presence of combined pulmonary disease.

Recommendations for treatment: Mr. Riley requires sanatorium care with bedrest and appropriate chemotherapy. Preliminary studies by Dr. C. Richard Smith's laboratory indicate that Streptomycin and Isoniazid are the most effective of the drugs tested for the treatment of the inflammatory disease. Physical examination and x-ray study of the chest at periodic intervals will be necessary to evaluate the response of the inflammatory disease and to detect any progression of fibrosis. Complete pulmonary function studies should be repeated in approximately one year. In the event progression of fibrosis is demonstrated, consideration of more

agressive therapy such as intermittent positive pressure breathing and steroid medication may be necessary provided the inflammatory disease is under sufficient control to permit such therapy.

Relationship of patient's condition to employment: Mr. Riley's occupation for the last 35 years has been confined to the application of heat insulation materials. There has been no other source of industrial dust exposure. The x-ray films show pulmonary fibrosis of a pattern which is more suggestive of asbestosis than any other single entity. Asbestos bodies have been recovered from the sputum. There is no clinical evidence of bronchiectasis nor of chronic passive congestion of the lungs due to left ventricular failure. In my opinion, Mr. Riley has pulmonary fibrosis of occupational origin. The presence of pulmonary fibrosis may have been a significant factor in the development of pulmonary inflammatory disease and its subsequent course.

If I may amplify or clarify any of the preceding statements, it will be my privilege to do so.

Yours very truly,

John K. Shirey

John K. Shirey, M. D.

JKS:ark
Encs.